



Records that all registered children and young people's care services must keep and guidance on notification reporting

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Records that all registered children and young people's care services must keep

Internal records that services must keep	Services covered
Records about children and young people who use a service	
There must be a record detailing their name, address, and date of birth.	All services.
The date a child or young 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 child or young 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 child or young 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.
Where a bedroom is shared details of the informed consent of both individuals	Care homes.
Keep records of all meetings with children and young 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.
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.
<p>Detail of any incident that is detrimental to the health and welfare of a child or young person using a service.</p> <p>An incident is a serious event that had the potential to cause harm or loss, physical, financial, or material.</p> <p>This should include, but not be restricted to:</p> <ul style="list-style-type: none"> • restriction or restraint (see p4-5 below)* • going missing¹ from the service or failing to return 	All services.

¹ [National Missing Persons Framework for Scotland](#)

<ul style="list-style-type: none"> • child or young 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 child or young 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 enquiry and outcome.</p>	
<p>Keep records if a member of staff needs to search a child or young person or their property. The record should identify reasons, person authorising, how the search was individualised, staff involved and any subsequent action arising from such instances.</p>	All services.
<p>It is recognised that on occasion, restriction or restraint may require to be used on an emergency basis, which had not previously been anticipated, however where it can be anticipated that children and young people experiencing care may be restricted or restrained, their risk assessment/behaviour management/personal plan (see our Guide for providers on personal planning) must include:</p> <ul style="list-style-type: none"> • individual assessment of the form of approved restriction or restraint*; • circumstances of use; • how it is the most appropriate way of ensuring the child or young person's physical and emotional wellbeing; • any protected characteristics which may impact on the child or young person's behaviour; • detail of observations and monitoring; • agreement of manager, young person, family/parents, social work or other agencies e.g. health as appropriate; • views of the child or young person; • debrief arrangements; <p>Incident reports following each period of restriction or restraint (this may include more than one restriction or restraint during each incident) must include:</p> <ul style="list-style-type: none"> • the antecedent and situation which preceded the restraint; • details of the form of restriction or restraint used*; • the legal justification (harm to self, harm to others, or significant damage which will result in physical or emotional harm²) for using the restriction or restraint; • how it was the most appropriate way of ensuring the child or young person's physical and emotional wellbeing; 	All services.

<ul style="list-style-type: none"> • detail of observations and monitoring; • date and location; • start and finish time of each period of restriction or restraint; • names of people involved, including who led the restriction or restraint; • reference to risk assessment/behaviour management/personal plan; • views of the child or young person being restricted; • notification to family/parents, social work and other agencies; • the learning and impact on future practice for that child or young person; • the learning and impact on future practice for the wider organisation; • arrangements for monitoring and ongoing assessment; • manager's comments and external auditing as part of the provider's quality assurance. 	
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*Restriction or restraint	Definition	Recording and reporting
Physical restraint	'an intervention in which staff hold a child to restrict his or her movement and [which] should only be used to prevent harm'. ²	All instances of physical restraint must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate (see p11 below).
Seclusion	An act carried out with the purpose of confining and isolating a child or young person, away from other children and young people and staff, in an area from which they are prevented from leaving.	All instances of seclusion must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate (see p11 below).
Restrictive physical intervention	'an action involving using a worker's body, for example blocking the path of a child or any guiding him or her away from a harmful situation.' ²	Restrictive physical interventions need not be recorded through the incident reporting process, however, must still be recorded in daily notes, detailed in personal plans, suitably risk assessed, and have appropriate quality assurance oversight. They need not be reported to the Care Inspectorate, but this

² [Holding Safely \(2005, p. VIII & 35\)](#)

		does not in any way eliminate the importance of organisations maintaining their own oversight and monitoring of these interventions. Restraint training providers may be able to offer guidance on at what point a physical intervention becomes a physical restraint.
Restrictive practice	[other] 'methods of limiting freedom such as verbal control, psychological pressure or social exclusion can have just as restraining an effect on a person's behaviour as direct physical intervention.' ³	Any of these restrictive practices (including physical, environmental, chemical, or mechanical restraint) which fall out with a normal parenting response for a child or young person of the same age and stage of development, must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate (see p11 below).

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 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	All services.

³ [Rights, risks and limits to freedom \(2021, p.10\)](#)

referrals to the Scottish Social Services Council (SSSC), the National Medical Council (NMC), the General Teaching Council (GTC) or other relevant professional body.	
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. For training in physical restraint, this must include the name of the training provider, the techniques each individual is trained in, and the date when re-accreditation is due.	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 records	
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 records	
Keep records of any complaints made by children and young 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 records	
Keep an accurate and up to date record of the medicines children and young people who use the service take, which the service are responsible for storing on the premises. This should include: <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 child or young person using the service without their consent or that of a person duly authorised to consent on behalf of the child or young person using the service.	All services.
Details of any incidence where a child or young person has not had prescribed medication available to them when the service has responsibility for the medication being administered.	All services.
Finance records	
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:	Authorised establishments. Limited registration services.
Keep a record of the date, amount and purpose of any money spent on behalf of a child or young 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.
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 records	
Services should follow our Guidance for providers on the assessment of staffing levels , including: 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. b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum	Care homes. Premises based support services. School care accommodation. Secure care. Premises based offender

<p>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>d) Young people’s personal plans / risk assessments should refer to individually assessed staffing levels as agreed with the placing authority (see our Guide for providers on personal planning).</p>	<p>accommodation.</p>
<p>Where the service provides support to children and young 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. Housing support service. Nurse agency.</p>

Guidance on notification reporting for all registered children and young people's care services

By law all services must tell us immediately if certain events take place, using our [eForms system](#) or [digital portal](#) to make these notifications. We use this information as intelligence about services in between our inspections. It can also help to inform the national picture. We may correlate the information received with records that services hold at our next inspection. Where notifications detail a robust response to these events, this helps to give us assurances about the ways in which services are operating. Where we are satisfied with the information submitted via notifications, inspectors will read and note this. Where we have concerns about the information submitted via notifications, or require more detail, we may contact you to discuss further, offer support, or direct to relevant guidance.

Services should ensure that the information submitted via our [eForms system](#) reflects that which is recorded within the service, and that which is submitted in our annual return. Consistency of recording and reporting such as this helps to give us assurances about the way services are managing notifiable events.

Events which must be reported to the Care Inspectorate

Circumstances	Services covered	Information required	Timescale
Accidents or incidents to a child or young person using a service.	All services - for 24 hour services (like a care home, secure unit, or school care accommodation service) we must be notified of all accidents, incidents, or injuries that	<p>The Care Inspectorate regards accidents requiring notification as unforeseen events resulting in harm or injury to a child or young 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 event that had the potential to cause harm or loss, physical, financial, or material. The only exclusion to this would be instances of restraint or restrictive practices, as there is a separate notification for these (see below).</p>	Report the incident within 48 hours.

	<p>occur within the service, or outwith the service where staff from the service are responsible for the care and support of a young person from the service.</p>	<p>Incident notifications must include serious events, for example a young person going missing or failing to return. A missing person is defined as anyone whose whereabouts are unknown and:</p> <ul style="list-style-type: none"> • where the circumstances are out of character; or • the context suggests the person may be subject to crime; or • the person is at risk of harm to themselves or another <p>See National Missing Persons Framework for Scotland for more information on this.</p> <p>Incident notifications must also include medication errors classed as Category I or II events (those which have contributed to or resulted in temporary or permanent harm) as detailed in Learning from adverse events through reporting and review: A national framework for Scotland, including subcategories E, F, G, H and I as detailed in National Coordinating Council for Medical Error Reporting and Prevention (NCC MERP) Taxonomy of Medication Errors. They must also include Category III events which fall under subcategory D (those which had the potential to cause harm).</p> <p>We expect that an incident notification contains a summary of the following areas:</p> <ul style="list-style-type: none"> • the antecedent and situation which preceded the incident; • the young person was reassured and comforted; • safety advice/strategies for the future were explored with the young person; • antecedents of incident were evaluated and post-crisis counselling/learning for young person have/will take place; • the learning and impact on future practice and care for the young person, staff, and the wider organisation were considered; • the risk assessment/behaviour management/personal plan (see our Guide for providers on personal planning) was reviewed or there is planned date for impending review (plans need not be reviewed after every incident, but should be after every serious incident); • placing social worker and relatives/carers were informed. 	
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		<p>The incident notification should also be used for:</p> <ul style="list-style-type: none"> • care homes for children and young people who may need, on rare occasions, to accommodate a child or young person in an emergency and go above the numbers of children which they are registered to care for. See <u>Guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers.</u> • secure accommodation services who require to use their emergency bedroom. See <u>Protocol and procedures for secure accommodation services on the use of registered emergency beds</u> 	
<p>Restraint and restrictive practices that occur to a child or young person using a service.</p>	<p>All services - for 24 hour services we must be notified of all instances that occur within the service, or outwith the service where staff from the service are responsible for the care and support of a young person from the service.</p>	<p>Notifications to the Care Inspectorate must include all instances of physical intervention which are classed as restraint. The only exclusion to this would be instances of physical intervention which are not classed as restraint, for example guiding a young person.</p> <p>We should also be notified about all instances of mechanical, chemical, or environmental restraint, including seclusion (for further information on which incidents of restriction or restraint are recordable and reportable see the definitions table on p.4-5 above).</p>	<p>Report within 48 hours.</p>

Admission of a young person from outwith Scotland	Care homes. School care accommodation (special residential). Secure care.	<p>Providers of residential childcare services must notify us when they have placed a child or young person from outwith Scotland.</p> <p>This helps to provide assurances about the legality of placements, and that children's rights are being upheld, in line with the UNCRC, and the recommendations in The Promise (see our Admissions Guidance for Residential Services).</p> <p>The notification should be updated when the young person leaves placement or when circumstances (e.g. the care order young person is placed on) change.</p>	Within 48 hours of the young person's admission.
Allegation of abuse in relation to a child or young person using a service.	All services.	<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>We are seeking assurance that:</p> <ul style="list-style-type: none"> • referrals have been made as necessary; • appropriate support has been offered; • multi-agency contact has/will take(n) place; • the young person is safe and risk assessments have been updated if necessary. <p>If the allegation of abuse is in relation to abuse by a member of staff, you must also submit an allegation of misconduct notification.</p>	Report immediately.
Allegation of misconduct by provider or any persons employed in	All services	<p>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.</p> <p>The regulations do not limit this only to acts directed at children and young people using</p>	Notify the Care Inspectorate within 24 hours of receiving an

care services.		<p>a service, but also any involving staff or a service provider.</p> <p>Do not provide personal details of those involved at the initial reporting stage. The initial notification must contain:</p> <ul style="list-style-type: none"> • summary of circumstances; • if the member of staff is suspended - that the SSSC have been notified; • if the member of staff is not suspended - reasons for not doing this, how children's rights and safety will be maintained, and detail of alternative safety measures utilised. <p>In certain specific circumstances it may not be appropriate, for reasons of confidentiality, to provide the requested detail in the notification. In such cases, it is sufficient to detail in the notification the date of the alleged misconduct and confirmation that the necessary details have been supplied to the caseholding inspector by email. This should include the date of this email, which must be sent within the same timescale of 24 hours.</p> <p>If the allegation of misconduct is in relation to abuse of a child or young person using the service, you must also submit an allegation of abuse notification.</p> <p>Services should update the notification as the situation progresses e.g. confirm:</p> <ul style="list-style-type: none"> • the results and conclusion of the investigation/disciplinary processes; • outcomes of the investigation/disciplinary processes e.g. written warning/training and development/additional supervision; • whether SSSC have/need to be notified of these outcomes. 	allegation.
Significant equipment breakdown which may impact upon the health and	All services except housing support, support service - care at home and	<p>Notify the Care Inspectorate of any incidents where the equipment is likely to remain out of action for more than 24 hours, for example:</p> <ul style="list-style-type: none"> • lifts out of action • central heating failure • lack of hot or cold water. 	Report immediately.

safety of children and young people using a service.	agencies.		
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.
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.
Planned refurbishment or alteration or extension of premises.	All services except Housing support, Support services - Care at Home, Nurse agencies, Child care agencies, Fostering, Adoption, Adult Placement.	<p>Providers must notify the Care Inspectorate of any intention to refurbish or make changes to existing premises at least three months before commencement.</p> <p>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. 	Notify the Care Inspectorate three months before work starts.

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.
Adverse event involving a schedule 2, 3, 4, 5 controlled drug	All services	<ul style="list-style-type: none"> • prescribing or dispensing error by e.g. pharmacy or doctor/dentist • prescribed medication not available to be administered • child or young 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 	Within 24 hours
Outbreak of infectious disease.	All services.	<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</p>	Report immediately.

		<p>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>Death of a child or young person using a care service.</p>	<p>All services.</p>	<p>All deaths must be reported. This includes:</p> <p>For 24 hour services (like a care home, secure unit, or school care accommodation service):</p> <ul style="list-style-type: none"> • a young person who uses a 24 hour service and was present in that service at the time of death. • a young person who normally uses a 24 hour service but was not present in that service at the time of death (e.g. they may have been out in the community, in school, or in hospital). <p>This does not include children and young people who are formally or permanently discharged from the registered care service.</p> <p>For support services including daycare and care at home services, and housing support 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 young person. 	<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</p>

		If your notification relates to Coronavirus (COVID-19) please refer to additional guidance on the Care Inspectorate website, which we are regularly updating.	submit this information on request.
Provider becomes unfit (various circumstances).	All 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.	<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:</p> <ul style="list-style-type: none"> • the date of appointment of liquidator, administrator or trustee and the identity of that person. 	Notify the Care Inspectorate within 24 hours.
Breach in banking covenant.	All 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.	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.

COVID-19: Staff Absences.	All 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.
COVID-19: End of a COVID-19 outbreak.	All services.	<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 children and young 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>	Report when service meets criteria for the end of an outbreak.

<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"> • 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)' change to the service provision and confirm the service can meet the care and welfare needs of the children and young people that they are caring for.</p> <p>Within the notification, the provider should note the change to the service provision and confirm the service can meet the care and welfare needs of the children and young people that they are caring for.</p>	<p>When there is a change of circumstances in how your service is operating due to COVID-19</p>
<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 through our digital portal.</p>

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