



Promote good practice in handling information in health and social care settings

Level 3 Diploma in Health and Social Care

Unit HSC038

Author note:

**Although I finished the HSC028 unit,
I decided to answer to all HSC038 questions;
According to my senior care assistant position**

Assignment task – HSC 038 – Promote good practice in handling information in health and social care settings



Unit purpose and aim

This unit is aimed at those working in a wide range of settings. It covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

Task 1 Understand requirements for handling information in health and social care settings



1.1 Identify legislation and codes of practice that relate to handling information in health and social care



1.2 Summarise the main points of legal requirements and codes of practice for handling information in health and social care

Task 2 Be able to implement good practice in handling information



2.1 Describe features of manual and electronic information storage systems that help ensure security



2.2 Demonstrate practices that ensure security when storing and accessing information



2.3 Maintain records that are up to date, complete, accurate and legible

Task 3 Be able to support others to handle information



3.1/3.2 Support others to understand the need for secure handling of information (others may include colleagues, individuals accessing care or support); to understand and contribute to records

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Assignment task – HSC38 Answers

Task 1 Understand requirements for handling information in health and social care settings



1.1 Identify legislation and codes of practice that relate to handling information in health and social care

What are the legislation and codes of practice that relate to handling information in health and social care?



Legislation and codes of practice that relate to handling information in health and social care are the following:

The Data Protection Act 1998; The Freedom of Information Act 2000; The Disability Discrimination Act 1995; The Care Quality Commission (CQC) Essential Standards of Quality and Safety 2010 Outcome 21: Records (This is one of the core 16 quality and safety standards); The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 No. 781; The General Social Care Council "The Code of Practice for Social Care Workers".

Other relevant legislation e.g. employer's Policies and Procedures relating to the duty of confidentiality, human rights and safeguarding children and vulnerable adults; relevant Codes of Practice relating to the handling of information e.g. relating to the accuracy, retention, availability and disposal of information; the importance of having secure information systems, ensuring necessary safeguards and appropriate uses of personal information.





1.2 Summarise the main points of legal requirements and codes of practice for handling information in health and social care



The main points of legal requirements and codes of practice for handling information in health and social care are the following—

- (a)** Issues relating to the legal requirements for secure recording of information—
 - (i) the common law duty of confidence,
 - (ii) the legal requirements for accuracy of information and for information to be kept up to date,
 - (iii) obtaining personal data only for specific,
 - (iv) lawful purposes,
 - (v) and for personal data to be relevant and not excessive for its purpose;
- (b)** issues relating to the legal requirements for the secure storage of information—
 - (i) the legal requirements that personal data should not be kept for longer than is necessary for its purpose,
 - (ii) security measures to protect against the accidental loss,
 - (iii) destruction or damage to personal data,
 - (iv) legal requirements for the storage of electronic and manual data and access to secure information;
- (c)** issues relating to the legal requirements for sharing information—
 - (i) freedom of information,
 - (ii) principles of confidentiality,
 - (iii) agreed ways of inter-agency and multi-agency/integrated working.

People should feel confident that health and social care bodies handle confidential information appropriately. Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies. The duty to share information can be as important as the duty to protect patient confidentiality. Code of Practice describes good practice for organisations handling confidential information concerning, or connected with, the provision of health services or adult social care. It therefore has a particular scope. Various information regimes will apply to these practices, including; The Data Protection Act **1998**; The Freedom of Information Act **2000**; The Disability Discrimination Act **1995**; The Care Quality Commission (CQC) Essential Standards of Quality and Safety **2010** Outcome **21**: Records (This is one of the core **16** quality and safety standards); The Health and Social Care Act **2008** (Regulated Activities) Regulations **2010** No. **781**; The General Social Care Council "The Code of Practice for Social Care Workers"; Environmental Regulations and general data security and information governance guidance. Code of Practice is provided in response to the Health and Social Care Act **2012**, section **263** that requires—

- (a)** The Health and Social Care Information Centre to publish a code of practice on the actions to be taken in relation to the collection, analysis, publication or other dissemination of confidential information concerning or connected with the provision of health services or of adult social care in England;
- (b)** The approval of the Secretary of State and the Board (so far as the code relates to information concerning or connected with, the provision of NHS services) to its publication, and;
- (c)** That health and social care bodies carrying out functions related to the provision of health services or adult social care in England and persons, other than public bodies, who provide health services or adult social care in England pursuant to arrangements made with a public body exercising functions in connection with the provision of such services or care to have regard to this code of practice.

The Data Protection Act 1998

→ The Data Protection Act 1998 (DPA) is an Act of Parliament of the United Kingdom of Great Britain and Northern Ireland which defines UK law on the processing of data on identifiable living people. It is the main piece of legislation that governs the protection of personal data in the UK.

The Freedom of Information Act 2000

→ The Freedom of Information Act 2000 (c.36) is an Act of Parliament of the Parliament of the United Kingdom that creates a public "right of access" to information held by public authorities. It is the implementation of freedom of information legislation in the United Kingdom on a national level.

The Disability Discrimination Act 1995

→ The Disability Discrimination Act 1995 (c 50) (informally, and hereafter, the DDA) is an Act of the Parliament of the United Kingdom which has now been repealed and replaced by the Equality Act 2010, except in Northern Ireland where the Act still applies.

The Care Quality Commission (CQC) Essential Standards of Quality and Safety 2010 Outcome 21: Records— what do the regulations say?

→ Outcome 21: Records. This is one of the core 16 quality and safety standards.

(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—

(a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and

(b) such other records as are appropriate in relation to—

- (i) persons employed for the purposes of carrying on the regulated activity, and
- (ii) the management of the regulated activity.

(2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are—

- (a) kept securely and can be located promptly when required;
- (b) retained for an appropriate period of time; and
- (c) securely destroyed when it is appropriate to do so.

The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010 No. 781

→ “adult placement carer” means an individual who, under the terms of a carer agreement, provides, or intends to provide, personal care for service users together with, where necessary, accommodation in the individual’s home;
“adult placement scheme” means a scheme carried on (whether or not for profit) by a local authority or other person for the purposes of—

- (a) recruiting and training adult placement carers,
- (b) making arrangements for the placing of service users with adult placement carers, and
- (c) supporting and monitoring placements;

“agency worker” and “temporary work agency” have the same meaning as in the Agency Workers Regulations 2010(d);

“carer agreement” means an agreement entered into between a person carrying on an adult placement scheme and an individual for the provision, by that individual, of personal care to a service user together with, where necessary, accommodation in the individual’s home;

“chiropodist or podiatrist” means a person registered as such with the Health and Care Professions Council pursuant to article 5 of the Health Professions Order 2001;

(1) “employment” means—

(a) employment under a contract of service, an apprenticeship, a contract for services or otherwise than under a contract, and

(b) the grant of practising privileges, and “employed” is to be construed accordingly;

“equipment” includes a medical device and materials used in, or used by persons employed in, the carrying on of a regulated activity;

“healthcare professional” means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 (regulation of health professions, social workers, other care workers, etc.) applies;

“hospital” has the same meaning as in section 275 of the 2006 Act;

“medical device” has the same meaning as in regulation 2 (interpretation) of the Medical Devices Regulations 2002;

“medical practitioner” means a registered medical practitioner;

“personal care” means—

(a) physical assistance given to a person in connection with—

- (i) eating or drinking (including the maintenance of established parenteral nutrition),
- (ii) toileting (including in relation to the process of menstruation),
- (iii) washing or bathing,
- (iv) dressing,
- (v) oral care, or
- (vi) the skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or

(b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

“practising privileges” means the grant by a service provider to a registered medical practitioner of permission to practice as a medical practitioner in a hospital managed by the service provider;

The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010 No. 781 (continued...)

“premises” means—

- (a) any building or other structure, including any machinery, engineering systems or other objects which are physically affixed and integral to such building or structure, and any surrounding grounds; or
- (b) a vehicle;

“registered manager” means, in respect of a regulated activity, a person registered with the Commission **(a)** under Chapter 2 of Part 1 of the Act as a manager in respect of that activity;

“registered person” means, in respect of a regulated activity, a person who is the service provider or registered manager in respect of that activity;

“relevant person” means the service user or, where the service user is not competent to make a decision in relation to their care or treatment, a person lawfully acting on their behalf;

“service provider” means, in respect of a regulated activity, a person registered with the Commission under Chapter 2 of Part 1 of the Act as a service provider in respect of that activity;

“service user” means a person who receives services provided in the carrying on of a regulated activity;

“treatment” includes—

- (a) a diagnostic or screening procedure carried out for medical purposes;
- (b) the ongoing assessment of a service user’s mental or physical state;
- (c) nursing, personal and palliative care; and
- (d) the giving of vaccinations and immunisations; and “vulnerable adult” has the same meaning as in section 60(1) of the Safeguarding Vulnerable Groups Act 2006**(b)**.

(2) In the definition of “employment” in paragraph (1), the reference to otherwise than under a contract includes—

- (a) under a carer agreement/under an agreement between the service provider and a temporary work agency for the supply of an agency worker to the service provider; and
- (b) under arrangements for persons to provide their services voluntarily.

The General Social Care Council "The Code of Practice for Social Care Workers"



The purpose of this code is to set out the conduct that is expected of social care workers and to inform service users and the public about the standards of conduct they can expect from them. It forms part of the wider package of legislation, practice standards and employers’ policies and procedures that social care workers must meet. Social care workers are responsible to ensure that their conduct does not fall below the standards set out in this code and that no action or omission on their part harms the wellbeing of service users. Social care workers must—

- (a) Protect the rights and promote the interests of service users and carers;
- (b) Strive to establish and maintain the trust and confidence of service users and carers;
- (c) Promote the independence of service users while protecting them as far as possible from danger or harm;
- (d) Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves/other;
- (e) Uphold public trust and confidence in social care services; and
- (f) Be accountable for the quality of their work and take responsibility maintaining and improving knowledge/skills.

Task 2 Be able to implement good practice in handling information



2.1 Describe features of manual and electronic information storage systems that help ensure security



Features of manual and electronic information storage systems that help ensure security mean understanding the features of both manual and electronic information storage systems to ensure security e.g. encryption, secure passwords, electronic audit trails, secured IT networks, identity checks, security passes. A proper storage system will help to find documents quickly; to keep files safe and free from damage; to ensure the office is kept in an orderly fashion; to store together documents which fall into the same category; to save space in the office.

Filing systems can be manual or electronic.

Manual storage systems involve storing documents by hand in a filing cabinet. Manual systems need more equipment than electronic systems. There are many types of equipment which can be used. The most widely used manual system is the vertical filing cabinet. Files are kept in drawers and are stored in filing pockets one behind the other.

Horizontal filing cabinet consists of wide, shallow drawers which allow files to be stored without being folded or crushed. This type of system is particularly suitable for maps, plans, architects drawings etc.

Lateral filing cabinet takes up less floor space than a vertical filing system. It is therefore suitable for organisations with large numbers of files and often used in a centralised filing system (Organisations using this method have a centralised area where all files are stored and staff from other departments come and “borrow” files to use, rather like a library). Files are stored side by side like books on a shelf.

Rotary filing is used for folders which hold files. The folders are stored together on each shelf and the whole unit can be turned around for easy access. This is also a more space saving system.

Index cards or strips are used to store small amounts of information and there are various methods of, and reasons for indexing. Index cards are usually stored in a box. One card is completed with the main details of each file. An index card will contain the very basic information and is generally used with a numerical filing system. An index card is completed for each customer and is kept in alphabetical order with the file number on it to aid in the retrieval of files.

Cross reference sheet is completed when firm may change their names due to mergers or take-overs. People may change their names e.g. women who marry. To help people find an out-of-date name a cross reference sheet is completed.

If a file has been removed by a member of staff from the centralised filing system it is essential that an absent file card is completed to ensure that there is a record of where files are at any time. Strict control of files is very important as files very often contain important or even confidential information.

Manual storage systems include: vertical filing cabinet; horizontal filing cabinet; lateral filing cabinet; rotary filing; index cards or strips; cross reference sheet; absent file card.

Methods of filing:

Alphabetical filing is filing using the first letter of the surname or the company name. There are some rules which apply to this method of filing. The name is the key to file the documents. The first letter of each surname is used to file. If both surnames have the same first letter, then the second, and then the third letter would be used. If both surnames are exactly the same, then first names are used.

Numerical filings are files stored by number, and are placed in the filing cabinet, numerically with the smallest number first. Numbers are difficult to remember therefore numerical filing needs an alphabetical index. The alphabetical cards contain basic details with the numbers on each file, which make it easier to access the files. Numerical filing is useful for systems where many files will be added as numbers are infinite e.g. patient records in hospitals.

Chronological method of filing, are files stored in date order. Usually with the most recent date first and then working back to the oldest files. This method of filing is particularly suitable for certain types of organisation e.g. those who deal with dates or their customer's files are dated. Insurance companies may use this type of system as they date the claims customers have made and the most suitable method of filing this data is chronologically.

Electronic storage systems and use of a database are methods of filing using a computer system. Files are stored on the computer. There are many advantages of using a database:

- This is a space saving method of filing, as all files are stored on hard drives, file servers or floppy discs which are much more compact than filing cabinets.
- Files are easily updated and edited.
- Database filing can be safer, as files can be protected by passwords.
- Information is more readily accessed on screen and can be printed out if required.
- Specific information can be accessed easily by searching the database, rather than ploughing through sheets of information to find the part you need.
- Files do not need to be organised in any particular order as files can be accessed at the touch of a button.

Special precautions must be taken to safeguard computerised data against loss or corruption and this may entail:

- Keeping back up duplicate copies of disks in a secure place.
- Arranging for personal passwords to be used by staff authorised to have access to the data. The passwords should be changed regularly.
- The use of codes known only to the users of documents or files.
- Locking files and disks to prevent data being altered or added.



What is the difference between departmental and centralised filing?

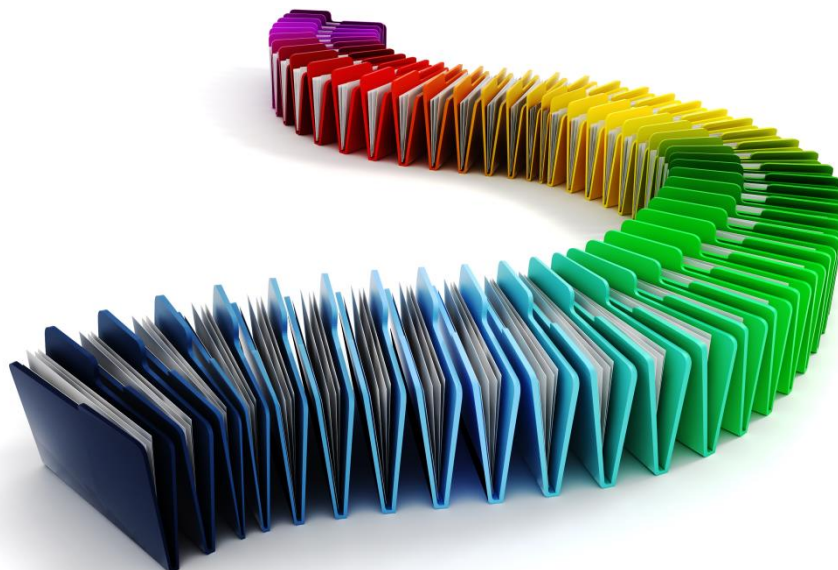
→ Departmental filing means each department is responsible for the storage of its own files and they are kept in that department e.g. staff records would be stored within the personnel department.

→ Centralised filing means for an organisations to have a centralised area where all files are stored and staff from other departments come and borrow files to use, rather like a library.

What are the advantages and disadvantages of departmental filing and centralised filing?

Advantages of Departmental Filing	Disadvantages of Departmental Filing
Files are quickly available. Departments can use the filing method they prefer. Time is saved not having to leave the department to obtain files. Confidentiality can be maintained.	It is more expensive as more filing equipment is required. Duplicates of files may be needed for each departments use.

Advantages of Centralised Filing	Disadvantages of Centralised Filing
Space saving. Staffs are specialised and experienced. Better equipment can be purchased as less equipment is needed. Staffs become expert in their duty.	Repetitive work can be boring for staffs. It can be time consuming for staff to walk to another area to obtain files. It may be difficult to keep records confidential.



About The Data Protection Act 1998

→ The Data Protection Act 1998 controls how your personal information is used by organisations, businesses or the government. Personal information is often collected when an individual completes the purchase of a good or service from a company. It can consist of contact, bank or any other necessary details needed to facilitate an exchange. Personal data held on computer, is safeguarded by the Data Protection Act. This act lays out rules for the storage and retrieval of personal data stored electronically.

The Act has 2 main provisions:

(1) It requires that companies who store personal data on computer to register with the Data Registrar. They must disclose to the Data Registrar how they hold the data, how they use it, obtain it and disclose it.

(2) It allows anyone who has their details stored on computer to find out which organisation holds data on them and to obtain a copy of that data.

The main requirements of the Act are:

- Any electronically stored information must have been come by legally.
- The information must be up-to-date and accurate. It should also be relevant.
- Personal data must be held and used only for the specified purposes.
- Data should be stored in a secure system, where measures have been taken to ensure no unauthorised access, alteration or destruction of the data.
- Information should not be kept on file for longer than is necessary.
- Individuals must have open access to any information held on them and must have the opportunity to correct or erase any information which is not correct.



2.2 Demonstrate practices that ensure security when storing and accessing information



Practices that ensure security when storing and accessing information mean understanding how to ensure security when storing and accessing information e.g. following information governance procedures, ensuring confidential information is not disclosed without consent, preventing accidental disclosure of information, practising strict security measures, like shredding paper-based information, logging out of electronic data systems and operating effective incident-reporting processes. Other practices that ensure security when storing and accessing information mean following the organisation's handling information and computing policies; to know and understand how a computer, fax, scanner and photocopier work; to never leave the information unattended; to store the information in a secure environment e.g. metal locker with padlock; to not modify any stored information without authorisation; to keep username and password secret and to never save username and password on the computer; to not use the computer, fax, scanner and photocopier for personal use, especially the use of Internet and use of email, sending information over the Internet or using mobile phones without encrypting files is classified as a breach of security.

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2.3 Maintain records that are up to date, complete, accurate and legible



Maintain records that are up to date, complete, accurate and legible mean ensuring the security of access to records and reports according to legal and organisational procedures, ethical codes or professional standards; mean to understand the importance of keeping legible, accurate, complete and up-to-date records e.g. signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs; mean working in partnership with the individual in a person centred approach that includes the individual in the centre of the care planning process to promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team; mean working through The Care Act 2014, central to The Care Act 2014 is the concept of wellbeing, council's duty to consider the physical, mental and emotional, wellbeing of the individual needing care, a person centred approach sets the structure of The Care Act 2014, care workers must involve the individuals in deciding what they need, how they can best be cared for and what they want to achieve.

Maintain records that are up to date, complete, accurate and legible mean ensuring the individual's care plan is reflecting on the individual's cares need. In my health and social care setting, the individual's care plan folder is giving up to date and relevant information regarding the individual's senses and communication; choices and decisions over care; individual's lifestyle; what make the individual a healthier and happier life; to ensure the individual's safety when moving around; the individual's skin care; the individual's washing and dressing preferences; the individual personal hygiene; the individual's eating and drinking preferences; any individual's breathing and circulation problems; the individual's mental health and wellbeing; the individual's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you? Care plans used in my health and social care setting are person centred approach that put the individual in the heart of the care planning process, promoting active participation to ensure the individual's needs are custom made and respect the individual decisions. You cannot give care without care plans, as you cannot give medication without Medicine Administration Records (MAR) charts.

In my health and social care setting, working as a senior care assistant means working; with the team members and colleagues; other professionals; individuals who require care or support; families, friends, advocates or others who are important to individuals; means to work in a working relationship that are based on formal policies and procedures and agreed ways of working as linked by my contract of employment that shows expectations as expressed in relevant standards including codes of practice (a set of guidelines and regulations to be followed by members of an occupation or organisation), regulations (a rule or directive made and maintained by an authority), minimum standards (these are used by the Commission for Social Care Inspection (CSCI) to inspect the quality of care in services), national occupational standards (UK standards of performance that people are expected to achieve in their work, and the knowledge and skills they need to perform effectively), and competence (demonstrating the skills and knowledge required by the National Occupational Standards); mean working through other systems that are in place in my work setting that ensures clients Human Rights are upheld e.g. through policy, standards, guidelines and procedures that are in relation to Human Rights Act 1998, Mental Health Act 1983 (amended 2007), Care Standards Act 2000, Mental Capacity Act 2005, Manual Handling Operations Regulations 1992 (2002), Control of Substances Hazardous to Health Regulations 2002 (COSHH), Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR), Health and Safety (First Aid) Regulations 1981, Management of Health and Safety at Work Regulations 1999, Health and Safety at Work Act 1974, The Food Standards Act 1999, Infection Control, and The Adult Care Act 2014.

Task 3 Be able to support others to handle information



3.1/3.2 Support others to understand the need for secure handling of information (others may include colleagues, individuals accessing care or support); to understand and contribute to records



Support others to understand the need for secure handling of information (others may include colleagues, individuals accessing care or support) and to understand and contribute to records mean ensuring that others understand the need for secure-handling of information; mean ensuring that others access relevant, compulsory training e.g. in information governance; mean to support others to put into practice the guidance and procedures from information governance; mean ensuring that others understand the importance of secure record-keeping; mean to support and enabling others to contribute to manual and electronic records e.g. reporting accurate and sufficient information to the appropriate people, sharing relevant information relating to any changes in an individual's personal details, condition or care needs; mean to ensure that others are familiar with procedures for reporting incidents relating to any breach of information security such as missing, lost, damaged or stolen information or records; mean the importance of thorough and reliable communication systems; mean to use interpersonal skills to set individuals accessing care or support at ease while explaining the need for information and while collecting the information; mean having regard to the age, sex, cultural and religious background as this can affect who colleagues will speak with, especially when the subject is about a personal, intimate nature regarding the individuals accessing care or support; mean to use the method of communication with which individuals accessing care or support are most comfortable; mean to explain to individuals accessing care or support that the information collected will be stored securely; mean to explain that colleagues in the care team may need to see the information collected but that duty of care means to seek permission of individuals accessing care or support before sharing the information; mean to explain that individuals accessing care or support have a right to see any information held about them; mean colleagues to be patient, to give individuals accessing care or support time to think about their answers and colleagues to use active listening skills to show that colleagues are interested and want to understand everything that individuals accessing care or support tell to colleagues; mean colleagues to don't interrupt and don't put answers into individuals accessing care or support heads, let individuals accessing care or support tell to colleagues what they want to say, not what they think colleagues want them to say; mean colleagues knowing how to work with individuals that lack capacity e.g. dementia (colleagues to be patient, to use simple words, to not correct the individuals that lack capacity); means colleagues to check understanding by asking questions, summarising what individuals accessing care or support are saying; mean to ensure that individuals accessing care or support agree with colleagues to share the information given; mean to colleagues to work through The Adult Care Act 2014 by promoting person centred approach and active participation when recording up to date, complete, accurate and legible information regarding the individual care needs.

