

# **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 2024

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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

- Make sure that you have accessed and completed the relevant training packages for on-screen marking: RM Assessor 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 posted on the RM Cambridge Assessment Support Portal <a href="http://www.rm.com/support/ca">http://www.rm.com/support/ca</a>
- 3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **number of required** standardisation responses.

YOU MUST MARK 5 PRACTICE AND 10 STANDARDISATION RESPONSES BEFORE YOU CAN BE APPROVED TO MARK LIVE SCRIPTS.

#### **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 or the RM Assessor messaging system, or by email.

## 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 a tick to confirm that the work has been seen.
- 7. Award No Response (NR) if:
  - · there is nothing written in the answer space

Award Zero '0' if:

• anything is written in the answer space and is not worthy of credit (this includes text and symbols).

Team Leaders must confirm the correct use of the NR button with their markers before live marking commences and should check this when reviewing scripts.

- 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.**If you have any questions or comments for your team leader, use the phone, the RM Assessor messaging system, or e-mail.
- 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:
  - a. To determine the level start at the highest level and work down until you reach the level that matches the answer
  - b. 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

Annotations	Meaning
BP	Blank Page – this annotation <b>must</b> be used on all <b>blank</b> pages within an answer booklet (structured or unstructured) and on each page of an additional object where there is no candidate response.
<b>*</b>	Tick – correct answer
×	Cross – incorrect answer
<b>√.</b>	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' <b>does</b> 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

11. Subject Specific Marking Instructions

Ques	stion	Answer	Mark	Guidance
1	(a)	One mark for an identification:  Protection from abuse and harm	1	Do not accept:  Care Safety

Question	Answer	Mark	Guidance
1 (b)	One mark for each example given, three required.  Examples of information for a First Aid POLICY:  who the trained first aiders are  where the first aid kits are  who has additional training e.g. asthma, anaphylaxis, CPR, Epipen  procedures to follow / administer first aid as appropriate e.g. dressing of minor injuries, recovery position  when to call/inform emergency services  who else has to be informed – e.g. parents or carers of the injured or ill person  what to do in an emergency  who has to be informed about what has happened e.g. the manager, head of department or nominated first aider  who has responsibility for maintaining the first aid equipment  who is responsible for record keeping / writing up the details of a first aid incident  location of evacuation routes Instructions about how to: (only credit one)  do CPR  use an Epipen  deal with choking  clean a cut / wound etc  Award credit for any other appropriate response.  Answers must refer to INFORMATION to be included in a first aid policy	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:  NG REP SEEN  One mark for each example, up to a maximum of 3.  Do not accept:  contents of a first aid box fire exits what to do (on its own)

Question	Answer	Mark	Guidance
1 (c)	<ul> <li>Two marks for each reason explained, three required.</li> <li>Reasons for staff being first aid trained:</li> <li>It is a legal requirement (1) that all care settings and service providers must provide trained first aiders/renew the certificate every 3 years (1)</li> <li>Enough first aiders (1) are required for the number of staff/service users or the care setting will be breaking the law (1)</li> <li>Likelihood of specific heath needs/conditions, e.g. dementia, mobility difficulties (1) must be considered when deciding number of first aiders required (1)</li> <li>Staff trained to use EpiPens should be available (1) based on the assessment of service users who are at risk of anaphylactic shock/allergic reaction. (1)</li> <li>Staff trained in CPR, / how to use defibrillator (1) can save lives (1)</li> <li>Can reduce recovery time (1) by providing first aid before an ambulance arrives (1)</li> <li>So that if someone is injured, cuts, seizure, bandages used etc(1) there are staff who know how to deal with it.</li> </ul>	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:  Do not credit: Can save them First aid equipment Trained because people might be injured  Credit appropriate examples but no repeats.
	Award credit for any other appropriate response.		

Question	Answer	Mark	Guidance
1 (d)	Up to 3 marks for what the 'Barred List' means.  Barred List identifies:  • 'barred' means 'not allowed' /'not safe' to work in a care setting  • individuals considered unsuitable for working with children  • individuals not allowed to work with vulnerable groups/list of people  • individuals unsuitable for working with vulnerable adults  • individuals who have been convicted of committing a serious crime.  • people who have a criminal record and not permitted (banned) to work with children or vulnerable adults  • Because they are a safeguarding risk  Award credit for any other appropriate response.	<b>3</b> (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:  not 'safe' – on its own. Must be qualified/linked to a setting  not able  'crime' on it's own – must state 'serious' crime  'they've been in trouble with the police

Question	Answer	Mark	Guidance
	Space – Two valid points – must relate to the environment:  enough space to sit down  not squashed or uncomfortably close  private room for privacy  space allows a person to get up and walk around if needed  space important  Height – Two valid points  a shorter person may feel intimidated  if standing for a conversation it may be better if both are sitting  eye contact / eye level  Personal space – Two valid points  too close and personal, own space feels invaded  ensure room is big enough for people to feel comfortable  personal space allows a person to feel safe and comfortable  can help in developing trust  feel respected and safe  not too far away from each other – so they can be heard  Some answers may be interchangeable.  Award credit for any other appropriate response. No repeats.	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  Up to two marks each explanation, 3 explanations required.  Do not credit:  • 'comfortable' on its own

Que	stion	Answer	Mark	Guidance
2	(b)	1 mark for a correct identification.  Personal Protective Equipment	1 (1x1)	Correct identification only  Accept misspelling.
2	(c)	One mark for an example of use. Three required.  Hygiene hat  when preparing food prevents hair in food etc hair is hidden protect from contamination  Disposable gloves  changing incontinence pads changing soiled bed linen dressing wounds cleaning up e.g. spillages such as vomit food preparation and serving cleaning service users room dispensing medication emptying bins  Face mask  preventing infection when nurse/dentist/GP carries out procedures when coughing – avoids airborne infection when performing medical care  Award credit for any other appropriate response.	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:  One mark for a use, three required.  Three different examples required.  Must be appropriate for Sunny Days retirement home.

Question	Answer	Mark	Guidance
3 (a)	Examples for 'Choice' when leaving hospital care:  how they want to be cared for what time their care at is needed – am, pm, everyday, weekly? type of support that is required is assistance needed: bathing, dressing, meal prep choosing meals required Eg: She could give them different options (1) for how they want to be cared for at home so they can choose their own care (1)  Examples for 'Respect' when leaving hospital care: listen to and take account of their feelings understanding that the patient wants to go back home and not into a retirement home discuss their opinions on care and treatment treating them as an individual discussing preferences that still allow them to feel in control Eg: Be understanding and considerate when her patients express their opinions so they feel respected.  Award credit for any other appropriate response.	<b>4</b> (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:  Two marks for a description. Two required.  Examples must be appropriate for leaving a hospital setting.

Que	stion	Answer	Mark	Guidance
3	(b)	Two ways of ensuring privacy when Eve meets with her patients.  Up to two from:  Use a private meeting room/office  Do not disturb sign  No discussions in public places, e.g. corridors  In a meeting room, keep the door closed  Drawing curtains around the hospital bed  Not talking about an individual with anyone not involved in their care / no gossiping  Need to know basis  Check nothing left behind in meeting room when finished	<b>2</b> (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:  Two ways required for one mark each.  Do not credit:  Lock filing cabinet

Quest	ion	Answer	Mark	Guidance
3	(c)	Up to three benefits for hospital staff of applying personcentred values.  Up to three from:  Provides clear guidelines of the standards of care that should be given Improves job satisfaction Respected/valued empowers Maintains or improves quality of life Supports the right to choice, and consultation Supports service practitioners to develop their skills/develops trust and empathy Enables the sharing of good practice / they feel confident Quality of care / standardisation of care Meets/understands patients' needs Increases self-esteem	<b>3</b> (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: Benefits are for hospital staff – do not credit patients
		Other relevant points and examples should be credited.		

Ques	tion	Answer	Mark	Guidance
3	(d)	Analysis of the emotional effects on the patients' health and well-being if person-centred values are not applied by hospital staff may include:  Emotional effects:  • Anger/frustration • Depression • Disempowerment • Feeling intimidated • Feeling upset • Intimidated • Loss of self confidence • Low self-esteem/feeling inadequate • Stress	8	<ul> <li>Level 3 (high) 6-8 marks</li> <li>A thorough analysis showing detailed understanding of the emotional effects on the patients' health and wellbeing of not applying person-centred values.</li> <li>Makes relevant points, many of which are developed.</li> <li>Two, or more, emotional effects are considered.</li> <li>Consistently uses appropriate terminology.</li> <li>Level 2 (mid) 3-5 marks</li> <li>An adequate analysis showing sound understanding of the emotional effects on the patients' health and wellbeing of not applying person-centred values.</li> <li>Makes relevant points, some of which are developed.</li> <li>At least two examples of emotional effects are considered.</li> <li>Uses some appropriate terminology.</li> <li>Sub-max 4 marks if one example of emotional effects is analysed or several are attempted.</li> </ul>
		Other relevant points and examples should be credited.		<ul> <li>Level 1 (low) 1-2 marks</li> <li>A brief analysis which shows limited understanding of the emotional effects on the patients' health and wellbeing of not applying person-centred values.</li> <li>Points made may not be wholly relevant or developed.</li> <li>At least one example of emotional effects is considered.</li> <li>Little or no use of appropriate terminology.</li> <li>O marks</li> <li>Response is not worthy of credit.</li> </ul>

Que	estion	Answer	Mark	Guidance	
4	(a)(i)	Up to two reasons why access at the front entrance of care settings is restricted.  Reasons:  Prevents patients from leaving so that only authorised people can enter strangers / intruders cannot enter monitors visitors for example: support workers / social care professionals / religious support workers / health visitors — people entering and leaving  Other relevant points and examples should be credited	<b>2</b> (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:  NG REP SEEN	
4	(a)(ii)	Up to two ways access can be restricted at the external doors of a care setting.  Ways:  electronic swipe card entry system/key cards  buzzer entry system  monitoring keys  security pad with pin code  staff on duty at entrance / staffed reception / receptionist  signing in and out book  issuing visitor badges / lanyards  video door bell  checking ID / ID badge  Other relevant points and examples should be credited	<b>2</b> (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:  One of accept:  (keys' on its own)  Locks on doors	

Question	Answer		Guidance	
4 (b)	Three different reasons why it is important for a care setting to carry out risk assessments.  Reasons for carrying out a risk assessment:  reduce the likelihood of accidents (1) so no one gets injured/harmed (1)  identifies improvements needed (1) to create a safer environment (1)  identifies control measures (1) required to reduce risks (1)  Identifies dangers/hazards (1) such as risky/harmful activities (1)  it is a legal requirement (1) following legislation complies with the law so setting are not prosecuted  reduces danger (1) by identifying and preventing accidents in the workplace (1)  risk assessments help to work out what might go wrong with an activity (1) so action can be taken to avoid risks/danger/accidents (1)  visitors, employees, service users have the right to be protected and safe (1) risk assessments support this (1)  visitors, employees, service user have the right to be protected and safe (1) risk assessments support this (1)  make sure fire exits are not blocked  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:  A VG REP SEEN	

Que	stion	Answer		Mark	Guidance
5	(a)	Up to 4 marks for matching the correct example.		<b>4</b> (4x1)	Annotation: The number of ticks must match the number of marks awarded.
		Type of care provided	Care setting		For <b>incorrect</b> answers use the <b>cross</b> .
		Helps to protect vulnerable people from harm and abuse and supports people to live independently	Social services department		Correct answers only.
		Provides emotional assistance by sharing experiences and through practical activities	Support group		If two answers given in a box – credit the first one only.
		Provides hot meals, dry clothes, somewhere to sleep	Homeless shelter		·
		Provides medication and health advice without having to make an appointment with the doctor	Pharmacy		
		Provides specialised treatment for illness and disease	Hospital		

Question		Answer	Mark	Guidance
5	(b)	Up to two marks for stating the meaning of the term.  Empowerment could include:  • Feeling in control  • Encouraged  • having choice/ encourages decision making  • independent  • confident  • self assured  Other relevant points / examples should be credited	<b>2</b> (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:  NG REP SEEN

Que	stion	Answer	Mark	Guidance
5	(c)	Up to two marks for a description.  How service users' needs could be met in a hospital: can include:  appropriate care – such as mobility aids provided  dietary requirements identified and provided for, choice of food for special diets  appropriate treatment to improve health/prevent illness  allowed visitors  wider doorways, ramps, disabled toilets and parking, hearing loops  having an advocate  leaflets/information in different languages  call button for help if needed  Other relevant points should be credited	<b>2</b> (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:  NG REP SEEN  Credit any 2 points.

Question	Answer		Guidance	
5 (d)	<ul> <li>Description of the role of the 'Designated Safeguarding Lead' in a care setting may include:</li> <li>Creating the care setting's safeguarding policy</li> <li>Reviewing the setting's plan for safeguarding</li> <li>Ensuring all staff know how to raise safeguarding concerns</li> <li>Referring concerns over an individual's welfare to social services, police, or other appropriate organisations</li> <li>Providing training so all staff understand the signs and symptoms of abuse and neglect</li> <li>Gather any evidence or information about incidents of abuse or neglect</li> <li>Other relevant points should be credited</li> </ul>	6	<ul> <li>Level 3 (high) 5-6 marks</li> <li>A thorough description showing clear understanding of the range of responsibilities of the DSL role.</li> <li>Relevant points are made many of which are developed.</li> <li>Consistently uses appropriate terminology.</li> <li>Level 2 (mid) 3-4 marks</li> <li>An adequate description showing sound understanding of the range of responsibilities of the DSL role.</li> <li>Relevant points are made some of which are developed.</li> <li>Uses some appropriate terminology.</li> <li>Level 1 (low) 1-2 marks</li> <li>A brief attempt at a description which shows limited understanding of the range of responsibilities of the DSL role.</li> <li>Answers given may not be fully relevant to the DSL role and are not developed.</li> <li>Little or no use of appropriate terminology.</li> <li>O marks</li> <li>Response is not worthy of credit.</li> </ul>	

Question	Answer		Guidance
6 (a)	Three marks for an explanation.  Disposing of tissues and antiseptic wipes: Up to 2 marks  used wipes should be disposed of immediately after use not left lying around pick up using disposable/plastic/rubber gloves placed in bag then placed in a bin the bin should have a lid wash hands after use use hand sanitiser  Must have some reference to reducing the spread of infection for 1 mark.  For example: avoids contamination prevent cross infection prevents transfer of bacteria / germs to avoid passing on infections to kill bacteria  Do not credit: 'reducing the spread of infection – it is in the question.  Other relevant points and examples should be credited	3 (1x2+1)	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  One mark: for identification of an appropriate way or a simplified explanation that lacks clarity.  Two marks: for an appropriate way with some explanation of how it is safely disposed of.  Three marks: for a full explanation that clearly shows understanding of an appropriate and safe way that reduces the risk of spreading infection

Que	estion	Answer		Mark	Guidance
6	(b)	Up to 3 marks for matching the correct example.		<b>3</b> (3x1)	Correct answers only.
		Examples	6Cs		
		Always performing tasks to a high standard	Competence		
		Showing empathy, support and kindness for a patient	Compassion		
		This is essential to develop a good understanding with service users	Communication		
		Willing to speak up when concerned about poor practice	Courage		

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