

Cambridge National Health and Social Care

Cambridge National Level 1/2 Award/Certificate

Unit **R021/01:** Essential Values of Care for Use with Individuals in Care Settings

Mark Scheme for January 2019

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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These are the annotations which are to be used when marking

Annotation	Meaning of annotation
BP	Blank Page – this annotation must be used on all blank pages within an answer booklet (structured or unstructured) and on each page of an additional object where there is no candidate response.
✓	Tick – correct answer
×	Cross – incorrect answer
√.	Development of point (use only on questions where stated in the mark scheme)
LI	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (This does count as a mark – so do not 'tick' as well)
^	Omission mark
TV	Too vague
REP	Repeat
SEEN	Noted but no credit given
No Response (NR)	Award NR if the question has not been attempted

ADDITIONAL OBJECTS: ('additional objects' are continuation sheets)
You must annotate responses on any additional objects, as above.
If no credit is to be awarded for the answer on the additional object, please use the annotation 'seen'.
If the page is blank use 'BP'.

Question	Answer		Marks	Guidance
Question 1 (a)	One mark for each way identified. Three requ One mark for how it prevents the spread of inf Ways Appropriate protective clothing • disposable gloves • disposable aprons • hair-net / hygiene hat • surgical garments • face masks • protective goggles Personal hygiene • hair tied back / covered • open wounds covered • no jewellery • no nail polish	ection. Three required. Explanations of how the ways prevent spread of infection: • prevents transfer of bacteria • destroys / kills / gets rid of bacteria • reduces levels of bacteria • ensures high level of cleanliness • reduces opportunities for	6 (3x1 + 3x1)	Guidance The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: One mark for identification of a 'way'. One mark for how it helps to prevent the spread of infection. Do not credit: 'prevents the spread of 'infection' needs to say how'
	no jewellery	 spreading bacteria / germs stops others coming into contact with bacteria / germs barrier method reduces/prevents transfer of bacteria removes places for bacteria to be trapped prevents cross contamination ensures equipment is sterile barrier to infection (e.g. latex gloves) 		 needs to say how' 'gloves' 'apron' - must state disposable, plastic, latex or rubber uniform Can credit the reason if way is incorrect. If more than one way is given, mark the first one. Do not credit repetition of ways or how they prevent the spread of infection

Question	Answer	Marks	Guidance
1 (b)	One mark for each identification. Two required. Having personal notes stored securely: • store paper records in a locked filing cabinet • do not leave electronic records displayed on screen – log out • password protected electronic records to limit access • locked away and password protected • shred any unwanted paperwork or notes	2 (2x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TV REP SEEN
	Patients not being spoken about so others can hear: close treatment room doors / close doors no discussions in public places e.g. corridor, reception private office for telephone calls meetings / consultations in a private room / private place no gossiping about patients outside the care setting Accept other relevant ways.		Note: If more than one way is given – mark the first one stated. answers must relate to the heading provided – no credit for general ways of maintaining confidentiality Do not accept for stored securely: locked up locked away Do not accept for not being overheard: do not talk about it with anyone but the patient don't share the information with anyone need to know basis – is nothing to do with avoiding being overheard

How effective communication reassures and supports rights: Jsing appropriate vocabulary / no jargon helps patient's understanding of treatment / procedures patient not confused by jargon or specialist terminology so patient can make informed choices / supports consultation so patients are not disempowered Not being patronising helps patient feel respected and valued instils confidence and trust equal and fair treatment shows respect	4 (2x2)	The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TY REP SEEN For two marks:
Jsing appropriate vocabulary / no jargon helps patient's understanding of treatment / procedures patient not confused by jargon or specialist terminology so patient can make informed choices / supports consultation so patients are not disempowered Not being patronising helps patient feel respected and valued instils confidence and trust equal and fair treatment		appropriate annotation from the following: TY REP SEEN
helps patient's understanding of treatment / procedures patient not confused by jargon or specialist terminology so patient can make informed choices / supports consultation so patients are not disempowered Not being patronising helps patient feel respected and valued instils confidence and trust equal and fair treatment		appropriate annotation from the following: TY REP SEEN
helps patient feel respected and valued instils confidence and trust equal and fair treatment		For two marks:
		 a full description of an appropriate way that clearly shows understanding Do not give 2 separate marks for two identifications
Adapting their communication - emphasising words / slowing the pace / varying tone / using gestures / repeating if necessary calms / relaxes nervous patient / manages emotions helps patient understand the treatment process so people can make informed choices		For one mark: a basic description that lacks clarity just identification of a 'way' or ways effects without a way
Listening to individual's needs / active listening / positive body language e.g open posture, eye contact etc empowers		Give credit for references to supporting rights and/or providing reassurance.
raises self-esteem calms them down makes them feel welcome / valued shows you are being listened to		 Do not accept: description of what Nazaneen should not do (other than 'not patronising' and 'no jargon')
Specialist / adapted methods		'reassures' it is in the question
loop system, leaflets in other languages / braille / easy read version enables equality of access for patients individual needs met		This answer list is not exhaustive accept other relevant ways and examples. May be interchangeable
_i: >.; >; >;	stening to individual's needs / active listening / positive body language gopen posture, eye contact etc empowers raises self-esteem calms them down makes them feel welcome / valued shows you are being listened to pecialist / adapted methods loop system, leaflets in other languages / braille / easy read version enables equality of access for patients	stening to individual's needs / active listening / positive body language g open posture, eye contact etc empowers raises self-esteem calms them down makes them feel welcome / valued shows you are being listened to pecialist / adapted methods loop system, leaflets in other languages / braille / easy read version enables equality of access for patients individual needs met

Ouestis a	Anguar/Indicative Content	Manka	Guidance			
Question	Answer/Indicative Content	Marks	Content	Levels of response		
2 (a)	Equipment considerations: appropriate training for staff used under supervision fit for purpose age appropriate equipment / toys tidied away after use checked regularly for damage / risk assessed reporting system for damage or faults replacement programme for older or worn out equipment regular (PAT) testing of electrical equipment materials used e.g. paints containing toxins How children's safety is improved: risk of injury is reduced staff will know how to use / assemble it safely correct equipment used for the task no worn out or damaged equipment in use good standard of equipment is maintained no lose parts / small parts — choking hazards reduced no sharp edges - risk of injury reduced no toxins consumed Answers may refer to: toys climbing frame swings slide furniture equipment	4	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. Level 2 – checklist detailed explanation two examples of equipment considerations explicit link to improving safety at the early years setting correct use of terminology Level 1 – checklist basic explanation one example of equipment considerations may identify several examples but not fully developed link to safety may be implicit no link to early years setting or may be implicit no link to early years setting or may be implicit list like/muddled Do not accept: childproof – is too vague	Level 2 (3–4 marks) Answers will include a detailed explanation of two equipment considerations and how they help to improve safety in an early years setting. Answers will be coherent, factually accurate and use appropriate terminology Sub-max 3 for one equipment consideration but must be done well Level 1 (1–2 marks) Answers will include a basic description of at least one example of equipment considerations and how they help to improve safety. Explanation may be brief or not fully relevant. Answers may be muddled or list like and lack technical detail. O marks = not worthy of credit		

Question	Answer	Marks	Guidance
2 (b)	One mark for an identification, one required. One mark for stating how it protects, one required. Security measures: • member of staff/receptionist responsible for checking/monitoring external entrances • supervision of children at all times • monitoring of keys • security pads on doors / key cards / swipe cards / key (pin) code entry • staffed reception / buzzer at front door • signing in/out book for visitors • visitor badges issued • staff wearing ID / lanyards • CCTV monitoring of exit/entrance / security cameras • locks on doors / windows / gates • high fencing around outdoor play area How it protects: • controls access • only authorised people can enter • to control who is allowed in / out • to prevent children wandering out unaccompanied • easy to identify staff / authorised visitors • easy to spot unauthorised people • know who is in the building This list is not exhaustive, accept other appropriate responses.	2 (2x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TV REP SEEN Do not credit: all doors locked locked windows locked gates references to fire safety references to data protection cameras' on its own ID badges' on its own DBS check – is not security CCTV cameras – on its own – must state external / by reception or entrance etc - use omission mark fence' on its own – must say where how it protects if 'way' is not given/incorrect

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Que	stion	Answer/Indicative Content	Marks	Guidance
2	(c)	One identification required. One mark. The Health and Safety at Work Act	1 (1x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following:
				Must state 'Act'
				'The' and date not required.
				No other answers are acceptable.
				If more than one piece of legislation is given: Mark the first response

Question	Answer/Indicative Content	Marks	Guidance		
wuestion		IVIAIKS	Content	Levels of response	
2 (d)	Working in partnership with parents/guardians and families:	6	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis. Annotation: The number of ticks will not necessarily correspond to the marks awarded. Level 3 – checklist detailed analysis at least two ways of working in partnership with parents/guardians and families ways explicitly relevant to the playgroup Level 2 – checklist sound analysis one or two ways of working in partnership with parents/guardians and families ways are mostly relevant to the playgroup sub-max 3 if only one way analysed Level 1 – checklist Likely to identify several ways with little or no analysis basic information limited relevance to a playgroup List like/muddled	Level 3 (5-6 marks) Answers provide a detailed analysis of at least two ways of working in partnership with parents/guardians and families. Answers are explicitly relevant to a playgroup. Answers will be coherent, factually accurate and use appropriate terminology. Level 2 (3-4 marks) Answers provide a sound analysis of one or two ways of working in partnership with parents/guardians and families. Some relevance to the playgroup. Answers will be coherent, factually accurate and use appropriate terminology. Sub-max of 3 for only one way, but must be analysed well Level 1 (1-2 marks) Answer provides way(s) of working in partnership with parents/guardians and families with little, if any, analysis. May not be explicitly linked to the setting. Answers may be list like, muddled, demonstrating little knowledge or understanding. 0 marks = response not worthy of credit	

Que	stion	Answer	Marks	Guidance
3	(a)	Three ways required. One mark each.	3 (3x1)	Annotation: The number of ticks must match the number of marks awarded.
		Ways the surgery complies with Equality Act for people with disabilities:		For incorrect answers use the cross or appropriate annotation from the following:
		disabled access / ramps / accessible for wheelchair users		TY REP SEEN
		disabled toilet facilities (must state disabled)		
		disabled parking spaces (must state disabled)		The ways given must be from the seeperic
		hearing loop		The ways given must be from the scenario.
		staff trained in British Sign language / BSL used by staff		Do not accept:
		don't have to attend the surgery for an appointment –		generic requirements of the Act not in the scenario
		alternatives available		parking spaces / toilet facilities without reference to disability.

Question	Answer	Marks	Guidance
3 (b)	Two points required. One mark each. Any two points from: • tell them who to complain to • where to go to complain • methods they could use - e-mail, telephone, face to face, letter etc. • explain how it will be dealt with / what will be done • provide the patient with a copy of the surgery's complaints procedure • provide a complaints form to fill in • tell them to write down what happened / describe the incident • inform them they could choose to take up the issue with external input – e.g. police, solicitor, local health authority, CQC, Equality and Human Rights Commission • suggest they take advice – e.g. friends/family/Citizens Advice Bureau	2 (2x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: Do not accept: • 'report to manager' this is in the question stem or vague answers: • how to make a complaint • explain how to do it as two specific pieces of information are required

Que	stion	Answer	Mark	Guidance
3	(c)	 Two marks for a description, two required. Choice: appointments with their choice of doctor can see the doctor they feel most comfortable with alternative types of appointment available – visit surgery or telephone appointment with a doctor patients with impaired hearing can attend as staff trained in BSL are available can choose their preferred method of communication 	4 (2x2)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TY REP SEEN
		Consultation: asked for access improvement suggestions patients asked for feedback asking for opinions procedures to deal with concerns practice manager can be consulted regarding complaints or concerns can have phone consultation with a doctor		The ways described must be from the scenario about Peakes Surgery. One mark for a brief description Two marks for a more detailed description possibly including example(s) from the scenario 'Choice' and 'consultation' are different. Answers are not interchangeable.

Question		Mark	Guidance		
Question		Wark	Content	Levels of response	
4	To ensure the standardisation of care all service users receiving appropriate care, attention and treatment staff all working to the same high standards To improve the quality of care SU feeling safe / trusts staff / feels valued SU individual needs are met – e.g. health, nutrition, cultural SU consulted about care preferences To provide clear guidelines to inform and improve practice so that staff know how to provide effective care guides staff about legal requirements guides staff about good practice To maintain or improve quality of life rights, beliefs and preferences are respected raises self-esteem / confidence helping all SU reach their full potential – e.g. for a child providing literacy support providing access to those with mobility problems or communication barriers occupational therapy assessment to enable continued independence / empowers SU Note: Answers should explain the importance of applying values of care NOT identify or describe the values Level 1 for answers that: focus on the impact of values of care not being applied answer just identifies/describes/explains values of care	8	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. Level 3 checklist • detailed explanation • clearly addresses at least 2 explanations of the importance of applying the values • correct use of terminology Level 2 checklist • sound explanation • explanation of importance of applying VoC may not be fully developed • some correct terminology Level 1 checklist • limited explanation of the importance of applying the values of care • may only identify values of care rather than explain the importance of applying them • basic information • limited terminology Candidates are not required to identify any values of care. Credit is for the importance of applying them (bold headings) these are straight from the specification.	Level 3 (7–8 marks) Answers provide a detailed explanation that clearly addresses at least two explanations of the importance of applying the values of care. Answers will be coherent, factually accurate and use appropriate terminology. Level 2 (4–6 marks) Answers provide a sound explanation of the importance of applying the values of care Response may focus on one example or several lacking detail. Answers will be factually correct but need developing. Some correct terminology will be used Level 1 (1–3 marks) Answers may just identify values of care with minimal of their importance. List like answers should be placed in this level Limited use of terminology. O marks = response not worthy of credit SEEN for a zero mark response to the marks awarded.	

Question		Answer		Guidance	
5(a) (i)		Two identification required. One mark each. Vulnerable adults – The Mental Health Act	2 (2x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following:	
		Ethnic minority groups – The Equality Act		SEEN	
				Must state 'Act'	
				'The' and date not required.	
				No other answers are acceptable. Must be exact wording.	
				If more than one piece of legislation is given: Mark the first response	

Questi	Answer		Guidance	
5(a) (i	Two descriptions required. Two marks each. Vulnerable adults A person who: • is 18yrs or over • is unable to take care of themselves • is unable to protect themselves against significant harm or exploitation / individuals at risk of harm / easily targetted • needs community care services/support because of mental or other disability, or illness	2 (2x2)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: Wording of answers does not have to exactly match that on the mark scheme.	
	 Ethnic minority groups people living in a country where another cultural or ethnic group is in the majority people who differ in race or cultural origin from the majority group in the population people from different cultures / races are not the majority population where they live 		Two marks: A full description that clearly shows understanding with an example (e.g. VA someone with dementia) or with two clearly identified points from the list One mark: A basic description that lacks clarity	

Question	Answer		Guidance	
5 (b)	 Two marks for an example, three required. Challenging discriminatory behaviour: challenge at the time - explain to the person involved how they are discriminating, to raise their awareness ask them to reflect on their actions/what they have done encourage them to speak with the discriminated person and apologise report what has happened to senior staff / management / police challenge afterwards through procedures – e.g. suggest training for the person to raise awareness of their discriminatory behaviour 	6 (3x2)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following:	
	 Promoting equality: treat people fairly – no favourites, no discrimination ensuring all areas are accessible e.g. physical access, ramps, adjustable height tables for wheelchair users ensuring resources and activities are accessible to all - adapt tasks/resources for those with special educational needs or learning disabilities or e.g. simplified vocabulary / worksheets on coloured paper / providing extra support treat people according to their individual needs for visually impaired - provision of magnifiers, information in braille, enlarged print for hearing impaired - sign language, hearing loop food for special dietary needs – vegetarian, gluten free, diabetic Valuing diversity: provide resources, toys, books etc. reflecting different cultures celebrate a range of different cultures festivals – Christmas, Diwali, Eid, Chinese New Year etc. Welcome signs in different languages provide entertainment from different cultures e.g. music, theatre performances etc. food to meet a variety of needs – cultural and dietary 		For two marks: One example described. (Do not give 2 separate marks for two identifications) For one mark: • just identification of a 'way' If more than one example is given, mark the first one only. For challenging discriminatory behaviour do not credit: • long-term proactive campaigning as this is not part of day-to-day work Some examples are interchangeable – but do not credit repeats.	

Question		Answer/Indicative content	Mark -	Guidance		
				Content	Levels of response	
5	(c)	Answers must refer to safety procedures – not safety measures such as wet floor signs. A procedure is a process, not a specific action. The focus of answers should be on how safety procedures protect individuals. How safety procedures protect individuals in care settings: • prevents / reduces the risk of accidents • prevents / reduces the risks of injuries to staff / residents • reduces risk – results in a safer environment • staff know how to react in an emergency – fire etc. • residents / children / staff know where to go in the event of an emergency • enables staff to take quick, efficient action to remove service users from danger / give first aid • provides guidance for staff so they know what to do to keep service users safe at all times • staff know what is required of them Examples of procedures that candidates may refer to in their responses: Fire evacuation: • emergency fire procedures/fire drills/assembly points • emergency evacuation procedures / plans (bomb threats,	6	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. Level 3 checklist detailed explanation at least 2 safety procedures which clearly address protecting individual in care settings correct use of terminology Level 2 checklist sound explanation 1 or 2 safety procedures with some reference to protecting individuals in care settings may identify several procedures but explanation not fully developed some correct terminology Level 1 checklist likely to identify several procedures with little or no explanation of how they protect basic information	Level 3 (5–6 marks) Answers provide a detailed explanation of at least two safety procedures and how they protect individuals in care settings. Answers will be coherent, factually accurate and use appropriate terminology. Level 2 (3–4 marks) Answers provide a sound explanation of one or two safety procedures and how they protect individuals in care settings. Response may focus on one procedure with only minimal mention of a second. Answers will be factually accurate but need developing. Some correct terminology will be used. Sub-max of 3 for only one procedure and how it protects done well or several procedures lacking detail of 'how it protects' Level 1 (1–2 marks) Answers will identify	
		terrorism, gas leaks, flood) Risk assessments:		limited terminology	procedure(s) with minimal or no explanation of how they	
		 risk assessments – for activities / outings / equipment etc. level of supervision related to individual needs i.e. staff to resident / child ratio 		Annotation: The number of ticks will not necessarily correspond to the marks awarded.	protect. List like answers should be placed in this level. Limited use of terminology.	
		Accept reference to other safety procedures e.g. DBS checks for staff first aid procedures lock down procedures		Do not credit: security or data handling procedures	0 marks = response not worthy of credit SEEN for a zero mark response	

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