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Good Record keeping – Advice and Guidance for Social Care Colleagues

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Aims and Objectives

- Introduction
- Tip tips for timely record keeping
- Maintaining the corporate memory of the organisation and understanding the legal implications
- Understanding the link between good record keeping and the safety and wellbeing for residents
- How to correct, or report, a record keeping error
- Top tips for keeping it simple!

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Introduction

Good record keeping is integral to providing safe care

Local Government and Social Care Ombudsman – Good Record Keeping

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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) say providers 'must maintain securely an accurate, complete and contemporaneous (originating at the same time) record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.'

The Care Quality Commission (CQC)

- The Care Quality Commission (CQC) provides guidance for providers on complying with the regulations to ensure the records kept are 'fit for purpose', which the CQC summarises as 'complete, legible, indelible (ink or pen), accurate and up to date'.
- The Local Government and Social Care Ombudsman share all their investigation decisions with CQC. The information shared will either provide assurances to CQC, or not. In the case of the latter, it will raise the risk profile of the care provider.
- Care providers compiling accurate records enables the Social Care Ombudsman to reach robust findings. However, if there are gaps in recording or a conflict of evidence, they can make findings based on the balance of probabilities. This means they will weigh up the available relevant evidence and base their findings on what they think was more likely to have happened.

Good Record Keeping – Guide for Care Providers (Feb 2023),

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Purpose of a good record

- Recording events documents what happened and when, it is evidence of an event occurring, if it isn't written down, it didn't happen.
- It is a means of communicating to colleagues – and therefore should be clear and concise.

Question 1

In the event of an accident/incident/serious incident/death, which records do you think may be requested to form part of the investigation?

Investigations

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- Medication Charts
- Response to concerns raised by the resident's family/other
- Complaint
- Food and fluid charts
- Response to concerns raised by the resident
- Risk assessments
- Accident/ Incident/ Serious Incident (SI)
- Daily care notes

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Case Study – Harriet 19 001 354

- A care home had two versions of the care charts for Harriet, a resident, nearing the end of her life. The original version said staff called 999 at **3.35pm**, the other said **4.35pm**.
- The original version described Harriet as **"sleepy" between 4:30 and 5pm** and notes a 5pm check. Both versions show half hourly checks. The second version did not include the 5pm check and described Harriet as **"quite chatty and responsive up until 4:30pm".**
- The care provider had amended its records, to provide a better picture of Harriet's care, after it received a complaint from her daughter.
- The existence of two sets of records with discrepancies between them put into question the integrity of all the care provider's records and was also a breach of the CQC regulations.
- The Social Care Ombudsman found it likely Harriet had not been checked as often as the care provider said, and that her care was inadequate.

Local Government and Social Care Ombudsman

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"We are likely to find a care provider at fault where records are illegible or have clearly been changed after the event, where they are inadequate for their purpose, or where they omit essential information or include misleading information."

Local Government and Social Care Ombudsman

Good Record Keeping – Guide for Care Providers (Feb 2023),

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Top Tips for Timely Record Keeping

1. Date and time the entry if using manual/paper records.
2. Ensure entries are clear, accurate, legible and use language that is easily understandable to others.
3. Only include relevant information but sufficient detail to inform and instruct others.
4. Add entry as soon as, or as close to, the time of the care provided (memories fade), if later, add time of the event and time of the entry. If updating electronic records, that are automatically timed, add the time the care was delivered.
5. Print name and sign each entry. If using a digital device, ensure that you are logged in under your own name. Never share a log in, another person's error will be attributed to you.
6. Add records in chronological order.

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Maintaining the Corporate Memory of memory of the organisation and understanding the legal implications

Communication tool – to instruct and inform others

To record any special factors specific for a particular resident, including mental capacity

To record factors that adversely affect a resident

To record risk assessments and care plans to ensure that the resident is kept safe and well

Legal document to inform investigations, complaints, enquiries, coroner's report

To provide a record for the resident to access that explains their care

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Understanding the link between good record keeping and maintaining the safety and wellbeing for residents

Resident 1	Resident 2	Resident 3
Mrs Sheila White	Mr Steven Brown	Dr Green
79	81	87
Allergic to penicillin	Diabetic	Dementia sufferer
Risk of falls	Dysphagia (swallowing difficulties)	Wanders off and can become aggressive
Room 7	Room 16	Room 9

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Memory Testing Quiz!
Match the profile to the resident

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Fill in the blanks!

Resident 1	Resident 2	Resident 3

CQC Care Home Rating Dashboard for Kent and Medway

CQC Care Homes Ratings Dashboard - Area Summary Table

Summary for current overall ratings for active Care Homes in England by Region, ICB and Sub ICB Location

Domain: Overall

Type of Home: (All)

	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Grand Total
England	238	2,540	11,067	620	479	14,944

	Inadequate	Requires Improvement	Good	Outstanding	No published rating
England	1.6%	17.0%	74.1%	4.1%	3.2%

Region: SOUTH EAST

	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Grand Total
SOUTH EAST	45	429	2,117	125	66	2,782

	Inadequate	Requires Improvement	Good	Outstanding	No published rating
SOUTH EAST	1.6%	15.4%	76.1%	4.5%	2.4%

ICB: NHS KENT AND MEDWAY INTEGRATED CARE BOARD

	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Grand Total
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	13	103	428	17	13	574

	Inadequate	Requires Improvement	Good	Outstanding	No published rating
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	2.3%	17.9%	74.6%	3.0%	2.3%

Sub ICB Location

	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Grand Total
NHS KENT AND MEDWAY ICB - 91Q	13	103	428	17	13	574

	Inadequate	Requires Improvement	Good	Outstanding	No published rating
NHS KENT AND MEDWAY ICB - 91Q	2.3%	17.9%	74.6%	3.0%	2.3%

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Record keeping findings in practices rated as requires improvement by the Care Quality Commission (CQC)

- Risk assessments not detailed enough to describe to staff how to reduce risks and keep people safe.
- Individual risks assessments and management plans were kept under review. However, the documents were not updated to reflect changes in people's levels of risks.
- Medicines administration charts had not been completed fully to evidence people had received their medicines as prescribed.
- Care plans inconsistently recorded.
- Care plans did not record dietary needs and preferences.
- People's capacity not assessed to consent to their care.
- Care plan records/ behaviour plans incomplete/risks not mitigated and recorded.
- Inconsistent/incomplete/conflicting risk assessments/care plans.

Care Quality Commission

CQC OVERALL RATING

Requires improvement

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How to correct, or report, a record keeping error

Correction - manual/paper records:

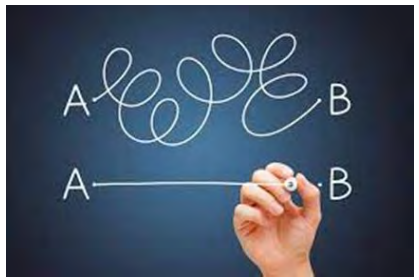
- Alterations made to records should be clear and auditable and include a single linear line, date, time, signature, printed name and job title (follow organisation policy).
- Make a reference to the error when correcting, if appropriate to do so, e.g., wrong record.

Correction – electronic records:

- Make a reference to the error when correcting, if appropriate to do so, e.g., as above, wrong record. The digital record should automatically record any alterations: who made them, providing the person is logged in under their own name; date and time of entry.

Report an error:

- Follow your organisation's policy and procedures.
- Line Manager.
- Datix / or other reporting system.



Top Tips for keeping simple

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1. Date and time the entry, if using manual/paper records.
2. Ensure entries are clear, accurate, legible and use language that is easily understandable to others.
3. Do not include unnecessary abbreviations and jargon.
4. Only include relevant information but sufficient detail to inform and instruct others.
5. Add entry as close to the time the care was provided (memories fade), if later, add date and time the care was delivered. If updating electronic records, the date of the entry will be saved automatically, add the date and time the care was delivered.
6. If much later, acknowledge that it is a retrospect entry, add the current date and time and document the date and time that the care was provided.
7. Document any decisions that require the resident's consent, if they have capacity to do so. If not, follow guidance within the Mental Capacity Act/organisational policy.

7. Print name and sign each entry. If using a digital device, ensure that you are logged in under your own name. Never share a log in, that persons' error will be attributed to you.
8. Be mindful that your entry, forms the corporate memory of the organisation.
9. Add records in chronological order.
10. Ensure the records are accessible and kept securely. If using a digital device ensure that it is locked when you walk away from it – keep data secure.
11. Keep in mind that your records may be used as part of an investigation: by a coroner; Local Government; Social Care Ombudsman; Care Quality Commission; Integrated care Board (ICB); the care provider; police; GP; acute Trust; other. Where there are gaps, it will be assumed that care did not happen and will undermine the integrity of the investigation.
12. Follow organisational policy and only share data with the purpose for which it is intended.

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Reflection / Improvements

- Look back over three or more records/entries that you have made.
- What do you notice?
- Could they be improved?
- Invite a colleague to do check the same records (fresh pair of eyes).
- Offer to do the same for your colleague.
- Provide constructive feedback to each other, coming from an improvement perspective.

Question 2

Does you organization have a process for undertaking a records audit?

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Question 3 Word cloud

What do you think is the purpose of a good record?

Resources

- Recommendations | Managing medicines in care homes | Guidance | NICE – 1.4 Ensuring that records are accurate and up to date
- Good Record Keeping – Guide for Care Providers (Feb 2023),
- Records Management Code of Practice - NHS Transformation Directorate (england.nhs.uk)
- Regulation 17: Good governance - Care Quality Commission (cqc.org.uk) - 17(2)(c)

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Our purpose

NHS Kent and Medway exists to improve health and healthcare for the people of Kent and Medway.

We do this using influence and partnership to lead the NHS to find ambitious, collaborative solutions to long-standing issues and inequalities, driving innovation and transformation. We represent the NHS in Kent and Medway in the national NHS.

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Our vision

We are a **leader in health**, *working with our partners, to make Kent and Medway a great place to live and where people* **lead longer, healthier and happier lives**.

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Our values

Caring for all

We look after each other and our communities.

Including everyone

We celebrate who we are and our diversity.

Building trust

We are empowered to do our roles and respect each other.

Doing what's right

We are open, honest and welcome challenge.

Being courageous

We are bold and always want to improve.

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