Cambridge National

Health and Social Care

R032/01: Principles of care in health and social care settings

Level 1/2 Cambridge National Certificate/Award/Diploma

Mark Scheme for January 2025

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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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MARKING INSTRUCTIONS

PREPARATION FOR MARKING
RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Online Training: OCR Essential Guide to Marking*.

2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are available in RM Assessor

3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **required number** of standardisation responses.

MARKING

1. Mark strictly to the mark scheme.

2. Marks awarded must relate directly to the marking criteria.

3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.

4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone, email or via the RM Assessor messaging system.

5. **Crossed-Out Responses**
   Where a candidate has crossed out a response and provided a clear alternative then the crossed-out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed-out response where legible.

   Rubric Error Responses – Optional Questions
   Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM Assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple-Choice Question Responses

When a multiple-choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).
When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions **(requiring only a list by way of a response, usually worth only one mark per response)**
Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions **(requiring a more developed response, worth two or more marks)**
If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space).

Longer Answer Questions **(requiring a developed response)**
Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add the annotation 'SEEN' to confirm that the work has been seen and mark any responses using the annotations in section 11.

7. There is a NR (**No Response**) option. Award NR (No Response):

   - if there is nothing written at all in the answer space

   - OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')

- OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

8. The RM Assessor **comments box** is used by your Team Leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.**

9. *Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.*

10. For answers marked by levels of response: Not applicable in F501
To determine the level – start at the highest level and work down until you reach the level that matches the answer
To determine the mark within the level, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

6. **Annotations**

Annotation	Meaning
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)
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (do not 'tick' as well - because 'bod' **does** count as a mark)
∧	Omission mark
VG	Vague
REP	Repeat
SEEN	Noted but no credit given
IRRL	Irrelevant
No Response (NR)	Award NR if the question has not been attempted

7. **Subject Specific Marking Instructions**

Question		Answer	Mark	Guidance
1	**(a)(i)**	Up to 1 mark for a correct security measure to restrict access through external doors • Electronic swipe/key card/key fob entry system • Buzzer entry system • Security/key pad with pin code .	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: ⌃ VG REP SEEN **Do not accept:** • Locked doors/Keys • Manned reception/receptionist • CCTV monitoring/security cameras • Lanyards/ID
1	**a(ii)**	Up to 2 marks for a correct explanation • Prevents unauthorised people from gaining entry • Only those with the correct card or pin will be allowed to enter • Staff control who enters • Prevents vulnerable people leaving • Prevents intruders coming in and harming individuals Other relevant points and examples should be credited	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: ⌃ VG REP SEEN

Question		Answer	Mark	Guidance
1	**(b)**	Two marks for each reason explained, **two** required. **Reasons for monitoring keys in the Health Centre:** • Every setting must know who has keys to the setting (1) this limits the number of people with access to keys (1) • Having authorised 'key holders' means (1) the location of each set of keys is known (1) • Having a list of key holders (1) ensures it is known who has a set of keys (1) • If there is a breach of security (1) the setting can look at the list of keys and find out who had access at that time (1) • If a key is lost or stolen (1) reporting immediately means locks can be changed quickly to avoid unauthorised access (1) • Know what keys are in use (1) to ensure security of restricted areas (1) • Limits the number of people who have access to keys (1) so all keys are accounted for and out of reach of service users (1) • Ensures confidentiality (1) by preventing access to medical records/files (1) • Keys are signed for/checked out (1) which ensures keys are returned (1) Award credit for any other appropriate response	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: ʌ VG REP SEEN Credit appropriate examples/reasons but no repeats. Answers must be relevant to **monitoring** of keys not use of keys alone

Question		Answer	Mark	Guidance
1	**(c)**	Explain how each of these help to protect the patients: **Window locks and restraints** • are necessary to prevent a window from opening fully. • young children or adults with a learning disability may not recognise the danger of open windows • prevents service users from falling out of open windows • open windows would be a danger in a care home for dementia patients • stops service users from getting out/leaving/escaping • they can prevent intruders from entering Other relevant points and examples should be credited.	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: ⌃ VG REP SEEN **Do not accept:** Vague responses e.g. ensures safety, keeps them safe, on their own
		Issuing visitor badges. • Only authorised people are allowed in /Controls access if staff on duty • Visitors can be easily identified by a lanyard or visitor pass • Those without badges can be challenged/intruders can be identified • Allows patients to differentiate between staff and visitors. • Reception knows who is in the building at all times by record of visitor badges issued • Legal requirement to know who is in the building	2 [2x1]	

Question		Answer	Mark	Guidance
2	(a)	One mark for each right, **two** required. Rights: • choice • consultation • **protection** from abuse and/or harm • equal and fair treatment (accept equality)	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: ⋀ VG REP SEEN

Question	Answer	Mark	Guidance
2 (b)	Explanation of benefits for Kai's health and well-being when his rights are maintained: Benefits: **Empowerment:** • encourages independence and being self-reliant • feeling in control of their lives • gives service users choice, control and independence **High self-esteem:** • feeling valued • feeling respected • positive mental health **Service users' needs are met:** • appropriate care or treatment such as aids/support provided, or dietary requirements met • results in good / improving physical or mental health **Trust:** • reassured that service providers will not harm them • confident that service providers have service users best interests in mind • confident in the care they receive Rights: **Choice** – this encourages independence and being self-reliant. This could be achieved by Kai deciding what he wants to eat for his meals **Consultation** – feeling valued. This could be achieved by Ben working with Kai when they develop the plan for the week	6	**Level 3 (high) 5-6 marks** • A **thorough** explanation of benefits for Kai's health and well-being of his rights being maintained • Showing **clear** understanding of the benefits • Makes relevant points, **many** of which are developed. • **Consistently** uses appropriate terminology. **Level 2 (mid) 3-4 marks** • An **adequate** explanation showing **sound** understanding of the effects on Kai's health and wellbeing when his rights are maintained • Makes relevant points, **some** of which are developed. • Uses **some** appropriate terminology. • **Sub-max 4 marks** if **one** example of effects on health and well-being is given or several attempted but not developed. **Level 1 (low) 1-2 marks** • A **brief** explanation which shows **limited** understanding of the benefits for Kai's health and wellbeing when his rights are maintained. • Points made **may not** be wholly relevant or developed. • **Little or no** use of appropriate terminology. • May not have reference to rights within the answer. **0 marks** Response is not worthy of credit. **Annotation:** The number of ticks will not necessarily correspond to the number of marks awarded.

	Protection from abuse and harm reassured that service providers will not harm them – Kai will know that Ben will have had a DBS check **Equal and fair treatment** - results in good / improving physical or mental health. This can be achieved by Ben making sure that all activities supported by Ben are suitable for Kai Other relevant points should be credited – e.g. Confidentiality could be listed as a right.	

Question		Answer	Mark	Guidance
2	**(c)**	One mark for each skill, **two** required. Active listening skills: • (Open, relaxed) posture/body language • Eye contact, looking interested • Nodding agreement • Show empathy, reflecting feelings • Clarifying/clarity • Summarising to show understanding of key points	**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: ⋀ VG REP SEEN

Question		Answer	Mark	Guidance
3	**(a)**	Complete the definition of safeguarding. In this order: • actions • well-being • risk • harm Safeguarding is about the **actions** taken to protect the health and **well-being** of service users to ensure they are not at **risk** of danger, **harm**, or abuse.	4 [4x1]	**Annotation:** The number of ticks must match the number of marks awarded. For **incorrect** answers use the **cross** or appropriate annotation from the following: ^ REP SEEN This answer only.

Question	Answer	Mark	Guidance

| 3 | (b) | How the following help safeguard James and Hugo:

Having a safeguarding policy
• all organisations must have a policy that states their ways of working and procedures to follow regarding safeguarding
• enables prompt action as the policy will be clear about what staff and service users should do in the event of suspected and disclosures of abuse
• Disclosure and Barring Service (DBS) checks for all staff (e.g. standard, enhanced, barred list)
• Upholds the right of protection from harm and abuse
Safeguarding training for all staff
• all staff must be trained so that they are aware of the policy and what it covers and how safeguarding situations should be dealt with.
• Can recognise signs of abuse or harm.
• Designated Safeguarding Lead (DSL)is the person in an organisation that has responsibility for safeguarding – they will ensure correct procedures/action will be taken.
Staff duty to report serious concerns
• Staff and volunteers who come into contact with service users should be able to identify signs of abuse or neglect
• Concerns should be raised with the DSL then appropriate action can be taken to protect an individual e.g. contacting external agencies such as social services, police etc. | 8 | **Level 3 (high) 6-8 marks**
• A **thorough** discussion showing **detailed** understanding of the impacts of safeguarding on James and Hugo.
• Makes relevant points, **many** of which are developed.
• **Consistently** uses appropriate terminology.

Level 2 (mid) 3-5 marks
• An **adequate** discussion showing **sound** understanding of the impacts of safeguarding on James and Hugo.
• Makes relevant points, **some** of which are developed.
• Uses **some** appropriate terminology.
• **Sub-max 4 marks** if **one** example of the three aspects is analysed

Level 1 (low) 1-2 marks
• A **brief** discussion which shows **limited** understanding of the impacts of safeguarding on James and Hugo.
• Points made **may not** be wholly relevant or developed.
• **Little or no** use of appropriate terminology.

0 marks
Response is not worthy of credit.
Annotation:
The number of ticks will not necessarily correspond to the number of marks awarded |

Question		Answer	Mark	Guidance
3	**(c)**	Describe how Rishi can apply the person-centred values of 'independence' and 'dignity' in his work with James **Two** examples described are required. **Independence:** • as far as possible encouraging James not to depend on others • encourage him try to be in control of his life/make his own choices • encourage him to make decisions about his care • give opportunities to be independent • improving skills for daily living tasks **Dignity:** • having regard for James' feelings • respecting his opinions and choices • making James feel valued • Rishi not gossiping about James to other carers • provide care that meets James's needs • respect James's beliefs and wishes • carry out own personal care • Respecting privacy e.g. knocking on doors, closing curtains around bed etc. Award credit for any other appropriate response	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: ⌃ VG REP SEEN Two marks for a description. Two required. **Examples must be appropriate for Rishi to apply in his work with James.**

Question		Answer	Mark	Guidance
4	**(a)**	State **three** examples of **non-verbal** communication skills**.** **Any three from:** • body language – no crossed arms/legs, nodding, open posture • eye contact • facial expressions • positioning – space, height, personal space • sense of humour • gestures Award credit for any other appropriate response **(must be non-verbal)**	3 [3x1]	**Annotation:** The number of ticks must match the number of marks awarded. For **incorrect** answers use the **cross** or appropriate annotation from the following: ⌃ VG REP SEEN **Do not accept:** Special methods e.g. Braille, BSL

Question		Answer	Mark	Guidance
4	**(b)**	Describe how communication could be adapted for each of these service users: **A young child receiving medical treatment:** • use simple words that are easily understood • appropriate' language/vocabulary • don't use jargon – specialist terminology a child would not understand • soft sounding voice, not too loud, calm tone • don't speak too quietly • nurse could show an image of a body and 'show' how the treatment would work on the body • Repeating important information **An adult receiving new medication:** • understands more advanced vocabulary than a child • but they may not understand some specialist vocabulary/ explaining any terms they may not understand • avoid too much medical / technical terminology • don't speak too fast – steady/slow pace, • clear pronunciation, clarity/clarification of information • could be provided with a chart showing when they should take the new medication and how often. • they could show them an image of the different side effects that could happen Other relevant points and examples should be credited.	6 [3+3]	**Annotation:** The number of ticks must match the number of marks awarded. For **incorrect** answers use the **cross** or appropriate annotation from the following: $\boxed{\boxed{\wedge} \quad \boxed{\text{VG}} \quad \boxed{\text{REP}} \quad \boxed{\text{SEEN}}}$ Some answers are interchangeable *(for example slow pace is included in adult but is also applicable to a child)* but do not credit repeats.

Question		Answer	Mark	Guidance
5	**(a)**	An explanation why each type of PPE is worn. **Overshoes:** • Provides a barrier • Reduces transfer of germs/bacteria • Used in sterile rooms • Protects vulnerable individuals from infection **E.g.** Worn by specialist nursing staff in sterile rooms in hospital (1) protects vulnerable babies/patients from infection (1) **Disposable gloves:** • Barrier method • Prevent spread of infection • Fresh pair for each task • Prevent cross contamination **E.g.** A fresh pair should be used for each new task(1) to prevent cross infection/contamination (1). Other relevant points and examples should be credited.	**4** [2+2]	**Annotation:** The number of ticks must match the number of marks awarded. For **incorrect** answers use the **cross** or appropriate annotation from the following: ┌─────────────────────────┐ │ ∧ VG REP SEEN │ └─────────────────────────┘ **Can credit repeat explanations e.g. prevents spread of bacteria** **Do not accept:** Keeps the setting clean, prevents it getting muddy, protects their shoes etc.

Question		Answer	Mark	Guidance
5	**(b)**	Identify whether each example is a 'safety measure' or a 'safety procedure'. One has been done for you. Tick **one** box in each row 	5 [5x1]	Take great care with answering – shading of example is not shown on candidate papers. These answers only. If a tick is given in both boxes this must be marked as incorrect.

Example	Safety measure	Safety procedure
displaying a fire safety notice	✓	
fire drill		✓
first aid training		✓
'no entry' sign	✓	
risk assessment		✓
'wet floor' sign	✓	

Question		Answer	Mark	Guidance
5	**(c)**	Describe **three** different ways to maintain **general cleanliness** in a social care setting such as a day centre. • use anti-bacterial sprays/wiping on surfaces • clean toys and other equipment such as board games and playing cards regularly • wash/clean plastic balls and other activity equipment • mop floors and vacuum carpets daily • clean and disinfect toilets frequently • correct disposal of (hazardous) waste in health and care settings/ emptying of bins • appropriate use and disposal of tissues/antiseptic wipes/sanitiser • taps, soap dispensers, door handles and bins need frequent cleaning • Washing up dishes/cutlery after each meal Other relevant points and examples should be credited.	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: ⋀ VG REP SEEN **Do not accept:** Personal hygiene methods e.g. washing hands Repeats

Question		Answer	Mark	Guidance
5	**(d)**	**One** personal hygiene measure that care workers in a social care setting would use: **Personal hygiene measures** • Hair tied back/covered • Open wounds covered • No jewellery • No nail polish • Correct hand washing routine • Regular showering and hair washing • Regular brushing of teeth • Appropriate use and disposal of tissues/ antiseptic wipes • Use of hand sanitiser • Wearing clean clothes	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: ∧ VG REP SEEN **Do not accept:** PPE e.g. disposable gloves

Question		Answer	Mark	Guidance
6	**(a)**	Explain **three** different benefits for **service providers** of applying person-centred values: **Job satisfaction** • Meets/understands patients' needs • Role is clearly defined • Aware of how to provide best practice • Enjoy their job/feel valued • Improves relationship with service users. **Enabling sharing of good practice** • empowers • They feel confident • Quality of care / standardisation of care • Collaboration between colleagues **Develops skills** • Supports service practitioners to develop their skills/develops trust and empathy **Provide clear guidelines of the standards of care that should be given** • Know how to do their job effectively • All staff working to the same standard **Maintains or improves quality of life** • Individuality is valued • Foster creativity and sharing of ideas • Self-confidence, self-esteem will increase **Supports rights to choice and consultation**	**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: ┌─────────────────────────┐ │ ∧ VG REP SEEN │ └─────────────────────────┘ Benefits are for **service providers** – do not credit patients or service users Responses can be interchangeable.

Question		Answer	Mark	Guidance
6	**(b)**	State **one physical** and **one intellectual** effect on a **service user** if the person-centred values are **not** applied. **Physical effects** • Pain if medication or treatment is not given • Illness may get worse • Malnutrition/illness due to lack of food for special dietary needs • Dehydration due to lack of regular fluids • Injury/hurt/harm e.g. bruising **Intellectual effects** • Lack of progress or skills development, learning • Failure to achieve potential • Loss of concentration • Lack of mental stimulation/interest • Lack of understanding Other relevant points and examples should be credited.	**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: ⌃ VG REP SEEN **Do not accept:** Emotional or social effects.

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