

QCF, NVQ, NQF

Health and Social Care

Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Settings (England) **09621, 09621, 09622, 09623, 09624, 09625, 09626**

Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Settings (Wales) and (Wales and Northern Ireland) **04313, 04314, 04315, 04316, 04317, 04318**

OCR Report to Centres 2013 – 2014

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

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.

OCR will not enter into any discussion or correspondence in connection with this report.

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1. The qualifications and standards

Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Settings (England)

- This qualification has been separated by OCR for ease of delivery into six separate pathways:
 - 09621 - Children & Young People's Residential Management
 - 09622 – Children & Young People's Management
 - 09623 – Children & Young People's Advanced Practice
 - 09624 – Adults' Residential Management
 - 09625 – Adults' Management
 - 09626 – Adults' Advanced Practice
- For scheme 09621 learners must achieve a minimum of 80 credits: 64 credits from Mandatory Group A, a minimum of 12 credits from Group B, a minimum of 1 credit and maximum of 6 credits from Group C and the remaining credits from Group B and/or D. A minimum of 56 credits to be achieved at or above the level of the qualification.
- For scheme 09622 learners must achieve a minimum of 80 credits: 58 credits from Mandatory Group A, a minimum of 12 credits from Group B, a minimum of 1 credit and a maximum of 6 credits from Group C and the remaining credits from Group B and/or D. A minimum of 56 credits to be achieved at or above the level of the qualification.
- For scheme 09623 learners must achieve a minimum of 80 credits: 46 credits from Mandatory Group A, a minimum of 1 credit and maximum of 6 credits from Group B and the remaining credits from Group C. A minimum of 56 credits to be achieved at or above the level of the qualification.
- For scheme 09624 learners must achieve a minimum of 80 credits: 52 credits from Mandatory Group A, a minimum of 12 credits from Group B, a minimum of 1 credit and maximum of 6 credits from Group C and the remaining credits from Group B and/or D. A minimum of 56 credits to be achieved at or above the level of the qualification.

- For scheme 09625 learners must achieve a minimum of 80 credits: 53 credits from Mandatory Group A, a minimum of 12 credits from Group B, a minimum of 1 credit and maximum of 6 credits from Group C and the remaining credits from Group B and/or D. A minimum of 56 credits to be achieved at or above the level of the qualification.
- For scheme 09626 learners must achieve a minimum of 80 credits: 41 credits from Mandatory Group A, a minimum of 1 credit and maximum of 6 credits from Group B and the remaining credits from Group C. A minimum of 56 credits to be achieved at or above the level of the qualification.

Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Settings (Wales) and (Wales and Northern Ireland)

- This qualification has been separated by OCR for ease of delivery into six separate pathways:
 - 04313 – Children & Young People's Advanced Practice (Wales & Northern Ireland)
 - 04314: Children & Young People's Residential Management (Wales)
 - 04315 – Children & Young People's Management (Wales)
 - 04316 – Adults' Advanced Practice (Wales & Northern Ireland)
 - 04317 – Adults' Residential Management (Wales & Northern Ireland)
 - 04318 – Adults' Management (Wales & Northern Ireland)
- For scheme 04313 learners must achieve a minimum of 80 credits: 46 credits from Mandatory Group A, and the remaining 34 credits from Groups B and/or C. A maximum of 6 credits from Group B may count towards achievement of the full qualification. A minimum of 41 credits to be achieved at or above the level of the qualification.
- For scheme 04314 learners must achieve a minimum of 90 credits: 64 credits from Mandatory Group A, a minimum of 12 credits from Group B and the remaining credits from Group B and/or C. A minimum of 65 credits to be achieved at or above the level of the qualification.
- For scheme 04315 learners must achieve a minimum of 90 credits: 58 credits from Mandatory Group A, a minimum of 12 credits from Group B, and the remaining credits from Group B and/or C. A minimum of 68 credits to be achieved at or above the level of the qualification.
- For scheme 04316 learners must achieve a minimum of 80 credits: 41 credits from Mandatory Group A and the remaining 39 credits from Groups B and/or C. A maximum of 6 credits from Group B can count towards the achievement of this qualification. A minimum of 41 credits to be achieved at or above the level of the qualification.
- For scheme 04317 learners must achieve a minimum of 90 credits: 52 credits from Mandatory Group A, a minimum of 12 credits from Group B and the remaining credits from Group B and/or C. A minimum of 65 credits to be achieved at or above the level of the qualification.
- For scheme 04318 learners must achieve a minimum of 90 credits: 53 credits from Mandatory Group A, a minimum of 12 credits from Group B, and the remaining 25 credits from Group B and/or C. A minimum of 65 credits to be achieved at or above the level of the qualification.

Assessment Team:

Assessment teams delivering these qualifications included sufficient numbers of competent and qualified assessors and internal quality assurers.

Access to a wide range of resources, are made available by centres and this continues to be supported by feedback obtained from assessors, internal quality assurers and learners.

Centres maintain their health and safety arrangements to ensure the premises, assessment sites and equipment used comply with legislative requirements.

Areas of Good Practice:

- centres allocating two assessors and two internal quality assurers to learners to ensure they are able to meet learners' needs and requirements
- detailed induction and guidance materials being made available to teams
- personnel voice recording reflecting CPD activities undertaken including how these link to the qualifications and units they are assessing or internally quality assuring

Areas for Development:

in some centres

- the audits undertaken of personnel's skills and knowledge against the assessment requirements of the qualifications were not being completed specifically in relation to each pathway of the qualification being assessed and/or internally quality assured. A Level 1 (Action Point) sanction against criterion R1 was applied.
- records of meetings and updates undertaken indicated that these were generic and related to the Level 2 and 3 Diplomas in Health and Social Care rather than the L5 Diploma in Leadership. A Level 1 (Action Point) sanction against criterion R1 was applied.

Resources:

Feedback obtained from assessors and internal quality assurers delivering these qualifications as well as records indicate that newly recruited personnel are provided with a structured induction into the centre's systems and processes and receive ongoing support through the supervision and appraisal systems as well as through regular meetings and one to one support sessions.

The majority of these resources are provided to learners over the email and via learning and resource portals on e-portfolio systems due to the demands of learners' job roles in managing services.

Areas of Good Practice:

- use of digital voice recorders with learners to record observations of working practices and discussions of work products completed by learners
- availability of additional support to support learners with their individual requirements.

Areas for Development:

in some centres the resources that have been designed by their assessment teams do not always provide learners with opportunities to maximise holistic assessment. External quality assurers have guided centres with identifying units that could be naturally assessed together and for which holistic evidence could be generated.

Candidate Support:

Learner guidance and induction materials are of a good quality and reinforce learners' rights and responsibilities, details of the assessment process including the appeals procedure and the availability of unit accreditation as well as the roles and support available from others involved in the qualifications.

Assessment plans are discussed and agreed with learners and reviewed on an ongoing basis throughout their qualifications. At this level learners very much lead on the planning and reviewing of evidence being generated.

Areas of Good Practice:

- a wide range of assessment methods are being made available
- individual and learner led assessment planning and reviews of progress
- unit certification being actively used.

Areas for Development:

- in some centres there was evidence of inadequate initial assessment procedures that resulted in learners being registered onto the incorrect pathway due to personnel misunderstanding the suitable job roles for each pathway and the differences that exist between each pathway. A Level 1 (Action Point) sanction against criterion CS1 was applied.

Assessment and Verification:

Assessment and internal quality assurance undertaken is being conducted by appropriately qualified and competent personnel.

Records of internal quality assurance activities such as schedules of activity, interim and final sampling, feedback to assessors, team, one-to-one and standardisation meetings were detailed and accurate.

Areas of Good Practice:

- detailed records of standardisation activities undertaken that include the activity undertaken, the 'real evidence' used, discussions that ensued amongst the team as well as agreed outcomes
- for scheme 09621, Unit SHC52, one learner included a competency form for specialist health care tasks that she had completed and was observed by a witness; this proved to be a good source of evidence for this unit and supported well the observation undertaken
- for scheme 09624, Unit M1, one learner had used detailed observations of his work practice, work products and reflective accounts to evidence how to monitor health and safety risks at work and put relevant procedures in place
- learners implementing higher level learning and research methods when completing assignments

Areas for Development:

in some centres

- internal quality assurance procedures did not meet OCR's requirements as there were insufficient details included about the centres' overall sampling strategies. A Level 1 (Action Point) sanction against criterion A0 was applied.
- assessment did not meet the required standards due to lack of standardisation activities amongst the team for these qualifications specifically. A Level 3B (Suspension of learner registration and certification) sanction against criterion A1 was applied.

- previously agreed actions identified in relation to level 1 sanctions at external quality assurance visits were not always addressed in full. A Level 2 (Removal of DCS) sanction against criterion A6 was applied.

Management Systems and Records:

Assessment teams delivering these qualifications demonstrated a good understanding of the centres' policies and procedures that related to the qualifications and a good awareness of their roles and responsibilities

Notification of changes to resources that have arisen in between external quality assurance visits have been made to OCR in a timely manner.

Areas of Good Practice:

- clear information and recording systems that link into centres' access and fair assessment policies and are obtained and evaluated
- learner tracking systems that enable information to be obtained easily
- learners' portfolios that are structured in a way that enables easy navigation of evidence
- regular evaluation of feedback obtained

Areas for Development:

- in some centres their documented assessment policy was inadequate due to insufficient details about the assessment process and the range of assessment methods that can be used. A Level 1 (Action Point) sanction against criterion IV0 was applied.

Assessment Summary:

Centres have continued to work closely with external quality assurers throughout the academic year to improve their current practices and strengthen their current systems and knowledge of these qualifications. Communications with external quality assurers have been positive and have enabled external quality assurers to implement their sampling plan effectively across assessors, internal quality assurers, units, assessment methods, learners at different stages of their qualifications and assessment sites.

2. Sector Developments

The following developments have arisen in the health and social care adult sector:

September 2013

- ***Kings Fund report on health and social care***

This is the final report from the independent Commission on the Future of Health and Social Care in England. The commission proposes a new approach that redesigns care around individual needs regardless of diagnosis, with a graduated increase in support as needs rise, particularly towards the end of life. The commission has concluded that this vision for a health and care system fit for the 21st century is affordable and sustainable if a phased approach is taken and hard choices are taken about taxation.

Key findings and recommendations include:

- Having a single ring-fenced budget for the NHS and social care, with a single commissioner for local services.
- Bringing Attendance Allowance within the health and social care system, and renaming it care and support allowance.
- A focus on more equal support for equal need, which in the long term means making much more social care free at the point of use.
- The commission largely rejects new NHS charges and private insurance options in favour of public funding.

December 2013

- **Review of progress in improving the quality of care for vulnerable people, following abuse of residents at Winterbourne View hospital.**

Some of the work that has been undertaken includes:

- the completion of the Learning Disabilities Census
- the development of a new planned approach to Care Quality Commission (CQC) inspection of mental health and learning disabilities services from next year, to be led by Professor Sir Mike Richards
- the development of new fundamental standards, which will be set out in regulations
- ensuring that Adult Safeguarding Boards are written into law.

February 2014

- **Care Quality Commission's new approach to inspecting community healthcare**

The Care Quality Commission (CQC) has published their 'fresh start' document, which sets out new ways for inspecting health care in the community. This will include more inspections carried out by larger teams and spending more time observing care. Health services are now increasingly likely to be delivered in people's homes, health centres and community hospitals and this makes joined up care so important.

The new approach to inspecting these services will see teams include:

- expert CQC inspectors
- sector specialists and clinicians – for example nurses, health visitors, allied health professionals such as occupational therapists, GPs, paediatricians, sector directors and managers
- experts by Experience – comprehensive inspections will always involve people who have experience of using care services.

May 2014

- **Launch of the Royal College of General Practitioners' Dementia Roadmap**

The development of the Roadmap has been funded by the Department of Health and the work carried out by the Royal College of General Practitioners. It is a great example of a collaborative partnership with the Alzheimer's Society and the Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions in the South West.

It will help colleagues in primary care support their patients diagnosed with dementia, their families and carers and will also:

- **Introduce questions about memory and general functioning** in scheduled visits and routine health checks and investigations for people identified as potentially at risk
- **Assess and identify** patients who present with symptoms suggestive of dementia signposting them to relevant resources or services
- **Reassure people who have dementia** their carers and families at diagnosis and during the dementia journey by signposting them to local resources, information and support
- **Promote positive messages** about remaining independent and living with dementia
- **Provide support for carers** to maintain their health and wellbeing and provide opportunities for respite for the person they care for
- **Support patients more efficiently**, thereby reducing multiple or repeat appointments
- **Refer patients** onto specialists services where appropriate

June 2014

- **The Care Act 2014**

The Care Bill becomes The Care Act 2014. Royal Assent has been granted to the Care Bill and as a result it is now the Care Act 2014

- **Blackfriars Consensus Statement calls for new policy focus on brain health to reduce the risk of dementia**

Action to tackle smoking, drinking, sedentary behaviour and poor diet could reduce the risk of dementia in later life alongside other conditions such as heart disease, stroke and many cancers, according to the UK Health Forum and PHE in a joint consensus statement. Fifty-nine organisations and experts from across the dementia and public health community, including practitioners and researchers, have signed the consensus statement.

The agreement, known as the Blackfriars Consensus Statement, highlights the need for a new national focus on dementia risk reduction. The Blackfriars Consensus Statement says that the scientific evidence on dementia risk reduction is evolving rapidly and is now sufficient to justify action to incorporate dementia risk reduction into health policies and to raise wider awareness about which factors can reduce the risk of developing dementia.

- **Technology to make life easier and safer for dementia patients**

The charter, developed by a diverse working group led by Tunstall Healthcare, gives people who have dementia and their carers information on how to access technology that can make life easier and safer for dementia patients. It also provides guidance to health, housing and social care professionals on how to make technology work for people based on their individual needs.

Assistive technology, if used in the right way, has the potential to increase independence and autonomy both for the person who has dementia and those around them

July 2014

- **Fundamental standards: improving quality and transparency in care**

The Government has announced legislation which introduces fundamental standards for health and social care providers. Subject to parliamentary approval, they will become law in April 2015. The new measures are being introduced as part of the government's response to the Francis Inquiry's recommendations and are intended to help improve the quality of care and transparency of providers by ensuring that those responsible for poor care can be held to account.

As part of the fundamental standards, a new duty of candour and fit and proper persons requirement for directors will be introduced for NHS providers from October 2014, and will be extended to all providers by April 2015, subject to parliamentary approval.

The fundamental standards are:

- care and treatment must be appropriate and reflect service users' needs and preferences
- service users must be treated with dignity and respect
- care and treatment must only be provided with consent
- care and treatment must be provided in a safe way
- service users must be protected from abuse
- service users' nutritional and hydration needs must be met
- all premises and equipment used must be clean, secure, suitable and used properly
- complaints must be appropriately investigated and appropriate action taken in response
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

September 2014

- **Making health and social care information accessible - launch of consultation on the draft accessible information standard**

NHS England is developing an Information Standard for accessible information. The standard aims to establish a clear and consistent framework, and provide guidance to health and social care organisations for how to ensure that people who have disabilities, service users, carers and parents receive information in formats that they can understand such as correspondence in easy read, braille or via email and support to help them to communicate such as a British Sign Language interpreter or an advocate.

- **Developing a national framework for local commissioning of community based support for people with learning disabilities**

NHS England asked Sir Stephen Bubb, the Chief Executive of charity leaders network Association of Chief Executives of Voluntary Organisations (ACEVO), to chair a steering group to develop recommendations for the development of a national framework for local commissioning of community based support for people with learning disabilities. This will specifically respond to the pledge set out in the Winterbourne View Concordat that is aimed at ensuring better care for people who have learning disabilities, autism and behaviour that can be challenging.

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