Chief Verifier Report

Levels 2 and 3 NVQs in Health and Social Care (Adults & Children & Young People)

Levels 2 and 3 Diplomas in Health and Social Care (Adults) England

Level 2 and 3 Diplomas in Health and Social Care Wales and Northern Ireland

Level 3 Diploma in Health and Social Care (Children and Young People) Wales and Northern Ireland

Level 2 and 3 Certificates in Dementia Care England, Wales and Northern Ireland

September 2011 – August 2012

REPORT FOR PUBLICATION

This report has been designed around the structure of the new External Verifier Report Form. Please identify under each section a summary of the key issues which have arisen during the year within each of these categories.

1. The qualifications and standards

Level 2 NVQ in Health and Social Care (scheme 05545)

- To achieve this qualification, candidates must achieve a total of 6 units (2 core units, 2 optional units and the remaining 2 units can be taken from either the core or optional group).
- The qualification is aimed at individuals who undertake health and social care activities with individuals and carers.

Level 3 NVQ in Health and Social Care (Adults) (scheme 05546)

- To achieve this qualification, candidates must achieve a total of 8 units (4 core units and 4 optional units).
- Candidates must also select the adults route.
- The qualification is aimed at individuals who deliver health and social care to adults and their carers.

Level 3 NVQ in Health and Social Care (Children and Young People) (scheme 05547)

- To achieve this qualification, candidates must achieve a total of 8 units (4 core units and 4 optional units).
- Candidates must also select the children and young people route.
- The qualification is aimed at individuals who deliver health and social care to children and young people and their carers.

Level 2 Diploma Health and Social Care (Adults) England (scheme 05923)

- This qualification has a minimum credit value of 46 credits.
- Learners must complete all 9 mandatory units in Group A (a total of 24 credits).
- Learners must then select one of the following mandatory pathways: generic health and social care, dementia or learning disability.
- Learners taking the generic health and social care pathway must complete a further 22 credits at a minimum (from Group B a minimum of 2 credits and a maximum of 7 credits; from Group C at least 15 credits).
- Learners taking the dementia pathway must complete a further 22 credits at a minimum (from Group B a minimum of 2 credits which must come from the mandatory dementia unit DEM 201 and a maximum of 7 credits; from Group C the remaining credits, 3 credits must come from a choice of dementia units to be taken from either DEM 204 or DEM 209 or DEM 210 or DEM 211).
- Learners taking the learning disability pathway must complete a further 22 credits at a minimum (from Group B a minimum of 4 credits which must come from the mandatory learning disability unit LD201 and a maximum of 7 credits; from Group B the remaining credits, 3 credits must come from a choice of learning disability units to be taken from either LD202 or LD203).
- The diploma includes a combination of knowledge-based and competency-based units.

Level 2 Diploma Health and Social Care (Adults) Wales and Northern Ireland (scheme 05924)

- This qualification has a minimum credit value of 46 credits.
- Learners must complete all 9 mandatory units in Group A (a total of 24 credits).
- Learners must then select optional context or specialist knowledge units to complete (learners will need to complete at least a minimum of 2 credits and a maximum of 7 credits from Group B. For social care workers in Wales only, 2 credits must come from the mandatory sensory loss unit SS MU 2.1. Free choice of units for health workers in Wales and for all workers in Northern Ireland).
- Learners must then select optional competence units to complete (learners will need to complete at least 15 credits from the optional units in Group C. Free choice of units for all workers in Wales and Northern Ireland).
- The diploma includes a combination of knowledge-based and competency-based units.

Level 3 Diploma Health and Social Care (Adults) England (scheme 05926)

- This qualification has a minimum credit value of 58 credits.
- Learners must complete all 9 mandatory units in Group A (a total of 28 credits).

- Learners must then select one of the following mandatory pathways: generic health and social care, dementia or learning disability.
- Learners taking the generic health and social care pathway must complete a further 30 credits at a minimum (from Group B a minimum of 2 credits and a maximum of 7 credits; the remaining credits, at least 23 credits, from Group C).
- Learners taking the dementia pathway must complete a further 30 credits at a minimum (from Group B a minimum of 2 credits which must come from the mandatory dementia unit DEM 301 and a maximum of 7 credits; from Group C the remaining credits, 3 credits must come from a choice of dementia units to be taken from either DEM 304 or DEM 312 or DEM 313).
- Learners taking the learning disability pathway must complete a further 30 credits at a minimum (from Group B a minimum of 4 credits which must come from the mandatory learning disability unit LD201 and a maximum of 7 credits; from Group C the remaining credits, 3 credits must come from a choice of learning disability units to be taken from either LD302 or LD303).
- The diploma includes a combination of knowledge-based and competency-based units.

Level 3 Diploma Health and Social Care (Adults) Wales and Northern Ireland (scheme 05925)

- This qualification has a minimum credit value of 58 credits.
- Learners must complete all 9 mandatory units in Group A (a total of 28 credits).
- Learners must then select optional context or specialist knowledge units to complete (learners will need to complete at least a minimum of 2 credits and a maximum of 7 credits from Group B. For social care workers in Wales only, 3 credits must come from the mandatory sensory loss unit SS MU 3.1. Free choice of units for health workers in Wales and for all workers in Northern Ireland).
- Learners must then select optional competence units to complete (learners will need to complete at least 23 credits from the optional units in Group C. Free choice of units for all workers in Wales and Northern Ireland).
- The diploma includes a combination of knowledge-based and competency-based units.

Level 3 Diploma Health and Social Care (Children and Young People) Wales and Northern Ireland (scheme 05927)

- This qualification has a minimum credit value of 58 credits.
- Learners must complete all 14 mandatory units in Group A (a total of 40 credits).
- Learners must then select optional units to complete (learners will need to complete at least 18 credits from the optional units in this Group. Free choice of units for all workers in Wales and Northern Ireland).
- The diploma includes a combination of knowledge-based and competency-based units.

Level 2 Certificate in Dementia Care (scheme 05920)

- This qualification has a minimum credit value of 18 credits.
- Learners must complete all 5 mandatory units (a total of 14 credits).
- Learners must then select optional units (a minimum of 4 credits).

- The diploma includes a combination of knowledge-based and competency-based units.

Level 3 Certificate in Dementia Care (scheme 05922)

- This qualification has a minimum credit value of 21 credits.
- Learners must complete all 4 mandatory units (a total of 15 credits).
- Learners must then select optional units (a minimum of 6 credits).
- The diploma includes a combination of knowledge-based and competency-based units.

Assessment Team:	**Findings:** Centres delivering these qualifications reflected in the main assessment teams with suitably competent and qualified assessors and internal quality assurance (IQA) personnel. Assessment and internal quality assurance personnel are committed to maintaining their occupational expertise and knowledge by actively working in the sector either on a part time basis, in a volunteering capacity or through undertaking work placements throughout the year in various different settings including community based and residential settings and in a range of voluntary groups/initiatives. Good examples of skills audits for assessment teams have been evident across centres this year. Where these continue to be used and reviewed on a regular basis this has enabled teams to reflect on the areas of expertise they have, identify any gaps and plan their future provision effectively. Where sanctions have been applied to centres they have mainly been at Level 1 (Action Point). These sanctions have in the main occurred where new assessors have been recruited to centres and the centre has not provided the External Verifier (EV) with up to date documents; i.e. CVs and/or CPD records. This has resulted in the External Verifier not being able to ascertain whether there are sufficient competent assessors. Other issues related to personnel documents included CVs reflecting insufficient details about their specific occupational background and current skills and knowledge of the sector. There have also been a number of isolated examples where a Level 3b sanction (Suspension of learner registration and certification) was applied where centres did not make available original qualification certificates for their respective internal quality assurers - OCR will only accept copies of qualification certificates where these have been authenticated by an OCR External Verifier.

Resources:	**Findings:** Resources for the delivery of these qualifications continue to be made available. Workshops for learners continue to be held by centres and are in the main facilitated in employers' workplaces as opposed to centres' premises. Appropriate and regular risk assessments have been completed thus ensuring centres are complying with health and safety requirements. A wide range of resources continue to be made available to learners undertaking these qualifications. Workbooks are favoured by some centres for the evidencing of learners' knowledge – more practice based activities and case studies appear to be being used in favour of solely written and oral questioning. Access to digital voice recorders for recording of professional discussions and to PCs and laptops for learners' wishing to conduct their research and write up their evidence for their qualifications are increasingly being made available with many learners making the most of these opportunities by regularly visiting the centres' premises. Where sanctions have been applied to centres they have mainly been at Level 1 (Action Point). These sanctions have in the main occurred where centres have not documented staff development provided to personnel. In the main meetings have taken place and development provided but this has not been documented adequately.
Candidate Support:	**Findings:** Centres have continued to provide learners with good quality information and guidance both at induction stage and throughout their qualifications with respect to the qualifications they are working towards as well as the assessment process overall. Initial assessment processes also continue to be robust. External Verifier interviews conducted with learners, evidence in the main that learners are supported well, have increased their knowledge and improved their skills as a result of the assessment process. This has in the main been as a direct result of these QCF qualifications requiring more self-directed learning; it is evident that learners' sense of ownership over their qualifications has significantly increased. Where sanctions have been applied to centres they have mainly been at Level 1 (Action Point).

	These sanctions have in the main occurred where centres have not had and/or documented regular contact with learners in terms of assessment planning and review of progress. There have also been a number of isolated examples where a Level 3b sanction (Suspension of learner registration and certification) was applied as assessment did not meet the required standards and methods used were not valid – in relation to lack of observations of learners' practices in units where observation is a required assessment method, knowledge also had not been evidenced in some units accurately and in sufficient depth.
Assessment and Verification:	**Findings:** Centres have continued to make use of a valid range of assessment methods for the delivery of these qualifications. Direct observations of learners' work practices continue to be the main method. Expert witnesses are also being increasingly used by centres particularly where the observed activity is of a sensitive or confidential nature. Other valid assessment methods used include oral and written questioning, guided and professional discussions, statements, reflections, case studies, assignments and work product evidence. In the main centres are evidencing that regular internal quality assurance activities are taking place, this includes the monitoring of different assessment methods, the accuracy of assessor records and reports as well as assessors' practices. Centres are documenting feedback provided to assessors and ensuring that it forms part of assessors' individual development plans. Some centres have also begun recording the minutes of their standardisation meetings and have found this a valuable reflective tool. Where sanctions have been applied to centres they have mainly been at Level 1 (Action Point) and Level 2 (Removal of DCS). The Level 1 sanctions have in the main occurred where centres have not updated their internal quality assurance procedures with respect to the sampling strategy. Level 2 sanctions have in the main occurred where standardisation activities have been taking place infrequently which has resulted in the non-standardisation of judgements made by centres' assessors. Level 1 and 2 sanctions have also been applied when previously agreed actions identified during external verification visits have not been addressed by the centre. It is imperative that centres make careful preparations for all external verification visits and ensure that all actions identified in the external verifier visit report are fully addressed.

	There have also been a number of isolated examples where a Level 3b sanction (Suspension of learner registration and certification) was applied where internal quality assurance records had not identified serious anomalies in assessment and where assessment did not meet the required standards. This was in the main due to insufficient records and activities being completed so as to ensure valid and consistent assessment.
Management Systems and Records:	**Findings:** In the main centres' documented policies and procedures for these qualifications meet OCR requirements and personnel have a good understanding of how these apply. Where sanctions have been applied to centres they have mainly been at Level 1 (Action Point). The Level 1 sanctions have in the main occurred where centres have not made available up to date personnel records or minutes of standardisation meetings or evidenced that they are evaluating feedback received from learners, personnel and employers. There have also been a number of isolated examples where a Level 3b sanction (Suspension of learner registration and certification) was applied where centres failed to provide access to requested learners' portfolios, learners and personnel for interview. It is imperative that the external verifier's requests are complied with and that any substitutions be authorised by the External Verifier prior to visits taking place.
Assessment Summary:	**Findings:** Centres have continued to work hard this year and have been focusing on developing additional resources for their learners and personnel as well as standardise their understanding of these qualifications. Joint working with External Verifiers reflects that centres are committed to delivering high quality and robust assessment of these OCR qualifications. Preparation by centres for external verification visits remain key for the year ahead so as to assure the effective delivery of these qualifications.

2. Sector Developments

Dementia Awareness: "A Day to Remember" campaign was launched earlier this year by the Department of Health with support from the Alzheimer's Society. Launched on World Alzheimer's Day the three month campaign aims to raise awareness of the condition, what initial signs and symptoms look like and how to seek help. It hopes to increase early diagnosis rates for dementia across England by tackling the public's fears of talking about the condition. It aims to encourage people to have that first 'difficult conversation' with a friend or family member when they spot the signs and symptoms of dementia, and encourage them to visit their GP.

Chief Executive at Alzheimer's Society, Jeremy Hughes said:
"Talking to a loved one about dementia will probably be one of the most difficult conversations you ever have, but it will be worth it. Early diagnosis is crucial in helping people with dementia to access the support and help they need to live well with the condition."

Alzheimer's Society Ambassador, Fiona Phillips, whose parents both had dementia, is supporting the campaign. She said:
"If you think a loved one is showing the signs of dementia, it's so important to take that first step and talk to them about it. There are things you can do to help; treatments can work well for people, but early diagnosis also means you can plan and get help, instead of doing everything in a rush."

Ann Johnson, who is living with dementia and is an Ambassador for Alzheimer's Society said:
"I have found that the general public are more aware about dementia since the Department of Health launched its campaign to raise awareness of the condition. Hopefully there is less stigma surrounding the condition as well. The more people who understand the concept of what living with dementia is like, the better it will be for people like me. I want people to love me for who I am and be with me as I go through the journey of living with dementia."

Key Dementia Research Findings: Research carried out on 868 adults by Mori for the Department of Health, September 2012 found:

- 90% of people interviewed believe that dementia symptoms are easier to treat the earlier they are diagnosed. However, 42% believe there is currently no treatment available to help people with dementia.
- 63% of people interviewed would not be confident telling the difference between the signs of dementia and the normal signs of ageing.
- 60% of those interviewed say they do not know enough about dementia to help someone who has it.
- 97% of those interviewed believe dementia can happen to anyone.
- 87% people interviewed believe that with the right treatment, the progress of dementia can be slowed.
- 50% of people interviewed would find it hard to talk about dementia to a friend or family member they thought might have the condition.
- 33% say that personal concerns (such as fear of upsetting someone or feeling awkward or anxious) would discourage them from talking about dementia or memory loss with a friend or relative.
- 86% say they would be likely to talk to a close friend or family member affected by memory loss which was disrupting their daily life.
- 46% of those interviewed say they would rather not think about dementia.

Choosing Care Services: People will see more choice in their local care and support services as local councils move a step closer to developing high quality local care markets that deliver the range of services people want and need.

Currently, certain areas of the country are not benefiting from the range of quality services available elsewhere. Local councils have been working hard to meet the needs of their community, however more change is needed. The 'Developing Care Markets for Quality and Choice' programme will improve choice, provide tailored care and focus care on the outcomes that matter to people.

Using local information, councils will support the development of care services which meet the needs of all local people, regardless of whether they are services funded by a council or directly by a local person.

Care and Support Minister, Norman Lamb said:
"People deserve a high quality care service that meets their needs. Everyone's needs are different. We can't have a one-size fits all approach. This new programme will increase choice in the care services provided to them.

"We want to improve the care services already in place by giving local authorities the skills to work together with their care providers and anticipate future priorities, pressures and challenges in order to tailor care for their communities."

The new programme aims to address key challenges currently in the care market:

- Choice – as more people are given Personal Budgets it is important that they are able to choose from a range of quality service providers, and the way their services are delivered.
- Quality – Sometimes the way services have been provided has left people without the dignity and choice they should expect. We want to see care services that are high quality and are tailored to what people want.

In the draft Care and Support Bill councils will be given a legal responsibility to promote a range of high quality services that meet the needs of their communities. The programme launched this year will support local councils to build on their skills and information to understand their supply and demand for care services, and enable them to work with providers of care to develop a strategy for managing their own local care service markets. By doing this, councils will be able to tailor care to their local people's needs and see how it will make an impact.

The Department of Health has been working with the Association of Directors of Adult Social Services (ADASS) and the Institute of Public Care to look at ways in which local councils can be supported to improve their communities' care markets and support development of all councils.

ADASS President Sarah Pickup said:
"ADASS welcomes this programme which has some unique and distinctive features that will support councils to understand and develop markets in order to enhance choice and assure the quality of services for local people."

This programme of work is part of the wider effort on reforming social care to deliver high quality local services and give people the choice and services they should expect.

CQC's Community Mental Health Survey 2012: The 2012 survey looked at the experiences of people receiving community mental health services. The 2012 survey

involved 61 NHS trusts in England, including combined mental health and social care trusts, foundation trusts and primary care trusts that provide mental health services. Responses were received from more than 15,000 service users, a response rate of 32%. Service users aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 July 2011 and 30 September 2011.

Key findings for England: The majority of participants said that they:

- Were treated with respect and dignity and were listened to carefully.
- Had their views taken into account and had enough time to discuss their condition and treatment.
- Had trust and confidence in the health or social care worker they had seen most recently.
- Had the out-of-hours contact number of someone from their local NHS mental health service.
- Could ‘always’ contact their care co-ordinator/lead professional if they had a problem and that their care co-ordinator/lead professional organised their care ‘very well’.

However, the results also showed that people needed to be more involved in some aspects of their care.

Key findings for England:

- A considerable proportion of respondents also would have liked more support from a member of staff with some aspects of day-to-day living.
- Over a quarter of those prescribed new medication in the last 12 months said that they were not told about possible side-effects, and over a tenth said that they were not given information about it in a way that was easy to understand.
- Around a third of those not on CPA said they did not know who their care co-ordinator/lead professional was.
- Some respondents said that they had not had a care review in the last 12 months.

A considerable proportion of respondents also would have liked more support from a member of staff with some aspects of day-to-day living including:

- Physical health needs.
- Caring responsibilities.
- Finding or keeping work.
- Finding or keeping their accommodation.
- Financial advice or benefits.