*Organisational Management*

# RECORD KEEPING

| Policy Approved | Sign:  | Date: 1/8/25 |
|---|---|---|

## POLICY:

Greystanes Disability Services ("Greystanes") has designed its record keeping policy and procedures to uphold the principles of best practice in the capture, maintenance and protection of sensitive and personal information.

This policy sets the framework to ensure Greystanes complies with legislative requirements, effective and efficient management of files and accuracy of records.

All managers are responsible for monitoring staff to ensure they understand and comply with the record keeping policy, procedures and other relevant legislation in the creation, management and protection of records.

Records and/or archives will be made available within the constraints of employees fulfilling their professional duty of care as outlined in individual position descriptions.

Records which are no longer required will be retained and preserved securely until they are destroyed as per legislative requirements.

## SCOPE:

This policy relates to the people Greystanes supports, families, guardians, Board members, employees, contractors, volunteers of Greystanes and other stakeholders.

## PROCEDURES:

### 1. RECORD KEEPING AND ACCESS TO INFORMATION

1.1 Greystanes will work with all stakeholders to ensure that the information held is current, accurate and complete.

1.2 Any person may access their own personal files upon request to their Manager.

1.3 Access to individual files is strictly monitored and only possible with certain requirements for example:

- NSW Ombudsman - as per legislation
- Community Visitor - written request
- The State Coroner - written request
- Police - Police warrant
- Insurers - As required by them
- Approved External Auditors - With Documentation
- WorkCover - Identification

1.4 The responsible Manager has responsibility for oversighting access to confidential information.

1.5 The responsible Manager will inform the relevant family/guardian if a request to access a file is made.

### 2. RECORD KEEPING - PEOPLE WE SUPPORT

2.1 Each person that Greystanes supports in community living, has a "Daily File". The Team Leader and Home and Living Manager oversee files and are responsible for developing the person's Daily File and ensuring it is kept up-to-date, comprehensive and accurate.

2.2 Each file should contain an index and have current documentation in the relevant sections. The file may include photographs and other visual documentation, or documented communications that occur with the person and the methods and/or assistive technologies used.

2.3 Records are archived annually, and a new current file is created.

2.4 Language used in records should be clear, non-judgemental, professional and respectful of the person.

2.5 Each entry should clearly show the name and job title of the contributor and be signed and dated.

2.6 At the conclusion of each shift staff should complete the participants "Progress Notes" in CareMaster and Health Charts in their Daily File. These notes should form an ongoing log of the person's personal status, activities, healthcare and any significant events.

2.7 Where records are required for appointments or meetings, all Greystanes employees are expected to exercise due diligence. Staff are required to read the 'Planning for Appointments Procedure' and transport files in secure bags supplied by Greystanes.

2.8 In the event of information being lost or damaged the Team Leader responsible for the participant at that time will notify the relevant people immediately.

2.9 Confidential documents and records of conversation is kept digitally in SharePoint in the Executive or HR folders. These sensitive documents are password protected. Hard copies are stored securely in locked cabinets.

### 3. PEOPLE WE SUPPORT – INFORMATION STORED IN CAREMASTER

3.1 To ensure privacy and confidentiality each participant has a separate record in CareMaster. Only people who need to know the information are given access. Permissions can be easily added or removed. Accessing a person's file, electronically or in hardcopy is only available where the information is relevant to the employee or the approved contractor for the performance of their role and/or duties.

**CAREMASTER PERMISSIONS**

| | |
|---|---|
| Administrator | CEO, All Managers and Executive Assistant |
| Coordinator | Team Leaders, Clerical Officer |
| Worker | Support Workers |

| MS365 SHAREPOINT FOLDER AND PERMISSIONS | |
|---|---|
| **Name of Folder** | **Access** |
| Accounts | CEO, Business Operations Manager, Clerical Officer |
| Admin | CEO, Team Leaders, All Managers, Clerical Officer |
| Audit | CEO, All Managers, Executive Assistant |
| Communication | CEO, All Managers |
| Executive | All Managers |
| Greystanes Disability Services (copy previous Intranet) | Executive Assistant |
| HR | CEO, Business Operations Manager, HSS Manager, Home and Living Manager |
| Home Support Services | CEO, HSS Team Leaders and HSS Manager |
| HCT (Health Team) | CEO, Home and Living Manager, Executive Assistant |
| Management Team | CEO, All Managers, Executive Assistant |
| Public Drive | CEO, All Managers, Team Leaders, Clerical Officer |
| Team Leaders | CEO, Home and Living Manager, HSS Manager, Team Leaders |

## 4. RECORD KEEPING – STAFF

4.1 Upon commencement of employment with Greystanes, all paperwork associated with the recruitment of that person e.g. Application for Employment, Copy of Contract, Payroll Details, Functional Assessment, Employee Reference Checks, copies of certificates and driver's licence etc. are recorded in SharePoint in the HR folder. Personnel files are kept in a secure cabinet in a locked room.

4.2 Payroll records are kept securely in electronic form in Xero Payroll CareMaster is the rostering database. Both systems are password protected with limited access.

4.3 The external HR contractor and Managers are responsible for ensuring all documents are accurate and current.

4.4 The Business Operations Manager is responsible for creating and maintaining all documents if and when a Workers compensation claim is made.

4.5 After termination of employment personnel records are kept for seven years and then destroyed.

## 5. FILE AUDITS

5.1 The Home and Living Manager and the NDIS Operation/Home Support Services Manager are responsible for ensuring that the participant files are audited annually and the information held is accurate, current and complies with the requirements of legislation, standards and relevant agencies.

5.2 The NSW Ombudsman representatives (Community Visitors) can visit at any time to conduct audits of individual's files relating to the operation of the service.

5.3 The Managers will conduct regular internal audits of employee files to ensure the information that is held is current and accurate.

5.4 To ensure sound governance, Greystanes is subject to external audits of its quality management systems and financial procedures and record keeping, as well as internal and external audits of various procedures and record keeping.

**6. ARCHIVE FILES**

6.1 Employee personnel records and Workers Compensation files are archived and retained for the length of time as per legislation.

6.2 Archived files are kept in a secure storage room at 2 Grose Street, Leura.

6.3 The CEO, Executive Assistant and the Business Operations Manager hold keys to the storage room. Access to archive files is available only after requesting permission from the relevant manager.

## DEFINITIONS:

**Approved Contractor**: anyone engaged to work for the organisation to carry out a particular task or tasks, and who is not an employee of the organisation.

**Document:** A piece of written, printed, or electronic matter that provides information or evidence. (documents can be changed)

**Due Diligence:** To take every precaution reasonable in the circumstances.

**File:** Any set of documents accumulated about a person.

**Person Responsible:** A 'person responsible' for an adult who is not capable of consenting to their own treatment is defined by the Guardianship Act 1987.

There is a hierarchy of persons from whom the ***person responsible*** for a person other than a child or a person in the care of the Director-General under section 13 is to be ascertained. That hierarchy is, in descending order:

- The person's guardian, if any, but only if the order or instrument appointing the guardian provides for the guardian to exercise the function of giving consent to the carrying out of medical or dental treatment on the person,
- The spouse of the person, if any, if:
  - The relationship between the person and the spouse is close and continuing, and
  - The spouse is not a person under guardianship,
- A person who has the care of the person,
- A close friend or relative of the person.

**Record:** A piece of written, printed, or electronic matter that is evidence or history of activity. (Records once completed cannot be changed).

## LEGISLATIVE FRAMEWORK:

Disability Inclusion Act 2014
Australia Privacy Principles 2014
Attendant Care Industry Standard: 2013
National Standards for Disability Services
NDIS Practice Standards 2021
NSW Disability Service Standards
NSW Anti-Discrimination Act (1977)
NSW Disability Services Act (1993)
Commonwealth Disability Discrimination Act 1992
NSW Guardianship ACT (1987)
NSW Health Records and Information Privacy Act (2002)
NSW Ombudsman Act 1974
UN Declaration on the rights of disabled persons

## REFERENCES AND LINKS:

**OFFICE OF THE AUSTRALIAN INFORMATION COMMISSION**
GPO Box 5288
SYDNEY NSW 2001
General enquires: 1300 363 992
Email: enquiries@oaic.gov.au
www.oiac.gov.au

**NSW OMBUDSMAN**
Level 24, 580 George Street
SYDNEY NSW 2000
General enquiries: 9286 1000
PH: 1800 451 524
Email: nswombo@ombo.nsw.gov.au
www.ombo.nsw.gov.au