

CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Examiners' report

HEALTH AND SOCIAL CARE



05830–05833, 05871

Unit 2 January 2020 series

Version 1

Contents

Introduction	3
Paper Unit 2 series overview	4
Question 1 (a)	5
Question 1 (b)	6
Question 1 (c)	6
Question 2 (a) and (b)	7
Question 2 (b)	8
Question 2 (c)	8
Question 3 (a)	9
Question 3 (b)	10
Question 4 (a)	11
Question 4 (b)	12
Question 4 (c)	12
Question 5 (a)	13
Question 5 (b)	14
Question 5 (c)	15
Copyright information	15



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Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

You can now find the results awarded in 2018/19 for your Cambridge Technical subject area

As a centre approved to offer our Cambridge Technicals qualifications, we wanted to let you know we have now published the [results awarded](#) for 2018/19 Level 2 and 3 Cambridge Technicals (2016 suite). This information is helpful in allowing you to compare your centre achievements alongside national outcomes.

To browse to the document, log in to [Interchange](#), click on 'Resources and materials>Past papers and mark schemes' in the left-hand menu and select 'Cambridge Technicals (2016) Results Awarded 2018/2019' from the drop down list.

ExamBuilder

Remember to keep your eye on ExamBuilder as we continue to update the bank of questions post exam series in line with our past paper policy. Therefore, you can be assured that new assessment material will continually be fed into ExamBuilder on an annual basis.

Online post series external feedback

Keep an eye out for feedback for our post series feedback on Exams for Cambridge Technicals Webinars available in the autumn term.

Paper Unit 2 series overview

Candidates achieved a wide range of marks. Those achieving high marks had been well-prepared and demonstrated detailed knowledge of the specification topics. Many candidates demonstrated good exam technique by producing well-structured responses that addressed the command verbs and confidently used subject specific terminology.

Though sometimes an area of weakness, with some candidates lacking knowledge of basic facts, this session there was seen to be an improvement in knowledge about the Care Certificate and the Care Quality Commission.

There was no evidence to suggest that candidates ran out of time, all questions were attempted by most of the candidates. Few candidates made use of the extra pages at the end of the paper suggesting they are writing more focused responses and are guided by the number of answer lines provided. It was good practice and very helpful for examiners when candidates put a note at the bottom of their response in the main paper stating that a question had been continued on the extra pages.

Some scripts proved very challenging to mark due to poor handwriting. This can be very difficult for examiners to decipher and centres should encourage candidates to write as clearly as possible so that they can gain full credit for their responses.

While typing their responses solved the handwriting issue for some candidates, many used a very tiny font size and did not use double spacing, making annotating and marking difficult. A font such as Arial, size of 11 or 12 with double spaced lines should be used to assist the examiners to annotate scripts accurately and with clarity.

Candidate performance overview

Candidates who did well on this paper generally did the following:

- Demonstrated an understanding and familiarity with the different command verbs such as identify, describe, explain and discuss, e.g. 1(c) explain, 4(a) describe and 4(c) discuss.
- Produced clear and concise responses for Level of Response questions: 1(c), 4(c) and 5(b).
- Applied knowledge and understanding appropriately to questions set in a health, social care or early year's context or scenario as seen in 1(a), 2(a), 2(b) and 4(a).
- Demonstrated accurate knowledge of the CQC and Care Certificate for 2(c) and 3(a).

Candidates who did less well on this paper generally did the following:

- Lacked precision in their responses, e.g. 1(a) where some candidates identified impacts of discriminatory practice but did not develop their responses by explaining the potential effects on Steve. Also 4(a) some gave vague and imprecise suggestions for ensuring the welfare of a child is paramount and 5(c) supporting the right of choice.
- Found it difficult to apply what they had learnt to health, social care or early year's contexts, 2(a) residential care unit and 4(a) a nursery for example.
- Produced responses that were irrelevant to what had been asked, such as writing about health & safety when the question is about conflict management 5(b).

Question 1 (a)

1 Steve, 86, had a stroke. When released from hospital, he chose to return home as he did not want to live in residential care.

A physiotherapist visits Steve at home once a week helping him to do exercises that will help with his mobility and improve the use of his right arm.

Steve often feels upset because the physiotherapist handles him roughly, bruising him. The physiotherapist tells Steve that he is silly wanting to be on his own at home, and that he would be better off in a residential home.

(a) Describe **two** types of discriminatory practice that Steve is experiencing.

1.....

.....

.....

.....

.....

2.....

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[4]

Generally, this question was well answered with descriptions of the different types of abuse Steve is experiencing. Candidates wrote about examples, from the text, of direct discrimination such as physical abuse and verbal abuse.

A small number of candidates incorrectly wrote about 'indirect' discrimination. Others did not gain marks for writing about the 'impact' of the discriminatory practice on Steve which is not required by the question.

Question 1 (b)

(b) List **three** appropriate ways that Steve could challenge this discrimination.

- 1.....
- 2.....
- 3.....

[3]

Quite a few candidates did not achieve marks due to vague responses such as 'talk to the physio' or 'report it'.

Candidates who stated responses such as 'talk to the physio and explain they are wrong to treat Steve like this' or 'report the physio to the hospital management' gained the marks.

Answers should relate appropriately to the context provided. Some candidates wrote what they had learnt in class, rather than focussing on the case study, i.e. 'challenge through long term campaigns' which is straight from the specification, not appropriate, and not applied to the situation. Some gave extreme responses such as 'take the physio to court' or 'call the police'.

Others wrote 'change physiotherapist' or 'ask for a different physio' which are not ways of challenging the discriminatory treatment.

Question 1 (c)

(c)* Explain at least **two** possible impacts on Steve of the discriminatory practice he is experiencing.

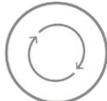
-
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-
-

[7]

Quite well answered by many candidates, with the majority achieving Level 2 marks.

The main reason that restricted the marks gained by candidates was a lack of explanation. The question's command verb is 'explain' and though some candidates identified lots of impacts which, though they were relevant, were not really linked to the case study with an explanation.

Level 3 marks were often missed due to this lack of explanation of cause and its impact – how one effect could lead on to a greater impact.

	AfL	Giving fewer impacts with some explanation of links between cause and effect, that are clearly related to the case study, would gain higher marks.
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Question 2 (a) and (b)

- 2 Read the following extract from a CQC (Care Quality Commission) inspection report for a Residential Care Unit, then answer questions 2(a), 2(b) and 2(c).

The Unit provides accommodation, nursing or personal care for 8 individuals who have mental health conditions relating to substance misuse or alcohol and drug related problems.

Staff meetings are held regularly to enable discussions around best practice. Areas discussed include learning from any incidents and also include input from the therapy team where the needs of individual residents are discussed. Staff are also supported through reflective practice sessions to enable learning to be shared.

Inspectors found that staff were not always fully supported to carry out their roles. Supervision was not always available and there were some gaps in training as not all staff had attended courses in safeguarding, moving and handling, substance misuse and fire safety.

Medicines Administration Records (MAR) include a photograph of the individual so staff can check identities before administering any medicines. MARs seen by the inspectors were complete with details of the type and dose of medication; however where staff had recorded 'other' on people's MAR as to why medication may not have been administered, the reason for this was not always recorded. Therefore, the staff were not able to identify any common reasons or trends to show why an individual's medicines may not have been administered.

Adapted from:

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4112217420.pdf

Accessed 16.03.19

- (a) Give **two** examples of good practice from the care unit's inspection report.

1.....
.....
.....
.....

2.....
.....
.....

[2]

Question 2 (b)

(b) Give **two** examples of poor practice from the care unit's inspection report.

1.....
.....
.....
2.....
.....
.....

[2]

Most candidates gained full marks for 2(a) and 2(b) by choosing correct examples of good and poor practice from the case study provided.
A few candidates didn't gain marks due to stating a repeat or giving an example that did not relate to the case study or one that they had made up themselves.

Question 2 (c)

(c)* The CQC have graded the Residential Care Unit as: 'requires improvement'.

Explain at least **two** ways in which the CQC can help care settings to improve the standard of care they provide.

.....
.....
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.....
.....

[6]

There were very varied responses to this question. Those candidates familiar with the CQC were able to provide specific and accurate information which was then related to the case study and so gained the marks.
Some candidates seemed to lack any knowledge of the CQC at all. These candidates tended to focus their responses on what the care setting itself could do to improve, rather than answering the question which is what the CQC can do to help.
Many weaker responses often incorrectly stated that the CQC would provide the care setting with money to improve or deliver training for the staff.

	<p>Misconception</p>	<p>The most common incorrect response was that the CQC provides training for care practitioners.</p> <p>Candidates need to know that the main role of the CQC is inspecting, monitoring and measuring standards in care settings. They identify strengths and weaknesses in care delivery and advise on improvements required.</p> <p>They may identify training that is needed but do not provide it.</p>
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Question 3 (a)

3 (a) Complete the sentences about the Care Certificate.

Use words from the list.

You can use each word once, more than once, or not at all.

- | | | | |
|-------------------|------------------------|----------------------|--------------------|
| knowledge | legislation | sixteen | fourteen |
| fifteen | maximum | minimum | supervision |
| initiative | confidentiality | duty | experience |
| assessed | dignity | opportunities | |

The Care Certificate is a national that sets out the standards that should be achieved by care workers before they are allowed to work without direct

There are standards and care workers are against these. Examples of standards include: privacy and, equality and diversity, and duty of care.

The aim of the Care Certificate is for all care workers to have the same skills and to be able to give safe and high-quality support for the individuals for whom they are providing care.

[7]

Generally, candidates managed to achieve most of the marks available, but few got them all.

'Legislation' was often given instead of 'initiative' and 'fifteen' or 'maximum' were often given instead of 'minimum'. A number of candidates put 'confidentiality' instead of 'dignity' demonstrating a lack of knowledge as 'confidentiality' is not one of the fifteen standards.

Question 3 (b)

(b) Individuals who use health and social care settings should be treated with equality.

Identify **five** ways in which individuals can be treated with equality in care settings.

Tick (✓) **five** boxes.

Individuals should:	Tick (✓) five only.
never be discriminated against	
always be treated the same	
always be given a choice of medication	
be respected as individuals	
be treated differently	
be given fair treatment	
be given the same opportunities	
always be given a choice of care practitioner	
be offered the same food as everyone else	
always be treated according to their needs	

[5]

Most candidates gained full marks.

The most common incorrect answer was that individuals should 'always be treated the same'.

Question 4 (a)

4 Sundip has been on a course in preparation for her new role as nursery manager. She found two of the sessions very interesting. One was about values of care, in particular 'making the welfare of the child paramount' and the other was a discussion about raising a serious concern by 'whistleblowing'.

(a) Describe **two** ways in which nursery staff, including Sundip, the nursery manager, could ensure that 'the welfare of children is paramount'.

1.....
.....
.....
.....
.....

2.....
.....
.....
.....

[4]

Generally this question was not well answered. Answers often lacked any detail and often only achieved 1 rather than 2 marks. Answers were often very vague and general and sometimes referred to other values of care.

Candidates will have heard of this particular value of care (LO1 on the specification 'values of care in child care services') but struggled to give good examples of how to practise it in the nursery context.

Question 5 (a)

5

James has recently started as a volunteer at a local foodbank. He has noticed that some of the volunteers do not always follow the health and safety procedures. For example boxes left in the middle of the floor are trip hazards, fresh food is not put in the fridge and some of the volunteers don't wash their hands after using the toilet.

James has pointed out the poor standards to the other volunteers, but this has caused conflict. The experienced volunteers say that they have been doing this longer than James and don't need him to tell them what to do.

(a) The manager of the foodbank decides to take action to manage the conflict between James and the other volunteers.

Identify **three** appropriate actions for the manager to take.

Tick (✓) **three** boxes.

Possible actions	Tick (✓) three only.
Have an informal chat with the experienced volunteers, empathise with them and discuss possible changes.	
Tell James that he needs to listen and be more co-operative to fit in with the other volunteers who have been there longer than him and know what they are doing.	
Listen to James, but don't do anything about it, he is entitled to his opinion but there's nothing wrong with the way things are done.	
Ask two of the experienced volunteers and James to work together to prepare and deliver a short information session to help everyone to follow the correct health and safety procedures.	
Tell James to take no notice, it is only 'banter' and things will settle down in time.	
Ask James to write a list of things that he thinks need changing.	

[3]

Most candidates got full marks for this question.

Question 5 (c)

(c) State **two** ways that the foodbank could support the right to choice for the many different individuals using their services.

1.....

2.....

[2]

The main reason that candidates did not gain marks was that they just simply repeated the question stating answers such as 'give them a choice' or 'give them a variety to choose from'.

Answers which referred to providing vegan options, or food that meets dietary requirements such as gluten free for example, or food that meets cultural requirements such as Kosher or Halal all gained marks.

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