



*Kerry
Parents &
Friends
Association*

Access, Retention, Maintenance & Destruction of Records

Policy & Procedures

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KERRY PARENTS AND FRIENDS ASSOCIATION

Access, Retention, Maintenance and Destruction of Records

1 INTRODUCTION

- 1.1 This policy sets out the standards and procedures governing the management, maintenance, retention, disposal and destruction of records belonging to Kerry Parents and Friends Association.
- 1.2 Kerry Parents and Friends Association acknowledges the importance of keeping records confidential and respects the rights of the people we support to have accurate information about them stored for as long as necessary for their social care needs. Some individuals have long term social care needs requiring that their records are kept for many years. Kerry Parents and Friends Association also acknowledge the human rights of the person we support in respect of accessing their records.
- 1.3 This policy provides information for all staff about the management of records and the procedures for the retention, disposal and destruction of records.

2.0 PURPOSE OF POLICY

- 2.1 The aim of this policy is to facilitate the implementation of a system for the management of a record keeping system which is consistent with good practice and current legal requirements.
- 2.2 To ensure that all staff understand and appreciate the professional and legal requirements regarding the creation and management of records.
- 2.3 To offer guidance on record storage, maintenance of records and appropriate methods for disposal.

3 SCOPE OF POLICY

- 3.1 This policy applies to all staff within Kerry Parents and Friends Association in keeping records of any description within the organisation, and applies equally to all types of records, manual or electronic.

- 3.2 This policy excludes all documentation regarding recruitment, training, appraisal and retention of staff and all staff records. Please refer to Kerry Parents and Friends Association Human Resources handbook/policy/staff handbook for this.

4 ACCESS TO RECORDS

- 4.1 All persons we support in Kerry Parents and Friends Association have the right to access their personal records and to have inaccurate information about them amended.
- 4.2 Access to confidential files held in Central Administration.
- Confidential files are held securely in the Central Administration by the Director of Services. These files contain sensitive information.
 - These files may only be accessed by the C.E.O. the Senior Management Team and any Officer of the Health Information & Quality Authority [HIQA].
 - If files are removed from the Central Administration by any of the above they must sign a Record of Access to Confidential Files form [Appendix 3] stating the date and time that the file was removed etc. When the file is returned the form must be signed with the date and time of return.
 - Any other staff member wishing to obtain information from a person we support's confidential file must make a request to the Director of Services stating the reason for the request.
 - If appropriate the Director of Services may give the relevant part of the file to the staff to read.
 - The staff member must not remove the file from the Director of Service's Office.
- 4.3 Confidential Records received as a result of Fundraising initiatives are held securely on the Association's server. Access is passworded and available only to the Administration Manager and Senior Managers for this specific intended purpose.

5 DEFINITIONS

- 5.1 Records
- A record is defined as any memorandum, book, plan, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording, or any form in which data (within the meaning of the Data Protection Acts 1988 & 2003) are held.

- 5.2 Records include but are not limited to:
Paper records;
Electronic or scanned records;
Photographs, slides and other digital images;
Audio or video tapes, CD's etc.

6 APPRAISAL

- 6.1 This is a process to determine the length of time that records can be kept following closure and how the records will be disposed of at the end of the retention period.

7 DISPOSAL

- 7.1 Disposal is the implementation of appraisal decisions in respect of the destruction of records, the transfer of records and the transfer of custody of records.

8 RETENTION

- 8.1 Retention is the continued storage of records for as long as they are required.

9 REVIEW

- 9.1 The examination of records to decide whether they should be retained destroyed or transferred to an archive.

10 ARCHIVING

- 10.1 This is the process by which some records may be preserved either on a long term basis or permanently by the organisation.

11 DESTRUCTION

- 11.1 Destruction is the process of destroying or permanently deleting records.

12 RESPONSIBILITIES

- 12.1 It is the responsibility of staff who create, receive or access records to ensure that these records are created, filed and stored in accordance with best practice in the management of these records and current legal requirements as defined by the :

- ✓ Data Protection Acts 1988 and 2003;
- ✓ Freedom of Information Acts 1997 and 2003;
- ✓ Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013;
- ✓ HSE Standards and Recommended Practices for Healthcare Records V3.0 2011;
- ✓ An Bord Altranais- Recording Clinical Guidance to Nurses and Midwives 2002;
- ✓ HIQA National Standards for Residential Services for Children and Adults with Disabilities 2013;
- ✓ Child Act 1991 Government of Ireland.

12.2 The Chief Executive Officer (CEO) has overall responsibility for the appropriate management of records within Kerry Parents and Friends Association.

12.3 All managers have a responsibility to ensure that records are maintained correctly and that their staff are aware of the policy.

13 PROCEDURES

13.1 Procedure for good record management

- ✓ All records maintained within the organisation must be clearly marked as to their content and stored in a secure, confidential manner.
- ✓ Staff are responsible for ensuring that the records they create are accurate, clear, concise, factual and complete. All entries should be neat and legible.
- ✓ Staff should not use jargon and only use abbreviations which are approved locally and nationally.
- ✓ Any written statements about an individual/family should be objective, non-biased and non-judgemental.
- ✓ All records should be made as soon as possible after the events/actions to which they relate. They should be accurate as to date and time using the 24 hour clock. They should bear the signature and job title of the person who created the record.
- ✓ Alterations to records should be made by scoring out with a single line, followed by the signed, dated and timed correct entry.
- ✓ Staff must not attempt to hide errors by erasing, using a white-out pen or other erasing agent, or making an incorrect entry difficult to read.
- ✓ Staff must not leave blank lines in an entry, as this could allow for insertions to be made or raise the question of whether information has been omitted.

Additions to records must be separately dated, timed and signed.

Staff must not attempt to insert notes after a record has been written.

- Staff must not attempt to disguise additions to records; any additions should be individually signed with the time and date of the addition.
- Staff should not make a record on behalf of another staff member; staff should not allow another staff member to make a record on their behalf.
- Staff should only counter-sign a record if they have reviewed the entry and approved the care given.
- Staff should be aware that all records are subject to the Freedom of Information Act 1997.

14 STORAGE

- 14.1 Records which are active should be stored at the Kerry Parents and Friends Association location where the service user spends most time i.e. a day service record and /or a residential service record.
- 14.2 Other records held will include confidential files, behaviour support files and counselling files where applicable.
- 14.3 Records should be stored in the most appropriate location with regard to the period of retention required and the frequency with which the record will be accessed.
- 14.4 Historical records e.g. old report books, files from day service or residential service can be stored as closed records.
- 14.5 Archived records should be stored in an appropriate designated location.
- 14.6 All filing systems should be easily accessible, user friendly and contain the following:
 - A Record of Access to Confidential Form [Appendix 5]:
 - The ID number/name of the service user;
 - The name and role of the person who has taken the file;
 - The date the file was taken;
 - The file number (if appropriate).

This will provide a history of everyone who has had access to the file.

15 SECURITY

- 15.1 All records should be stored securely to avoid potential loss or misuse. The degree of security required for storage will reflect the sensitivity/confidential nature of the records.

16 CLOSING A RECORD

- 16.1 Records should be closed when it is appropriate to do so in order to avoid a backlog of inactive records.
- 16.2 As soon as possible after the formal closure of a record the record must be transferred to an appropriate location. Details of records must be recorded in the Record of Closure and Disposal of Records Form (Appendix 5) showing the record Client ID, date of closure, and the name and role of the person authorising the closure.
- 16.3 Manual records should be marked *closed* together with the date of closure. Electronic records should be flagged as *closed* with the date of closure, and transferred to a CLOSED folder.
- 16.4 A record of all closed records should be held on a Records Inventory.

17 APPRAISAL

- 17.1 Each record must be appraised at the time of closure to determine how long the record must be kept after closure and whether the record will be archived or destroyed following the end of the retention period as per Record Retention Schedule [Appendix 4]
- 17.2 The Director of Services, Assistant Director of Services, Day & Residential Managers and CEO are the only persons authorised to close a record.

18 RETENTION PERIODS

- 18.1 Kerry Parents and Friends Association will follow the minimum retention periods as per Record Retention Schedule (Appendix 4) as set out in the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 Part 6 Information and Records Schedule 3 (Appendix 1) and Schedule 4 (6, 7, 8,9,10,11,12,13 and 14) (Appendix 2)

19 RECORDS WITH ARCHIVAL VALUE

- 19.1 Records selected for permanent preservation at the end of the retention period will be transferred to a designated archive in a safe and confidential manner.

20 RECORDS WITH NO ARCHIVAL VALUE

- 20.1 Records not selected for permanent preservation will be destroyed at the end of the retention period in a safe and confidential manner.

21 CLOSURE AND DISPOSAL SCHEDULE

- 21.1 The Record Retention Schedule is a timetable which gives retention and disposal decisions for records. Disposal decisions following the appraisal process must be recorded in the Record of Closure and Disposal Form (Appendix 5).
- 21.2 The Record Retention Schedule [Appendix 4] will include
The person we support ID, closure date, name and designation of person authorising closure of record, appraisal date, disposal decision and name and job title of person authorising the disposal decision.

22 IMPLEMENTATION OF CLOSURE AND DISPOSAL SCHEDULE

- 22.1 The implementation of Closure and Disposal Schedules should take place at least once a year. The implementation of the closure and appraisal of a record will be the responsibility of the relevant manager. The relevant senior manager will be responsible for the disposal of a record.
- 22.2 A review of closed records will be undertaken to identify those for disposal. Prior to carrying out a disposal of a record the following checks must be made:
- The record uses history to check whether the record has a continuing use or has archival value after all.
 - That the date set for disposal has occurred.
 - That the record is no longer involved in any action that is not yet complete.
 - That Kerry Parents and Friends Association is not involved in any legal case or litigation which precludes the destruction of the record.
 - That the record is not subject to a request for information under the Freedom of Information Act or the Data Protection Act

23 NOTE

- 23.1 Under no circumstances must information be destroyed, amended or concealed in order to avoid complying with a request for information; to do so may constitute a criminal offence for which the person will be personally responsible.**

24 DESTRUCTION OF RECORDS

- 24.1 Those records selected for destruction after the above checks (Section 6.10) have been carried out should be removed from the system and disposed of in a secure and confidential manner. It is the responsibility of Kerry Parents and Friends Association to ensure that the methods used for the destruction of records protects against the accidental loss or disclosure of the records.
- 24.2 Record destruction documentation must be completed showing:
- A list of all the records destroyed.
 - Reference to the Closure and Disposal Schedule showing the disposal decision to destroy;
 - Name, job title and signature of senior manager authorising the destruction.
 - Evidence of destruction, e.g. method and place of destruction together with name, job title and signature of staff member carrying out the destruction.
- 24.3 Note: Documentation on destroyed records must be kept indefinitely by the organisation.

25 TRANSFER OF RECORDS TO ARCHIVES

- 25.1 Records selected for archiving following the above checks (Section 6.10) should be transferred to a designated archive in a secure and confidential manner as set out below:
- 25.2 Documentation on all records transferred to the archive must be completed, showing:
- A list of the records transferred, including dates of transfer;
 - A reference to the Closure and Disposal schedule setting out the disposal decision to transfer records to the archive.
 - The name, job title and signature of the senior manager authorising the transfer;
 - Evidence of receipt of the records by the archive.
- 25.3 Note: Documentation on transferred records must be kept indefinitely by the organisation

26 CONFIDENTIALITY

- 26.1 Article 40.3.1 of the Irish constitution sets out that privacy is a core personal right and confidentiality stems from this right.
- 26.2 Confidentiality concerning the person we support's records and documentation is an essential element of good practice with regard to record keeping.
- 26.3 All staff must ensure that they are aware of the importance of confidentiality as outlined in Kerry Parents and Friends Association contract of employment

27 TRAINING

- 27.1 Managers are responsible for ensuring that their staff are aware of their record keeping and record management responsibilities and that they are equipped to fulfill these responsibilities and that training is offered where appropriate.

28 REVIEWING OF POLICY

- 28.1 This policy will be reviewed whenever necessary following changes in procedures, legislation and/or a relevant event.
- 28.2 Kerry Parents and Friends Association will undertake a 2 year review of this policy to test its reliability. If research, legislation or staff roles change, the policy must be reviewed prior to the two year review period.
- 28.3 The authors of the policy should archive a copy of the previous document.
- 28.4 This Policy should be read in conjunction with the following documents / Policies:
 - Kerry Parents and Friends Association Disciplinary Policy.
 - Kerry Parents and Friends Association Health & Safety Policy.
 - Safety, Health and Welfare at Work Act, 2005

29 REFERENCES

Sheffield UK Health& Social Care NHS Trust Records Management Policy

Data Protection Acts 1988 & 2003

Freedom of Information Act 1997

An Bord Altranais 1988

Child Care Act 1991

Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

APPENDIX 1

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Schedule 3

Records to be kept in Designated Centre in respect of each resident.

1. The assessment of the resident's need under Regulation 5 (1) and his or her personal plan.
2. A recent photograph of the resident.
3. A record of the following matters in respect of each resident in the directory of residents established under Regulation 19(1):
 - (a) the name, address, date of birth, sex, and marital status of the resident;
 - (b) the name, address and telephone number of the resident's next of kin or representative;
 - (c) the name, address and telephone number of the resident's general practitioner and of any officer of the Executive whose duty it is to supervise the welfare of the resident.
 - (d) the date on which the resident first came to reside in the designated centre;
 - (e) the name, and address of any authority, organisation or other body, which arranged the resident's admission to the service;
 - (f) the medical, nursing and psychiatric (where appropriate) condition of the resident at the time of admission;
 - (g) all nursing or medical care provided to the resident, including a record of the resident's condition and any treatment or other intervention;
 - (h) where residents have not chosen to take personal responsibility for his/her own medication, each drug and medicine administered to the resident, giving the date of the prescription, the dosage, the name of the drug or medicine, the method of administration, signed and dated by a medical practitioner or the nurse or staff member administering the drug or medicine in accordance with any relevant guidelines.
 - (i) any decision by the resident not to receive certain medical treatments and a record of any occasion where the resident refused treatment;

- (j) on-going medical assessment, treatment and care provided by the resident's medical practitioner where that information is available;
 - (k) any medication errors or adverse reactions in relation to the resident;
 - (l) all referrals and follow-up appointments in respect of the resident;
 - (m) any occasion on which restrictive procedures, including physical, chemical or environmental restraint, were used in respect of the resident, the reason for its use, the interventions tried to manage the behaviour, the nature of the restrictive procedure and its duration;
 - (n) any incident in the designated centre in which the resident suffers abuse or harm, including the nature, date and time of the incident, whether medical treatment was required, the names of the persons who were respectively in charge of the designated centre and supervising the residents and contact details of any witnesses;
 - (o) details of any specialist communication needs and methods of communication that may be appropriate in respect of the resident;
 - (p) all money or other valuables deposited by the resident for safekeeping or received on the resident's behalf, including-
 - ✓ the date on which the money or valuables were deposited or received, the date on which any money or valuables were returned to the resident or used, at the request of the resident, on his behalf;
 - ✓ a written acknowledgment of the return of the money or valuables; and
 - ✓ a record of furniture brought by the resident into the room occupied by him or her.
4. A copy of correspondence to or from the designated centre relating to each resident.

APPENDIX 2

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Schedule 4

Other Records to be kept in respect of the Designated Centre

General Records

1. A copy of the current statement of purpose.
2. A copy of the current resident's guide.
3. A copy of all inspection reports.

Charges

4. A record of the designated centre's charges to residents, including any extra amounts payable for additional services not covered by those charges and the amounts paid by or in respect of each resident.

Food

5. Where the registered provider provides food, records of the food provided for residents in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual residents.

Complaints

6. A record of all complaints made by residents or representatives or relatives of residents or by persons working at the designated centre about the operation of the designated centre, and the action taken by the registered provider in respect of any such complaint.

Residents

7. If the resident was discharged from the designated centre the date on which he or she was discharged.
8. If the resident was transferred to another designated centre or to a hospital, the name of the designated centre or hospital and the date on which the resident was transferred.

9. Any dates during which the resident was not residing at the centre.

Notifications under Regulation 31

10. A record of any of the following incidents occurring in the designated centre:
- (a) the death of any resident, including the death of any resident following transfer to hospital from the designated centre and the date, time, circumstances and medical cause of death when established;
 - (b) an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre;
 - (c) any serious injury to a resident which requires hospital treatment.
 - (d) any unexplained absence of a resident from the designated centre.
 - (e) any allegation suspected or confirmed of abuse of any resident.
 - (f) any allegation of misconduct by the registered provider or any person who works in the designated centre;
 - (g) any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body;
 - (h) any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used;
 - (i) any fire, or loss of power, heating or water;
 - (j) any incident where an unplanned evacuation of the designated centre took place;
 - (k) any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment;
 - (l) a recurring pattern of theft or burglary; and
 - (m) any other adverse incident, as directed by the chief inspector.
11. A copy of the duty roster of persons working in the designated centre, and a record of whether the roster was actually worked.
12. A record of attendance at staff training and development.

Fire safety

13. A record of each fire practice, drill or test of fire equipment including fire alarm equipment conducted in the designated centre and of any action taken to remedy any defects found in the fire equipment.
14. A record of the number, type and maintenance record of fire-fighting equipment.

APPENDIX 3

[Records of Access to Confidential Files.docx \(sharepoint.com\)](#)

APPENDIX 4

Record Retention Schedule				
Type of Record	Minimum Retention Period	Origin	Final Action	Appendix / Schedule
Social Care / Client Records	1) 7 years following closure of record 2) If under litigation hold indefinitely	Health Act 2007 Association of Voluntary Bodies		Appendix 3 / (Schedule 3) Page
1/ Other Records to kept in Designated Centre's	Minimum 4 years	Health Act 2007 Paragraphs 6,11,12,13,14		Appendix 4 (Schedule 4) Items 1 to 6 Page
2/ Other Records to kept in Designated Centre's	Minimum 7 years	Health Act 2007 Paragraphs 7,8,9,10		Appendix 4 (Schedule 4) Items 7 to 14
Record of destruction of individual health and social care records	Permanent Records to be kept indefinitely	Association of Voluntary Bodies		

Record of Closure and Disposal of Records and Record of Access to Closed Record Form Link:

[Records of Closure or disposal of files.docx \(sharepoint.com\)](#)