

Records that all registered care services (except childminding) must keep and guidance on notification reporting

Amended 30 April 2020: Changes made to include new and updated categories of notifications related to COVID-19

Amended 2 April 2020: Change made to include notifying of critical staff shortages during COVID-19

Amended 10 March 2020: Change made to include notifying all and any suspected or confirmed cases or outbreaks of coronavirus COVID-19

Amended: 1 April 2015: Changes made on notifying adverse events involving controlled drugs

Records	Services Covered
Records about people who use a service	
There must be a record detailing their name, address and date of birth.	All services.
The date a person started using the service.	All services.
<p>Details of the next of kin of, or of any person authorised to act or consent for, the person using the service, including; their name, address, telephone number and email address.</p> <p>Where necessary the information should also include details of their relationship with the person using the service and, where the person has power of attorney that has been activated, what type of relationship, for example, welfare or financial guardians.</p>	All services.
The name and address of their General Practitioner.	All services.
Care Homes for adults should make and keep copies in the care plan of any Adults with Incapacity (Scotland) Act 2000 section 47 certificate (medical certificate of incapacity).	Care homes.
Where a bedroom is shared details of the informed consent of both individuals	Care homes.
The date they stopped using the service	All services.
If someone dies while in the service, or subsequently dies in hospital following admission to hospital at the point of receiving a service, the record must include the date, time, cause of death and name of the certifying doctor.	All services.
Where restraint or control is applied, the record should include details of the form of restraint or control, for example physical or chemical. The record should show the reasons for using the restraint or control, risk and benefits assessment, the name of the person authorising it, discussions with relatives, carers, guardian and so on and arrangements for monitoring and ongoing assessment.	All services.

Records about people who use a service	
<p>Detail of any incident that is detrimental to the health and welfare of a person using a service. This should include, but not be restricted to:</p> <ul style="list-style-type: none"> • absconding from the service • person given wrong medication and/or wrong dose • any incident resulting in injury • any incident required to be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) • any incident that would be described as a 'near miss' that could have led to injury of harm to a person using a service, including any lesson learned and action taken. • any incident that is considered as an adult or child protection matter. • detail of monitoring of incidents and actions taken as a consequence of the analysis of such incidents. <p>The record should include detail of enquiry and outcome.</p>	All services.
Services must keep records of all instances of where they keep a person in seclusion and/or in a locked room. This record must identify the reasons, person authorising, detail of supervision and start and finish time of each period of seclusion.	Secure care services.
Keep records if a member of staff needs to search a person or their property. The record should identify reasons, person authorising, staff involved and any subsequent action arising from such instances.	All services.
Keep records of all meetings with people using the service, social workers, GPs, relatives and other professional or interested parties.	All services.
Keep records of all minutes of fostering, adult placement and adoption panels.	Fostering services. Adoption services. Adult placement services.

Staff records	
A record of all staff employed in the provision of the service. This will include: <ul style="list-style-type: none"> • their full name, address, date of birth, qualifications, training and experience • PIN or registration number that identifies the registration with the relevant professional body • date of the initial checking and subsequent checking of the relevant register. 	All services.
Date of they took up their post and, where applicable, date of termination of employment.	All services.
Details of each person employed to provide the service. This should include details of their role and responsibilities, and where they work in the service.	All services.
A record of all persons employed by the provider organisation, the posts they hold and their roles and responsibilities.	All services.
Keep a record of any disciplinary action and outcomes taken against any member of staff. This should include details of referrals to the Scottish Social Services Council (SSSC), the National Medical Council (NMC), the General Teaching Council (GTC) or other relevant professional body.	All services.
Details of the dates, types and numbers of Disclosure Scotland Checks, and/or PVG Scheme details.	All services.
Records of the training needs analysis for each member of staff and details of delivery of training.	All services.
Keep records of all staff meetings, including details of the date, agenda and decisions.	All services.
Keep records of individual and group supervision sessions of all staff employed in the service. This should include date of meeting, record of discussions and any agreed actions.	All services.
Environment and safety	
A record detailing any action taken as a consequence of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA)	All services.
Keep records of the procedure and any review of the procedure that staff must follow in the event of an emergency. This includes emergency closure.	All services.
In rented property, keep a copy of the lease agreement and permission from the landlord to operate the registered service.	All services.

Complaints	
Keep records of any complaints made by people who use the service, representatives, relative or other person. The record should include details of the date received, issues raised, action taken, outcome of the investigation, and details of how the service informed the complainant about the outcome.	All services.
Medication	
<p>Keep an accurate and up to date record of the medicines people who use the service take, which the service are responsible for storing on the premises. This should include:</p> <ul style="list-style-type: none"> • medicines like flu vaccines or injections that will be stored in the service for NHS staff or Macmillan nurses to administer • all medicines that have been ordered, taken, not taken or disposed of • 'all medicines' include homely remedies and those supplied by or for a person using the service. 	All services.
Keep records detailing any incidences when a service gave medication to a person using the service without their consent or that of a person duly authorised to consent on behalf of the person using the service.	All services.
Details of any incidence where a person has not had prescribed medication available to them when the service has responsibility for the medication being administered.	All services.
Finance	
<p>The service, if an 'authorised establishment' or any registered establishment where residents, to a varying extent, need help with their financial affairs (for example, a care home for children where a person using the service may be over 16 and lacking capacity) must keep records that identify:</p> <ul style="list-style-type: none"> • the financial procedures and controls in place to safeguard the property of a person using the service which is managed by the provider • that the funds of the service and people using the service are separate • that the funds of each person using the service are distinguishable from each other • that transactions, source of income and purpose of expenditure, balance and interest on each account is clear at any time. 	<p>Authorised establishments.</p> <p>Care homes for adults.</p> <p>Limited registration services.</p>

Finance	
Keep a record of the date, amount and purpose of any money spent on behalf of a person using the service. The record should also include the name and signature of the person authorising spending and witnessing receipt and return of money or valuables.	All services.
Certificates for Adults with Incapacity (AWI). Keep records that comply with Adults with Incapacity (Scotland) Act 2000 sections 39 and 41 and associated codes of practice for managers of Authorised Establishments.	Authorised establishments. Limited Registration services.
'Authorised establishments' should ensure that there is a record of a valid insurance cover to indemnify residents against any loss attributable to the management of residents' financial affairs by management on their behalf.	Authorised establishments. Limited Registration services.
Records should include annual accounts of the service certified by an accountant, details of the running costs of the service, including rent, mortgage payments and any expenditure on heat, food and payments to staff.	Limited Registration Services.
Keep certificates of public liability insurance, employer's liability insurance and vehicle insurance.	All services.
Maintain an up to date contingency plan to safeguard the safety and wellbeing of service users in the event of sudden closure of the service because of loss of financial viability.	All services.

Staffing levels and deployment	
<p>a) For everyone using the service, a provider shall keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care.</p> <p>Record this in each care plan as this will inform the direct care hours for the individual.</p> <p>b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.</p> <p>c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.</p>	<p>Care homes.</p> <p>Premises based support services.</p> <p>School care accommodation.</p> <p>Secure care.</p> <p>Premises based offender accommodation.</p>
<p>Maintain a record of children’s attendance to show the total number of children in daycare of children premises at any one time. For everyone using the service a provider shall keep individual records of development and learning needs. These should be used to inform staffing levels to meet children’s needs.</p> <p>Staffing ratios as stated in the National Care Standards – Early Education and Childcare up to the age of 16 (Appendix A) must be maintained at all times. A minimum of two adults must be present at all times.</p>	<p>Daycare of children services.</p>
<p>Where the service provides support to people in their own homes, keep records that detail missed and late visits. The record should show an analysis of the information showing cause, effect and necessary action.</p>	<p>Support service – care at home.</p> <p>Housing support service.</p> <p>Nurse agency.</p> <p>Childcare agency.</p>

Guidance on notification reporting for all registered care services except childminding

Circumstances	Services Covered	Information Required	Timescale
<p>Accidents, incidents or injuries to a person using a service.</p>	<p>All services.</p>	<p>The Care Inspectorate regards accidents requiring notification as unforeseen events resulting in harm or injury to a person using the service which results in:</p> <ul style="list-style-type: none"> • a GP visit • a visit or referral to hospital • an injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). <p>Note: record all other accidents and make the information available for inspection.</p> <p>An incident is a serious unplanned event that had the potential to cause harm or loss, physical, financial or material. For example:</p> <ul style="list-style-type: none"> • a young person absconding from a care home for children and young people. 	<p>Report the incident within 24 hours.</p>

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<p>Outbreak of infectious disease.</p>	<p>All services.</p>	<p>Providers must notify the Care Inspectorate of a suspected or known outbreak of infection.</p> <p>We define an outbreak as the occurrence of two or more, or a higher than expected number of cases of confirmed or suspected infection, affecting people using the service and/or staff in the same area. Cases of suspected infection include people with diarrhoea and/or vomiting, wound or skin infections, or respiratory illnesses such as flu.</p> <p>A higher than expected number of cases may be a single case if the confirmed or suspected infection is rare or the suspected or confirmed case poses or may pose a significant risk to public health, for example, E.coli 0157, tuberculosis or those described in Appendix A of the Public Health etc. (Scotland) Act 2008, Part 2.</p> <p>If your notification relates to Coronavirus (COVID-19) please refer to additional guidance on our website here, which we are regularly updating.</p>	<p>Report immediately.</p>
<p>COVID-19: RAG staffing level notifications.</p>	<p>All services.</p>	<p>Providers should submit this notification when staffing levels change.</p> <p>Providers can access help with staffing through the SSSC's COVID-19 social care recruitment portal.</p> <p>This eForm should be completed when the staffing situation in the service changes from being green to the amber or red category and then if the staffing situation improves to a lower category from red or amber.</p> <p>Providers should not notify us every day, only as the staffing situation changes.</p> <ul style="list-style-type: none"> • Green, with enough staff/skills mix • Amber, stretched and only just managing 	<p>As soon as the staffing situation changes.</p>

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		<ul style="list-style-type: none"> • Red, where you no longer have the staffing levels/skills mix to meet people's needs. <p>On receipt of an Amber or Red notification, the Care Inspectorate will contact you to offer support and help direct you to available help and support you may urgently need in order to cope with the impact of COVID-19 on your service when staffing levels are being compromised.</p> <p>We will share this information appropriately, together with other information we are gathering, with others who can help such as local authorities, health and social care partnerships, Scottish Government, and the NHS/SSSC Hub, to deliver support across partnership areas and nationally.</p>	
COVID-19: Staff Absences.	All services except early learning and childcare services.	<p>Providers should notify the Care Inspectorate on a weekly basis of COVID-19 related staff absences. The eForm should be completed every Tuesday.</p> <p>Providers should complete this notification with information correct for that day and include all staff who work in the service even if they were not due to work on that day.</p> <p>Providers should count all individuals (headcount) rather than whole-time equivalent.</p> <p>This notification asks for numbers of staff who are self-isolating, shielding, in hospital and those who are not working due to stress relating to COVID-19.</p>	Weekly every Tuesday.
COVID-19: Death of a staff member.	All services.	Providers must notify the Care Inspectorate if the staff member's death was related to Covid19 and if so, was the infection suspected or confirmed.	Immediately.

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<p>COVID-19: End of a COVID-19 outbreak.</p>	<p>All services.</p>	<p>Providers must notify the Care Inspectorate when a Covid-19 outbreak in the service comes to an end. This is when there are no longer any cases of COVID-19 amongst the people who use the service.</p> <p>The criteria for the end of an outbreak is when there have been no new cases (suspected or confirmed) with onset of symptoms for a 14-day period.</p> <p>If providers previously notified us of cases and those cases have all since been tested and found to be negative, then that would also indicate the end of the outbreak. In this case, providers should use the date of the last negative test result as the date the outbreak ended.</p>	<p>Report when service meets criteria for the end of an outbreak.</p>
<p>COVID-19: Change of circumstances.</p>	<p>All services.</p>	<p>The Care Inspectorate has taken the position that during this period there will be no requirement for providers to submit a variation for any care service type where:</p> <ul style="list-style-type: none"> • the care home for older people is caring for younger adults • the daycare of children’s service will care for alternative age ranges for example, school aged children cared for in nursery setting • care at home services care for clients with different care needs • operational hours have changed. <p>In these circumstances there is no requirement to submit a variation. Instead, the provider should simply confirm through eForms using the temporary notification ‘Changes to service delivery coronavirus (COVID-19)’.</p> <p>Within the notification, the provider should note the</p>	<p>When there is a change of circumstances in how your service is operating due to COVID-19</p>

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		change to the service provision and confirm the service can meet the care and welfare needs of the people that they are caring for.	
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<p>Death of a person using a care service.</p>	<p>All services.</p>	<p>All deaths must be reported.</p> <p>This includes:</p> <p>24 hour services</p> <ul style="list-style-type: none"> • A person who normally uses a 24 hour service but was not present in that service at the time of death, for example, they were in hospital or on an outing. • This does not include people who are formally or permanently discharged from the registered care service. <p>Support service including daycare and care at home services</p> <ul style="list-style-type: none"> • Notify the Care Inspectorate if a death occurs or was identified when the service was actively being provided to the service user. • For housing support services and care at home services, this will mean if staff are present at the time of death or where care service staff members are the first people to find a person receiving the service has died. • For young people receiving support services or a care at home service all deaths must be reported. • For daycare of children, this means while children are actively using the service. • If your notification relates to Coronavirus (COVID-19) please refer to additional guidance on the Care Inspectorate website, which we are regularly updating. 	<p>Report immediately.</p> <p>Registered care providers should also retain records of all deaths and circumstances of death, including any underlying illness that may have contributed to death and be prepared to submit this information on request.</p>
<p>Allegation of abuse in relation to a person using a service.</p>	<p>All services.</p>	<p>Report all allegations of abuse (as defined in adult support and protection and child protection legislation) involving someone using a service, including:</p> <ul style="list-style-type: none"> • details of occurrence • persons involved (initials only) • actions taken. 	<p>Report immediately.</p>

Significant equipment breakdown which may impact upon the health and safety of people using a service.	All services except housing support, support service - care at home and agencies.	Notify the Care Inspectorate of any incidents where the equipment is likely to remain out of action for more than 24 hours, for example: <ul style="list-style-type: none"> • lifts out of action • central heating failure • lack of hot or cold water. 	Report immediately.
Allegation of misconduct by provider or any persons employed in care services.	All services	The Care Inspectorate defines misconduct as intentional wrongdoing, deliberate violation of a law or improper behaviour. The Care Inspectorate expects notification of all reportable misconduct of behaviour that warrants investigation, dismissal or other disciplinary action. The regulations do not limit this only to acts directed at people using a service, but also any involving staff or a service provider.	Notify the Care Inspectorate within 24 hours of receiving an allegation. Do not provide personal details of those involved at the initial reporting stage.
Criminal convictions resulting in unfitness of manager.	All services.	The regulations require that services report all convictions with the relevant information. Specific details must include the date and place of conviction, the offence the manager was convicted of and the penalty imposed.	Notify the Care Inspectorate within 24 hours of becoming aware.

Provider becomes unfit (various circumstances).	All services except childminding services.	<p>The reference to unfitness relates to sequestration, bankruptcy or the appointment of a judicial factor.</p> <p>The Care Inspectorate must be notified of the following specific information as is appropriate to the situation:</p> <ul style="list-style-type: none"> • Date of court order granting sequestration and the identity of the trustee appointed • Date of court order adjudging the provider bankrupt and the identity of the trustee appointed • Date of grant of trust deed and the identity of the trustee. 	Notify the Care Inspectorate within 24 hours.
Appointment of liquidator, receiver and so on.	All services except childminding services.	<p>A liquidator, receiver or other person specified in The Public Services Reform (Scotland) Act 2010 when he is appointed, must notify the Care Inspectorate. Where there is no manager of the service, such a person must appoint one.</p> <p>The information required will include: The date of appointment of liquidator, administrator or trustee and the identity of that person.</p>	Notify the Care Inspectorate within 24 hours.
Breach in banking covenant.	All services except childminding services.	In relation to the ongoing financial viability of the care service, the provider must notify the Care Inspectorate of any breach of banking covenants.	As soon as the provider becomes aware.
Annual accounts – not signed off as 'going concern'.	All services except childminding services.	In relation to the ongoing financial viability of the care service, the provider must notify the Care Inspectorate of any occasion when they have not prepared annual accounts for the care service as a going concern.	As soon as the provider becomes aware.

Absence of manager.	All services.	<p>This covers:</p> <ul style="list-style-type: none"> Any absence of more than 28 days. <p>The notification must detail the following:</p> <ul style="list-style-type: none"> Length or expected length of proposed absence. The arrangements that are in place for the running of the care service during the absence. 	Notify the Care Inspectorate as soon as provider becomes aware.
Increase in care staff of 10% or more.	Housing support, Support service – care at home, Nurse agencies and Child care agencies.	<p>Providers must notify the Care Inspectorate of any increase in WTE care staff of 10% or more.</p> <p>We need this information in order to determine the size of the service and therefore amount of time needed to regulate the service.</p>	As soon as increase happens.

<p>Planned refurbishment or alteration or extension of premises.</p>	<p>All services except Housing support, Support services - Care at Home, Nurse agencies, Child care agencies, Fostering, Adoption, Adult Placement.</p>	<p>Providers must notify the Care Inspectorate of any intention to refurbish or make changes to existing premises at least three months before commencement. Information required includes:</p> <ul style="list-style-type: none"> • The date the intended works will start • Timescale for completion • Type of work to be done, for example, structural • The action taken to minimise disruption to everyone using the service. 	<p>Notify the Care Inspectorate three months before work starts.</p>
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<p>Change of registration details.</p>	<p>All services</p>	<p>Notify the Care Inspectorate of changes to any of the following:</p> <ul style="list-style-type: none"> • Name of service • Name of provider • Ownership of service • Provider address • Service address - non accommodation based services • Change of relevant individual, for example membership of committees or associations and change of directors or partners • Manager of service • Provision of respite care (care home services only). 	<p>Report immediately.</p>
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<p>Adverse event involving a schedule 2, 3, 4, 5 controlled drug</p>	<p>All services</p>	<ul style="list-style-type: none"> • Prescribing or dispensing error by e.g. pharmacy or doctor/dentist • Prescribed medication not available to be administered • Person given wrong medication or dose • Medication not recorded as given and no recorded explanation or justification • Medication incident/error resulting in injury, referral to the police or Procurator Fiscal • Medication incident/error requiring input or advice from healthcare professional, resulting in hospital admission, or considered as an adult or child protection matter. • Medication incident/error: 'near miss' that could have led to injury of harm • Medication missing or stolen • Medication or controlled drug records falsified • Staff referred to professional registration body re: medicines management • Staff left during or before investigation re: missing or stolen medication • Staff left during or before investigation re: poor practice in management and administration of medication 	<p>Within 24 hours</p>
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