

# DIGITAL SOCIAL CARE RECORDS



## Hints & tips for a smooth transition

Congratulations on deciding that to proceed with implementing Digital Social Care Records (DSCR) at your service.

We have put together some tips and pointers for implementing change, getting your team comfortable with technology and things to consider when you are transferring the information from your paper care plans into your new digital social care record solution.

## Quick Links to the sections

[Implementing Change](#)

[Create the vision](#)

[Communicate](#)

[Plan for resistance](#)

[Involve senior leaders](#)

[Monitor & provide feedback](#)

[Get staff involved](#)

[Create a change team](#)

[Have a plan](#)

[Get your team comfortable with technology](#)

[Get feedback](#)

[Training & resources](#)

[Experimentation](#)

[Utilise your team](#)

[Lead by example](#)

[Phased implementation](#)

[Be patient](#)

[Time it right](#)

[New staff](#)

[Printing](#)

[Be prepared](#)



[Recording the care provided](#)

[Care providers should ensure](#)

[Daily notes & logs](#)

[Mental capacity](#)

[Care Planning](#)

[Care plans should be](#)

[Risk Assessments](#)

[Checklist](#)

For advice or more information contact  
[nwicb.digitalsocialcare@nhs.net](mailto:nwicb.digitalsocialcare@nhs.net)



Improving lives **together**  
Norfolk and Waveney Integrated Care System

# Implementing Change

## Create the vision

Defining a clear vision for change is essential, as this enables all those engaged in or affected by the change to understand its purpose and commit to the steps needed to make the change work. Creating a clear vision gives your service a picture of what the future looks like after the change is implemented. It tells everyone (the people you care for, staff, their family / POA, anyone else involved with the service).



## Plan for resistance

Very few people like change and you are likely to encounter some resistance during the change process. It is important to anticipate and manage resistance as it happens and identify potential sources of resistance through surveys and conversations with staff. Once sources of resistance have been identified, address them by providing people with information, training or other resources to help them understand and cope with the change.

## Communicate

The most important aspect when making any change is communication. This ensures your team is aware of the change, why it is being carried out and the timeframe for the process. Communication reduces confusion and misunderstanding, allows employees to ask questions, gain reassurance and encourages them to come on board with the change.

## Involve senior leaders

Many managers started as care workers before working their way up the career ladder so if there are any gaps in knowledge, senior leaders can support with training to help implement a big change. They can also play a huge role in ensuring that positive communication channels are set up so employees know why the change is happening in a way that is tailored to their needs.



## Get staff involved

Staff involvement is crucial for successful change management. People who are involved in the change process are more likely to understand and support the change. Get staff involved in the planning and implementation stages of the change. This can be achieved with focus groups or surveys for example.

## Monitor & provide feedback

Monitoring and feedback will ensure your change project is on track and issues are identified and addressed promptly. Establish a system for monitoring and feedback, such as regular progress reports, team meetings or check-ins. Gathering honest feedback from those going through the change means you can review and adjust as needed.

## Create a change team

Appointing a dedicated lead or team can help to mitigate resistance by providing a clear point of contact for staff and encouraging collaboration and teamwork. This person or team can be responsible for managing communication, addressing concerns, and providing training and support as needed.

## Have a plan

Having a plan that everyone can see and input into will not only keep the focus on what needs to be done and by when, but will also give staff confidence that you are either not trying to do too much too soon, or, that there's loads of time so they don't need to be involved until later. The supplier you choose should be able to help you do this, or we can provide you with a template to use. Involve your team and make sure that every action has an owner.

For support or more information contact  
[nwicb.digitalsocialcare@nhs.net](mailto:nwicb.digitalsocialcare@nhs.net)

# Get your team comfortable with technology

Almost all care workers will encounter technology when supporting or meeting the needs of the people they care for, but that doesn't mean they feel comfortable using it. Some are confident using technology and embrace it as part of their evolving role, but others are fearful and uncomfortable and only use it because it is a job requirement.

It is possible to help your team become comfortable with and skilled in using technology. And this will benefit their development, as well as the care provided to the people they support.



## Get feedback

Be open to honest feedback from your team about their experiences, hesitations and concerns about using technology. Listening to their concerns and addressing them will help you move forward.

Gather feedback from one-to-one conversations, focus groups, team meetings and staff surveys and use this feedback to decide how to overcome concerns and make improvements.

## Utilise your team

Not everyone on your team will be uncomfortable using technology, so make sure you utilise your 'experts' who are confident and positive. Dedicated team members who are 'technology champions' can help embed changes to existing systems, upskill others and change the mindsets of their more reluctant colleagues.

We all know that sometimes technology doesn't always work the way it should on the floor during a busy service, so having colleagues on hand who use the technology every day will allow them to understand any first-hand frustrations and work through them.

## Lead by example

Learning to use any new technology yourself means you know how systems work and can support your team when they need help. There's nothing worse than asking a manager something about a company tool that they don't know how to use.

Knowing the system better also means you can highlight its benefits to your team. This might be reminding them of how long care notes used to take to write compared to electronic ones or how technology has improved people's wellbeing.

## Training & resources

Most uncertainty and lack of confidence around using technology comes from a lack of knowledge. You can overcome this by providing training and resources for your team. Think about how your team like to learn. Some people learn by having a go with new technology, others like to read training materials, and some people like to learn by watching others.

As you start to create your plan think about how you can cater for these different learning styles. Be aware of the language you use when talking about technology and avoid jargon to prevent confusion or misinterpretation.



# Consider a phased implementation

Don't try to do it all at once. There will be a period of time where you will be using both your paper records alongside the new digital system. For example, you could start off by asking staff to record daily notes on the new system while you take the time to create new digital care plans with the most up to date, detailed assessments for each of the people you care for.

## Experimentation

As well as providing resources, training and guides, allow your staff to experiment with the new technology before you make it a part of daily service delivery.

Setting up a dummy system means your staff can experiment in their own time and become more familiar with and comfortable using new systems.

## Time it right

Choose your start date with caution! Some months are busier than others (although we know that every month is busy in reality!) but plan carefully when you want to go live with your new system.

Avoid peak periods and think about staff holidays and availability for training.

## Be prepared

### A plan for new staff

Each care provider will have a care planning system that is specific to their needs and new staff may not be familiar either with the technology or the particular system you use.

Ensure there is sufficient time in your induction plan to provide the support they need from your technology champion(s).

## Be patient & follow up

It may take some time for your team to fully embrace the new technology. Be patient and continue to provide support and encouragement.

It is important to check in with your team after teaching them how to use a new tool. Depending on the new skill, it may be a couple of hours, or it could be a week or so, just to make sure that they're doing okay or if they need further training. If they do need further training, remain patient and supportive.



### Printing

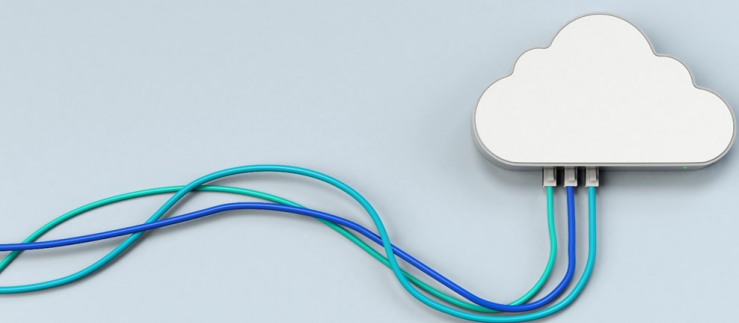
You will need to be able to provide a written or printable copy of a care plan should a service user move between services or in emergencies.

Include 'how to print' (either to paper or to pdf) in your training programme to ensure staff are able to do this at short notice.

### Business continuity

Providers must ensure that systems are robust and secure, with contingency in place should systems go down.

Consider what you need to include in your Business Continuity Plans if you were to experience a planned, extended and widespread power outage or broadband failure.



# Recording the care you provide

It is important to note that Digital Social Care Records (electronic care plans) do not automatically mean records are of a high quality. This is a great opportunity to review the relevancy and quality of current individual care plans before the transition to digital.

Any gaps or inconsistencies in records cast doubt on the integrity of the whole care provider record. This may lead regulators to look closer into your service and practices when inspecting or rating the care you provide.

## Care providers should

- Ensure that all staff understand their responsibilities around using, reviewing and updating care plans
- Give staff enough time to read and ask questions about people's care plans
- Fill in care plans **with** people and their families, rather than for them
- Review and update care plans regularly
- Ensure care plans are clearly laid out and easy to understand, and that all staff can access them

Skills for Care's [Guide to improvement](#)



## Care providers should ensure:

- all care records are accurate, honest and comprehensive
- all staff are familiar with the recording system used
- records are updated with new information in a timely way

From the [Local Government and Social Ombudsman Good Record Keeping Guide for Providers](#)

## Daily notes or logs

Daily notes or logs inform handovers and future staff contact. They should be used to describe a person's physical, emotional and mental wellbeing during that day/period of time the log is reflective of.

A log should also document any care and support tasks offered and delivered. Use free text – not just tick boxes or general statements like “all care given”.

## Care Planning

Care plans are only needed when there is an assessed need, so not all the people you care for will require all the care plans available. Care plans must be reviewed as needs change or on a yearly basis, some care plans can be discontinued if no longer relevant!

Care plans should be completed **with** the person they relate to and/or their family or POA and you should provide evidence for how & when you did this.

## Mental Capacity

Care plans should adhere to the underpinning principles of the Mental Capacity Act.

Assessments should be decision specific, comprehensive and consider capacity including best interests, power of attorney, deprivation of liberty, and if a person lacks capacity what steps have been taken to support decision making.

## Focus on:

**Ability** 'What can the person do?'

**Wishes** 'How does the person want to be supported?'

**Needs** 'What does the person need support with?'

**Outcomes** 'What is the expectation/outcome for the person?'

# Care plans should be

- **Precise and descriptive** - factual, consistent, detailed and accurate. Don't copy & paste from one person's care plan to another.
- **Respectful**, written in the first person, using plain English - written without abbreviation, jargon, meaningless phrases or words, irrelevant speculation and offensive language
- **Available** in a format appropriate to the person. This should be in line with the [Accessible Information Standard](#)
- **Accessible** by professionals and families or POA

Be SMART – specific, measured, achievable, realistic and with a clear timescale

Detail issues that arise and the action(s) taken to rectify – you should make sure that you cross reference and if necessary, update, specific assessments or plans if necessary

Clearly detail the care planned, decisions made, and information shared. Include scanned or uploaded documents that support the care planned and make sure they can be easily accessed or clearly state where they can be found

Always be written with a can-do approach first followed by how staff can support someone to be as independent as possible.

## Risk assessment

Every section of the Care Plan should prompt you to consider risk and further actions that need to be taken. Where a support or care need has been identified, an individual assessment needs to be completed for each one.

Quality of life should be promoted when caring for people, so Risk Assessments should be viewed as a way of enabling people to do what they want to do whilst trying to eliminate and reduce the chances of harm.

Once completed, outcomes and levels of risk of the Risk Assessments should be recorded within the relevant Care Plan as well as clear management strategies for reducing the risk.



## Mandatory

There is a suite of Risk Assessments that are mandatory for all Service Users. These are nationally recommended and as follows:

- Moving and Handling
- Falls
- Waterlow
- MUST
- Choking
- Oral Health

## Checklist

Do you have all the relevant care plans and risk assessments needed for each person?

Are they up to date?

Are they reviewed as needs change or under specific timeframes?

Are the reviews documented?

Could a member of staff print a care plan at a moment's notice?

Have you got a plan to mitigate a power or broadband outage?

# Further guidance available to help you ...

## What does a good digital records system look like?

A good records system delivers good outcomes from the point of view of people who use services. These outcomes are the same whether the records are kept digitally or on paper, although what providers need to do to deliver them might vary.

Good outcomes for people using services are captured by the following “I statements”. These are worded from the perspective of someone using services, and are not just for providers and managers, but for everyone.

[What good looks like for digital records in adult social care - Care Quality Commission](#)

I have records that:

- are **person-centred**. They describe what is important to me, including my needs, preferences and choices
- are **accessible**. I can see the information that is important to me, in a way that I choose, and I can understand
- are **legible**. Information about me is recorded clearly and can be easily read by the people who support me
- are **accurate**. Information about me is correct and does not contain errors
- are **complete**. There is no relevant or essential information about me that is missing
- are **up to date**. They contain the latest relevant and essential information about me
- are **always available** to the people who need to see them when they need them
- are **secure**. My privacy and confidentiality are protected. Only the people who should see my records can see them (records are kept in line with Data Protection legislation, including General Data Protection Regulation (GDPR) requirements)
- help the service that supports me to have good quality assurance systems and processes. They help the provider to assess, monitor and minimise the risks to my health, safety and wellbeing. They help the service that supports me to keep improving.



Be mindful of the Key Questions and Quality Statements in the CQC new single assessment framework – this will help guide your care planning and service provision:

[Key questions and quality statements - Care Quality Commission](#)

Get in touch with your local CQC inspector and build a relationship with them.

If you are commissioned by a local authority or Integrated Care Board, build a relationship with their quality assurance team.



Skills for Care's Registered Managers Membership gives you access peer-to-peer support, including membership of an exclusive Facebook group.

Read Skills for Care's 'Good and outstanding care' guide and relevant CQC guidance to understand what 'good' and 'outstanding' looks like. Use these guides to find ideas about how you can improve.

[Good and Outstanding care](#)



For support or more information contact [nwicb.digitalsocialcare@nhs.net](mailto:nwicb.digitalsocialcare@nhs.net)