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 June 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.

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 **number of required** 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 No Response (NR):
   - 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:

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

11. **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

12. **Subject Specific Marking Instructions**

Question			Answer	Mark	Guidance
1	(a)		Up to 1 mark for a correct description of how **privacy** can be applied by the nurse: • Knock on the door before entering • Ask Beth if she would like help/ask for her consent to get dressed • When helping Beth get dressed, talk through what she is doing. • Looking away while Beth is changing or getting dressed • Maintain personal space. • Assistance when doing any personal care but ensuring Beth is aware of what is happening. • Pull/use a curtain around bed/window • Shut the door when Beth is dressing • Face the other way when Beth is changing.	1	**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:** • Have curtain – VG • Lock the door • Leave the room

Question			Answer	Mark	Guidance
1	(b)		Up to 4 marks for a correct description of **two** ways that professionals can maintain Beth's right to confidentiality • Information is kept secure (1) e.g. in a locked filing cabinet (1) • Need to know basis (1), not shared beyond the direct care team (1) • Gain verbal or written permission/consent (1) from Beth for the information to be shared with others (1) • Any meetings to be taken place in a private area (1) where information cannot be overheard/ensure any discussions cannot be overheard (1) • Encryption of files/password protected files (1) to restrict access (1). • No gossiping (1) to prevent private information being shared (1)	4 (2 x 2)	**Annotation:** The number of ticks must match the number of marks awarded. Up to two marks per description. 1 mark for way of maintaining confidentiality 1 mark for description of the way. For **incorrect** answers use the **cross** or appropriate annotation from the following:  **Do not accept:** • Information locked away – VG • Keep information safe/private

Question			Answer	Mark	Guidance
1	(c)		Explain **two** benefits to Beth when her rights of choice and consultation are maintained. **Choice** • Beth will feel empowered when making the choices about leaving hospital (1), this will increase her self-esteem and confidence (1). • Beth is able to make her own decisions (1), which will ensure her preferences and individual needs are met (1). • Beth will feel independent (1) as she will have control of the changes in her life (1) • When Beth's options are listened to (1) she will feel respected (1) **Consultation** • Beth's needs will be met (1) because she is asked about her opinion (1) • Beth builds positive relationships with professionals (1) which increases trust and confidence in them. (1) • Ensures Beth is involved in the process (1) so she can feel confident in the care offered/provided (1) • Beth will feel valued/heard (1) as she has been able to discuss her decisions (1) • Beths needs and preferences will be shared (1) which Improves understanding (1) Award credit for any other appropriate response.	4 (2 x 2)	**Annotation:** The number of ticks must match the number of marks awarded. Up to two marks per explanation. 1 mark for identification of benefit 1 mark for explanation/development of that benefit For **incorrect** answers use the **cross** or appropriate annotation from the following:  Some answers are interchangeable but do not credit repeats **Do not accept:** • Simple examples of choice that lack explanation (e.g. give them a choice of food)

Question			Answer	Mark	Guidance
2	(a)		Amit could use (British) Sign Language (BSL) (1) using his hands and fingers to make visual signs (1) Amit could ask an interpreter (1) to help communicate with the patient using their preferred method (1) Amit could use Makaton (1) if the child has additional needs such as a learning disability or autism (1) Amit could use signs/**facial** expressions/body language/gestures/pictures/symbols/apps (1) to help the patient understand what he means. (1)	2	These methods only. 1 mark for identification of a special method 1 mark for description of this method/how it supports communication Some descriptions are interchangeable. **Do not accept:** • Expressions alone – VG • Eye contact • Lip reading

Question			Answer	Mark	Guidance
2	(b)		Discussion of the benefits of using **non-verbal** communication **skills** when meeting the patient with hearing loss. **Skills:** • Adapting type/method of communicating to meet needs of service user or situation • Eye contact • Facial expressions • Gestures • Positioning: Space, Height, Personal space • Positive body language, no crossed arms/legs • Sense of humour **Benefits** • Builds trust and develops an effective relationship, • Increases understanding. • Will ensure a positive and safe environment. • Will give clues to the content of the discussion. • Shows interest and engagement in what the patient is saying • Supports rights • Makes the patient feel empowered, reassured, valued, confident and respected. • Shows they are listening and paying attention Answers must relate to **non-verbal** communication skills. Do not credit examples of alternative communication skills e.g. special methods/verbal/active listening. Three examples required	8	**Level 3 (high) 6-8 marks** • A **thorough** discussion showing **detailed** understanding of the benefits of using **non-verbal skills** with the patient with hearing loss**.** • Makes relevant points, **many** of which are developed. • **Three** non-verbal skills are considered • **Consistently** uses appropriate terminology. **Level 2 (mid) 3-5 marks** • An **adequate** discussion showing **sound** understanding of the benefits of using **non-verbal skills** with the patient with hearing loss. • Makes relevant points, **some** of which are developed. • At least **two** examples of non-verbal skills are considered • Uses **some** appropriate terminology. • **Sub-max 4 marks** if **one** example of a non-verbal skill is discussed or several are attempted but not developed. **Level 1 (low) 1-2 marks** • A **brief** discussion which shows **limited** understanding of the benefits of using **nonverbal skills** with the patient with hearing loss. • Points made **may not** be wholly relevant or developed. • **Little or no** use of appropriate terminology. • May just state examples of non-verbal skills **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
2	(c)		Being aware of his duty to report a serious concern	✓	3 (3 x 1)	These answers only. If more than 3 are ticked mark first 3 only.
			Discussing his concerns with parents/guardians			
			Knowing the care settings procedures for reporting a disclosure of abuse or serious concern.	✓		
			Knowing who to report to concerns to.	✓		
			Only reporting a serious concern if you see the incident.			

Question			Answer	Mark	Guidance
3	(a)	(i)	**Two** other service users who may need to be safeguarded. • Children • Service user with a (learning/physical) disability • Someone with a mental health condition • An older adult **in residential care/with care needs** • Drug users/alcohol addicts • People with dementia • People with a sensory impairment • People in residential care dependent on carers • People lacking mental capacity • People experiencing domestic abuse • Asylum seekers	2 (2 x 1)	**Do not accept:** • Homeless people. • Older people • Young people • Vulnerable people • Special needs • Learning difficulty • Hospital patients

Question			Answer	Mark	Guidance
3	(a)	(ii)	State **one** reason why Henry may need to be safeguarded, other than being homeless • Previous experience of abuse • Social isolation/no support network • Neglect – no access to food, shelter or medical care. • At risk of exploitation/being taken advantage of. • Being physically dependent on others. • Negative experiences of disclosing abuse. • Having a mental health condition • Vulnerable to substance abuse (alcohol or drug addiction)	1	**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:** • Vulnerable (on it's own) VG
3	(b)		Up to two benefits for Henry of using an advocate • Empowerment (1)– helps servicer users to make own decisions/have needs met (1) • Ensures servicer user's voice is heard/speaks on his behalf (1) an advocate can voice their views / wishes / concerns (1) • Helps servicer users to understand options available (1), e.g. support services available (1) • Assist service users to understand their rights (1), and what they are entitled to (1). • Can clarify information given by professionals (1) so that Henry is able to understand and is aware what has been discussed/is happening (1) Other relevant points and examples should be credited.	4 (2 x 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:  1 mark for identified benefit 1 mark for description of the benefit. **Do not accept:** • Vague responses e.g. feel confident, safe, talk about feelings, instils trust – on their own • Simple description of the role of the advocate • Who fulfils the role of an advocate

Question			Answer	Mark	Guidance
3	(c)		Explain **two ways** that Henry will benefit from being protected from harm and abuse. • Empower Henry (1) to make a disclosure (1) • Support his well-being and mental state (1) so he can cope with what has happened (1) • Needs are met (1) and he is able to improve his quality of life (1) • Rebuild his trust with individuals/professionals (1) and gain positive relationships (1) • Henry will feel safe (1) as his anxiety and fear will be reduced/protect from danger (1) • Henry will feel confident/raise self-esteem (1) that he can speak up for himself/ask for help if something is wrong (1) Other relevant points and examples should be credited.	4 (2 x 2)	**Annotation:** The number of ticks must match the number of marks awarded. 1 mark for identification of a way that Henry will benefit. 1 mark for the explanation of this benefit. For **incorrect** answers use the **cross** or appropriate annotation from the following:  Points are interchangeable but do not credit repeats

Question			Answer	Mark	Guidance
4	(a)		Describe how a **nurse** could apply these **two** qualities to patients in their care **Commitment** • Ask questions/understand concerns (1) to ensure you attend to and respond to their needs.(1) • Speak up for the patient (1) so that they get the support they need(1). • Working with colleagues (1) to ensure the best outcomes for patients (1) • Stay after a shift (1) to follow up concerns (1) • Work to the best of their ability (1) so patients have a high standard of care (1) **Compassion** • Acknowledge their feelings (1) and have empathy (1). • Ask how their health concerns are affecting other areas of their life (1) and the impact on their mental health (1). • Being a good listener (1) and being attentive to their patients' needs (1) • Comfort them (1) when they are upset or in distress (1) • Show kindness and sympathy (1) when a patient is in pain/discomfort (1) • Be patient and understanding (1) when talking about sensitive topics (1) Accept other valid responses	4 (2 x 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:  1 mark for the action of how the quality could be applied. 1 mark for description of this action/ outcome of this action. **For reference only:** **Commitment** involves being dependable, showing up for service users, and consistently acting in their best interest. **Compassion** involves showing concern for individuals in your care, and being motivated to relieve their distress or meet their needs in a respectful and understanding way. **Do not accept**: • Reference to attending training

Question			Answer	Mark	Guidance
4	(b)		Up to **two** possible effects on service users' health and well being if person-centred values **not** applied: Emotional (one mark each, up to two) • Depression/anxiety • Feeling upset • Low self-esteem/feeling inadequate/lack of confidence • Anger/frustration • Stress • Embarrassment Social (one mark each, up to two) • Feeling excluded/isolated • Feeling lonely • Lack of social interaction/poor social skills • Become withdrawn/antisocial • Marginalisation Accept other valid responses	4 (2 x 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: 

Question			Answer	Mark	Guidance
4	(c)		Explain how the person-centred values of individuality and independence can be applied by staff working with **older adults** in a residential home. **Individuality** • Recognising that each older adult is unique. • Staff learning about each resident's preferences, likes/dislikes, or life history. • Creating personalised care plans that meet individual needs.. • Respect their individuality, differences, opinions and feelings. • Involve them in their care **Independence** • Encourage residents to do tasks themselves (e.g. dressing, choosing meals). • Support them in making choices about their care and routine. • Use equipment to help them stay mobile and active. • Make sure they feel comfortable in their space and adjust it if needed. • Always ask before touching belongings or helping with personal care. Other relevant examples should be credited.	6	**Level 3 (high) 5-6 marks** • A **thorough** explanation of both person-centred values and how staff apply them in a residential home. • Makes relevant points, **many** of which are developed. • **Consistently** uses appropriate terminology. **Level 2 (mid) 3-4 marks** • An **adequate** explanation of both person-centred values and how staff apply them in a residential home. • Makes relevant points, **some** of which are developed. • Uses **some** appropriate terminology. • **Sub-max 4 marks** if only **one** value is explained well or **both** are mentioned but not developed. **Level 1 (low) 1-2 marks** • A **brief** explanation of person centred values and briefly outlined how they can be applied by staff within the residential home/ • 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. Responses must relate to **older adults**

Question			Answer	Mark	Guidance
5	(a)	(i)	Describe **two ways** patience can be applied when working with **older people** who need support. • Take the time to listen to their needs / experiences / perspectives (1) without judgment (1) • Give them time to respond to answer questions (1), without interrupting or finishing their sentence for them (1). • Being supportive and not dismissive (1) if they have a slow pace (1) • Not making them feel pressured (1) by rushing them (1). • Don't rush them (1) as they are less mobile so will take longer (1) • Speak slowly (1) without getting annoyed(1) • Provide reassurance (1) when repeating information and not get frustrated (1) Other relevant examples should be credited.	4 (2 x 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:  One mark for way of applying patience. One mark for this way applied by the practitioner. **Do not accept:** • Benefits to older people

Question			Answer	Mark	Guidance
5	(a)	(ii)	State three different types of **verbal** communication **skills** • Adapting type/method of communicating • Clarity/speaking clearly • Empathy • Using appropriate vocabulary/words/language • Tone • Volume • Pace • Willingness to contribute to team working	3 (3 x 1)	**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 credit: • 'patience'. • communication **methods**. • Not using jargon • Simple/common language/words

Question			Answer	Mark	Guidance
5	(b)		Up to two skills used in active listening and a different benefit of using each one. **Active Listening Skills (1 mark for each, up to 2)** • Open, relaxed posture • Eye contact/Looking interested • Nodding/showing engagement • Show empathy/reflect feelings • Clarifying/repeating back what they have said • Summarising **Benefit of active listening (1 mark for each, up to 2)** • Shows warmth • Ensures understanding/avoids misunderstandings • Feel listened to/shows interest/engagement • Feels valued/respected/reassured • Confirms what has been discussed • Builds trust/encourages open communication Accept alternative wording	4 (4 x 1)	**Annotation:** The number of ticks must match the number of marks awarded. For **incorrect** answers use the **cross** or appropriate annotation from the following:  Benefit of active listening can be credited if skill is incorrect **Do not accept:** • Body language • Facial expressions • SOLER on it's own • Feel comfortable

Question			Answer	Mark	Guidance
6	(a)		**Safety procedure (Max 2 marks)** • a set of instructions/rules/plan/steps (1) • that are carried out in a particular order (1). • Tell service providers what they must do and how (1). • To prevent accidents/danger or injury/harm (1) **Example [1]** • First aid policy • Risk assessments • Staff training programmes for – Equipment use/ Moving and handling techniques/ First aid • Emergency procedures – Fire/lockdown drill/ Evacuation • Equipment considerations – Fit for purpose / Safety checked/ Reporting system for damage **Safety measure (Max 2 marks)** • a specific action that a service provider would do (1) • to reduce risks/hazards/accidents • to protect people from danger/injury/harm (1) **Example [1]** • Displaying a fire safety notice • Using warning signs – wet floor/no entry Accept other relevant examples	6 (3 x 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:  **Do not accept:** • DBS checks • Security measures e.g. CCTV, Pin code entry etc. • Fire alarm – on it's own

Question			Answer	Mark	Guidance
6	(b)		Explain **one** way that personal hygiene measures protect the health and wellbeing of **service users** within a health care setting. **Hygiene measure** • 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/sanitiser **Explanation** • Destroys germs • Reduce transfer of bacteria • Removes places for bacteria/germs to be trapped • Prevents contamination/cross-contamination • Prevents spread of pathogens	2	**Annotation:** The number of ticks must match the number of marks awarded. 1 mark for hygiene measure 1 mark for explanation of how it protects the health and wellbeing of service users within a health care setting. For **incorrect** answers use the **cross** or appropriate annotation from the following:  **Do not accept:** • Methods of PPE e.g. disposable gloves/aprons, face masks etc. • Prevent spreading of illness/disease/infection

Question			Answer	Mark	Guidance
6	(c)		In this order: Face masks Barrier Disposable gloves Safety Infection prevention is very important when working in any Health and social care setting. Personal Protective equipment is one way to prevent the spread of infection. An example of this is, **face masks**, they are used as a **barrier** that prevents droplets being released when sneezing. It is important that employees wear **disposable gloves** when carrying out operations and surgical procedures. By doing this it will reduce the risk of the spread of infection and ensure patient **safety**.	4 (4 x 1)	These answers only. **Do not accept:** • Gloves alone must state disposable gloves

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