



January 2018

**Level 3 National in
Health and Social Care
Working in Health and Social Care
(31491H)**

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What is a grade boundary?

A grade boundary is where we set the level of achievement required to obtain a certain grade for the externally assessed unit. We set grade boundaries for each grade, at Distinction, Merit, Pass and Near Pass.

Setting grade boundaries

When we set grade boundaries, we look at the performance of every learner who took the external assessment. When we can see the full picture of performance, our experts are then able to decide where best to place the grade boundaries – this means that they decide what the lowest possible mark is for a particular grade.

When our experts set the grade boundaries, they make sure that learners receive grades which reflect their ability. Awarding grade boundaries is conducted to ensure learners achieve the grade they deserve to achieve, irrespective of variation in the external assessment.

Variations in external assessments

Each external assessment we set asks different questions and may assess different parts of the unit content outlined in the specification. It would be unfair to learners if we set the same grade boundaries for each assessment, because then it would not take accessibility into account.

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HEALTH AND SOCIAL CARE NQF BTEC Level 3 (31491H)

Grade	Unclassified	Level 3			
		N	P	M	D
Boundary Mark	0	13	25	37	49

Introduction

This paper was the second in the series to be sat by learners. It was pleasing to see that most learners were able to answer all the questions within the allocated time. The examination paper addressed sections A, B and C from the specification content regarding working in the health and social care sector.

Overall, learners appeared to be well-prepared on many of the specification topics covered by this external assessment. Learners with vocational experience were noticeably more confident and adept in presenting their knowledge understanding of the working requirements within this employment sector.

Each of the extended response questions (responses c and d) were marked on criterion levels where the overall responses were assessed, as opposed to awarding points per factual point stated. Learners achieving the higher levels 2 and 3 focused on the question asked, they addressed the correct command verb and presented balanced and detailed evidence. The remainder of the questions (responses a and b) were assessed using a traditional points based approach where each mark was given for reach appropriate point and /or expansion. More detail can be found in the following individual question section of the report.

Introduction to the overall performance of this unit

Overall, the learners responded positively to this second paper and there was clear evidence many had direct experience of working in the health and social care sector. The learners appeared to have sufficient time to complete their answers and there were very few questions that had not been attempted. Learners who had been given mock examination papers using the SAMS 1 and SAMS 2 (available with mark schemes on the Pearson website) and last summer's examination were familiar with the four questions/four scenarios format of this examination paper with a focus on people with ill health, learning disability, physical/sensory disability and age-related needs.

Some learners showed effective examination technique by addressing the command verb in the question. For example, the command verb "identify" usually only required a short answer factual statement, with a value of two marks. However, the command verb "explain" required learners to show they understood the origins or objectives of a subject and its suitability for purpose and could justify an opinion, view or argument. Questions with the command verbs "explain" and "discuss" were assessed by criterion levels within three mark bands.

Learners had a satisfactory knowledge and understanding of some key terms such as "empowerment" and "anti-discrimination". Many learners also understood equality issues correctly in terms of providing equal access to services and removing potential barriers. However, a number of learners incorrectly thought that "equality was all about being treated equally in exactly the same way". Some learners were not aware of the meaning of "accountability" and "regulation". A significant number of learners misunderstood the difference between professional bodies such as the NMC and regulatory organisations such as the CQC. Most learners had a good knowledge about the importance of health and safety, but some were confused about the exact meaning of "safeguarding" and "whistleblowing"

Some learners did not read the question carefully and misunderstood what was required in their answer. For example, question 1a required reference to “other health and social care professionals” but some learners still stated “care assistants” which had been already been provided in this scenario.

Some learners misread the question; for example q1C required a reference to staff safety and yet a large number of learners referred to service user safety. Often the command verb was ignored so learners described instead of explaining or discussing.

The best performance came from learners who were able to apply effective examination techniques and could explain and justify their assertions when answering the higher mark criterion levelled questions. Learners who had been well-prepared for writing the extended response questions c and d, often gave clear detailed answers with a balanced discussion of the different views and tended to perform well on this paper.

Introduction to the Overall Performance of the Unit

1 (a) Identify two other health and social care professionals who could work with Bill.

Good answer 2/2 marks:

Nurse (1)

Doctor (1)

A range of different appropriate health and social care professionals to include Occupational Therapists, Nutritionists and Psychiatrists were commonly stated.

This question was well-answered and an easy start to the examination.

Poor answer 0/2 marks:

Care assistant – already given in the scenario.

Therapist – too vague.

Councilor / Counsellor – incorrect / too vague.

Youth worker – incorrect re age category.

1 (b) Rosin has the role of Bill’s advocate.

Describe two other day-to-day duties Rosin could have in her work as Bill’s care worker.

Good answer 4/4 marks:

- *Rosin can provide Bill with some personal care assistance to help him wash so he maintains some independence but keeps clean and hygienic. (2)*
- *She can also help Bill to meet and interact with other residents in the home so as to encourage his social, intellectual and emotional development and keep him active. (2)*

Poorer answer 2/4 marks:

- *Rosin could be in charge of stimulating Bill’s brain to try and increase Bill’s brain capacity. (0)*

- Rosin could be in charge of Bill's diet where she will monitor what he eats and the amount of sugar that gets into Bill's body through eating food. (2)

1c Explain the responsibilities the care home's management has to make sure their staff are safe. (6)

Good answer (level 3): showing detailed and accurate knowledge and understanding with comprehensive linkages.

Care home managers must ensure policies and procedures such as the health and safety and medication policies are in place within the organization. They should make sure that their staff are aware and can access the policies easily and are trained on how to apply the policies. This means that staff as well as service users are kept safe.

Care home managers have a responsibility to monitor staff by doing regular work based observations and appraisals to support staff and to ensure their practice is safe, sufficient and meets the national occupational standards for health and social care. These actions all prevent staff illness and injury.

In addition the care home manager must make sure that the home facilities and equipment are appropriate and checked regularly to be safe for staff to use such as hoists for lifting service users.

It is also the responsibility of care home managers to provide continuous professional development (CPD) to the staff to ensure they are safeguarded and trained to work safely and effectively.

Poorer answer (level 1): showing some isolated unsupported lines of reasoning.

The care home will have to conduct regular risk assessments to check if there are any problems that could risk damaging someone's health or safety.

The care home should check on a patient's mental and physical state to monitor if they will pose any risk to a member of staff or another patient.

1d Discuss the possible advantages of partnership working to manage Bill's changing health conditions. (8)

Good answer level 3: showing accurate and thorough knowledge/understanding with logical reasoning to address both the advantages and disadvantages of partnership working:

Working in partnership has many advantages. One can be that information can be shared for the benefit of the service user. This type of information could be about new techniques and procedures, medication and treatment. The information sharing can be about the service user and in the case of Bill it could lead to better and quicker treatments for him. This is an advantage because the more information you have then the better you can diagnose and treat. Also partnership working means that more health and social care professionals can share their expertise such as the input from a dietitian or a psychiatrist to help Bill's dietary or mental health needs, for example, so there are no gaps in service provision.

Another advantage is that the work load can be shared with other people in the partnership. If there is someone that cannot show up then it may be easier to find a replacement for the day. The workload can be shared out more evenly than before so that one person is not overloaded with work.

However, there may be some disadvantages in partnership working. Miscommunication can be a huge issue. Miscommunication can lead to hsc professionals not showing up on time or not showing up at all or maybe two people showing up at the same time, or doing the job

twice. This sort of repetition can be time wasting and costly. Another disadvantage is that the partners may not have the same expectations or standards. This can cause the support work to be completed to a lower standard and could cause distress to Bill and negatively affect his mental health and aggression issues. All the different partnership workers could be confusing for Bill who may feel happier and safer working just with his care workers and his advocate Rosin.

A poorer answer level 1: answer which does relate to the scenario but it is unbalanced (only advantages covered) with limited knowledge and understanding.

A care home should provide holistic care. This will mean that multiple members of the health care professions work together to help Bill in multiple ways by combining the different care needs into one whole care plan.

This will come as an advantage to Bill as multiple health conditions will be monitored and an action plan on how to help Bill will become more helpful to make Bill healthy again.

2a Describe how one named organization could regulate this care home.

Good answer 2/2 marks: 1 mark for CQC, 1 mark for inspect / ask questions/ produce a report:

The CQC (Care Quality Commission) could regulate this care home. The CQC can run inspections whenever they want to at whatever time they want and without notice. They ask a range of key questions such as “Are they safe? Are they effective? Are they well-led? Do they provide quality care?” There is a report produced with a rating system used to identify good and bad practices.

Poor incorrect answer 0/2 marks:

Ofsted

NMC

MIND

NICE

Public Health England

HCPC

MENCAP

2b Describe two ways that Kiaan could raise his concerns about his work setting. (4 marks)

Good answer 4/4 marks: The point marks have been awarded for Talking to his manager (1), using the formal complaints system (1), whistleblowing (1) poor practice/ service users endangered (1)

Kiaan could talk to his line manager. He would could use the complaints system to make a formal complaint which could then be investigated internally at the home.

Kiaan could also go to the media or to an outside company to make the complaint and raise his concerns about the poor staff practice and how the service users could be endangered in this home. This is whistleblowing and normally happens in cases such as neglect or abuse. Kiaan can do this anonymously so he should not be worried about losing his job.

Poorer answer 2/4 marks: the expansion marks have not been awarded.
Kiaan could tell his manager (1) and whistle blow to the press or the CQC (1).

2c Explain how the care home staff are accountable to professional bodies (6)

Good answer level 3: accurate and thorough knowledge with good linkages in place.

Any nurse employed by the care home would be accountable to the Royal College of Nursing (RCN) who set the standards of professional practice that is required by nurses. Nurses would need to revalidate their registration every 3 years and would have needed to complete 450 hours of practice. They must promote continued professional development and follow the principles of nursing practice set out by the RCN to include their responsibilities in safeguarding and being accountable to practitioners and support diversity in their role. Care workers would be accountable to the HCPC and this means they must follow codes of conduct and follow the correct procedures to whistle blow or complain if they have concerns about poor quality care or abuse. Care workers should be able to understand and apply up-to-date codes of practice and be familiar with any changes. All care home staff have a duty of care to keep service users safe and to maintain a high standard of personal conduct.

Poorer response 0 mark: No rewardable material. Learner does not understand the term “professional bodies”.

Professional bodies are people like doctors and nurses who are health and social care professionals. They have qualifications and have a say when it comes down to service user’s health. Whereas care home staff are there at the residential home to look after the service users. Professional bodies are allowed to prescribe medication but the care home staff are not trained or skilled to do this.

2d Discuss issues that could arise from the promotion of Tara’s rights and choices. (8)

Good answer level 3: detailed knowledge and understanding using examples in an appropriate application to Tara’s situation.

According to the Human Rights Act 1998 and the Equality Act 2010 Tara should not be discriminated against because she has a learning disability. Tara has the right to an education and should be treated equally in her right to access the resources she needs. Therefore Tara may need extra help and resources to get the same educational opportunities as everyone else.

There should be non-discriminatory services provided for Tara and the policies and procedures should be adhered to. For example there should be a positive image of people with learning disabilities like Tara. Support and guidance for Tara should be offered to maintain her dignity and self-respect, but still encouraging her to be as independent as possible. However, the reality is that other people may discriminate against Tara so she cannot achieve her educational choices due to a lack of funding or not having the right equipment. It may be the case that Tara applies for a job but the potential employer thinks that her learning disability makes her less suitable than the other applicants and does not even invite her to interview.

One of Tara’s choices is that she is a Jehovah’s Witness which she shares with her parents so it is her right to have this choice of religion. However, Tara may face criticism as some people strongly disagree with some of her religious beliefs such as not being able to have a blood transfusion. Another one of Tara’s choices is to start her own family once she finds a

suitable partner. Again because of her disability Tara will need a lot of support and her care plan would have to be used for guidance since it has all her records and would enable the professionals to offer her the best advice. Some people may be concerned about Tara's vulnerability when looking to establish a relationship which could make her prone to exploitation or even abuse. Some people may question whether Tara should be encouraged to have a child because her disability could negatively affect her mental and physical health and wellbeing.

Poorer level 1 response: reference to the scenario but a very brief response with only limited knowledge and understanding shown.

Tara has the right to make her own choices in the care environment but service workers also need to understand that she should be given the information and support to make her own choices and become more independent.

3a Identify two issues that could affect Melanie's access to additional services (2 marks)
Good response 2/2 marks:

- *She is not eligible for additional support.*
- *Due to a lack of resources or funding.*

Poorer response 0/2 marks: rubric error not answering the set question.

- *Melanie is only 16 years old.*
- *She lives with her parents.*

3b Describe how health and social care professionals should communicate within the team, without compromising Melanie's right to confidentiality. (4 marks)

Good response 4/4 marks: four clear points correctly identified.

Health and social care professionals should follow the Data Protection Act 1998 which means that they should only share information when it is necessary and has to be used in a way that is relevant and not excessive. Only those people who need to know should share Melanie's information and her informed consent or by her advocate has been secured. The meetings sharing information should be private so no one else can hear. All recorded information should be kept safe within a locked cabinet or by secure ict password access and through encrypted email accounts.

Poor response 0/4marks: rubric error incorrectly answering the question about Melanie instead of within the team.

They could explain to her that she could have an advocate to speak on her behalf. Melanie should have the chance to have her views presented at their meetings. Her parents may need to be involved too.

3c People working in health and social care organisations have responsibilities to prevent discriminatory practices in caring for Melanie. Explain these responsibilities.

Good answer level 3: clear and balanced discussion with a range of examples.

According to the Equality Act 2010 and the Human Rights Act 1998, Melanie should be treated with dignity and respect and the same as other people in her access to her rights and choices so she is empowered.

She could be offered the chance to learn BSL (British Sign Language) and a health and social care worker could also help her to understand Makaton so Melanie can communicate more effectively. She could be offered a hearing dog for the deaf who could listen for door bells, alarms and traffic. In health and social care settings there should be clear highlighted exits and flashing alarms to alert Melanie in the case of fire so she can escape safely. Melanie should also be given longer medical appointments if necessary so it gives her the opportunity to communicate and better understand what is being discussed.

In preparing for Melanie's future, the health and social care staff should be supporting her to communicate more effectively and prepare her for further education, training and employment. Additional resources could support Melanie by providing her with expensive assistive technology or just getting her involved socially with support groups for teenagers with similar sensory disabilities. In this way Melanie will gain the confidence to communicate and to engage with others so she is not alone. Her self-concept can improve and she is more likely to have a happier and more successful future. However, it may be that funding cuts and insufficient resources could present barriers preventing Melanie from getting the full empowerment and successful future she wants.

Poorer answer level 1: generic brief response with limited accurate knowledge and understanding being applied to the set question.

Care organisations must always have policies in place such as the Equality Act 2014. These policies ensure that service users also have their own rights to prevent discrimination and to empower which is all about giving information and advice so informed choices can be made. People can be helped with their education and getting a job.

4a Identify two essential skills you need to become a nurse. (2 marks)

Good response 2/2 marks: two correct points

- *You need to be a caring and compassionate person.*
- *Competent and able to take bloods.*

Poor response 1/2 marks: repetition of the same answer on the mark scheme.

- *Care*
- *Compassion*

4b Describe two hospital policies that you should follow as a nurse (4 marks)

Good response 4/4 marks: two correct policies named and explained.

- *Health and safety policy: ensuring equipment is safe and clean to minimize the risk of infection or illnesses to other staff or service users.*
- *Medicine policy: to ensure medication is kept safely and in a secure place. The correct dosage of medicine should be given by following the guidance and paying attention to the details.*

4c Explain two ways that the work of hospital staff can be monitored (6 marks)

Good level 3 response: good range of knowledge and understanding of at least two ways has been provided.

The work of hospital staff can be monitored through checklists, logs and care plans. Checklists can be easily read and understood and it is an effective way of monitoring staff work and their efficiency and effectiveness. Logs are also a good way to see and understand what has been done by who and when so there is someone accountable for that task. Another way hospital staff can be monitored is internally by managers and supervisors so they can double check the work that has been done to ensure it meets quality standards. They can give feedback on a one to one basis in review meetings and identify any skills or knowledge gaps which may then require additional training. This process is often part of the hospital appraisal system where there is an annual review and smart targets are set for the appraisal.

Work can also be monitored by external organisations such as the CQC who undertake inspections. They observe, ask questions and get feedback from service users and their families to assess the work of staff in the hospital.

Poorer level 1 response: two brief ways identified with limited knowledge and understanding shown.

One way is to have outside professionals come in and make sure that the staff are doing their job and providing guidance to become better.

Another way is to have the manager/supervisor check in now and again to make sure that what the staff are doing is correct and if not then to get them extra training.

4d discuss the possible effects of poor working practices on the children and their families in the hospital setting. (8 marks)

Good level 3 response: a balanced and informed discussion in reference to children and their families, with good knowledge and understanding in evidence.

The hospital should be seen as a safe place to stay where children and their families trust the staff and expect good quality care. However, if poor quality care is provided then the morbidity and mortality rates for the children being treated will increase and families lose trust in the services provided. Children can be particularly vulnerable so it is important that good practice is at the heart of the service.

The correct equipment should always be available and if not then it could cause injury to the child. An example is if an incubator cannot be accessed because there is too much demand then a baby in the special care department could lose their life. There should always be the correct staffing to patient ratio to help ensure that the correct medication is given to the child and if not then the child may experience pain and this would cause distress to the families.

Human waste needs to be disposed in a red bag to ensure there is no contamination and if not then this can result in the spread of disease and sickness. Such infections can result in the spread of superbug diseases such as MRSA or diarrhea which is very contagious and the whole ward would have to be quarantined. If hygiene is poor on the ward then children and their families could be affected by the winter vomiting bug norovirus. These sorts of infection could mean that visiting times are removed and this would cause even more distress, anxiety and general upset to the families.

The poor working practices can mean that children take longer to get better so they have to stay in hospital longer. Their families are affected because they may have to get time of work

to visit and then there are additional costs of transport and hospital car parking to cover so families may become worse off financially.

Poorer level 1 response: partial rubric error focusing more on staff and the hospital instead of what is required by the question for children and their families. (Examples such as Mid Staffordshire Hospital Trust Enquiry 2005 and 2009 is now historic and the use of more recent examples with a focus on the set question is to be encouraged.)

The poor working practice means that more families will complain about their child not getting better and having to stay in hospital longer. This will obviously impact on the hospital so it will get a bad name and staff may get sacked. There was a hospital complaint about a Staffordshire hospital where people were having to drink water from flower vases because the basics were not provided.

Summary

Based on their performance on this paper:

- Centres are encouraged to focus on getting their learners familiar with the specification details and especially **key terms** and **vocabulary** in order to avoid rubric errors. For example, many learners did not understand the term “professional bodies” in question 2c which is clearly stated in the specification. Also for question 2a, a number of learners were unable to name an organisation which could regulate the care home. Other key terms commonly misunderstood were “partnership working”, “accountability” and “equality.....which does not mean treating everyone in the same way”.
- Do offer learners some “**mock examination experience**” and get them to look at the mark schemes and even peer assess scripts so they understand how marks have been awarded, especially for questions (c) and (d) where criterion levels are applied.
- Encourage learners to be aware that the detail required for an “identify” question worth 2 marks is very little in comparison with the extended writing needed to achieve a mark band level 3 outcome for questions (c) and (d) worth 6 and 8 marks respectively. Focus on the **time allocated per mark**. Some learners wrote one side of A4 when only a maximum of 2 marks was available.
- Learners need **to read and answer the question set**. For question 1a, a number of learners stated “a care worker” yet this was already provided in the scenario. Also in question 1b some learners incorrectly described the responsibilities of an advocate.
- Encourage learners to offer and **identify several ideas** for the 6 -8 mark responses. Often learners became fixated on discussing just one idea and this prevented them accessing mark band 2 and above on the criterion level responses. Also learners sometimes repeated the same point instead of offering a different variable, such as for question 1d describing the work of the different professionals, as opposed to identifying the advantages and disadvantages of partnership working.
- Learners should be discouraged from just **repeating information already given within the stem** of the question. (For example: Question 4d did not require a repetition of the detailed facts surrounding the medication mistake.)
- Learners should be familiar and understand the meaning of the **command verbs** used on this examination paper: identify, describe, explain and discuss.

- Learners should be aware of the **grade descriptor requirements** to differentiate between a level 3 Pass and a level 3 Distinction so they can work to improve their application and success outcome on this examination paper.
- Centres are encouraged to provide relevant and **current information about working in the Health and Social Care sector**. This could entail supporting work experience placements for their learners or alternatively to offer appropriate visits and the involvement of health and social care professionals within the curriculum delivery. Learners should be encouraged to research more recent case studies. Question 4d often produced historic references to Baby P (2007) and the two Mid Staffs Trust hospitals (2005 and 2009), as well as to Victoria Climbié (2000).

A wide variety of scripts were seen, some excellent with relevant and appropriated reference to the health and social care sector, logically scripted with good quality written communication skills. However, some scripts tended to rely on everyday basic knowledge and contained weak writing and spelling skills at a standard below that expected at level 3.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the Pearson website.

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