



Cambridge Nationals

Health and Social Care

Level 1/2 Cambridge National Award in Health & Social Care **J801**

Level 1/2 Cambridge National Certificate in Health & Social Care **J811**

Level 1/2 Cambridge National Diploma in Health & Social Care **J821**

OCR Report to Centres January 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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R021 Essential values of care for use with individuals in care settings

General Comments:

For the externally assessed unit, R021, the majority of candidates attempted to answer all of the questions, a wide range of marks was achieved, however, few gained over 50 marks. All candidates appeared to have used their time effectively. Longer answer questions were fully attempted suggesting that candidates had enough time to produce their responses. It was evident that many teachers are guiding their candidates about the importance of addressing the command verbs such as explain, describe, identify etc. This enabled candidates to gain level 2 and level 3 marks for responses that clearly addressed the demand of the questions.

For the Section A questions, many candidates produced high quality responses that clearly related to the context provided. This enabled them to achieve high marks. However, some candidates produced responses that were inappropriate for the context, this limited the marks they could achieve.

The candidates achieving higher marks demonstrated an understanding, and familiarity with, the command verbs, combined with appropriate knowledge of the specification content. However, it was evident that some candidates seem to lack key knowledge and terminology for aspects such as the early values of care, safety procedures and legislation. This knowledge is fundamental for the unit and candidates should be familiar with, at the very least, key facts about these topics. Where questions were poorly answered, there was little evidence of subject specific terminology being used, sometimes answers did relate to the question, showing some knowledge of what was being asked, but candidates did not have the understanding needed to develop their responses in order to achieve higher marks.

Comments on Individual Questions:

Question No.

1(a)

Generally well answered. Some candidates were not specific enough in their answers, for example, 'ID badges' without stating who would wear them or giving incorrect answers such as 'lock all doors'.

1(b)

Some candidates did not know the difference between 'general cleanliness' and 'personal hygiene'. Many gave multiple examples of methods with little or no description of how the method would reduce the spread of infection. The question required a description of two methods. A number of candidates referred to 'wearing gloves' without specifying the type, i.e. disposable or rubber gloves.

1(c)

Generally well answered. The most common correct answers were 'choice' and 'confidentiality' with a full range of appropriate examples. Some candidates gave incorrect answers which suggest a lack of understanding, for example, 'do not share a resident's private information with anyone' or 'keep information secret'. Negative examples of 'what not to do' were not required.

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2(a)

The mark was lost by a number of candidates who missed out 'at Work' or 'Act'. Others gave a description taken from the stem of the question or general examples of safety, when all that was required was the correct name of the piece of legislation.

2(b)

Procedures had to be identified and an explanation given about how the procedures help to provide a safe standard of care. Common correct responses included: appropriate training to avoid injury, equipment checked regularly and replaced if worn out or damaged to avoid accidents and keep service users and care workers safe. A number of candidates also mentioned that two members of staff should work together when using the hoist. A few candidates suggested fire procedures, so that residents and staff knew what to do in the event of a fire.

However, many incorrectly gave 'measures' not 'procedures' linking answers to wet floor signs and fire extinguishers. Some candidates misread the question thinking the new member of staff was 15 years old and concentrated on why this was not appropriate.

3(a)

The majority of candidates did not know the meaning of the term. There were few correct definitions achieving 2 marks, though some candidates did achieve 1 mark for a partial definition.

3(b)

Though many responses correctly identified the Equality Act, the mark was lost by some candidates who missed out 'Act' or stated answers such as 'Equal Opportunities Act' or 'Equal rights Act'.

3(c)

There were mixed responses to this question. It was evident that some candidates had memorised the headings from LO1 of the specification but with limited understanding of meaning and so were unable to expand on them. This was particularly evident with 'long-term proactive campaigning'.

Many answers were not developed and lacked explanation, just statements of 'challenge at the time', 'challenge later'. Reasons given were often very limited, for example Sunita should 'tell someone' or should 'speak to another member of staff' but did not say why, and there were vague suggestions to 'put up posters about equality'.

Common correct answers included: challenging at the time by speaking to the person and explaining why it's not acceptable, consulting a manager and explaining how discrimination can have disciplinary consequences and giving recommendations for long-term proactive campaigning through training and raising staff awareness.

4(a)

Many candidates, familiar with the early year's values of care, gained full marks, however, some did not have the knowledge required by this question. They were unable to accurately name the early year's values with candidates missing out key vocabulary, for example 'encouraging', 'promoting' or 'ensuring' when naming the values. The unit specification states the early year's values of care that candidates need to know, in bullet point 4 of LO2.

4(b)

Many candidates gained 3 – 4 marks. However, some gave emotional effects instead of physical or social.

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4(c)

Candidates who were familiar with the DPA were able to gain full marks for answers using correct terminology and demonstrating clear understanding of the Act. Many candidates produced an extended piece of writing about confidentiality without any mention of the DPA at all, these responses did not gain any marks.

5(a)

Many candidates gave good examples of ways to use effective communication. Popular answers included 'not patronising' 'Braille' and 'sign language'. How it supports rights was slightly less well answered by some candidates who only gained 1 mark for the explanation, 'aids understanding' being the main correct answer given.

5(b)

This question was not well answered by the majority. Examples of ways of providing up to date information was not well answered by many, correct responses gave specific examples, such as a care setting proving a leaflet or sending a letter / e-mail. How it supports rights was again not well answered with descriptions lacking detail.

5(c)

A mixture of answers, with many candidates gaining full marks or 3 to 4. There was evidence of some confusion between 'promoting equality and diversity' and 'promoting individuals rights and beliefs'.

It is important that candidates realise that only one answer should be given in each box. If more than one letter is written in a box, zero marks are awarded. If a candidate needs to change their answer, the incorrect one should be clearly crossed out and the alternative answer clearly written next to it.

5(d)

Well answered by many candidates who clearly had good, detailed, knowledge of the Mental Health Act.

R022 – R31

General Comments:

Generally portfolio evidence indicates that centres are showing a greater understanding of the specification requirements. There is still an issue that all centres are not including the model assignments. This is particularly an issue when alterations have been made, or the model assignment not used at all, as often evidence that candidates produce does not meet the assessment evidence requirements or evidence is included that cannot be assessed.

Where the model assignments have been included and there is direct reference to them, the work is far more focused and shows application of theory into practice.

Re-submissions in the main were poorly signposted and additional evidence could not always be easily located. There was also the omission of the original URS. There is now a pattern emerging of the more popular units (R027, R028 and R031 in particular). Some centres are still experiencing difficulty assessing the work against the grading criteria. This area is being addressed by online CPD events.

The majority of centres opted for postal moderation followed by visiting. There were no repository entries this series.

Comments on Individual Units

R022

LO1: In the main, this evidence was accurate and had addressed methods of different types of communication, with most candidates giving examples relating to health, social care and early years settings. Some centres still give this evidence as a generic piece of work and do not link to appropriate settings.

Factors are not always given as positive, as the assessment evidence requires. Factors and barriers were not always clearly defined and there was lack of evidence as to the how and why factors positively influence communication.

Most candidates' evidence clearly showed knowledge and understanding of the barriers to communication and appropriate examples were given relating to health, social care and early years settings. Ways of overcoming barriers were not always appropriate. Factors and barriers were often the same, limiting the candidate accessing the higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. When caring for an individual, evidence produced rarely showed relevant application and justification of personal qualities to be used and why. Qualities and effective care need to show clearly how they link together.

LO3: Planning by most candidates met the grading criteria, where it did not there was a misinterpretation of what was required in the plan and they had not related the planning to the i.e.s in the specification. This limited the mark bands the candidates could access. Some centres had misinterpreted group interaction and had submitted not individual evidence, but work from a group of candidates. Evidence submitted for all units must be carried out independently.

Both one-to-one and group activities were mostly carried out appropriately. Most candidates had witness statements for both activities. However, the witness statements did not always reflect

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the competency the candidate showed when carrying out the activity and did not meet the mark band criteria. There is a witness statement attached to the model assignment and clearly covers the assessment evidence requirements.

Types of behaviour that fail to value people continue to be omitted by many candidates and are often implicit when included. This should be submitted as a separate piece of written evidence; this is clearly stated in the model assignment.

Across all evidence, links between units and synoptic assessment is showing improvement. When included, synopticity is not always understood and a synopsis of the unit is given or a review. A few centres looked at Synopticity holistically across the unit and signposted it throughout. This showed a very clear understanding of application of knowledge and understanding.

Overall, there was a range of evidence meeting the mark band criteria to give the range from L1P to L2D.

R031

Most candidates who entered this unit had attended an external first aid course delivered by an appropriate organisation or had used the St John's Young First Aider course to meet the evidence requirements. The Young First Aider course on its own is not sufficient to meet assessment evidence criteria.

LO1: A few candidates failed to demonstrate 'assessing the scene of the accident', hence this limited the assessment criteria available to the candidates. A witness statement did not always support this evidence. A witness statement needs to be supported by written evidence from the candidate.

LO2 and LO3 were often linked together as part of a first aid course that had been undertaken. Sequences of procedures were usually accurate. Witness statements did not always meet the command words of the assessment criteria. All model assignments for this unit have witness statements designed specifically to meet assessment criteria.

Several centres are using a 'logbook' which does not always meet the assessment evidence required from the candidate. Over-direction also raises some concerns in this unit with the inclusion of centre generated log books/templates. Centres have been directed to OCR documents which gives clear direction and support for assessment evidence.

LO3: the review of the practical activities, by most candidates, was weak and lacked relevance to the candidates' performance. The review was often just a reiteration of what the candidate had done and not a review.

Across most evidence, links between units and synoptic assessment was addressed.

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