



RISK NOTIFICATION RETURN

Complete and send this form to the Quality & Market Improvement Team;
socialservices.contractingunit@northyorks.gov.uk


- The intention of this form is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- There will be instances where a CQC notification is not required, but action may still be required and lessons can be learnt (CQC Regulation 9). **In this situation you should complete this form only.**
- If the incident is a CQC notifiable incident (Regulation 18 and 20) this form **does not need** completing
- If the notification requires you to also report a Safeguarding Concern the completion of this form is **not required**.
- Complete and send this form to the Quality & Market Improvement Team; socialservices.contractingunit@northyorks.gov.uk
- Retain a copy for your records.
- A member of the Quality & Market Improvement team **may** contact you to discuss further, but this will not always be necessary.

Please refer to the guidance for completion of this document or contact the Quality & Market Improvement Team socialservices.contractingunit@northyorks.gov.uk

Tel. 01609 797042. Available 8:30 to 17:00 (Monday to Thursday) 08:30-16:30 (Friday).

Section 1		
1.a	Name, address and contact details of provider	
1.b	Type of Service	
1.c	Name of Person Reporting	
1.d	Designation	
1.e	Contact details (insert 'as above' if details are the same)	
Section 2		
2.a	Initials and/or LLA number of the Person who the Risk Notification Return relates to: (if known).	
2.b	Address or Location where the incident occurred	
2.c	Primary Need of the Person	
Section 3 Which of the following does the Risk Notification Return relate to (please mark with 'X')		
3.a	Falls	
3.b	Nutrition and Hydration	

3.c	Pressure area care		
3.d	Missed home care visit		
3.e	Medication errors		
3.f	Moving and handling		
3.g	Poor discharge		
3.h	Incidents between adults at risk		
3.i	Environmental (please note in Extra Care this is the responsibility of the housing provider)		
3.j	Other (please explain)		
Section 4			
4.a	Date of incident		
4.b	Time of incident		
4.c	Staff involved, if any (initials only)		
4.d	Full details (only state the incident/what occurred, not the action taken)		
Section 5			
5.a	Has a GP or other Professional been informed	YES	NO
5.b	If 'No' please explain why		
5.c	Name of GP / Professional		
5.d	Contact details		
5.e	Date contacted		
5.f	Time contacted		
5.g	Specifically ask the GP / Professional; <u>'In your view does this incident have the potential to cause the person significant harm?'</u>		

	<p>Record the response to this question along with any other instructions they give you.</p> <p><i>If the professional states the incident does have the potential to cause significant harm then cease completing this form and complete a CQC notification and Safeguarding Adults Concerns Form (Alert).</i></p>		
5.h	Have you spoken to a Safeguarding Officer from NYCC for advice?	YES	NO
5.i	If 'YES' give details of who you spoke to and the advice given.		
5.j	<p>Person Informed?</p> <p>The expectation is that the person should always be informed of incidents in relation to them, unless there are extremely strong reasons which would preclude this and which should be fully recorded opposite.</p>		
5.k	If 'NO' please provide detailed information as to why this decision was made		
5.l	<p>Next of Kin informed?</p> <p>This must be based on the person's choice as to whether they would like their next of kin informing linked to capacity issues. Otherwise, the expectation is that next of kin should always be informed to reflect the open and honest way in which we deliver services in partnership.</p>	YES	NO
5.m	If 'NO' please provide detailed information as to why this decision was made		
5.n	Record of any other actions taken in relation to the incident which have not been covered in Section 1: including action		

	taken to address any staffing concerns/competencies (and include response of staff member, why did it happen what are they going to do to prevent similar reoccurring)	
	Signature of the person completing this form	
	Date	

Pilot