PHSSL CARE LIMITED

CONTROLLED POLICY

F03 – ACCESS TO RECORDS AND RETENTION POLICY

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Policy Owner	PHSSL Care Limited
Approved By	Lade Awosika, Director
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Applies To	All PHSSL Care Limited staff, workers and relevant contractors
Supersedes	New policy

1. Purpose

This policy sets out PHSSL Care Limited's arrangements for creating, accessing, storing, retaining, retrieving, disclosing and securely disposing of records. It supports safe and continuous care, accountability, confidentiality, legal compliance and effective governance.

2. Scope

This policy applies to all employees, agency workers, temporary workers, volunteers, students and relevant contractors. It covers paper and electronic records relating to people receiving care, staff, applicants, incidents, safeguarding, medicines, complaints, training, governance, finance and other PHSSL Care Limited business activities.

3. Policy Statement

PHSSL Care Limited will maintain records that are accurate, complete, contemporaneous, secure and accessible to authorised persons when needed. Access will be based on legitimate role and purpose. Records will be retained for appropriate periods and securely destroyed when no longer required, subject to legal, regulatory, contractual, safeguarding and litigation requirements.

4. Legal and Regulatory Framework

This policy will be applied with regard to the UK General Data Protection Regulation (UK GDPR); Data Protection Act 2018; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulation 17; Human Rights Act 1998; common-law duty of confidentiality; Freedom of Information Act 2000 where applicable; Mental Capacity Act 2005; Care Act 2014; relevant employment and health-and-safety legislation; and current CQC, Information Commissioner's Office and applicable records-management guidance.

5. Record-Keeping Standards

Records must be factual, clear, legible, dated and attributable to the person making the entry. Entries should be made as soon as reasonably practicable after the event or care activity. Staff must not falsify records, pre-sign entries, create misleading information or deliberately omit material information.

6. Care Records

Care records should provide sufficient information to understand the person's assessed needs, preferences, risks, care delivered, outcomes, changes in condition, communication with others and actions taken. Records must support continuity between staff and demonstrate that care is delivered in accordance with the person's current plan.

7. Corrections and Amendments

Errors must be corrected transparently. Paper records should be amended without obscuring the original entry and should show who made the correction and when. Electronic systems should preserve an appropriate audit trail. Records must never be altered retrospectively to conceal an error, complaint, incident or omission.

8. Access Controls

Access to records must be limited to people who are authorised and have a legitimate work-related need. Staff must use their own login credentials, keep passwords secure and must not access records out of curiosity or for personal reasons. Access rights should reflect job responsibilities and be removed or changed promptly when roles change or employment ends.

9. People's Access to Their Records

Individuals have rights of access to their personal data, subject to applicable legal exemptions and the rights of other people. Requests for copies of personal records should be referred promptly to the appropriate manager or data-protection lead and handled under PHSSL Care Limited's subject-access procedures and statutory timescales.

10. Requests by Representatives

A relative, friend, advocate, attorney or other representative does not automatically have unrestricted access to a person's records. PHSSL Care Limited must establish consent, legal authority or another lawful basis before disclosure. Where capacity is in question, the Mental Capacity Act 2005 and relevant best-interest principles must be followed.

11. Third-Party Information

Records may contain information about family members, staff or other third parties. Before records are disclosed, PHSSL Care Limited will consider whether third-party information can lawfully be released and whether redaction or other safeguards are required.

12. Requests from Professionals and Authorities

Requests from health or social care professionals, commissioners, police, courts, regulators or other authorities must be handled in accordance with the Information Sharing and Communication Policy. Identity, authority, purpose and lawful basis must be considered before disclosure, except where urgent lawful sharing is necessary to protect life or prevent serious harm.

13. Storage of Paper Records

Paper records must be stored securely and protected from loss, damage, unauthorised access and casual viewing. Files containing confidential information should not be left unattended in vehicles or public places. Where records must be transported, staff must use approved arrangements and return them promptly to secure storage.

14. Electronic Records

Electronic records must be held on approved systems with appropriate authentication, access controls, backups and security arrangements. Confidential records must not be downloaded to personal devices, personal email accounts or unauthorised cloud storage. Staff must lock screens or log out when systems are unattended.

15. Records in People's Homes

Where care records are kept in a person's home, they should be positioned and stored in a way that supports access by authorised care staff while respecting the person's privacy and household circumstances. Concerns about loss, interference, unauthorised access or damage must be reported and alternative arrangements considered.

16. Retention Schedule

PHSSL Care Limited will maintain and follow a documented retention schedule appropriate to the categories of records it holds. Retention periods will take account of applicable legislation, regulatory requirements, contractual obligations, limitation periods, safeguarding considerations, insurance requirements and recognised health and social care records-management guidance. Records must not be destroyed merely because routine care has ended.

17. Retention Holds

Suspend routine destruction where records are relevant to an active or reasonably anticipated complaint, safeguarding enquiry, investigation, inquest, litigation, regulatory process, police matter, or other formal review. Management will determine when the hold can safely be lifted.

18. Children and Young People's Records

Records relating to children and young people require careful retention decisions because relevant issues may arise many years later. PHSSL Care Limited will apply its approved retention schedule and current legal and records-management guidance, considering safeguarding and limitation considerations before destruction.

19. Staff and Recruitment Records

Personnel, recruitment, training, supervision, disciplinary, occupational and payroll-related records will be retained in accordance with the organisation's approved retention schedule and applicable employment, tax, safeguarding and regulatory requirements. Access must be restricted to authorised persons.

20. Safeguarding Records

Safeguarding records must be accurate, secure and appropriately separated or access-controlled where necessary. They must not be destroyed solely because a care package has ended. Retention and disclosure decisions must take account of safeguarding duties, legal requirements and any ongoing or potential investigation.

21. Incident, Complaint and Governance Records

Accident, incident, near-miss, complaint, Duty of Candour, audit and governance records must be retained for periods appropriate to their legal, regulatory and organisational purpose. Associated evidence must be preserved where an investigation, claim or external review is ongoing or reasonably anticipated.

22. Medicines Records

Medication administration records, medication audits, error records and related documentation must be retained securely in accordance with the approved retention schedule and applicable care, pharmacy, regulatory and legal requirements.

23. Secure Disposal

When the approved retention period has expired and no retention hold applies, confidential paper records must be destroyed securely, for example by approved confidential shredding. Electronic information must be securely deleted using appropriate organisational processes. Disposal should be documented where required.

24. Data Minimisation and Duplicate Records

PHSSL Care Limited will avoid keeping unnecessary duplicate records or retaining personal information indefinitely without justification. Staff should use the designated record system rather than creating uncontrolled copies. Temporary working notes containing personal information must be securely disposed of when their legitimate purpose has ended and required information has been transferred to the formal record.

25. Record Retrieval and Business Continuity

Records necessary for safe care must remain retrievable when required. PHSSL Care Limited will maintain appropriate backup, recovery and business-continuity arrangements for key electronic and paper records. Loss of access to essential records must be escalated promptly.

26. Data Breaches, Lost or Damaged Records

Lost, stolen, misdirected, damaged, corrupted or unlawfully accessed records must be reported immediately. Staff must take reasonable steps to contain the incident and preserve relevant information. Management will assess safeguarding, data-protection, contractual and regulatory notification requirements.

27. Confidentiality After Employment

The duty to protect confidential information continues after a worker leaves PHSSL Care Limited. Former staff must not retain PHSSL records or copies unless specifically authorised by law or the organisation.

28. Staff Responsibilities

Staff must create accurate and timely records; access only information required for their duties; protect passwords and documents; follow approved storage and communication methods; report record loss or unauthorised access promptly; cooperate with access requests and audits; and comply with retention and disposal instructions.

29. Management Responsibilities

Management will maintain appropriate record systems, access controls and retention schedules; provide training; oversee subject-access and disclosure requests; ensure secure archiving and disposal; investigate breaches; apply retention holds where required; and monitor compliance through governance processes.

30. Monitoring and Audit

Compliance will be monitored through care-record audits, access reviews, supervision, data-breach reviews, complaints, safeguarding reviews, retention checks and governance audits. Identified deficiencies will result in corrective action, training or procedural improvement.

31. Related PHSSL Policies

- A04 Records Management, Confidentiality and Data Protection Policy
- F01 Information Sharing and Communication Policy
- F02 Social Media, Photography and Digital Communications Policy
- A05 Complaints, Concerns and Compliments Policy
- A06 Duty of Candour Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- D02 Medicines Management Policy
- E02 Accident, Incident and Near-Miss Reporting Policy

32. Review and Document Control

This policy will be reviewed at least annually and sooner following changes in legislation or guidance, a significant records or data incident, audit findings or material changes in PHSSL Care Limited's systems or services. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date	September 2026
Next review date	September 2027