Cambridge Technicals

Health and Social Care

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

Level 3 Cambridge Technical in Health and Social Care
05830 - 05833 & 05871

Mark Scheme for June 2025

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

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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 **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 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

11. These are the annotations to be used when marking Unit 3.

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
L1	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	To acknowledge additional pages/ notes were read
BP	Blank Page
	Not Relevant - 'noted but no credit given'

<table>
<tr><th colspan="2">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>1</td><td>(a)</td><td>
<table>
<tr><th>Procedure</th><th>Policy</th></tr>
<tr><td>All electrical appliances to be annually tested</td><td>Electrical safety
Electrical
PAT testing</td></tr>
<tr><td>DBS checks to be carried out on all staff</td><td>Safeguarding
Child protection
Safer recruitment</td></tr>
<tr><td>To develop a flagging system identifying potentially violent people</td><td>Lone working
Security
Security of premises, possessions and individuals
Safeguarding
Intruder</td></tr>
</table>
</td><td>3
(3 x 1)</td><td>The Q asks for a different policy so do not accept repeats

Do not accept

• Just ‘recruitment’ for DBS checks
• Health and Safety
• Risk assessment
• Reference to ‘acts’ / legislation</td></tr>
</table>

Question		Answer	Marks	Guidance
1	(b)	**ANY ONE FROM** **Indirect costs** • recruitment costs • overtime payments • low staff morale • poor reputation • fewer people accessing service / loss of business income • paying for cover / bank staff • provide training / training **ANY ONE FROM** **Direct costs** • claims on employers and public liability insurance / legal fees • sick pay • fines / compensation / sued • provide training / training	**2** **(2 x 1)**	**Accept** alternative wording and other appropriate answers **Do not accept** – for either indirect or direct: • Disciplinary action • Loss of job • Complaints • Financial loss • Financial lawsuits **Training** is in both categories and can be accepted for both – the Q does not ask for different responses

Question		Answer	Marks	Guidance
1	(c)	**ANY THREE FROM** **Aspects of data protection legislation** • **All data must be fairly, lawfully and transparently processed;** everyone should be informed of how their data is to be used / their rights • **Only used for the purpose intended;** data cannot be passed onto other organisations • **Is adequate, relevant and not excessive**; only record necessary personal data • **Data limitation principle**; only record necessary personal data • **Is accurate;** kept up to date / checked regularly to ensure that new information is added, e.g. change of address • **Storage limitation / Is not kept longer than necessary;** destroyed when no longer required e.g. shredding • **Is processed in accordance with rights;** permission / consent is sought for sharing data • **Consent / permission is needed to collect, store and share data;** for example with different organisations • **Access to individuals' information must be restricted/protected;** only accessible to designated personnel • **Regulations apply to data shared outside the UK;** a controller or processor is responsible for this • **Data is kept secure;** secure lockable storage / password protection • **The right to have access to the information held about you;** people can request records, e.g. medical records	**6** **(3 x 2)**	**Accept** alternative wording and other appropriate answers **One mark** for identifying an aspect of data protection legislation **One mark** for further relevant detail described <u>applied to aspect</u> **Do not accept** • Reference to keeping data confidential • Need to know basis • Training **Accept** • **Is not transferred outside the EU;** data protection laws may not be so secure in other countries

Question	Answer/Indicative Content	Marks	Guidance
1 (d)*	**Level 3 (5 – 6 marks)** *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* • Detailed outline of the aspects of RIDDOR **AND** • Explicit in how RIDDOR promotes health, safety and security applied to different health and social care settings **Level 2 (3 – 4 marks)** *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* • Sound outline of the aspects of RIDDOR **AND** • Some reference to how RIDDOR promotes health, safety and security not necessarily applied to health and social care settings **Sub max of 3** for aspects **<u>or</u>** how RIDDOR promotes health, safety and security done well. **Level 1 (1 – 2 marks)** *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant* • Basic outline of the aspects of RIDDOR **AND** • Information may be generic and not related to how RIDDOR promotes health, safety and security in health and social care settings **0 marks** *No response worthy of credit*	6	**How RIDDOR promotes health, safety and security in health and social care settings:** **Aspects of RIDDOR** • To report and keep r**ecords for three years of work-related accidents** that cause <u>death</u> and <u>serious injuries</u> (reportable injuries) • To report and keep **records for three years of work related accidents** that cause <u>diseases</u> and <u>dangerous occurrences</u> (incidents with the potential to cause harm) • Work settings to have **procedures in place for reporting injuries, diseases and incidents** • Employers must provide **training** and **information** on reporting injuries, diseases, accidents and incidents. • To report all work related incidents / dangerous occurrences to the **HSE** • **7 day rule;** 7 consecutive days off work due to work related injuries, disease or dangerous occurrences must be reported to the HSE

Examples linked to health and social care settings – this list is not definitive and other relevant examples should be credited

Settings
GP Surgery
Hospitals
Nursing Homes
Residential homes
Dentists
Opticians
Day care centres
Health centres
Walk in clinics

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) doesn't explicitly mention risk assessment in its regulations, but thorough and up-to-date risk assessments are crucial for RIDDOR compliance. By identifying hazards and implementing control measures, risk assessments help minimise the likelihood of reportable incidents, ultimately making it easier to determine what needs to be reported under RIDDOR

How RIDDOR promotes health, safety and security

- Allows **investigations** to take place – enables to take appropriate actions to prevent similar incidences in the future
- Identifies **patterns and trends** – enables to address these; by identifying causes / **hazards** and to address these
- Helps to **identify hazardous activities**
- **Risk assessments** carried out
- Helps to identify common types of accidents
- Any data generated on accidents can help to develop comprehensive **control measures / policies / tighter work regulations**
- **Raises awareness** of employees about work place safety
- **Empowers** employees to play an active role in identifying hazards
- Promotes a safer working environment / encourages a **culture of safety** in the workplace – which contributes to accident prevention
- **Training**

Do not accept

- Risk assessments applied to aspects of RIDDOR

Question		Answer/Indicative Content	Marks	Guidance
2	(a)*	**Level 3 (5 – 6 marks)** *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* • Detailed description of evacuation procedures **AND** • Explicit reference to residents who are in wheelchairs / having to remain in bed due to medical reasons **Level 2 (3 – 4 marks)** *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* • Sound description of evacuation procedures **AND** • Implicit reference to residents who are in wheelchairs / having to remain in bed due to medical reasons **Level 1 (1 – 2 marks)** *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant* • Basic description of evacuation procedures **AND** • Information may be generic and not related to the situation **0 marks** *No response worthy of credit*	6	**Accept** alternative wording and other appropriate answers **Evacuation procedures that staff would follow** • **Raise the alarm** and **contact emergency services** – 999, • Designated staff inform **social services of relocation of residents** • Designated members of staff **turn off electricity and gas** • Staff to **escort people** from the immediate area to a **place of safety / fire evacuation point** • **Fire Marshalls;** to check everyone has exited for their designated area • Ensure residents have **suitable warm clothing and footwear** • Ensure residents have their **medication, glasses, hearing aids** • Designated staff **assist residents** with: **– mobility difficulties** (use of evac chairs or wheelchairs) / adopting correct manual handling procedures **PEEP** – Personal emergency evacuation plan • **Horizontal evacuation** to a safe refuge area, e.g. behind fire doors • Staff evacuating the building **must check their locality is clear / to ascertain where the fire is coming from and evacuate away from the fire** • **Not to return into building to collect belongings** • Everyone to **assemble at a designated assembly point** to await further instructions. • **Do not re-enter the building** until told it is safe to do so. • Carry out a **head count / register** to ensure everyone is accounted for. • Senior staff to **inform emergency services (Fire service) if anyone is left in the building.** **Do not accept** • Keep / remain calm • ACTFAST by itself – relevant aspects must be described • Putting out the fire

Question		Answer	Marks	Guidance
2	(b)	**ANY ONE FROM:** **Responses to incidents and emergencies** • reporting of accidents • follow-up review of critical incidents and emergencies • report to relevant authorities (e.g. RIDDOR, HSE, calling the police, notifying social services / local authority) • emergency services – fire / police / ambulance / search and rescue / 999 / 112 • contact the water company • contact electricity supplier • contact the gas company • lockdown procedures • administer first aid • Run Hide Tell <u>Incidents and emergencies – for reference</u> • accidents • exposure to infections • exposure to chemicals • spillages • intruders • aggressive and dangerous encounters (e.g. intoxicated individuals) • Fire • floods • loss of water supply • other critical incidents – power cut / bomb threats / gas leak	1 (1 x 1)	**Accept alternative wording** **Do not accept** • sound an alarm • 911

Question	Answer/Indicative Content	Marks	Guidance
2 (c)*	**Level 3 (7 – 8 marks)** *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* • Detailed explanation of consequences for the member of staff • **AND** • Explicit reference to the scenario of evacuation (fire) **Level 2 (4 – 6 marks)** *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* • Sound explanation of consequences for the member of staff • **AND** • Implicit reference to the scenario of evacuation (fire) **Level 1 (1 – 3 marks)** *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant* • Basic explanation of consequences • **AND** • Information about consequences may be generic and not related to the scenario of evacuation (fire) **0 marks** *No response worthy of credit*	8	Reasons provided are for illustration only – please accept alternative reasons / alternative wording **Consequences and reasons are interchangeable** **Consequences** • **disciplinary procedures** (e.g. first written warning, final written warning, dismissal) • **civil (common law) and criminal prosecution (statute law)** / sue / lawsuit • **being removed from professional registers** • **being injured or harmed** • **Emotional impact;** feelings of guilt, shame, PTSD • **Loss of income / payment of compensation** • **Having to have additional training** • **Needing to be supervised / monitored** • **Professional reputation will be tarnished** • **lack of respect from other staff / residents** – lowered confidence / stress • **complaints** **Reasons** • Gross misconduct • Caused injury or harm to residents / other staff / visitors / self • Putting lives at risk • Lack of respect from residents / staff • To increase knowledge on evacuation procedures **Do not accept** answers linked to barred list

Question	Answer/Indicative Content	Marks	Guidance
3 (a)*	**Level 3 (7 – 8 marks)** *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* • Detailed outline of the role of a manager at a hospital • Explicit to a hospital **Level 2 (4 – 6 marks)** *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* • Sound outline of the role of a manager • **AND** • Implicit to a hospital **Level 1 (1 – 3 marks)** *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant* • Basic outline of the role of a manager at a hospital **0 marks** *No response worthy of credit*	8	**Accept** alternative wording and other appropriate answers **Roles of a manager at a hospital** • **The development of policies**; e.g. safeguarding and food safety • **Ensure staff compliance,** e.g. policies and procedures • **Disciplinary procedures,** e.g. non staff compliance • **Risk assessments / safety walks** • **Reviewing policies and updating** as and when required • **Keeping up to date with relevant key legislation** • **Health and safety management**; ensuring staff are trained in aspects of health and safety, PAT testing of electrical equipment, relevant posters, e.g. hand washing • **Fire safety** – ensuring fire drills are carried out, maintenance of fire safety equipment • **Safeguarding**; DBS checks, DSL appointments, training linked to safeguarding • **Infection control** - PPE and ensuring adequate and effective PPE is available • **Systems** in place for the storage of **chemicals / medicines** • **Training and checking that this has been completed**, e.g. manual handling • **Data protection**; clear guidelines in place – storage, access • **Cleaning** – development of set procedures to reduce risk of infection • **Security** – manned reception desks, pin code locks, security, CCTV cameras • **Safer recruitment of staff** – checking of qualifications, liaising with human resource department • **Adequate staffing levels / ratios** • **Maintenance of accident books / recording** • **Clear procedures for the reporting and containing of asbestos**

<table>
<tr><th colspan="2">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>3</td><td>(b)</td><td>ANY ONE FROM:
Ways that legislation will influence the premises of a hospital:
<table>
<tr><th>Legislation</th><th>Influences on premises</th></tr>
<tr><td>Health and Safety at Work Act 1974</td><td>Installed ventilation, lighting and temperature control
Clear signage for fire exits, restricted areas
Maintenance of lifts</td></tr>
<tr><td>Management of Health and Safety at Work Regulations 1999</td><td>Installation of preventative measures, e.g. hand washing / sanitiser stations</td></tr>
<tr><td>Food Safety Act 1990</td><td>Premises are designed to enable hygienic practices – easy to clean surfaces, adequate hand washing facilities, well-lit and ventilated</td></tr>
<tr><td>Food Safety (General Food Hygiene) Regulations 1995</td><td>Provision to allow segregation of ready to eat and raw foods
Dedicated areas to prevent food contamination, e.g. dietary needs – gluten free / allergies</td></tr>
<tr><td>Manual Handling Operations 1992</td><td>Sufficient space around beds to allow for the use of a hoist
Equipment and supplies stored at accessible heights
Minimising manual handling – ceiling hoists / automated beds / laundry chutes and waste disposal systems</td></tr>
</table></td><td>2
(1 x 2)</td><td>Accept alternative wording and other appropriate answers

No marks are awarded for the legislation given - do not annotate

If the influence on premises is correct but does not apply to the given legislation credit can be given

Up to two points for one description done well OR two separate points</td></tr>
</table>

Question		Answer		Marks	Guidance
		RIDDOR 2013	Identification of areas that may need to be re-designed / upgrade for better lighting, improved storage or better flooring		
		Data Protection Act 1998	Secure design of premises – restricted access rooms / secure server rooms		
		COSHH 2002	Inclusion of safe storage areas for hazardous substances Installation of adequate ventilation Designated area for the mixing and handling of cleaning substances		
		Civil Contingencies Act 20024	Designated emergency planning zones – command centre / isolation or quarantine areas / clear evacuation routes Infrastructure resilience – back-up generators / emergency lighting Storage of emergency supplies , e.g. PPE / water / medication		
		• **Fire exits** – on every floor and clearly signed • **Fire doors** – throughout the hospital so that fire cannot spread so easily • **Accessibility** – the development of ramps, the inclusion of lifts, automatic doors, the inclusion of a loop system			

<table>
<tr><th colspan="2">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>3</td><td>(c)</td><td>ANY TWO FROM:
<table>
<tr><th>Legislation</th><th>Influences on practices</th></tr>
<tr><td>Health and Safety at Work Act 1974</td><td>The wearing of PPE, e.g. disposable gloves</td></tr>
<tr><td>Management of Health and Safety at Work Regulations 1999</td><td>To carry out and implement risk assessments, identifying hazards</td></tr>
<tr><td>Food Safety Act 1990</td><td>Records are kept of where food is from so that it can be traced if needed</td></tr>
<tr><td>Food Safety (General Food Hygiene) Regulations 1995</td><td>Raw meat and ready to eat products must be prepared on separate chopping boards</td></tr>
<tr><td>Manual Handling Operations 1992</td><td>To avoid hazardous manual handling tasks where possible and to assess those that can’t be avoided</td></tr>
<tr><td>RIDDOR 2013</td><td>To follow the procedures put into place for reporting injuries, diseases and incidents</td></tr>
<tr><td>Data Protection Act 1998</td><td>Information is kept secure, e.g. password protected</td></tr>
<tr><td>COSHH 2002</td><td>To carry out risk assessments and put control measures in place</td></tr>
<tr><td>Civil Contingencies Act 20024</td><td>Risk assessments are put into place and emergency plans are developed</td></tr>
</table></td><td>4
(2 x 2)</td><td>Accept alternative wording and other appropriate answers

No marks are awarded for the legislation given - do not annotate

If the influence on employee practices is correct but does not apply to the given legislation credit can be given

Up to two marks for one description done well OR two separate points

Training can be accepted as an influence on the practices of employees applied to all legislation; can be credited for both responses if provided.</td></tr>
</table>

Question		Answer	Marks	Guidance
4	(a)	Defining the term **intentional abuse** • This abuse is deliberate • The intention is to cause harm to another person • Is an intentional act **Examples** • Financial • Physical • Sexual • Neglect • Verbal • Psychological • The misuse of medication • The use of excessive force to restrain a person Defining the term **unintentional abuse** • No deliberate intent / accidental **Examples** • Poor manual handling due to a lack of training • Trying to rush and in doing so can cause harm, e.g. transfer from bed to chair • Unintentionally leaving a resident too long to get a commode • Miscommunication between staff, e.g. medication needed • Forgetting to provide drinks to patients • Forget to provide medication • Carer not aware resident has visual difficulties and can't see drink on table. • A person with dementia being abusive to other people Specific examples can be accepted, e.g. theft of a person's money	**6 (1 +2 x 2)**	**Accept** alternative wording and other appropriate answers One mark for each definition provided One mark each for the examples provided **Do not accept** • Funding for intentional abuse

Question	Answer/Indicative Content	Marks	Guidance
4 (b)*	**Level 3 (7 – 8 marks)** *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* • Examples of biological and psychological hazards **AND** • Detailed explanation of the impact of both hazards on the patients **Level 2 (4 – 6 marks)** *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* • Examples of biological and psychological hazards **AND** • Mostly relevant and with a sound explanation of the impact of both hazards on the patients **Level 1 (1 – 3 marks)** *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant* • Basic examples of hazards **AND** • Basic explanation of the impacts on hazards – could be generic **0 marks** *No response worthy of credit*	8	**Biological hazards** • human waste / bodily fluids • faeces • urine, • blood, • saliva • vomit • infection – MRSA, measles, influenza, HIV, COVID 19 • soiled dressings / used bandages • bacteria • Virus • mould **Impact on patients - accept** alternative wording and other appropriate answers • Illness – headache, rash, coughing, weight loss, raised temperature, vomiting and diarrhoea • Develop further chronic illness • Lowered immunity / develop an infection • Fatigue • Emotional impact e.g. anxious • Death • Longer stay in hospital / require more specialist care **Do not accept** • Needles

			Psychological hazards • Stress • Fatigue / tired **Impact on patients - accept** alternative wording and other appropriate answers • Inadequate care • Being shouted at / humiliated • Being given incorrect medication • Death • Being frightened • Decline in health • Emotional impact, e.g. being scared

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