

Cambridge Technicals
Health and Social Care

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

Level 3 Cambridge Technicals Diplomas in Health and Social Care **05832,**
05833, 05871

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

General Comments

For the first series of this examination unit, the majority of candidates attempted all of the questions. Those candidates who had clearly learned and understood the subject content were able to demonstrate the breadth and depth of their knowledge, particularly for the levelled response questions.

To enable candidates to achieve high marks, centres need to reference the Learning Outcomes in the specification to guide the candidates about the terminology and specialist vocabulary that will be used in the questions. In this paper, for example, LO3 national quality assurance initiatives, LO1 types of support networks, LO1 values of care and LO2 disempowerment were areas that some candidates seemed unfamiliar with.

Centres also need to guide candidates to follow the question command verb in order to help them to interpret the requirements correctly. Those candidates who paid full attention to the command verbs, correctly 'describing', 'explaining', 'analysing' and 'identifying' were able to give accurate responses that fully addressed the demand of the questions.

Some candidates extended their responses on to additional paper; it is very helpful for examiners if candidates indicate at the end of the question that it is being continued on the extra paper. It is a concern that for some centres these extra pages were often not securely attached to the examination paper, especially as some candidates did not write their name, candidate number or centre on the extra pages.

Comments on Individual Questions

Question No.

1(a)

Most candidates were able to gain at least two marks. Making sure 'all food provided is soft' was the most common incorrect response.

1(b)

Candidates generally found this question challenging. Many misread the question and wrote about ways individuals or settings could improve their practice. The response needed to focus on the impact national initiatives have on care settings, which is how they can help to improve practice. Examples include - setting standards, providing guidelines, identifying training needs, producing inspection reports that indicate where improvements are required and checking that legislation is being implemented. Candidates who were able to give specific examples and, in some cases, with reference to particular initiatives, such as the Care Certificate, were able to gain full marks.

1(c)

Well answered by the majority of candidates. There were, however, some very vague responses such as 'keep information safe' without saying how, 'do not tell anyone a resident's private information' without recognising that sometimes information has to be shared on a need to know basis.

1(d)

Many candidates seemed to be unfamiliar with the values of care; they were unable to accurately name the individual values of care, with many responses missing out key vocabulary, for example, 'promoting' or 'equality'. The values of care are outlined in section 1.2 of LO1 in the specification for this unit.

2(a)

Well answered by the majority of candidates who gained at least two marks out of the three available. The most common incorrect answers were 'make Dharshini take part in group activities' and 'ask all the nursery staff to observe' and 'record ... in a private diary'.

2(b)

Good answers were provided when candidates developed their justification with clear reasons why they would take the actions. For example, informing senior staff, this was expanded upon by explaining they would have the experience and knowledge to provide advice and may know additional information about Dharshini's circumstances. Weaker responses just 'reworded' or repeated the wording of their 2(a) choices, or described the situation rather than giving any justification for the chosen actions.

2(c)

This question required a description of 'one way' discriminatory behaviour could be challenged. Candidates who gave multiple ways with little or no description limited their marks to level 1. The answer needs to be developed to achieve level 2, giving some description of how the action taken would raise awareness, educate or follow procedures to deal with the situation. Some answered incorrectly on way of promoting equality and diversity rather than dealing with bullying, which was in fact the focus of the question.

3

It is important that candidates realise that only one answer should be given in each box. If more than one number 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.

4(a)

Many candidates just repeated sections from the case study – sometimes going on to extra paper to do so. This was unnecessary. Candidates should be guided by the number of answer lines provided for their answer. Some candidates' responses just listed rights. Good correct responses clearly gave a specific example of discriminatory staff practice, such as 'staff not allowing Martin to choose what he wants to eat for breakfast'.

4(b)

Very well answered by the majority of candidates. Marks were lost when candidates stated rights that were not appropriate to the case study, such as 'confidentiality', which was not a relevant issue here.

4(c)

There were some very good responses gaining full or almost full marks, this was where the candidate kept their focus on the impacts for Martin. Often candidates used specific examples of physical, emotional and social impacts to develop their explanations, these included lack of exercise leading to being unfit or overweight, lack of motivation/stimulation, feeling worthless, lack of independence. All of which clearly link to the headings provided. Some candidates repeated information directly from the case study, re-telling Martin's story, often causing them to write unnecessarily at length on extra paper, this work rarely gained any marks. Some candidates limited their marks by giving definitions of the terms in the headings provided, this was not required and did not gain any marks.

5(a)

A large number of candidates did not analyse the ways they suggested. Many were able to give numerous ways that staff at the day centre could promote equality and diversity, but without analysis - the key command verb in this question – so marks were limited to level 1. Some candidates also did not make any reference to young people with disabilities who were the focus of the question. Making adaptations to ensure the day centre and activities provide access and inclusivity for the young people was rarely referred to.

Common good responses included, treating for individual needs by foods/halal, vegetarian, prayer rooms to provide acceptance and respect for differences, feeling included, or access for all by providing ramps and wide door for wheelchair users and adapting activities e.g. wheelchair football to provide equal opportunities for all so no one is excluded.

For levelled questions such as this one, where 'ways' are required, candidates need to focus on two ways and provide a detailed analysis of those two ways. If done well, this would enable them to achieve high marks.

5(b)

Many candidates were familiar with support networks and were able to gain full marks. However, some candidates seemed to lack this knowledge and gave examples of rights or values of care. This question states the support networks should be for young people, so candidates who stated 'Age UK' did not gain a mark, this was a frequent incorrect answer. Other common incorrect responses were for informal support, examples include 'teacher', 'nurse' and 'counsellor'.

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

General Comments

The majority of candidates attempted all the questions. They appeared to have had sufficient time to address the questions and many had used additional answer sheets. When candidates wrote lengthier responses these were often repetitive and not well structured.

Candidates demonstrated a good general knowledge about health, safety and security procedures. They were less skilled at applying their knowledge to practical scenarios. They could benefit from more opportunities to learn about the ways health, safety and security procedures are put into practice in a variety of health and social care settings.

Comments on Individual Questions

Q1(a)

Most candidates could find at least 2 reasons for a DBS check. It was clear that most learners knew that a DBS check is a requirement for staff who work in health and social care settings. Not all candidates understood that nursery nurses work with children.

Q1(b)

Very few candidates demonstrated a sound understanding of safeguarding or the procedures that are put in place in a nursery setting in order to safeguard children. There were very few candidates who scored above level 1. Candidates would benefit from reading policies from different health and social care settings that set out their procedures for promoting health, safety and security.

Q1(c)

The majority of candidates understood that the purpose of a risk assessment was to reduce risks and hazards. Fewer candidates could provide examples of what these hazards might be in a children's nursery. When candidates did identify possible hazards, they did not necessarily identify sensible measures that could be taken to reduce or eliminate the risk of harm.

Q1(d)

Candidates frequently mixed up consequences and explanations on the answer sheet, but were awarded the marks if both elements were included within the answer. This question was better answered by candidates whose answers were concise, rather than by those who used complicated and sometimes implausible explanations.

Q2(a)

The majority of candidates demonstrated a sound knowledge about types of hazards and could provide an example of a manual handling hazard and a biological hazard.

Q2(b)

Candidates demonstrated a good understanding of the emotional effects of abuse. Where candidates could have improved their answers was in linking their response more closely to the context of the question, i.e. the effects of abuse on Vanessa, 78, who is in hospital after having a stroke.

Q2(c)

Some candidates were not aware of the distinction between intentional and unintentional abuse. Examples of malpractice were not credited as this is not unintentional abuse.

Q3(a)

The majority of candidates could provide responses to a measles outbreak, but fewer could provide responses to a loss of water supply. Some candidates responses were overly extreme or not feasible (e.g. call the ambulance, or deep clean the nursery in response to a measles outbreak and supply bottled water in response to a loss of water supply).

Q3(b)

The majority of candidates know the responsibilities of a first aider. The question required that they describe one responsibility. Some candidates listed a few responsibilities but without describing them. These responses were only awarded one mark.

Q3(c)

The majority of candidates demonstrated a good understanding of the consequences if a hospital was not following health and safety procedures. Some candidates were unsure of the meaning of 'employer' and 'employee'.

Q3(d)

A significant number of candidates did not understand that the focus of this question was James' responsibility to carry out a risk assessment in the context of taking young people from a residential setting to a public leisure centre in order to go swimming. Obtaining permission and checking if the young people were able to swim were not credited, as these actions are not relevant to the context.

Unit 4 Anatomy and physiology for health and social care

General Comments

This is the first examination session for the new OCR Cambridge Technicals suite and therefore there are no previous years for comparative purposes. Only six centres entered candidates and thus only 77 scripts were marked which again makes it hard to draw conclusions on performance.

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

Many candidates did not read the questions accurately and thus provided information that was not required. Very few candidates took notice of the command verb 'evaluate' in the last question and, therefore, even the strongest responses only gained half marks as a 'sub-max' award.

Some candidates confused conditions, for example osteoarthritis with osteoporosis and AMD and cataracts.

When discussing the impact of the relevant conditions on the lives of individuals, a significant number of candidates do not appear to realise that most people, with for example, cystic fibrosis, do in fact lead fulfilling and busy lives despite their condition. Many answers throughout the paper dwelt on negative aspects of PIES. Whilst it is appreciated that time for delivery may be short, it is recommended that centres make maximum use of visiting speakers and that candidates are encouraged to research support groups and personal blogs of relevant individuals.

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.

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

A lot of candidates are starting their responses with 'empty' introductions that only serve to waste time and do not gain them any credit, as the statements given either repeat the question or give irrelevant information, for example, describing the causes and genetics of cystic fibrosis rather than concentrating on its effect on the respiratory system. A thorough understanding of command verbs and practice of reading questions is essential.

Comments on Individual Questions

Question No.1

1a A large proportion of candidates named the structures either instead of, or as well as, providing a function. The heart appears to confuse some candidates.

1bi Despite their role in heart disease, most candidates think these are merely arteries that distribute blood around the body. Very few connected them to their function of supplying heart muscle directly with oxygen and nutrients.

1bii Causes were identified but not necessarily explained. Consequences were also merely identified, with very few candidates linking the two aspects of the question. Most responses were thus only in Level 1.

Question No.2

2ai and aii. Most candidates gave reasonable answers though some, despite the question lead in, mentioned oxygen again for either part. Candidates must understand the importance of reading questions carefully and slowly.

2bi Again candidates did not read the question and gave descriptions of causes including genetic details. Some referred to sticky mucus, but did not make the required link to its effect in the lungs and consequently to the effect on Davina's breathing. A minority did correctly make links to increased risks of respiratory infections. Some candidates did try to incorrectly turn this section into a PIES response despite part bii following.

2bii This section was generally very badly done as the majority of candidates fail to realise that despite its severity the vast majority of CF individuals lead fulfilling and 'normal' lives with successful education, careers, family life and recreational activities. Even some sports are possible. Some candidates did refer to the impact of physiotherapy, medications, hospitalisation and repeated infections, but lacked the specificity or accuracy to attain high marks. Most responses fell into Level 1.

Question No.3

3a Most candidates correctly identified functions of the buccal cavity and oesophagus, although a significant number confused the latter with the trachea, in name at least. Most candidates realised that structure 3 was the liver, but again chose to ignore the question rubric and gave a non-digestive function. Many candidates thought that structure 4 was the pancreas instead of the gall bladder.

3bi Most candidates scored marks in this part with mechanical digestion being better understood than chemical. Most responses concerning the latter lacked detail and accuracy, with many candidates incorrectly thinking that it is the hydrochloric acid that breaks down any protein in the chyme.

3bii Most candidates scored well here and could correlate the presence of villi and microvilli to blood vessels, increased surface area and faster absorption.

3c Most candidates answered the first two parts of this question correctly, but only a few made the link between stress as a possible trigger factor for IBS and the benefits of exercise in relaxing and de-stressing individuals.

3d Most candidates got at least one mark for mentioning scarring but a lot failed to mention how excess alcohol kills liver cells. Some gained a second mark for at least stating that liver repair and/or regeneration was prevented.

3e Most mentioned detoxification, although some thought the liver killed alcohol.

3f These parts were reasonably well-answered with most candidates aware of the cerebellum's role in muscle co-ordination/control and hence balance.

Question No.4

4a A number of candidates got muddled between osteoarthritis and osteoporosis and gave answers that merged information relating to both conditions. Some others discussed rheumatoid arthritis despite the question clearly stating that Donald had severe osteoarthritis. Most candidates did give simplistic explanations of what happens in a joint to cause arthritis but tended to remain in Level 1 lacking the expansion and depth required for higher marks.

4b This section also suffered from candidates providing negative PIES with much made of social isolation and resulting depression. Those candidates who described practical consequences in relation to named daily activities revolving around cooking, personal hygiene, dressing, mobility, shopping and recreational activities scored the better marks.

4ci Many candidates simply identified the macula region which, as that is hinted at in the name of the condition, was not awarded a mark. Surprisingly few named the retina.

4cii Most candidates referred to blurred vision whilst some stated an inability to recognise faces or read which was allowed although strictly speaking this is covered in the next part of the question. Many candidates do not appreciate that AMD does not lead to total blindness but to a loss of central vision only.

4ciii Most candidates provided correct responses, but were limited to Level 1 due to a lack of detail or expansion, for example, stating that Mary might not be able to drive without then explaining the impact this could have on work, independence, shopping, socialising etc.

4civ Most candidates appear to think that simple eye drops or glasses will cure AMD. This is obviously not the case. References to medical strategies were therefore either very vague or totally inaccurate. Some candidates did refer to laser treatment and injections to slow down the development of the condition. No candidate referred to the current trials in stem cell therapy. Most 'strategies' were simple references to sticks, brighter lights, reorganised rooms, guide dogs and support groups. Unfortunately, these tended to be identified only and not analysed.

Question No.5

5ai Either candidates knew these structures or they didn't. Those that didn't failed to identify much beyond the myelin sheath and the nucleus.

5aii Generally this produced confused answers with only a minority managing to refer to the action and purpose of a synapse.

5bi The majority of candidates referred to blood clots or blood leaks, but only a few used the terms ischaemic and haemorrhagic. Whilst most made a reference to the brain cells dying, few explained exactly why cell death and / or damage occurs. There also appeared much confusion over what the cerebral cortex is and many confused this precise outer layer of the brain with the cerebrum itself. Thus, there were references to memory loss and personality change. The question stem clearly identified the cortex as being the damaged region, but instead of explaining the resulting loss in muscle movements/sensations from precise, identified regions of the body, references were made to what were essentially the FAST symptoms identified in health campaigns. Marks were awarded for this, but the mere identification restricted such candidates to Level 1.

5bii Unfortunately, nearly all candidates chose to ignore the command verb of the question which was 'Evaluate'. A very small number did give pros and cons of various strategies or treatments but most simply described or just identified various options, such as speech therapy, physiotherapy, dietary changes, care -either domiciliary or residential and support groups. There was very little expansion with little or no specificity. The mark scheme provides several of the expected options.

Unit 7 Safeguarding

General Comments:

Candidates performed well in questions relating to safeguarding children and how abuse may have effects on individuals.

Centres may wish to use more time focusing on how laws can be outlined by candidates and how the disclosure and barring service is put into practice in health and social care settings.

Possible use of a centre's own policies for the candidates to consult may aid their understanding of procedures and how they can help safeguard individuals.

Comments on Individual Questions:

Question No.

1a- The vast majority of candidates achieved full marks. The most common, incorrect answer ticked by candidates was 'arrange to meet with Jamie's father the next day'.

1b -Most candidates could justify their answers, although were sometimes vague in relation to why a record should be kept. Higher level answers linked recording the incident to the future use as evidence and the importance of recording information quickly.

1c- Well answered with most candidates giving at least a few points of discussion. Weaker responses tended to just list possible effects with no discussion/rationale.

2a- A number of weak answers talking about people generally not being able to do 'things' and/or describing people who are 'mentally ill'.

2b- Most candidates could explain the factors of homelessness and adults with dementia in a nursing home, however, very few appeared to know the concept of institutional practices, instead they just gave general ideas about abuse.

2c- Quite well answered although most candidates appeared to have a clearer understanding of relationships with an imbalance of power than the concept of social isolation. Although not vital, clear examples helped to illustrate answers and the ability to show how these factors could increase the likelihood of abuse.

3a- Most common answer was race, many candidates gave incomplete answers, e.g. 'gender' rather than 'gender reassignment'.

3b- Quite poorly answered with only a few candidates able to actually describe features. Some just stated the law was about people and tries to stop abuse.

4a- A surprising number appeared to assume the Disclosure and Barring service was about general complaints within a hospital. Most marks achieved related to risk assessments.

4b-Well answered although a few candidates stated laws instead of policies

5 – Quite well answered with most candidates able to outline how the factors could help staff and/ or service users minimise the risk of abuse.

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