

# Adult Social Care and Health Directorate

## Recording with care

## Practice Guidance

<b>Re issue Date:</b>	29 November 2019. See version control
<b>Review Date:</b>	October 2022
<b>Owner:</b>	Policy and Quality Assurance <a href="mailto:Policy&amp;StandardsEnquiries@kent.gov.uk">Policy&amp;StandardsEnquiries@kent.gov.uk</a>



## Adult Social Care: Recording with care

Working Title:	Recording with Care (formerly called Case Recording Practice Guidance)
Status:	<b>FINAL</b>
Version No:	<b>V4 see control below</b>
Original Date Approved by DivMT	OPPD 13 August 2015 DCALDMH 03 September 2015
Date first Issued	7 September 2015
Review by:	Jean Wells: Policy and Quality Assurance Officer
Review Date	24 months from publication or in line with service/system changes
Lead Officer/s:	Jean Wells
Master Location	Strategic Safeguarding, Practice and Quality Assurance
Publication	KNet
Authorised to vary	Jean Wells/ Sarah Denson
Replaces	All previous versions.

Version	Date re-issued	Summary of change
14	24 May 2022	Appendix 5: Hazard recording practice guidance removed. Separate Hazard Recording Practice Guidance uploaded to <a href="#">Tri-X: Local Resources/Staff protocols</a> .
13	09.02.2022	<b>Appendix 5 Hazard recording practice guidance</b>  AMHPs will not require approval from their Operational Manager to record a hazard or decide if it is to remain or be removed at the point of closing their involvement
12	18 June 2021	Case Recording Practice Guidance renamed "Recording with care practice guidance".  <b>NEW Appendix 5 Hazard recording practice guidance</b> Key messages: <ul style="list-style-type: none"> <li>• the recording of a MOSAIC Warning (Person Note) is the principal method used to inform others of a risk</li> <li>• the Team Manager will make the decision, based on the facts that are presented to them by the practitioner (details in section 1)</li> <li>• the person will be notified of the MOSAIC Warning (Person Note) on their record, unless notifying them would place a person at risk of harm (details in section 5)</li> <li>• the recording of hazards on MOSAIC must adhere to GDPR/ Data Protection Act 2018 principles and considered as part of the authorisation process both for the addition and removal of a MOSAIC Warning (Person Note)</li> <li>• the hazard must be reviewed. The date of review is informed by the risk assessment, the type of hazard and/or change in circumstances of the person that a MOSAIC Warning (Person Note) has been recorded against. The practitioner (or receiving team) to review and update the</li> </ul>

## Adult Social Care: Recording with care

		<p>KCC Hazard Form</p> <ul style="list-style-type: none"> <li>– if a decision is made that the MOSAIC Warning (Person Note) is no longer relevant/appropriate, the ending must be authorised by the Team Manager (details in section 6)</li> <li>– if the MOSAIC Warning (Person Note) remains relevant, it will be authorised by the Team Manager using the <b>KCC Hazard form</b> to make it clear the review decision has been appropriately agreed(details in section 6)</li> <li>• when ASC involvement ends with a person we support, including if deceased, the MOSAIC Warning (Person Note) will no longer be active or visible at the top of the Person Summary screen unless there are circumstances when the hazard remains relevant (for example an environmental hazard at the address) (details in section 7)</li> <li>• if ASC resumes involvement, the practitioner <b>must check the persons case note/history of warnings for any historic hazards for the person.</b> If an entry is found and hazard remains relevant, a KCC Hazard Form must be completed, following the principles and process described in this guidance. (details in section 7)</li> </ul> <p><b>General Update</b></p> <p>Mosaic /LPS case notes to be updated as soon as possible following decisions and outcomes, including those agreed in supervision.</p> <p><b>All Privacy Notices</b> available on <a href="http://Kent.gov.uk">Kent.gov.uk</a>, not KNet. As a reminder, a privacy notice must be issued when you first start engaging with an individual. When you issue a Privacy Notice, whether it is the first or a subsequent one, you must record this on the system as a case note.</p>
11	29 Nov 2019	Guidance updated: Use of photographs as part of an assessment-see 5.1.7
10	16 Oct 2019	<p><b>-Post mosaic go live.</b> The eleven subsections structure referenced in the previous version are not required in new client case file (<i>case folder</i>) set up in teams shared folder (“G” drive). The subsections are incorporated in Mosaic. Previous case file folders in team shared G drives have been migrated to mosaic. Section B7 details about new <i>case folders</i> set up and separate guidance “System Downtime Guidance” produced by Technology Enabled Change Programme Team available on the dedicated KNet page <a href="#">click here</a>. Please check here for latest updates for the implementation of Mosaic and Frequently Asked Questions.</p> <p>-The <i>case folder</i> on the team shared G drive is to store client documentation from external sources as a <i>holding place</i> to enable staff to upload this documentation to Mosaic. The strict governance and management must be followed to</p>

## Adult Social Care: Recording with care

		<p>ensure information is uploaded to Mosaic and cleared from the team shared team G drive.</p> <ul style="list-style-type: none"> <li>-Paper base case files structure remains unchanged - see Appendix 4.</li> <li>-Supervision Case File Audit Tool amended - see Appendix 1</li> <li>-All reference to SWIFT or AIS replaced with mosaic.</li> <li>-General document refresh.</li> </ul>
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### References

<p><b>Legislation</b> The overriding principle behind case recording is that it should be lawful, user-centred and protect persons rights. Records must comply with and reflect the following:</p>
General Data Protection Regulation 2016 (GDPR)
Human Rights Act 1998
Freedom of Information Act 2000
Mental Capacity Act and Deprivation of Liberty Safeguards.
Caldicott Guidelines
Care Quality Commission
The Accessible Information Standard Policy and Guidance
Research in practice. Practice Tool Good Recording,
<a href="#">Care Act 2014</a>
KCC Record Manager; <a href="#">click here</a> <a href="mailto:elizabeth.barber@kent.gov.uk">elizabeth.barber@kent.gov.uk</a>

# Adult Social Care: Recording with care

## Table of Contents

<b>Section A.</b>	1	Introduction	5
	2	Scope	5
	3.	Policy Context.	6
	3.1	Line Management Responsibility	6
	3.2	Safeguarding	6
	3.3	Professional Standards	6
<b>Section B.</b>			
<b>Practice Guidance</b>			
	4	Standards of recording	8
	5	Collection	11
		5.1 Concise and relevant	
		5.2 Case notes on MOSAIC	
	6	Storage	12
	7	Naming conventions and file set up	13
	8	Scanned documents	13
	9	Emails	14
	10	Confidentiality and security	16
	11	Record retention	18
	12	Archiving and disposal	18
	13	Right to access	19
	14	Sharing personal information -including safeguarding specific	19
	15	Confidentiality of Legal Advice and Court Documents	20
	16	As a final point	20
<b>Monitoring.</b>	17	Required Outcomes	21
	18	Review of Outcomes	21
	19	Review of guidance	21
<b>Appendices.</b>			
	1	Supervision Person File Audit sample	23
	2.	Practice Summary	24
	3	Legal Advice and Court Documents	26
	4	Paper based file structure	27

## Section A POLICY

### 1. Introduction

1.1 Adult social care files are the property of Kent County Council. People we support, staff and other professionals may access them from time to time. They represent therefore the 'public' face of the directorate and indicate, by their quality, the status given to personal information.

1.2 A persons records provide the evidence of KCC intervention with a person, the decision-making processes and the information used to inform those decisions. As a result, they are major sources of evidence in any investigation of complaints, safeguarding investigations, a serious untoward incident and/or "Safeguarding Adults Reviews." A person's file may be viewed when going to court, so records need to be up to date, useable, accurate, authentic, reliable and legible.

1.3 Staff are required to undertake Data Protection and Information Governance e-learning training, which should be refreshed every 2 years and the Introduction to General Data Protection Regulation (GDPR) e-learning training, both to form part of staff induction and appraisal.

1.4 Staff must ensure they are aware of their responsibilities in line with KCC Information governance policies and GDPR. The intention of GDPR is to ensure that there is transparency about how we use information, for that reason we must be telling people how their information is stored, the legal basis for having information etc so we provide a "Privacy Notice" available on [Kent.gov.uk](http://Kent.gov.uk)

1.5 Staff must refer to KCC's [Record Management Policy](#) when handling client documentation,

### 2. Scope.

2.1 All staff<sup>1</sup> using mosaic adult social care system and those teams in Mental Health Services<sup>2</sup> who, for some aspects of the work, continuing to use electronic files.

2.2 All staff who contribute to adult social care records, including Young People team/Lifespan Pathway (18-25 years); Children; Young People and Education Directorate, unless indicated otherwise.

2.3 Records can be through email, use of encrypted USB storage devices, scanned documents, computerised records, Smartphones, Microsoft Teams, telephone messages, complaints records, log or day books and in some circumstances,

---

<sup>1</sup> Young Peoples team (18-25 within its service) use the Liquid Logic Pathway System (LPS) Children System.

<sup>2</sup> **Note: Mental Health:** AMHP service use RIO (not MOSAIC) and shared team G drive folders. Mosaic is the primary recording system for the Community Forensic Social Work Service and will view RIO via RIV. Some aspects of work by the Professional Assurance Team and the Community Forensic Social Work Service will use shared team folders/spreadsheets.

## Adult Social Care: Recording with care

information recorded in file records in different formats, such as drawings, photographs, diagrams and audio or DVD recordings.

### **3. Policy Context.**

3.1 KCC considers that high standards are essential in recording, making sure that staff, at all levels, understand their recording responsibility, accountability and required performance standards.

3.2 It is the responsibility of all staff to ensure that the records, which they create or collect to do their job, are managed against relevant policies. This is regardless of the format in which the records are held.

3.3 Staff using Adult Social Care Systems must follow user guidance documentation and recording process. Mosaic data flows and user/process guides available on [KNet here](#).

3.4 NHS number to be used on forms and in correspondence in addition to using MOSAIC /LPS ID.

### **3.1 Line Management Responsibility.**

Line managers and supervisors need to monitor that their staff are managing records appropriately and ensure that the appropriate resources are available for this purpose.

They are responsible for ensuring that file recording meets the standards set out in this document and that files are kept up to date, so adhering to KCC Supervision Policy through 1:1 supervisions and file audits<sup>3</sup>. The supervision process should promote anti-discriminatory practice in recording.

### **3.2 Safeguarding.**

The area of safeguarding is one of the core priorities of adult social care, so accurate, concise, professional and legible records are paramount to determine urgency, the appropriate course of action, sharing information (*also see 14.5*), conferencing, post abuse care planning and monitoring and review.

### **3.3 Professional Standards.**

The Health and Care Professions Council Standards of Proficiency for Social Workers in England (January 2017); the College of Occupational Therapists and the Nursing and Midwifery Council are explicit that records are fit for purpose, recognise the need to manage records and all other information and keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines.

---

<sup>3</sup> Appendix 1 for copy of Supervision Case Files Audit form. Use current template on KNet.

## Section B. Practice Guidance.

### 4. Standards of Recording.

Good recording is an essential part of evidencing professional practice and accountability of staff. It assists continuity and consistency when staff are unavailable or change. Records contain key information, which at some time may be of vital importance to an individual, in legal/formal proceedings or complaints.

<p><b>Standard 1</b></p> <p>Adult social care promotes working in partnership with the people we support and their carers.</p>	<p><b><u>Involvement of the person we support.</u></b></p> <p>Person informed of their right of access to their record and of the procedures for doing so.</p> <p>Information is recorded in such a way that is accessible,</p> <p>Individuals' preferences for being communicated to (relating to their disability, impairment, sensory loss) will be identified and recorded.</p> <p>Information provided is useable and relevant to the person.</p> <p>Person and their carers informed of Kent's guidance on recording.</p> <p>People we support sign their care and support plan/care plan and other relevant documentation to evidence their active involvement and agreement.</p> <p>People we support are consulted about decisions and given copies of relevant documents.</p> <p>People we support are encouraged and supported to understand/read their records, correcting errors and omissions, and recording personal statements.</p> <p>The views of people we support are evident on their file and actively encouraged.</p> <p>People are supported to make informed decisions, express a view or make choices, using all practical and appropriate steps to help understanding.</p>
<p><b>Standard 2</b></p> <p>Recording is central to</p>	<p><b><u>Recording practice</u></b></p> <p>Records will be a complete and comprehensive record of</p>



## Adult Social Care: Recording with care

<p>good practice; it informs and supports the steps adult social care has taken in fulfilling its duty of care.</p>	<p>all interventions, decision-making and information used to inform decisions.</p> <p>Up to date Corporate KCC logo and templates are used appropriately.</p> <p>Records do not contain irrelevant speculation or jargon.</p> <p>Records make the distinction between fact and opinion.</p> <p>Records are fit for purpose and provide meaningful information to the reader.</p> <p>The content of a record is enough to give an account of all significant work undertaken and contact made.</p> <p>Records reflect anti-discriminatory practice, demonstrating dignity and respect.</p> <p>Records will be accurate, authentic, reliable, legible and in a chronological order.</p> <p>Handwritten records in dark pen, so can be read and reproduced paying attention to accurate spelling and grammar.</p> <p>Emails are written with the same care used to write a formal letter, remembering to use Microsoft Office 365 Message Encryption (OME) for Councils/ organisations/ members of the public not on Secure Email Whitelist.</p> <p>A clear audit trail enables any record to be traced.</p> <p>Mosaic/LPS case notes used to evidence work with people we support, outcomes and decisions in supervision and summarise all social care activity relating to the person.</p> <p>Instant messaging (e.g. MS Team), will be treated as if a conversation and any decisions because of the conversation will be recorded in the person's file.</p>
<p><b>Standard 3</b></p> <p>Records will provide the evidence of the best outcomes for people and the decision-making processes taken.</p>	<p><b><u>Principles and purposes of recording</u></b></p> <p>Records are lawful, user-centred and protect people's rights.</p> <p>Records are the cornerstone of partnerships and good practice and not seen as a low priority getting in the way</p>

## Adult Social Care: Recording with care

	<p>of face-to-face work with people.</p> <p>Recording provides a record of practice and activity that demonstrates KCC policies, procedures, guidelines and standards.</p> <p>The structure, standards and effectiveness of recording will be consistent across adult social care services.</p> <p>Good quality record keeping supports judgements, decisions, and documentary evidence of the support delivered.</p> <p>Records are written in plain (without jargon, acronyms), non-discriminatory and non-oppressive language.</p> <p>Records are respectful and do not use coded expressions of sarcasm or humorous abbreviations to describe people.</p>
<p><b>Standard 4</b></p> <p>Staff will respect the person's right to privacy and guard against the inappropriate disclosure of information.</p>	<p><b><u>Contributions to records and sharing information.</u></b></p> <p>A record is made of all work done with a person, and arrangements exist for recorded information to reach a person's file.</p> <p>A person will always be asked, and in specific circumstances told, when information about them is to be shared, and the reasons why.</p> <p>Records will show when information is shared, to whom and why.</p> <p>NHS numbers automatically added to the Mosaic/LPS system and used in any correspondence alongside the client ID.</p> <p>Staff will undertake mandatory Data Protection and Information Governance e-learning training and Introduction to GDPR e-learning training, refreshed every 2 years.</p>
<p><b>Standard 5</b></p> <p>Adult services require and ensure that good practice</p>	<p><b><u>Equal Opportunities in recording practice</u></b></p> <p>Records reflect anti-discriminatory practice and demonstrate sensitivity.</p>

## Adult Social Care: Recording with care

<p>in equal opportunities reflected in the persons records.</p>	<p>Records identify special needs arising from ethnicity, race, culture, gender, age, religion, language, communication, sensory impairment, disability and sexual orientation.</p>
<p><b>Standard 6</b></p> <p>Management arrangements ensure the practice of recording meets KCC policy and procedural requirements.</p>	<p><b><u>Management Arrangements and Monitoring</u></b></p> <p>Managers and supervisors will be informed of their responsibility for ensuring the quality of recording through induction and continuous development.</p> <p>It is the responsibility of the supervisor to ensure that a decisions and outcomes recorded in supervision are recorded on the Mosaic/LPS case notes as soon as possible. See KCC Supervision Policy for further details.</p> <p>Professional staff are personally accountable for entries to records made by students or others under supervision.</p> <p>An individual's signature should only be added to a document electronically with their knowledge and permission.</p> <p>Audits will take place to monitor file recording standards and identify missing key documents.</p> <p>Managers and supervisors are aware of KCC guidance on recording.</p> <p>Supervisors record that they have viewed the persons file by noting any action within the staff supervision notes and regularly use the supervision file audit form, which is then filed with supervisee supervision records.</p> <p>In LPS supervisors will record that they have viewed the person file record as Manager's comments in case notes and in the supervision template. There will be a separate file audit process managed by the Young People's service.</p> <p>Managers and supervisors ensure appropriate development and training opportunities for staff.</p> <p>Managers ensure that through job descriptions, recruitment, appraisal and training, staff can produce records that fulfil departmental expectations.</p> <p>Through complaints, managers will take the opportunity to understand where things may have gone wrong to</p>

## Adult Social Care: Recording with care

	ensure how this could be avoided in the future and does not happen again to other people.
--	-------------------------------------------------------------------------------------------

### 5 Collection

#### 5.1 Concise and Relevant Information.

5.1.1 File information must be recorded as close to the time of an event as possible, in date order, accessible, professional, authentic, reliable, accurate, concise and useable. The primary purpose is to support good practice and good decision-making. All personal details recorded need to be comprehensive and up to date.

5.1.2 Entries to records should be completed before the staff member goes off duty. This may not always be practical if the staff member is away from the office, not returning to the office or near a hub at the end of the day, so it is essential that administrative time is planned to update a person's records.

5.1.3 All notes taken during investigations may be important in the context of giving evidence in formal or legal proceedings. Notes include those taken at a meeting, with individuals, telephone calls, visits, diary entries, notebooks, visits to premises and so on, and may be referred to as contemporaneous notes, so can be used as evidence if they are taken in a certain way. Notes taken during investigations should be retained in line with the corporate retention schedule.

5.1.4 There is no statutory or legal requirement to retain handwritten notes of meetings for any specific time once the agreed final version has been typed. It will be a business decision by the chair depending on the nature of the meeting.

5.1.5 Records need to make sure that fact is differentiated from professional opinion, remembering that facts can be proved, whereas opinions cannot be necessarily supported. This does not mean that opinions are not allowed to be recorded, but professional opinions need to demonstrate that analytical thinking has taken place to reach judgements and decisions.

5.1.6 The source of information needs to be recorded as a means of auditing all contacts and interventions.

**5.1.7 Use of photographs** as part of the assessment is part of recording. They should only be taken where necessary and proportionate. The person should be advised about why a photograph is being taken and have the option to decline. Photographs must not be stored on personal phones/ iPads and must only be taken using work issued telephones or iPad. Photographs must be stored on the client file and deleted from the photographic device. Staff should not be taking intimate or invasive photographs.

## Adult Social Care: Recording with care

### 5.2 Case note on persons system record.

5.2.1 Mosaic case notes cannot be altered once entered and are used to summarise **all** social care activity relating to the person and should be recorded in the appropriate category, which includes outcomes agreed in supervision or instant messaging conversations that have resulted in decisions.

5.2.2 The Young People's teams will use the electronic Liquid Logic Case Notes to record all social care activity.

5.2.3 Notes will continue to be updated as soon as possible to summarise activity, including outcomes agreed in supervision.

5.2.4 The content should be no different to the recording standards expected in other records. In addition, the notes provide information for Out of Hours staff to view and update as required, which paper based/word document contact sheets do not allow.

5.2.5 Telephone conversations notes must clearly record the name of the caller and recipient. This is important if the person completing the entry is not the person who had the actual telephone conversation.

5.2.6 Electronic signatures may be used as evidence of a supervisor's quality check and sign off or in LPS recorded as Manager's comments in the case notes.

## 6. Storage

6.1 A person's records must always be stored on KCC central servers.

6.2 A person's record **must not** be stored in a staff member's personal storage area ("H" drive) or laptop local hard drive or desktops as these are not accessible to others who, as part of their duties, may need access. This is because:

- it can be difficult to access or retrieve if the staff member is absent or changes job
- it may be lost if a staff member resigns
- evidence shows that personal storage areas are not well managed, and documents can become orphaned, out of date, or retained beyond their useful life.

6.3 KCC paper-based case files and records must be kept in a locked cabinet in the relevant/designated team office area.

6.4 Teams must operate a logical folder structure and ensure that information is not stored outside this folder structure. Folders must be named in a manner that other users will be able to understand. (See section 7 below).

### For Young People's teams only

## Adult Social Care: Recording with care

6.5 All records must be stored on the electronic Liquid Logic adult system (LPS), including uploading documents not on the system templates; notes should then be disposed of, by shredding or by using the confidential waste service as appropriate. The only exception may be legal documents e.g. court orders.

### 7. Naming Conventions

7.1 The following naming convention to be followed:

- surname<sub>(SPACE)</sub>
- first name(s)<sub>(SPACE)</sub>
- person ID number<sub>(BLANK)</sub>. (*There must be a space before ID, and nothing added after the ID*)

7.2 Each individual document to be named as follows (so that they can be retrieved easily for mosaic upload or when required):

- Yyyy<sub>(DOT)</sub>mm<sub>(DOT)</sub>dd<sub>(DOT)</sub>
- surname<sub>(SPACE)</sub>
- first name<sub>(DOT)</sub>
- person ID (*optional to include*)<sub>(DOT)</sub>
- document name<sub>(DOT)</sub>
- author initials

7.3 Kent Adult Safeguarding Alert Forms (KASAF) received from external sources only to be uploaded to Mosaic promptly. The external document to be named in the following order:

- date of alert yyyy<sub>(DOT)</sub>mm<sub>(DOT)</sub>dd<sub>(DOT)</sub>
- surname<sub>(SPACE)</sub>
- first name<sub>(DOT)</sub>
- ID number<sub>(DOT)</sub>
- KASAF

7.4 See Appendix 4 for paper-based file structure.

### 8. Scanned Documents

8.1 Information may be used or sent to staff using digital or physical formats (i.e. paper documents).

8.2. Sometimes it is appropriate to hold information in both formats.

8.3 Documents, once scanned and uploaded to mosaic may be destroyed **but only when the following basic guidelines are followed (see 8.4 for exceptions):**

- when there is enough server space to store the scanned images. Some scanned images, especially those containing colour can be quite large. Investigate appropriate methods of compressing the scanned image.

## Adult Social Care: Recording with care

- the scanner settings are set to the correct dpi, and that the finished image will be legible.
- the scanned image **must** be stored in one of the file formats: pdf, pdf/A or jpg format and renamed.
- each scanned image **must be checked for legibility** before the physical information is disposed of by shredding or by using the confidential waste service.

8.4 There are instances (e.g. legal documents, proof of legal powers, contractual agreements, any documents that state do not destroy/keep original) when the original scanned document may need to be retained in the paper format because:

- the information is open and/or ongoing;
- the original is of poor quality;
- the original is damaged or cannot be easily scanned;
- physical amendments or annotations that cannot be identified on a scanned image;
- <sup>4</sup>Any documents that are to be kept as originals to meet legal requirements, proof of legal powers (not to be destroyed), embossed etc. that includes Nearest Relative (defined by section 26 of the Mental Health Act, Guardianship application and order under the Mental Health Act, advanced decisions under the Mental Capacity Act 2005, in addition
- Direct Payment Agreements and so on.

8.5 Any scanned images that may need to be used as evidence, must meet the requirements laid out in the BSI standard BIP008. For advice that is more detailed please contact the Records Manager: [elizabeth.barber@kent.gov.uk](mailto:elizabeth.barber@kent.gov.uk)

8.6 Electronic information likely to be required for evidential purposes should be converted to PDF/A format. PDF/A documents cannot be altered once the conversion has taken place.<sup>5</sup>

8.7 Other scanned documents need to be re-named in accordance with the document naming convention described in section B7.2.

## 9. E-mails

9.1 Electronic information considered personal or sensitive must be secured in transit.

9.2 It is the responsibility of the sender of an email to ensure it is appropriately protected. See KCC Secure Email Policy as appropriate for further details and ICT guides and information Secure Email on KNet.

9.3 It is very important that thought and consideration are exercised when sending emails. As email is used for all types of correspondence, there is the danger that people phrase emails more informally than they would other documents.

---

<sup>4</sup> The example documents listed above are not exhaustive and only considered a guide.

<sup>5</sup> Certain authorised staff in KCC have the licence to revert pdf to word.

## Adult Social Care: Recording with care

9.4 All email is disclosable under Freedom of Information and data protection legislation and GDPR, so could be made public or be seen by a person to whom they relate.

9.5 The content of emails should be no different to the recording standards expected in other records. Emails must be relevant and accurate and not contain anything that could be misinterpreted or is irrelevant or libellous.

### 9.6 Identifiable Information

9.7 No personal identifiable information such as persons full name and date of birth should be included in the email subject line. A person's initials or ID number is acceptable. There may be exceptions; see the following paragraphs.

9.8 When corresponding within KCC, a minimal amount of personally identifiable information should be used in an email subject line. A person's initials or ID number is acceptable.

9.9 The risk with internal emails is sending the email to the wrong member of staff who is not entitled to see it. If this did happen, any wider dissemination by the unintended recipient would be a breach of the Officer Code of Conduct, as part of our Terms & Conditions of Employment.

9.10 If the business need determines the risk of unauthorised access by other staff members, outweighs the benefits of easy identification to facilitate operational practices, this needs to be confirmed with the Adult Social Care and Health policy and quality assurances officers. [Policy&StandardsEnquiries@kent.gov.uk](mailto:Policy&StandardsEnquiries@kent.gov.uk)

9.11 Personal and/or sensitive information must not be sent from or to KCC email accounts using staff private email address. Documents opened on home computers leave a copy that could be recovered if the computer is lost or stolen.

9.12 Email created between colleagues using Kent.gov.uk address (including Invicta Law and gen2.co.uk) or sent to organisations listed on the Secure Email Whitelist are secure. If you need to send a secure email to an organisation listed on the Secure Email Whitelist - just use your normal kent.gov.uk email account. No additional actions are required, and your email will automatically be encrypted and transmitted securely.

#### **NOTE: Criminal Justice Secure email (CJSM)**

CJSM can be used to communicate with ANY organisation involved in the Criminal Justice process that have registered CJSM email accounts. This includes private sector companies i.e. law firms.



## Adult Social Care: Recording with care

9.13 Emails to a person we support /members of the public or external organisations not listed on the Secure Email Whitelist (which may be service providers, charities, residential care services) must be sent using Microsoft Office 365 Message Encryption (OME) and adding SECURE in the email subject line

The Outlook template deployed to all desktops, laptops and tablets contains a button called Secure Mail-clicking on this button will automatically open a new email with the wording [SECURE] at the beginning of the subject line. PLEASE DO NOT REMOVE THIS WORDING.

9.14 By adding [SECURE] to your email subject line you can send emails securely from your kent.gov.uk address. The [SECURE] tag tells the email system to automatically encrypt the email (along with any attachments) before sending to the intended recipient(s).

9.15 The (SECURE) tag can be added anywhere in the subject line. When email sent, the recipient will receive an automated passcode via email to open that particular (SECURE) email only. Each (SECURE) email will have a unique automated passcode generated.

9.16 If you are sending emails through Outlook you can utilise the Secure Email button to open a new email with the [SECURE] prefix already added. This should not be removed otherwise the email will not be encrypted.

9.17 If you are not using Outlook, but still need to send a secure email through OWA or a mobile device, the [SECURE] tag **MUST be manually added** to the subject line to ensure the email system encrypts your email.

9.18 If not possible to use Microsoft Office 365 Message Encryption (OME) with a person, **personal identifiable and sensitive information is not to be transported using the email system.**

**Professional judgment is needed to consider the sensitivity of the information and risks, requiring consideration for alternative secure transporting methods.**

**Record on persons file what, when and how information sent.**

## 10. Confidentiality and Security

10.1 KCC is committed to ensuring the security and integrity of information, so it is important to have appropriate controls and procedures for the handling and storing of personal and sensitive information that are in line with the Information Security Policy.

10.2 Any records containing personal data and sensitive information (e.g. racial or ethnic origin, political opinions, religious beliefs or other beliefs of a similar nature,

## Adult Social Care: Recording with care

physical or mental health or condition, sexual life, change of gender, actual or alleged criminal offences, proceedings and convictions) are strictly confidential.

10.3 Confidential information must always be:

- restricted to those who have a legitimate purpose and authorisation.
- protected and only accessible to authorised named staff, and permissions removed when no longer needed (e.g. moving teams, organisation)
- secure
- password/encrypted protected (to ensure additional security when personal/sensitive information is transported either through the email system or on portable storage media)<sup>6</sup>
- not stored on privately owned computers or devices
- when transported (including on mobile devices) done securely due to the confidential nature of the contents. See KCC Transporting Information Securely policy for more details
- locked in a cabinet when not in digital format. Files and any other identifiable personal information should not be left unattended in breakout areas or hot desk areas

10.4 Computer screens should not be viewed by unauthorised staff, contractors or visitors, so screens should be locked when unattended (using the task manager).

10.5 The use of on-line storage services and unencrypted storage devices for work related personal and/or sensitive information is not permitted.

10.6 Information stored outside of KCC networks (even on a secure storage device) is not available to colleagues and is not being backed up. If it is necessary to use portable storage devices, then these must be stored and transported to the same standards as physical records.

10.7 If non digital file is lost, refer to the KCC Missing Case File guidance that explains the steps to be followed. A “missing” care file is one that cannot be found or is not available when required for a person encounter or other use by Council staff.

### **10.8 A transgender person**

The person does not need to provide us with a Gender Recognition Certificate before we amend our records; furthermore, the question about whether a person has a Gender Recognition Certificate is irrelevant and must never be asked. Accept a range of ID other than a birth certificate to amend personal details.

10.9 If a transgender person wishes to have their personal data recognised on our social care systems, this should be supported and will feed on to any communication we will have with the person.

---

<sup>6</sup> NOTE: if the document is stored with the password or encryption still in place and the password is not available, then the information will be lost.

## Adult Social Care: Recording with care

10.10 During transition, staff, in line with best practice, will discuss with the person the expected date when their names and personal details will need to be amended. After the person has successfully transitioned into their new gender role.

10.11 If we need to keep old records, (reasons for this decision would need to be explicit and agreed by all parties concerned), then these will be kept in a locked down confidential electronic file, only accessible to named persons.

10.12 There is no requirement to make up a new file unless the details cannot be changed. Records prior to the gender change are to be retained and treated as strictly confidential unless there is information required to ensure the safe care and support of that person. Good practice demands that all transgender people who have permanently changed their gender are treated according to their new gender status. See the “Supporting transgender users of our services” policy for more details.

### 11. Record Retention

See section 9 of the [Information Management Manual](#) on KNet.

11.1. The retention schedule lists the retention periods right across the KCC. The retention schedule only relates to closed files (deceased/last contact). For appropriate retention period information, contact the Records Manager. [Elizabeth.Barber@kent.gov.uk](mailto:Elizabeth.Barber@kent.gov.uk)

11.2 All data, information and records (regardless of the media in which they are stored) must be retained for the period identified in the corporate retention schedule.

11.3 The retention periods listed in the schedule are the minimum length of time which the data, information and records must be kept. Where necessary, data, information and records may be kept for longer periods.

11.4 Services may need to retain information that is known to be subject of litigation or a request for information has been received. Any records or notes must not be altered or destroyed without being authorised by the team manager.

### 12. Archiving and Disposal see section 9 of the [Information Management Manual](#)

12.1 Archiving involves removing open or closed files from storage (where they can be accessed immediately), to another area, which may take longer to access, but are still available for use.

12.2 Closed records must be disposed of in accordance with the Records Management Policy and Information Management Manual, making sure that if there is both a hard copy file and electronic file, disposal is carried out together.

12.3 Remember, deleted documents remain stored in the Recycle Bin until it is emptied. This is to ensure that documents are not deleted by mistake. The recycle bin needs to be emptied on a regular basis to ensure that the documents have been deleted from the network.

## Adult Social Care: Recording with care

12.4 As part of the destruction process for closed files, 'disposal' lists must be produced indicating the file reference, file title, date destroyed, and method of destruction and on whose authority the file was destroyed.

<http://knet/ourcouncil/Documents/Disposal%20Schedule.xlsx> When these lists have been actioned, they should be retained in the Area for 2 years and then transferred to the Records Management Service (RMS) to be retained by the KCC Records Manager for a further 10 years.

12.5 For MH, many records will remain in KMPT on those systems and are held on RIO and there is no data migration from KMPT to KCC. RIO Information Viewer (RIV) is used.

### **12.6 Paper based files.**

12.2.1 Large file volumes (open files ) can be archived when they are no longer required on more than a monthly basis, but remember there are costs associated with the retrieval, so it is important that records are not archived whilst they are in regular use.

12.2.2 Mosaic needs to be updated to record the movement of a person's paper file (even if only temporary) e.g. another office, archived, closed, with audit etc.

## **13. Right to Access Information**

13.1 Adult social care approach to record keeping is based on the principle that a person has a right to access their records, with certain documents exempt.

13.2 When disclosing confidential information direct to a person it is necessary to safeguard the confidentiality of information relating to others.

13.3 A client (and/or their representative) will be given copies of significant documents e.g. care and support plans (signed appropriately), eligibility criteria decision form and where requested, copies of assessment and review forms, so it is important to remember that records are appropriate for the intended audience.

## **14. Sharing Personal Information**

14.1 Personal information should only be shared with a third party in line with GDPR and the legal bases identified in the directorate's **Privacy Notice**.

14.2 It is the duty of every member of staff who handles personal information to ensure that it is kept safe, secure, and only shared with those who have a legitimate reason to see it.

14.3 Staff should only share information with a third party where they have confirmation that the requesting person is who they say they are, and the staff member is authorised to share such information. Practical steps how to share information securely by post, telephone, fax, or email can be found in Guidance on Sharing Personal Information Securely.

## Adult Social Care: Recording with care

14.4 All correspondence containing any information about a person must be categorized using KCC Protective Markings. See Protective Marking Policy.

### 14.5 Sharing Personal Information: safeguarding specific.

The intention of GDPR is to ensure that there is transparency about how we use information, for that reason we should be telling people how their information is stored, the legal basis for having information etc so we provide a “Privacy Notice”.

The default is that the data subject is given the Privacy Notice as a paper document or if on-line, is guided to the on-line version on [Kent.gov.uk](http://Kent.gov.uk).

#### 14.5.1 Alleged victim

If it is thought that leaving the paper document might place a data subject at risk, the worker should explain about the use of the information. The worker will document on file their reasons they have not left a Privacy Notice and that they have explained the Privacy Notice to the data subject.

#### 14.5.2 Alleged perpetrator

Regarding the alleged perpetrator, good practice means we should inform a data subject that we have their information and are using it. For this reason, we have a 3<sup>rd</sup> party Privacy Notice, however, as above, in safeguarding this may not be a practical thing to do as it may place the alleged victim at risk. We make the decision based on the assessment of risk and document the reasons for this decision.

## 15. Legal Advice and Court Papers

Confidential communications between a lawyer and their client for the purpose of seeking/giving legal advice, or for the purpose of being used in connection with actual or pending Court proceedings, are protected from disclosure. In respect of documents that are filed with the Court in proceedings, there will be Court Rules that set out when documents filed within the proceedings may or may not be disclosed outside of those proceedings. See Appendix 3 more details.

## 16. As a final point.

### Remember

- If it is not written down or recorded...it has not happened.
- Any record is only as good, or as useful, as the information it contains  
*Ref: Research in practice: Practice Tool Good Recording.*
- Social care recording has a direct impact on people’s lives. If not recorded, or not recorded well, the information is effectively rendered useless and unable to fulfil its purpose. *Ref: Research in practice - Practice Tool Good Recording.*
- Poor records create risks, such as, poor decisions based on inaccurate or incomplete information or staff time wasted searching for records.
- Under GDPR an individual has right of access to information we hold on the.,
- Protect the person and yourself by keeping accurate records of the discussions and actions you have taken.

## Monitoring

### 17. Required Outcomes

17.1 Line Managers and supervisors will be responsible to ensure that a person's file meet the standards set out in this document and that records are kept up to date.

17.2 The Supervision Case File Audit tool will assist supervisors with the quality monitoring of files. Recording will be part of performance monitoring. Management endorsement of records will be evident.

17.3 All recording will be accessible when required for all activity with a person, legal purposes, access, audit and incidents.

17.4 File structures will be consistent across all adult divisions. Young People's teams will use LPS for all case records.

17.5 Mosaic /LPS case notes to be updated as soon as possible following decisions and outcomes agreed in supervision

.

17.6 Staff undertake/refresher mosaic /LPS training that enables regular access to update case notes.

17.7 All staff are to undertake Introduction to Information Governance e-learning training refreshed every 2 years and the Introduction to GDPR e-learning training, both to form part of staff induction and appraisal.

### 18. Review of Outcomes

18.1 Peoples files are part of audit, complaints, reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and quality assurance processes.

18.2 Audits will highlight non-compliance that may suggest a tightening of controls and adjustment to related procedures.

18.3 Feedback obtained where procedures do not match the standards contained in this guidance.

### 19. Review of Guidance

The guidance will be reviewed 24 months from publication or in line with service /system/ legislative changes.

## Appendices

1. Supervision Case File Audit
2. Practice Summary

## Adult Social Care: Recording with care

3. Legal Advice and Court Documents
4. Paper based file structure.

## Adult Social Care: Recording with care

### Appendix 1 (Use current template on KNet)

<b>SUPERVISION FILE AUDIT</b>						
Staff Name		Date of Supervision				
Supervisor Name		File ID				
QUALITY STANDARDS				Yes	No	N/A
Digital case folder (the holding place to enable staff to upload to mosaic) created and named as follows surname; first name; client ID						
Documents in holding case folder uploaded to mosaic promptly						
Records named in the order yyyy; surname; first name; client ID; document name; author details.						
Recording uses approved KCC formats and templates if available						
Record is complete and comprehensive of all interventions, decision-making and information used to inform decisions.						
Professional judgement recorded; applying knowledge, skills and experience, in a way that is informed by professional standards, laws and ethical principles.						
Records written in plain language (without acronyms)						
Records do not contain irrelevant speculation or jargon						
Records written in, non-discriminatory and non-oppressive language						
Records are respectful and do not use coded expressions of sarcasm or humorous abbreviations to describe people						
Records distinguish between facts and opinions						
Records are legible, comprehensive, professional, authentic						
Person we support /carers views or preferences and feelings recorded						
Sources of information is recorded						
Current assessment of needs, eligibility criteria decision and determination form, including carers assessment where appropriate						
Assessment of personal outcomes recorded						
Person has signed their Assessment and Eligibility Criteria form						
Eligibility Criteria has been applied appropriately						
Risk Assessments completed where appropriate						
Records show what information has been shared, to whom and when						
Relevant charging letters uploaded/filed (signed copies)						
Person has received appropriate charging booklets as described in the relevant charging policies						
Direct Payment Agreement signed and uploaded/on file						
Appropriately signed care and support plan/support plan and represents current assessed needs, and actions relating to the agreed plan						
Records explains the lack of the persons /representative signature						
Person/representative received a copy of the care and support plan/support plan						
Individuals' preferences for being communicated to is identified and recorded and acted upon						
Privacy Notice issued appropriately						
Paper based file is well maintained and in good physical order						
Scanned documents are legible and in pdf format						
Any changes to paper based original records are signed, job role and dated, with original kept						
Comments:						
Placed this form with supervision record.						



## Adult Social Care: Recording with care

### **Appendix 2 :This practice summary must be used alongside the guidance.**

1	Recording	<p>Must be dated, with full signature, the time recorded, in chronological order and retained. Including who was spoken with.</p> <p>In addition to MOSAIC /LPS ID, NHS number to be used on all forms and correspondence</p>	<p>Notes should provide enough information to demonstrate what happened.</p> <p>Records will be a complete and comprehensive record of all interventions, decision-making and information used to inform decisions.</p>
2	File Structure	<p>Each person's case file must be in alphabetical order.</p> <p>Surname First name Person ID</p>	Case recording guidance B7 1
3	Electronic documents (not LPS)	<p>Each document named as follows: Date: yyyy/mm/dd, service user surname then first name, Document name; Author initials (* different for external sourced KASAF forms).</p>	<p>Recording guidance B7.2</p> <p>Recording guidance B7.3</p>
4	Scanned Documents	<p>Once scanned, original physical information may be destroyed (exceptions apply) but only when image is legible.</p>	Recording guidance B8
5	Mosaic	<p>Need to be updated to record the movement of the persons paper files/documents (even if only temporary) e.g. another office, archived, closed, with audit.</p>	Recording guidance B7
6	Confidentiality and Security	<p>Files and personal information should only be accessible to authorised individuals.</p>	Recording guidance B10 and Appendix 3 (legal advice and court documents)
7	Retention	<p>All data, information and records (regardless of the media in which they are stored) must be retained for the period identified in the corporate retention schedule.</p>	Recording guidance B11
8	Archiving and disposal	<p>In accordance with the Records Management Policy.</p>	Recording guidance B12
9	Use of emails	<p>Microsoft Office 365 Message Encryption (OME) used when corresponding with a client, members of the public and external organisations not listed on Secure Email Whitelist. Record what information has been sent on the</p>	Recording guidance B9

## Adult Social Care: Recording with care

		case file	
10	Sharing with a third party	Only in line with GDPR and the legal bases identified in the directorate's Privacy Notice.	Records will be a complete and comprehensive record of all interventions, decision-making and information used to inform decisions. recording guidance B14
11	Line managers and supervisors	Will be responsible for ensuring that recording meets the standards set out in this guidance and staff are trained to meet the departmental expectations and standards	Recording guidance A3.1 and B4 (standard 6) and Appendix 2

## Appendix 3

### Confidentiality of Legal Advice and Court Documents-Office of the General Counsel

#### Briefing Note

To: Adults Social Welfare

From: Office of the General Counsel (OGC)

Date: 17 January 2018

Subject: Confidentiality of Legal Advice and Court Documents

Dear All

Some concerns have been brought to the OGC's attention regarding risks around inadvertent disclosure of legal advice and or Court documents, particularly with the use of the AIS system, and we thought it might be useful to provide some guidance on legal privilege and confidentiality of Court documents when disclosure issues arise.

By way of reminder, legal privilege means that confidential communications between a lawyer and their client for the purpose of seeking/giving legal advice, or for the purpose of being used in connection with actual or pending Court proceedings, are protected from disclosure. In respect of documents which are filed with the Court in proceedings, there will be Court Rules which set out when documents filed within the proceedings may or may not be disclosed outside of those proceedings.

There are various processes where KCC is regularly requested to disclose records (such as Subject Access Requests in line with GDPR, Freedom of Information requests or to the Local Government Ombudsman) and each process will have specific rules to follow.

The OGC understands that, particularly with the AIS system, any emails (including those with lawyers) sit within the system together, and if disclosure is required through any of the above processes, all documents may be printed from the AIS system without realising that legal advice or information relating to Court proceedings is included. It is therefore recommended that wherever legal advice is obtained, or where there are Court proceedings, that whatever case management system or file is used, it has a separate section for legal advice and Court documents, with any access restrictions set as necessary. This would reduce the risk of correspondence between lawyers and their client and any Court documents being inadvertently disclosed in any of the processes mentioned above.

If you have any questions about disclosure of legal advice or Court documents, you should first seek advice from the lawyer who gave the advice or conducted the Court proceedings. Alternatively, you may contact the Office of the General Counsel, or the Information Resilience and Transparency Team for advice.

Yours sincerely,

Office of the General Counsel

## Adult Social Care: Recording with care

### Appendix 4. <sup>7</sup>Paper based only: file structure guide. Current template on KNet.

**Service User Full Name**

**Mosaic and NHS ID**

**(Photo Attached – Optional subject to consent)**

<b>SECTION 1</b>		<b>KEY INFORMATION</b>
1	Mosaic Client Sheet Summary and Client Summary with Services form	
2	Current Care and Support Plan ( <b>please state which format SP is in i.e. Text/DVD/Audio</b> )	
3	O.T. – Health and Safety Form	
4	Purchase Order (current)	
5	Current Medication Administration Record (MAR)	
6	Advanced Decision for Care of Pets form	
<b>SECTION 2</b>		<b>ASSESSMENT, ELIGIBILITY, RISK AND REVIEWS</b> Date order
1	<b>All Current Assessments (includes OT/Sensory/Medical/Housing Needs/Single Agency/Site Visits, Risk Assessments, Service User Medication Risk Assessment and Consent Form, Moving and Handling)</b>	
2	Mental Capacity Assessment	
3	Best Interests Assessment and minutes	
4	O.T – Action Plan/Moving and Handling Chart/Clinical Reasoning, Risk Assessments	
5	Eligibility Criteria Decision Form and determination form	
6	Professional Case Conference Minutes and Reviews ( <b>Note: Safeguarding notes to be placed in Section 10</b> )	
7	Enhanced Notification Form – Discharge from Hospital	
8	Historic Care and Support Plans	
9	Historic Medication Administration Records	
10	Kent Enablement at Home information (for KEaH use only)	
<b>SECTION 3</b>		<b>CONTACT SHEETS (SAFEGUARDING IN SECTION 10) AND DAY LOGS</b> Date order
<b>SECTION 4</b>		<b>OTHER OCCUPATIONAL THERAPY DOCUMENTS</b> –includes major adaptations
1	CTS 57 Form	
2	OT Recommendation	
3	Drawings/Site Visits/Surveys	
4	Equipment Forms and Correspondence	
5	O.T – Home Support Funds and Panel Applications	
6	O.T – Equipment/Invoices/Quotes	
7	O.T – Disabled Facilities Grant	
<b>SECTION 5</b>		<b>FINANCE</b> (Date order)
1	Financial Affairs Team Request form and feedback	
2	Dynamic Purchasing System Referral and Exception	
3	Benefit Information	
4	Debt Letters	
5	First Party Top Up Letter	
6	Third Party Top-up Letter	
7	Cost Setting Guidance Tool	
8	Financial Assessment	
9	All Financial correspondence	
10	Individual Contract Requests	
11	Wellbeing Charge Letter	
12	Supporting Independence Serve Package request and Matrix etc.	
13	<b>ALL</b> Finance Authorisation Forms (including waivers)	
<b>SECTION 6</b>		<b>DIRECT PAYMENTS AND KENT CARD</b>
1	Direct Payment Agreement	
2	Direct Payments Monitoring Form	
<b>SECTION 7</b>		<b>CARERS</b> (Date order)
1	Carers Assessment and Support Plan	
2	Carers Review Form	
3	Carers Checklist	

<sup>7</sup> The content of each subsection above is not intended to list all paper-based records relevant to adult social care case files. Unlisted records will need filing in the most appropriate subsection. Note some forms etc referenced above maybe renamed from time to time.

## Adult Social Care: Recording with care

<b>SECTION 8</b>		<b>DEPARTMENTAL, ADMIN AND LEGAL</b> Date order
1	Historic Purchase Orders	
2	Transfer/Closure & Registration Forms – O.T/Community and Hospital	
3	Change of Circumstances Form (Assessment and Enablement)	
4	Checklist – O.T/Hospital and Community	
5	O.T Referral Forms –enablement/wheelchair clinic	
6	Telecare	
7	Other Authorisations/E-mails	
8	Probity Form	
9	Court of Protection	
10	Powers of Attorney / Deputy	
11	Declaratory Relief	
12	Legal Charge	
13	Planning and Provisions Form	
14	Accident and Incident Forms HS157, HS160 and Medication Error Report form	
15	Housing Tenancy Agreements	
16	Protection of Property and Assets Documentation (PP forms) <b>(note: Section 1 for Advanced directive Care of Pets form.</b>	
<b>SECTION 9</b>		<b>CORRESPONDENCE/PRINTED OFF EMAILS/ COMPLAINTS/ COMMENTS (Safeguarding use Section 10)</b> Date order
1	All Letters/Emails/Faxes <b>(except safeguarding and legal advice see Section 10)</b>	
2	Out of Hours Contacts	
3	Non KCC accident and incident forms received	
<b>SECTION 10</b>		<b>RESTRICTED (not exclusive)</b>
1	Restricted Information	
2	Kent Adult Safeguarding Alert Form ( <b>KASAF</b> )	
3	Audit Sheets (Adult Protection Case File Audit)	
4	Reports/Correspondence/Minutes/E Mails/Contact sheets – <b>Safeguarding only</b>	
5	DoLS (Deprivation of Liberty) Related Information	
6	<b>Legal Advice and Court Documents</b> - Reports/Correspondence/ E Mails	
7	Third Party Information	
<b>SECTION 11</b>		<b>ADDITIONAL SERVICES – i.e. Day Services/KAB/ Hi-Kent NeuroRehab/ICT/Supporting Independence Services</b>
1	Health Appointment Records (Provision)	