Recording General Guidance

Note: If printed, this document is for immediate reference only. Do not file it, as it will go out-of-date over time and be replaced by newer versions on-line. Always refer to the latest CMS versions.

Introduction

Record keeping is an integral aspect of the service and our duty of care, and is a written reflection of the type and quality of intervention. Practitioners should ensure that their recording shows a clear, accurate and up-to-date record of our contacts concerning individuals.

Recording has crucial consequences. The contents can be challenged by adults/carers and they can be used as evidence in a Court of law and scrutinised when a complaint is made. They provide a record of actions agreed and put into place. Records are legal documents. The requirements outlined apply to all records, whether an adult in need of care and support or a carer.

It is important to consider recording in the context of thinking about professional practice issues. The Care Act demands a person-centred approach and as full an involvement of the person as is possible, with an emphasis on the person‘s strengths, alongside their difficulties and concerns. This is particularly important, given that recording in the core documents, is more of a joint activity, with the sharing of documents and the individual’s signature confirming the accuracy of the assessment/good conversation record/support plan/other record.

As part of the core ‘social work competencies’ it is paramount for social workers to possess good written skills. This involves the ability to write professional records, letters, reports and statements demonstrating a level of writing that meets the standards expected within the professional role, as well as meeting the requirements of the Professional Capability Framework (Professional Capabilities Framework for Social Workers 2012).

Social workers must consistently demonstrate the intellectual ability to process complex information and provide a sound professional analysis that clearly articulates the evaluation and professional judgement of each case.

Good practice requires that social workers should provide clear and user friendly information to clients, carers and partner agencies outlining any forthcoming expectations from the organisation.

The key points underpin all written accounts regarding the care/support delivered to individuals.

How do we do it? Recording involves:

- Writing down the work you do and your views about it
- Including the views of the client, carer/family/advocates and other agencies involved

- Offering focused on going assessment and analysis
- Providing clear plans and noting the progress people make toward desired outcomes
- Overall narrating the life history and understanding of the client's journey
- Providing management oversight and supervision of casework decisions and how and why they were made.

This policy is intended for use by all practitioners and their managers and covers Liquid Logic (LAS) documents in shared drives, emails and notebooks.

Purpose of recording

- To provide the person with a full and accurate account of their care/support needs
- To provide a written account of the assessment/good conversation, support plan and review/follow up conversation, of decisions made and actions taken
- To enable managers and staff to know what is happening in a practitioner's absence
- To provide evidence that a task has been achieved
- To communicate information between practitioners
- To communicate to other organisations/agencies and to service providers
- To demonstrate liability and accountability
- To demonstrate to a manager the individual worker's activity with an individual
- To demonstrate professional competence
- To present cases to any Panel, given that decisions are made on the strength of the record
- To enable managers to monitor the standard and quality of work
- To facilitate audit
- To ensure continuity, particularly when a subsequent worker becomes involved
- To support supervision, allowing the manager to see what has been completed and achieved and how
- To demonstrate that policies and local procedures have been followed
- To provide statistical information
- To evidence that the practice of meeting statutory regulations has been adhered to and that, where it has not, there is clear evidence to support this.

What to record

- A record and chronology of ongoing intervention

- Telephone calls including the full name and number of the person contacted and a brief description of the conversation/message
- Telephone calls in which you did not connect to the person you were ringing, and did not leave a message – including time of attempt/s
- Documents uploaded onto LAS such as letters, emails, reports and external forms – referenced in the Case Note – see **section Error! Reference source not found.**
- A concise analysis of the situation, using your professional judgement, and leading to a recommendation/conclusion.

How to record

The written word – principles

- Be clear, concise and accurate.[1]
- Use short paragraphs and make use of headings and bullet points.
- Use a good standard of written English.
- Use short sentences.
- Cover one theme per paragraph.
- Use good grammar.
- Make sure that tenses are correct and consistent.
- Include direct quotes where possible.
- Make sure that spelling is correct: always use 'spell check'.
- When using an abbreviation or initial in an official form or document, ensure it is spelt out in full the first time with the abbreviation in brackets: thereafter, the abbreviation can be used. Use abbreviations in notebooks/diaries to avoid subject identification.
- Avoid repetitive copy and pasting.
- Avoid using a relational description without a name for example; Father, Aunt etc. when more than one person in the situation could be described in this way.

Evidence

Evidence is key to substantiating your analysis, professional judgement, determination of eligibility, risk assessment and your decisions/conclusions. In particular, with regard to the eligibility determination and the need to consider the significant impact on a person's wellbeing of their being unable to achieve outcomes (two or more for an adult in need of care and support, any number for a carer), there is a requirement to provide evidence to substantiate the eligibility decision and this must be recorded in the assessment

There are different types of evidence, as follows:

[1] Crystal Mark for plain English – www.plainenglish.co.uk/services/crystal-mark.html

- Testimony – what the person says, which must be recorded as such. This can be verbatim, a summary of what was said or a mixture, provided you state which. Once recorded, check with the person that what is recorded is an accurate reflection of what was reported.
- Your direct observation – what you observe during your interaction with the person
- Verifiable factual information – these are hard, sustainable, undisputed facts, for example, a date of birth, who attended a visit.
- Written reports, for example, from an OT or hospital consultant.

Treat the following evidence with some caution and take care to provide the necessary details:

- *Understandings* are statements about how things appear and are assumed to be true but must not be considered as facts.
- *Hearsay* is third party information and should not be considered as fact. Clearly identify the source.
- *Opinions, judgements and recommendations* – give the basis and reasoning for the opinion with supporting information.
- *Expert opinion* – an opinion expressed by someone of expert status whose opinion seems beyond question and becomes accepted as fact.[2]

Be particularly cautious about recording unsubstantiated diagnoses, for example, dementia, or unsubstantiated risks, for example, risk of falls. In giving your own opinion, state: "In my professional opinion…"

If the record is an expression of an *opinion,* it needs to state this and be clearly attributed to the person stating the opinion. If an expert opinion, state who the author is. The following examples are all opinions:

- S was dressed inappropriately.
- The house was very dirty but tidy.
- M was very optimistic on my visit today.

The Care Act Guidance chapter on safeguarding also highlights the need to differentiate between fact and opinion.

[2] Section adapted from "It's all in the record – meeting the challenge of open recording", O'Rourke & Grant, Russell House Publishing (2005)