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CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Examiners' report

HEALTH AND SOCIAL CARE

Cambridge TECHNICALS

Unit 6 January 2020 series

Version 1

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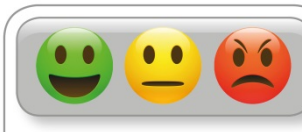

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Introduction

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

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

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Online post series external feedback

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

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Paper Unit 6 series overview

The examination paper assessed candidates' knowledge and understanding of personalisation and a person-centred approach to care. To do well on the paper candidates needed to know the key features of personalisation and to understand how these are applied in practice.

Most candidates attempted all questions and appeared to have sufficient time to complete the paper. Those that did well demonstrated an in-depth understanding of the principles and practices of personalisation. Short responses were succinct and clearly stated. Longer responses were well-structured and clearly focused on the question being asked. Candidates who did less well on the paper knew key terms but did not demonstrate an in-depth understanding of person-centred practice. Responses were not always relevant to the questions and sometimes demonstrated gaps in understanding. Extended responses were muddled and repetitious.

Highly able candidates demonstrated a sound understanding of key principles of personalisation such as 'independence and rights', 'voice, choice and control', 'co-production' and 'inclusive communities' and the legislation which underpins them. They were able to describe key principles and demonstrated an understanding of how they influence practice in relation to different scenarios. Candidates could describe barriers to a person-centred approach and identify ways these could be overcome. Less able candidates demonstrated their knowledge of key terms but did not appear to have a clear understanding of their meaning. They were not able to clearly articulate how a person-centred approach might be used in relation to different scenarios. Candidates also had a limited knowledge about relevant legislation and were unable to identify key features of The Care Act 2014 and The Health and Social Care Act 2012.

Higher achieving candidates:	*Lower achieving candidates:*
• provided detailed and well-structured answers to extended response questions • ensured their responses directly addressed the questions asked • demonstrated a depth of knowledge and understanding of personalisation • understood the principles and practices of a person-centred approach.	• demonstrated a limited ability to develop a well-structured extended response • did not always address the question being asked • demonstrated a basic knowledge and understanding of key terms of personalisation • lacked an in-depth understanding of personalisation and a person-centred approach.

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Question 1 (a)

1 (a) Describe **three** ways in which the Care Act 2014 promotes a person-centred approach.

1 .....

.....

.....

.....

2 .....

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.....

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3 .....

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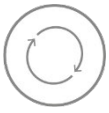
[6]

Candidates were required to demonstrate knowledge of the Care Act 2014 by describing three features which promote a person-centred approach. A significant number of candidates were not able to clearly identify three features of the Act. However, many scored some marks for describing an aspect of a person-centred approach which was aligned with the principles of the legislation. Most frequently cited features of the Act were 'no decision about me without me'; voice, choice and control; personal budgets; and services being centred around the needs of individuals.

	**AfL**	The key features of legislation which relate to personalisation should be taught to candidates to make sure they have sufficient knowledge to achieve well.

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Question 1 (b)

(b) Give **one** example for each of the following challenges to a person-centred approach.

Resistance to change

.....

.....

Lack of training

.....

.....

Institutional history

.....

.....

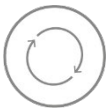
Communication barriers

.....

.....

[4]

Candidates did not generally score well on this question. A significant number described the challenge rather than providing an example. For instance, 'not being able to communicate' (communication barrier); and 'staff not being trained' (lack of training). Frequent credited responses were: 'a care worker thinking they know best' (resistance to change); 'staff not being trained in person-centred approaches' (lack of training); 'doing things the way they have been done in the past' (institutional history); and 'staff not understanding the needs of a non-verbal individual' (communication barriers).

	**AfL**	Candidates should be made aware that when asked to give an example this must be specific and related to practice. They should be provided with opportunities to practice giving examples of features of person-centred care.

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Question 1 (c)

(c) Explain the role of a facilitator at a person-centred review meeting.

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.....**[3]**

Most candidates scored well on this question demonstrating a clear understanding of the role of a facilitator. Frequent correct responses were ensuring the individual is at the centre of the meeting; that all those attending have their voices heard; and asking appropriate questions.

?	**Misconception**	Facilitators make sure the individual makes all the decisions.

Question 1 (d)

(d)* Describe how staff working in a residential care home can ensure that residents are included in the community.

.....

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.....

.....**[7]**

Candidates' responses were varied suggesting this question differentiated well. To score highly candidates were required to describe three or more ways in depth and the actions of staff needed to be explicit. Candidates lost marks for lack of depth and variety of staff actions. For instance, 'staff should encourage individuals....' followed by a description of different activities such as bingo and trips to local amenities.

	AfL	To develop candidates' understanding of how staff promote inclusion they should be given opportunities to meet relevant professionals and ask them about their work.

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Question 2 (a)

2 (a) Personal budgets are a key feature of personalisation.

Identify **three** other features of personalisation.

Tick (✓) **three** boxes.

Features of personalisation	Tick (✓)
Focusing on deficits	
Coproduction	
Treating individuals the same	
Changing role of professional	
Self-assessment of needs	
Medical model of care	

[3]

Most candidates were able to identify three correct features.

Question 2 (b)

(b)* Explain how the Health and Social Care Act 2012 supports patients' rights to:

- voice
- choice
- control.

.....

.....

.....

.....

.....**[9]**

Candidates did not generally score well on this question. There was a general lack of knowledge about the Health and Social Care Act 2012. Features which were most frequently known were having choice of where to receive services; and 'Healthwatch England'. There were few candidates who appeared to be aware of other features of the Act such as the commissioning of services from a range of providers or of local decision-making by clinical commissioning groups (CCGs). Most candidates were able to score at least some marks for demonstrating an understanding of voice, choice and control.

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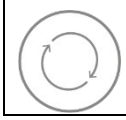	**AfL**	The key features of legislation which relate to personalisation should be taught to candidates to make sure they have sufficient knowledge to achieve well.

Question 3 (a) (i)

3 (a) (i) Identify **three** features of a person-centred approach to individual care planning.

1.....

.....

2.....

.....

3.....

.....

[3]

Candidates scored well on this question with a wide variety of correct responses. Candidates most frequently lost marks for giving vague responses such as 'valuing individuals.

Question 3 (a) (ii)

(ii) Identify **two methods** for overcoming the challenges to a person-centred approach to individual care planning.

1.....

.....

2.....

.....

[2]

Most candidates were able to identify at least one method. The most frequent correct responses were staff training, modelling behaviour and values-based recruitment.

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Question 3 (b)

(b)* Peter, 51, lives with his wife and children. He has a medical condition which will gradually reduce his mobility, and shorten his life span.

Peter and his family meet with key professionals for a review meeting.

Describe **three** issues which should be discussed at his review meeting.

.....

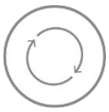
.....

.....

.....

.....**[7]**

Most candidates were able to describe relevant issues which should be discussed in Peter's review meeting. A significant number referred to Peter's mobility and the need for discussing appropriate adaptations to be made; and to discuss support for his family in light of his shortened life span. Candidates who scored the highest marks provided a detailed and well-structured response with three issues clearly identified and described in depth. Candidates lost marks for limited descriptions which did not demonstrate a clear understanding of different kinds of person-centred support which could be provided for Peter.

	**AfL**	Candidates should be encouraged to investigate the local offer of health, social care and childcare services which are provided in their locality. They need to be well-informed about different kinds of support which might be provided to individuals.

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Question 4 (a)

4 Emily, 77, lives alone. She has arthritis which is affecting her quality of life.

Emily and her GP use a good day / bad day tool.

Good day	**Bad day**
I got up at 7am. After breakfast I walked into town and met a friend for coffee. On my way home I went to the supermarket.	I was in pain. I couldn't get out of bed until midday. I didn't go into town because I couldn't manage the walk.
Sophie, my granddaughter, came round after school. We had tea and cake.	Sophie came after school but I couldn't give her a snack as I didn't have any food in the house.
In the evening I had a bath and watched television.	My daughter called in after work. She brought me some food and helped me get to bed. She's very helpful but I don't like to be a nuisance.

(a)* Explain the **purpose** of a good day / bad day tool and **how** it could improve Emily's care.

.....

.....

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.....

.....**[7]**

Candidates generally scored well for demonstrating an understanding of the purpose of a good day / bad day tool. They were able to explain that it ensures individuals have the support to have more good days than bad days; and it enables professionals to understand individuals' care needs. Explanations of how the tool could be used to improve Emily's care were varied in quality. Those who scored highly gave detailed and appropriate examples such as employing a carer to support her getting out of bed on bad days, prescribing pain medication and supporting her with online shopping. Some candidates lost marks for providing examples which demonstrated a limited understanding of the kind of support which might be available to Emily.

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Question 4 (b)

(b) Identify how the following person-centred tools might be used to support Emily:

Routines

.....

.....

Top tips

.....

.....

Relationship circle

.....

.....

One-page profile

.....

.....

[4]

Most candidates were able to identify how the person-centred tools could be used to support Emily. Those who lost marks did so most frequently for not having a clear understanding of how 'routines' and 'top tips' might be used to improve care. There was a wider understanding of 'relationship circles' and 'one-page profiles'.

Question 4 (c)

(c) List **three** reasons why a GP should build effective relationships with their patients.

1.....

.....

2.....

.....

3.....

.....

[3]

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Candidates scored well on this question with most able to identify at least one or two correct reasons. Frequently credited responses were to make sure patients are comfortable, to build trust and to encourage patients to discuss their needs.

Question 4 (d)

(d) State **two** questions which Emily might be asked at a person-centred review meeting.

1.....

.....

2.....

.....

[2]

Most candidates were able to state two plausible questions. Frequently credited responses were, 'what is working for you?' and 'what is not working for you?' Candidates lost marks for writing a question which was not directed towards Emily. For instance, 'what care would she like?'.

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