

Subject	Health and Social Care
Specification	OCR Cambridge Nationals Level 1/2
Recommended Revision Guides	ISBN: 978-1-3983-5124-0 ISBN: 978-1-00-915931-9
Recommended websites and other resources	Cambridge National website https://www.ocr.org.uk/Images/711831-specification-cambridge-nationals-health-and-social-care-j835-assessment-from-2025.pdf

Topic: R032 Principles of care in HSC settings	
What you need to know: Refer to revision folder in Class charts and Google classroom	
Subcategories of topic:	
- Topic 1: The rights of service users - Topic 2: Person-centred care - Topic 3: Effective communication - Topic 4: Protecting service users	
Example Exam Question	
Refer to revision folder in Class charts and Google classroom	
Cambridge National Specification	
https://www.ocr.org.uk/qualifications/cambridge-nationals/health-and-social-care-level-1-2-j835/specification-at-a-glance/	
Types of care settings:	
Health Care Settings: • Dental practice • GP surgery • Health centre • Hospital • Nursing home • Opticians • Pharmacy • Walk in centre	Social care settings: • Community centre • Day centre • Foodbank • Homeless shelter • Residential home • Retirement home • Social services department • Support group

Topic 1: The rights of service users	
Rights are what everyone is legally entitled to. Rights are set out and supported by legislation (laws) such as the Equality Act 2010	
Codes of practice and policies also help to support rights	
Rights... 'Three C's and PE'	
You have a right to:	
- Choice - Confidentiality - Consultation - Protection from harm and abuse - Equal and fair treatment	
Why it is important to maintain individuals' rights:	
Empowerment • Encourage independence and being self-reliant • Feeling in control of their lives • Giving individuals choice, control and independence	Individual needs are met • Appropriate care or treatment such as mobility aids provided, or dietary needs met. To give equality of access to services • Results in good/improving physical or mental health
High self-esteem • Feeling valued • Feeling respected • Positive mental health	Trust • Reassured that care practitioners will not harm them • Confident that practitioners have service users best interests in mind • Confident in the care they receive. So individuals feel safe

Topic 2: Person-centred care	
Person-centred values:	
• Individuality • Choice • Rights • Independence • Privacy	• Dignity • Respect • Partnership • Encouraging decision making of service user

- Person-centred values of care are key principles that underpin the work of those providing care and support in health and social care services - They are a set of guidelines that provide ways of working for care settings and their staff - Person-centred practices enables service users to receive person-centred care that meets their own unique needs				
Benefits for service providers of applying person-centred values:				
- Provides clear guidelines of the standards of care that should be given - Improves job satisfaction - Maintains or improves quality of life		- Supports rights to choice and consultation - Supports service practitioners to develop their skills - Enables the sharing of good practice		
Benefits for service users of having the person-centred values applied:				
- Ensures standardisation of care being given - Improves the quality of care being given to the service user - Maintains or improves quality of life for the service user - Supports service users to develop their strengths		- Receive appropriate care that meets their needs - Do not experience discriminatory attitudes - Have their diversity valued and their rights supported		
Effects on service users' health and wellbeing if person-centred values are not applied:				
(PIES) → Physical Intellectual Emotional Social				
		Physical effects:		
- Pain if medication or treatment is not given - Illness may get worse - Malnutrition/illness due to lack of food for special dietary needs		- Dehydration due to lack of regular fluids - Injury		
		Intellectual effects:		
- Lack of progress or skills development - Failure to achieve potential		- Loss of concentration - Lack of mental stimulation		
		Emotional effects:		
- Depression - Feeling upset - Low self-esteem/feeling inadequate		- Anger/frustration - Stress		
		Social effects:		
- Feeling excluded - Feeling lonely		- Lack of social interaction/poor social skills - Become withdrawn		

Topic 3: Effective communication

The importance of special communication skills:

- Adapting type/method of communicating to meet the needs of the service user or the situation	- Patience	- Volume
- Clarity	- Using appropriate vocabulary	- Pace
	- Tone	- Willingness to contribute to team working
	- Empathy	

Non-verbal communication

Non-verbal communication involves the transfer of information through the use of body language such as gestures, eye contact and facial expressions. These include:

- Eye contact	- Positioning – height	- Positive body language
- Facial expressions	- Space and personal space	- Sense of humour
- Gestures		

The importance of active listening in health and Social care settings:

Active listening skills:

- Open, relaxed posture	- Show empathy, reflecting feelings
- Eye contact, looking interested (observing facial expressions, gestures, body language)	- Clarifying
- Nodding agreement	- Summarising to show understanding of key points (paraphrasing)

This communication method requires the listener to:

- Understand, interpret and evaluate what they hear, through paraphrasing and summarising.

- Find out the true meaning of what is being communicated, through open questions, observing facial expressions, gestures, body language
- Show empathy, by reflecting feelings

Active listening is an important communication technique because:

- It is central to creating positive communications
- It is the basis of all trusting and respectful relationships
- It enables interactions to happen easily
- It enables communication to be fully understood
- It builds rapport
- It is a way of avoiding misunderstandings through clear and accurate communication
- It shows that you are interested in what they have to say
- It is more than just passive 'hearing'

SOLER

How nonverbal communication can make people feel more comfortable and secure, understood and more valued.

Sit squarely to the individual, at the 5 o'clock position, to avoid the invasion of their personal space

Open posture – no crossing of the arms or legs to avoid appearing defensive

Lean slightly in towards the individual – show a genuine interest in what the individual is communicating

Eye contact – not too much and not fixed, to avoid making the individual feel uncomfortable

Relax – maintain a relaxed posture will in return enable the individual to feel relaxed

The importance of special methods of communication in health and social care setting:

- Advocate
- Braille
- British Sign Language
- Interpreters
- Makaton
- Voice activated software

Communication difficulties may be as a result of:

- Physical disability – e.g. due to a stroke
- Sensory impairment – may be deaf or blind
- Language impairment – they do not speak that language
- Learning difficulty – due to a lack of understanding

The importance of effective communication in Health and social care settings:

Supports the person-centred values and individual's rights

- Empowerment
- Reassurance
- Feeling valued
- Feeling respected
- Trust

Helps to meet service users' needs

Protects the rights of service users

The impact of good communication skills:

- Well informed service users
- Actively listening to service users' needs, concerns, and opinions enables them to feel valued and respected
- Using appropriate vocabulary/no jargon aids understanding so service users feel reassured

The impact of poor communication skills

- Misunderstanding if information not clearly explained
- Errors or danger to health due to inaccurate record keeping
- Distress/upset if service user feels patronised
- If speech is too fast the listener will not have time to take it in

Topic 4: Protecting service users

Safeguarding

What does safeguarding mean?

Actions taken to protect service users to ensure they are not at risk of harm, Danger or abuse.			
Creating a safe and healthy environment in care settings			
All settings must have safeguarding procedures in place. They must have:			
- A specific person with responsibility for safeguarding.			
- The Designated Safeguarding Lead (DSL)			
- All staff should be aware of procedures to follow and report issues.			
- Fully trained Staff should know how to deal with disclosures of abuse			
Service users who need safeguarding			
- Vulnerable groups, e.g. the homeless			
- Children			
- People with physical and learning disabilities			
- People with mental health conditions			
- Older adults in residential care settings			
- People who have a sensory impairment – sight loss, hearing loss			
- People in residential care dependent on carers – children, older adults			
Financial, aggression, verbal, physical, invasion of privacy, lack of training, emotional, intellectual, social			
There will be Physical, Intellectual, Emotional and Social impacts on a lack of safeguarding:			
Impact of a lack of safeguarding			
Physical – Relates to service user’s body			
- Anxiety	lack of sleep	- Depression	self-harm
- Broken bones	pain	- Illness	Injury
- Bruising	Poor health/health deterioration		
Intellectual – service user’s thought processes, thinking skills, reason			
- Confusion	Lack of motivation	- Lack of skill development	Not asking questions
- Cannot think straight	Lack of understanding	- Lack of interest	
- Denial	Lack of concentration		
Emotional – Service user’s feelings			
- Feeling betrayed	Feeling unhappy	- Feeling unsafe	Poor mental health
- Feeling disempowered	Loss of self-confidence	- Feeling afraid	Self-harm
- Feeling excluded	Loss of self-esteem	- Feeling upset	Being withdrawn
Social – service user’s relationships with others			
- Becoming anti-social	Lack of trust in others	- Behaviour problems	Unco-operative
- Aggression	Refusal to use the service	- Being isolated	Withdrawn from other people
There have to be safeguarding procedures in any care setting, designed to protect individuals.			
All care settings must have a safeguarding policy and have a Designated Safeguarding Lead (DSL) who is responsible for ensuring safeguarding happens as it should in that care setting			
Infection control			
General cleanliness			
- Use anti-bacterial sprays on surfaces		- Clean and disinfect toilets frequently	
- Clean toys and play equipment regularly		- Correct disposal of hazardous waste in health and care settings	
- Mop floors and vacuum carpets daily			
Personal hygiene measures			
- Hair tied back/covered		- Correct hand washing routine	
- Open wounds covered		- Regular showering and hair washing	
- No jewellery		-Regular brushing of teeth	
- No nail polish		-Appropriate use and disposal of tissues/ antiseptic wipes/sanitiser	
PPE (personal protective equipment)			
- Disposable aprons		- Hairnets or hygiene hats	
- Disposable gloves		- Overalls	
- Rubber gloves		- Overshoes	

- Face masks	- Surgical garments/scrubs
Safety procedures and measures: Safety procedures for reducing risk/danger and promoting good practice	
- First aid policy - Risk assessments - Staff training programmes for: - o Equipment use - o Moving and handling techniques - o First aid - Emergency procedures - o Fire drill - o Evacuation	- Equipment considerations: - o Fit for purpose - o Safety checked - o Reporting system for damage - o Risk assessed - Safety measures - Displaying a fire safety notice - Using warning signs - o A 'wet floor' sign - o 'No entry' sign
The difference between a 'procedure' and a 'measure'	
It is important that you understand the difference between safety procedures and safety measures: Safety procedures are a set of actions or instructions that are carried out in a particular order. They will tell service providers what they have to do and how to do it. Examples of safety procedures are how to deal with emergency situations such as a fire, or how to arrange a safe trip out for elderly residents of a care home by carrying out a risk assessment. Safety measures are specific actions, such as putting out a 'Wet floor' sign or placing a fire extinguisher by each exit.	
Key terms:	
Risk: The likelihood that someone or something could be harmed	
Risk assessment: The process of evaluating the Likelihood of a hazard actually causing harm	
Hazard: Anything that could cause harm	
Control measure: Actions that can be taken to reduce the risks posed by hazards or to remove hazards	
'A hazard is something that can do you harm, a risk is the likelihood of that hazard happening'	
How security measures protect service users and staff	
Security measures are necessary it keep staff and service users safe. They prevent unauthorised individuals entering the care setting, and they prevent vulnerable people in the setting leaving or being unsupervised.	
Identifying staff	
- ID lanyards	- Staff uniform
Monitoring of keys	
- Limits number of people with access to keys	- List of key holders – know who has the keys
Receiving and monitoring visitors	
- Staff on duty at entrance monitors access - Signing in and out book for visitors, know who is there and who has left - Electronic swipe card entry system - Buzzer entry system - Security pad with pin code - Issuing visitor badges	- Reporting of concerns to line managers - Appropriate action can be taken by senior staff - External doors, restricting access - Window locks and restraints Keeps vulnerable service users safe – prevents falling out of open window or strangers entering