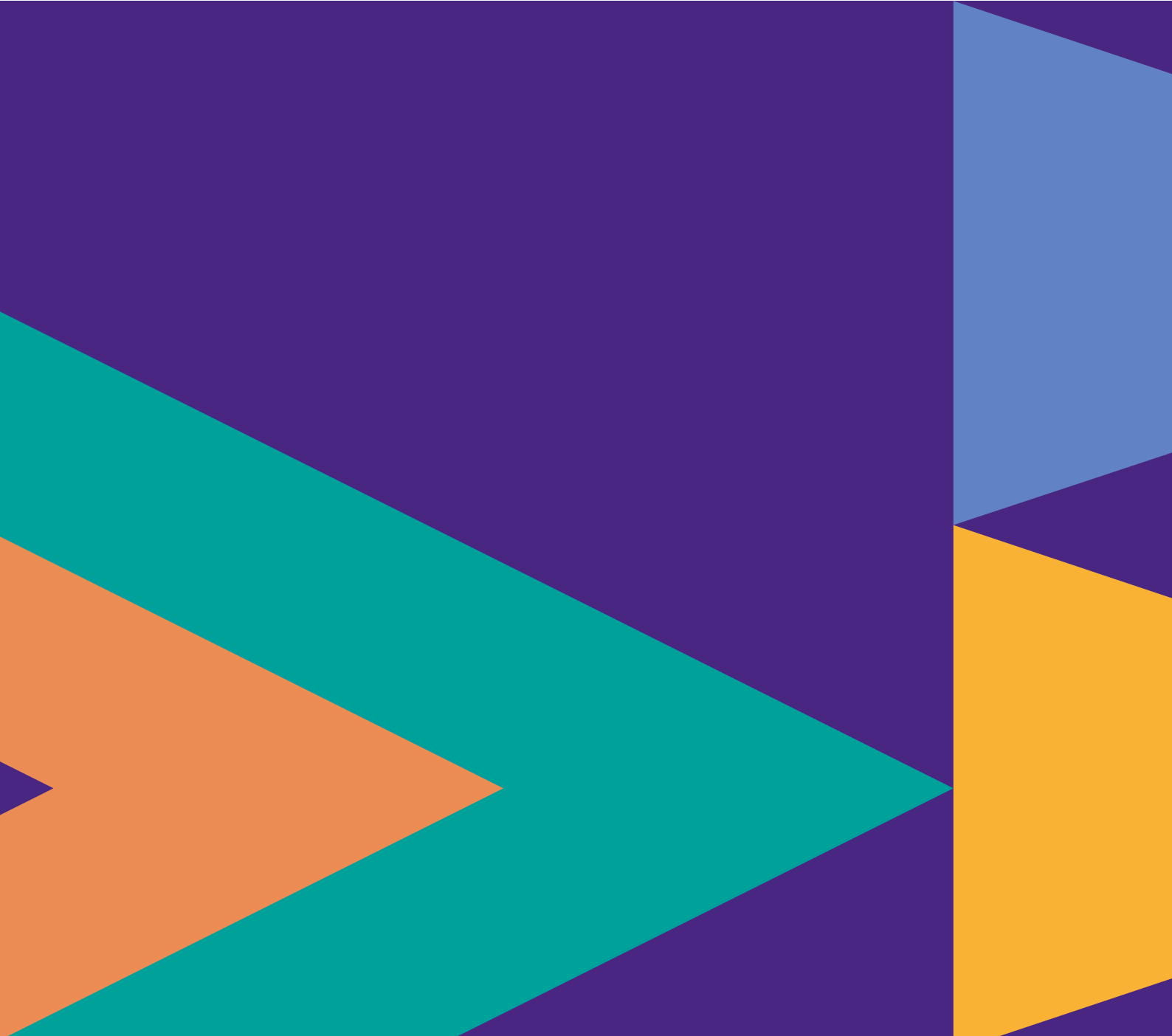




Adult care services: **Guidance on records you must keep and notifications you must make**

March 2025



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Part one - Introduction

In accordance with the Public Services Reform (Scotland) Act 2010, all services must notify the Care Inspectorate, within required timescales, of certain events or changes to your service, using our eForms system or your digital portal. Providers must also keep accurate records of certain events. Failure to do this will mean you are in breach of your conditions of registration with the Care Inspectorate. Information about legislation in relation to registered services and the role of the Care Inspectorate can be found on the Care Inspectorate Hub: [Government legislation](#)

As a registered service, you will have access to [eForms](#) and the [digital portal](#). A guide explaining which system to use is available on the Care Inspectorate's website: [Portal or eForms](#)

You should ensure that the appropriate people have access to these systems so you can share information with us at the right time. Access to the systems should be in line with your organisation's confidentiality policy and data protection legislation.

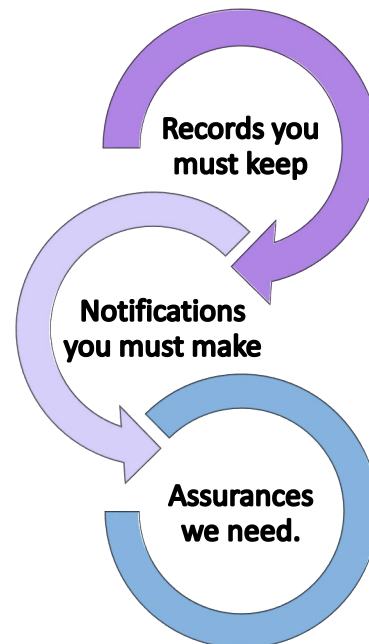
When completing notifications, you should refer to people using the service and staff by their initials only. This is in line with data protection legislation. There may be exceptions to this which will be highlighted alongside the relevant notification guidance.

Why we ask for notifications

We use information from notifications to support our assessment of risk, and to determine the appropriateness and priority of any scrutiny activity.

We also use the information you have shared with us to:

- provide appropriate support, guidance and signposting
- gain assurances that you have taken all appropriate actions including notifying other agencies where necessary
- demonstrate duty of candour guidance has been followed where appropriate
- identify any additional actions you may need to take to keep people safe
- make changes to the information we hold about your service, for example conditions of registration, name of registered manager or address of the service



- identify where changes to the certificate of registration are required.

The information in this guidance applies to all services unless otherwise stated.

The information you provide also helps us build a national picture which we use to inform policy and guidance documents.

Where notifications detail a robust response to the events you tell us about, this provides us with assurances about the ways in which services are operating. Where we are satisfied with the information submitted within notifications, inspectors will read and note this. Where we require more detail, we may contact you to discuss the situation further, offer support, or direct you to relevant guidance. We may correlate the information received with records that services hold at our next inspection.

You should ensure that the information you submit is accurate and reflects your records. Consistency of recording and reporting helps to give us assurances about the way services are managing notifiable events.

Updates to notifications

Most notifications have an update option. You should use this to share any additional information or updates with the Care Inspectorate, for example, the outcome of an investigation or hospital admission.

Part two - Records you must keep

Records you must keep about people using the service
Personal details
<ul style="list-style-type: none"> • name • address • date of birth • date the person started using the service • name, address and contact details of the next of kin, or of any person authorised to act or consent for, the person using the service - this includes information on the nature of the relationship and details (including copies of relevant paperwork) of any power of attorney, kinship or guardianship orders • where a bedroom is shared, details of the informed consent of both individuals and their relationship • details of their general practitioner • copies of Adults with Incapacity (Scotland) Act 2000 certificates or guardianship orders in place • records of all meetings with or about people using the service, social workers, GPs, relatives and other professional or interested parties • personal plans • date the person stopped using the service
Death of a service user
<p>If someone dies while in the service, or subsequently dies following admission to hospital when receiving a service, the record must include the date, time, cause of death and name of the certifying doctor.</p>
Protection concerns
<p>You must keep records of any incident that is considered a protection matter as defined in adult and child protection guidance. The legislation and guidance can be found on the Scottish Government's website:</p> <p>Adult support and protection National guidance for child protection in Scotland 2021</p> <p>You should also keep notes on the care and welfare of people using your service in such a way that it is easy for you to spot patterns and provide full information when/if they are needed by the police or social services. Consideration should be given to confidentiality, dignity, and privacy in line with data protection guidance while balanced against the need to ensure people's safety and wellbeing.</p>

Accidents, Incidents and Injuries

You must keep a record of any adverse events detrimental to the health and wellbeing of people using the service or events that had the potential to be detrimental. This includes accidents, incidents and injuries to those receiving support from your service.

Records should include:

- details of the incident/events and the actions taken
- the outcome for the person using the service and others
- monitoring and analysis of accidents and incidents
- lessons learned and actions taken reduce risk levels and/or the likelihood of recurrence
- referrals made to other agencies and their outcome.

Records should include details of enquiries/investigations undertaken and the outcomes.

Outbreak of infectious diseases (including Covid-19)

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. 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.

This is in line with the Public Health etc. (Scotland) Act 2008, part 1 of Schedule 1 notifiable diseases and part 2 of Schedule 1: notifiable organisms. Information about notifiable diseases can be found in the relevant section of the [Public Health etc \(Scotland\) Act 2008](#) on the Scottish Government's website.

Restrictive practice

It is recognised that on occasion restrictive practice may require to be used on an emergency basis which had not been previously anticipated. However, where it can be anticipated that a person using the service may be restricted or restrained, their risk assessment/behaviour management/personal plan must include:

- an individual assessment of the form of approved restriction or restraint
- the circumstances of use
- how it is the most appropriate way of ensuring the person's physical and emotional wellbeing
- any protected characteristics which may impact on the person's behaviour
- details of observations and monitoring
- agreement of the person, their legal representative(s), family, social work or other agencies as appropriate
- the views of people involved

- debrief arrangements.

You will find [personal planning guides for providers](#) on the Care Inspectorate's Hub.

Incident reports following each period of restriction or restraint (this may include more than one restriction or restraint during each incident) must include:

- the events 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 harm) for using the restriction or restraint
- how it was the most appropriate way of ensuring the person's physical and emotional wellbeing
- details of observations and monitoring
- date and location of the incident
- 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 person being restricted
- notification to family, legal representative(s), social work and other agencies
- the learning and impact on future practice for the person
- the learning and impact on future practice for the wider organisation
- arrangements for monitoring and ongoing assessment
- the manager's comments and external auditing as part of the provider's quality assurance.

Definitions of restrictive practice are provided in Appendix A.

Searching a person or their property

You must keep a record of any instances when member of staff needs to search a person or their property. The record should identify:

- the reasons for the search
- the person authorising the search
- how the search was undertaken in an individualised manner
- the staff involved
- any subsequent action arising from the search, including associated notifications and referrals.

Controlled drug errors

You must keep a separate record of all errors in the administration, recording or storage of controlled drugs only within Schedule 2,3,4 and 5 of the Misuse of Drugs Regulations. This includes:

- medication missing or stolen
- medication errors.

The [British National Formulary](#) can help you identify if a medicine is a controlled drug. The legislation can be found in [The Misuse of Drugs Regulations 2001](#)

Missed medication

Details of any instance where a person has not had prescribed medication available to them when the service has responsibility for the medication being administered. This includes where this occurred because a support visit was missed.

Storage and administration of medication

All services must keep an accurate and up-to-date record of the medicines people who use the service take and which the service is responsible for storing on the premises.

Records must include:

- all medicines that have been ordered, taken, not taken or disposed of
- all medicines including homely remedies and those supplied for a person using the service
- medicines like flu vaccines or injections that will be stored in the service for NHS staff to administer
- any instances when a service gave medication to a person without their consent or that of a person duly authorised to consent on their behalf
- any errors in the administration of medication including timing and doses.

Records should be kept in line with current best practice guidance. These can be found on the Care Inspectorate Hub.

- [Prompting, assisting and administration of medication in a care setting: guidance for professionals](#)

Staffing, management and other people who are involved in the service

All staff and volunteers

You must keep records of each person employed, whether they are in paid employment or employed on a voluntary basis in the service. This should include details of their role and responsibilities, and where they work in the service.

Absence of manager for more than 28 days

You should keep a record of any periods when the manager is absent and the arrangements that are in place to manage the service during this period.

Staffing arrangements

The guiding principles of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#), (HCSA) state that staffing arrangements must provide safe and high-quality services to ensure the best health and care outcomes for people experiencing care.

The HCSA places a statutory duty on care service providers to ensure that, at all times, suitable qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of people using the service, and the provision of safe and high-quality care, and in so far as it affects those matters, the wellbeing of staff.

Providers also must ensure that staff receive appropriate training for the work they are to perform and receive suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to their work.

You must keep records to demonstrate how you are meeting your duties as detailed in The Act and how you have ensured safe and effective staffing arrangements are in place.

For the following service types:

- care homes
- premises-based support services
- premises-based offender accommodation

Services should follow our [Guidance for providers on the assessment of staffing levels](#) and refer to the [Safe Staffing programme](#) on the Care Inspectorate Hub.

- For everyone using the service, a provider shall keep individual records of at least four weekly assessments of people's physical, social, psychological and recreational needs and choices and how they will be met.
- 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. Staffing assessments should demonstrate how you have met your duties for care service staffing and planning as described in sections 1, 3, 7 and 8 of the HCSA. Assessments should be reviewed regularly and whenever there is a change which would impact on staffing arrangements.
- The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

For support services:

Maintain a record of people's attendance to show the total number of people in the premises at any one time. Consideration should also be given to how you can meet individual needs through staff skills and deployment.

You must keep personal plans for everyone using the service which should be used to inform staffing levels to meet people's individual needs. You should record how you are meeting needs with any additional staff in line with individual personal plans and risk assessments.

Disciplinary actions and outcomes

You must keep a record of any disciplinary action taken and outcomes against anyone working in the service. This should include details of referrals to the Scottish Social Services Council (SSSC), the Nursing and Midwifery Council (NMC), the General Teaching Council for Scotland (GTCS) or other relevant professional body, and Disclosure Scotland as necessary.

Missed care and support

This applies to:

- support services – care at home and housing support
- nurse agencies

You must keep records that detail missed and late visits where the service provides support to people in their own homes or in the community. The record should show an analysis of the information showing cause, effect, and necessary actions taken to ensure the person's wellbeing has been attended to, and in relation to Duty of Candour/protection concerns (where appropriate).

Recruitment

You must keep a record of all checks undertaken to demonstrate that the organisation has followed safe recruitment procedures. For information about best practice within recruitment see [Safer Recruitment through Better Recruitment](#) on the Care Inspectorate's Hub.

This includes:

- personal details
- proof of identity
- qualifications and relevant training
- membership of professional bodies/checks before registration
- application form
- interview questions and responses
- references and how you gathered additional information where these were not satisfactory
- Disclosure Scotland Checks, and /or PVG checks and ongoing checks
- legal authority to be employed in the UK
- start and end dates of employment.

Staff development, induction and training

Services must keep a record of:

- Induction procedures and records for each member of staff or volunteer.
- A training needs analysis and development plan for each member of staff.
- Training plans and records to evidence the training planned and completed by staff. For training in physical restrictive practice, 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 staff meetings, including details of the date, agenda, and decisions.
- 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.
- Observations of practice, competency checks and associated learning.
- Where there are concerns about practice this should be recorded, including the actions taken to address the concern to ensure people's safety.

Staff vacancies and absences

You should keep a record of all staff absences. This should include the arrangements that have been made to ensure that people using the service continue to receive the care and support detailed in their personal plan.

Unfitness of manager or provider

You must keep a record of any incidents that have an impact on the provider or manager's fitness to manage the service.

Records about the environment and safety

You must keep records of:

- any incidents where equipment breakdown has the potential to significantly impact on the wellbeing or independence of people who use the service
- any action taken as a consequence of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA)
- the procedure and any review of the procedure that staff must follow in the event of an emergency or unforeseen events. This includes emergency closure
- food safety in line with Food Standards Scotland legislation and best practice guidance
- fire safety in line with Fire Scotland legislation and best practice guidance
- water safety records including temperature regulation and legionella
- maintenance including gas and electric appliance checks
- lease agreement (in rented property) and permission from the landlord to operate the registered service

- maintenance for any vehicles used in your service.

Planned refurbishment or changes to the environment – premises-based services

You must record any planned refurbishment, alteration, or extension of premises. This will include the rationale for the changes, an evaluation of the benefits for people using the service and for staff, architects' drawings, and all planning requests and guidance given by the local authority.

Aims and objectives

You should keep a copy of the service aims and objectives outlining the aims of the service and how this will be achieved in line with the [Health and Social Care Standards: my support, my life](#) on the Scottish Government website.

Please refer to the [Guidance for providers and applicants on aims and objectives on the Care Inspectorate's website.](#)

Quality assurance and improvement

Complaints and feedback

Any complaints made by people who use the service, representatives, relatives or other people. The record should include details of the date received, the issues raised, the action taken, the outcome of the investigation, and details of how the service informed the complainant about the outcome.

Feedback requested and received from people who use the service, their representatives, relatives or other people. Records should include how the feedback informed the care and support experience for people and the organisation's development plan.

Quality assurance

You must keep records to evidence quality assurance activities and how these have informed improvements within the service. The range of quality assurance activities will vary depending on the service type and service provision. They may include the administration of medication, maintenance and environment checks, personal planning, infection prevention and control, staff recruitment, feedback from people about the quality of their experiences, training and staff competence.

Your self-evaluation of the evidence you have gathered should inform the service improvement plan along with feedback from people who use the service, their families, staff and stakeholders.

The Care Inspectorate has a range of [quality frameworks](#) and [self-evaluation toolkits](#) to support you to evaluate your service.

Finance records

Authorisation to support people with their financial affairs

An 'authorised establishment' or any registered establishment where residents need help with their financial affairs (for example, a care home where a people using the service may be over 16 and lacking capacity) must keep records that illustrate:

- the financial procedures and controls in place to safeguard the property of people using the service which is managed by the provider
- that the funds of the service and those of 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, the purpose of any expenditure, and the balance and interest on each account is clear at any time
- the name and signature of the staff/person authorising spending and witnessing receipt and return of money or valuables
- where certificates for Adults with Incapacity (AWI) are in place
- how the service complies with the Adults with Incapacity (Scotland) Act 2000 sections 39 and 41 and associated codes of practice for managers of Authorised Establishments.

This applies to authorised establishments and limited registration services.

Financial records

All services must 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 staff/person authorising spending and witnessing receipt and return of money or valuables.

Records for **limited registration services** 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.

Insurance and public liability

You must keep a record of certificates of public liability insurance, employer's liability insurance and vehicle insurance.

'**Authorised establishments**' should ensure that there is a record of a valid insurance cover to indemnify against any loss attributable to the management of

people's financial affairs by management on their behalf.

Service contingency planning/exit strategy

Services must maintain an up-to-date contingency plan to safeguard the safety and wellbeing of people using the service in the event of sudden closure of the service because of loss of financial viability or other unexpected event.

Part 3 - Notifications

Notifications about people who use the service

Death of a service user

You must inform us of all deaths using the eForm notification: '**Death of service user**' within 24 hours.

This includes:

- for 24 hour services (for example a care home):
 - a person who uses the 24 hour service and was present in the service at the time of the death
 - a person who uses the service but was not present in the service at the time of death (for example they may have been out in the community, or in hospital)
- for all other services, you should notify the Care Inspectorate if the death occurs or was identified when the service was actively being provided to the person.

We need to be assured that you have taken appropriate action to:

- support others affected by the person's death, for instance family, other people using the service, and staff
- respond appropriately to preventable or unexpected deaths, including Duty of Candour and notified other agencies, as appropriate
- review the events prior to the person's death to evaluate the actions taken and resulting outcomes, where appropriate.

Protection concerns

You must inform us of any protection concerns including where you have made a protection referral to the lead agency using the eForms notification: '**Protection concern about a person using the service**'. You must do this within 24 hours.

The notification should include:

- details of the occurrence
- details of the person involved, including their full name, home address and date of birth
- details of the action taken to ensure people are safe
- details of the referrals made to the lead agency and the police where appropriate
- confirmation that you have informed the placing local authority if the person has been placed by a different local authority.

After you submit the notification, you may be asked by the inspector to provide a copy of the referral form you sent to the lead agency.

You must also provide us with an update on the protection concern and referral within one month of the incident occurring.

We need to be assured that you have taken appropriate action to:

- keep people safe
- make all necessary referrals
- offer appropriate support to people, their family and staff
- ensure multi-agency contact has/will take place
- ensure personal plans and risk assessments have been reviewed and updated as required, and staff who need to know have been informed.

If a protection concern is in connection with a member of staff, you must also submit an eForm: '**Allegation of Misconduct by Provider or Persons Employed in the Care Service**' and make referrals to their professional registration body and Disclosure Scotland as needed. (Disclosure Scotland requires a referral if a member of staff has harmed, or placed at risk of harm, a child or protected adult).

Accidents, Incidents and Injuries involving people using the service

You must notify us of all serious adverse events that occur while a person is receiving care and support from your service.

Adverse events may include, but are not restricted to:

- any incident resulting in injury requiring medical advice or attention (including pressure injuries which require medical assessment and treatment in services that do not employ registered nurses)
- details of pressure ulcers graded 2 and above or significant moisture lesions (care homes with nursing staff only)
- altercations between people who use the service
- incidents of stress and distress which resulted in people experiencing harm or there was potential for harm to have occurred
- any physical intervention, restriction, or restraint

- any incident required to be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- a person leaving the premises or being unaccounted for (please see <https://www.scotland.police.uk/what-s-happening/missing-persons/the-herbert-protocol/>)
- medication incident involving a non-controlled drug which caused harm or had the potential to cause harm
- theft of a service user's property (report as an incident).

You should submit the most appropriate one of the following notifications within 24 hours.

Incident

- You should submit this notification for any incidents or near miss events that, while not causing harm, had the potential to cause physical injury or ill health for those using the service.

Accident

- You should submit this notification to inform us of an unintended and unexpected event that results in an injury requiring medical advice or attention.

Injury

- This notification should be submitted to inform us of injuries to people using the service which are not associated with a known incident or accident.

Please note: '**Accident**', '**Incident**', and '**Injury to service user**' notifications are not required when you have made a protection referral(s) following an adverse event.

In this circumstance, you should submit the '**Protection concern about a person using the service**' eForms notification, including details of the incident or accident and any resulting injuries to people using the service.

If you are unsure which notification to use, please choose the 'Incident' notification.

'**Incident**', '**Accident**' and '**Injury to service user**' notifications should include:

- a description of the adverse events and your management of this
- the circumstances leading up to the event and impact on people using the service
- details of any first aid administered or medical advice sought
- how the person was supported and comforted
- who has been informed (for example, family, RIDDOR, local authority, HSCP and so on) and when this information was shared

- any immediate changes to practice or precautions put in place to reduce risk
- the outcome of investigations, including any changes made to organisational procedures, risk assessments or personal plans and who has been involved in this process.

Where the above information is not available within the 24 hour period, please submit an **update** notification as soon as the information becomes available.

When reviewing these notifications, we need to be assured that you have taken appropriate action to:

- ensure the ongoing safety and wellbeing of those using the service
- support others affected by the incident, for example witnesses, families, and staff
- review risk assessments and implement additional control measures to reduce risks as required
- carry out an investigation and made referrals to other professional bodies as needed
- follow Duty of Candour procedures if appropriate.

If an employee disciplinary investigation is started, you should also submit the eForms notification: **'Allegation of misconduct by Provider or Persons Employed in the Care Service'** and provide update notifications as required. (Disclosure Scotland requires a referral if a member of staff has harmed, or placed at risk of harm, a child or protected adult).

Outbreak of infectious diseases (including Covid-19)

You must inform us of this event using the eForms notification: **'Outbreak of Infectious Disease (non-Covid-19 from 01 October 2020)'** within 24 hours.

This notification must be submitted for outbreaks of:

- Influenza
- C-diff (Clostridium difficile)
- Norovirus
- Scabies
- E-Coli
- Legionella
- Chicken pox/shingles
- Whooping cough (Bordetella pertussis)
- Mumps
- Measles (Rubella)
- Slapped cheek syndrome

For **outbreaks of Covid-19**, please submit **'Covid-19: Outbreak – notification of confirmed case(s)'**– This includes confirmed cases in both staff and people using

the service. Please also use this notification if a test has not been possible but coronavirus is confirmed by a medical professional.

Please note: Providers no longer need to notify us of suspected cases of Covid-19 or submit '**End of confirmed Covid-19 outbreak**' notifications.

You should ensure notification(s) include the following information:

- the type of outbreak
- the number of people involved
- when the service notified Public Health Scotland
- what advice they were given
- what actions they have taken, including where they needed to close all or parts of the service.

When reviewing notifications, we need to be assured that you have taken appropriate action to:

- notify relevant agencies and sought support and advice, as appropriate, from Public Health Scotland
- support people using the service, families and staff
- put contingency plans in place to ensure people continue to receive care and support that meets their needs
- evaluate how the outbreak occurred, and the actions taken to manage this
- review risk assessments and implement additional controls as required.

Infection Prevention and Control (IPC) guidance is available in [The NHS Scotland National Infection Prevention and Control Manual \(NIPCM\)](#).

Controlled drug errors

You must inform us of any controlled drug errors using the eForms notification: '**Controlled drug medication incident**' within 24 hours.

Notifications relating to incidents involving medication and medication incidents in relation to drugs which are not classified as controlled drugs should be made using the '**Incident**' notification.

The notification should include:

- a summary of the event, including the date, time and location, and the name of the controlled drug and route of administration
- the impact or likely impact on the health and well-being of the people
- any immediate action taken by the people providing care and support
- whether external agencies have been notified, for example the police or the local authority
- the outcome of any investigation and any subsequent action and learning (this may be submitted as an update to the notification).

We need to be assured that you have taken appropriate action to:

- ensure people’s ongoing safety and wellbeing
- make referrals to the appropriate agencies, including seeking medical advice where required
- evaluate what has happened (including looking for patterns)
- put measures in place to reduce the likelihood of further incidents.

More information on learning from adverse events (including applying a human factors framework to incident review) can be found in [Learning from adverse events through reporting and review](#) on the Healthcare Improvement Scotland website.

You should also refer to the [Notifications about controlled drugs: guidance for providers](#) on the Care Inspectorate website.

Missed medication

Where any missed medication has, or has the potential to have, a serious impact on the people’s health and wellbeing you must inform the Care Inspectorate using the **‘Incident’ or ‘Accident’** eForm notification, as appropriate, or using the **‘Protection concern about a person using the service’** notification (where a protection referral has been made). You must do this within 24 hours.

We need to be assured that you have taken appropriate action to:

- seek and follow medical advice
- inform others as appropriate
- investigate the circumstances, and put lessons learned into practice.

Missed care and support

You must inform us of occasions of missed or late visits that have a significant impact on the health and wellbeing of the people using the service using the eForms **‘Incident’** notification or **‘Protection concern about a person using the service’** notification (if a protection referral has been submitted to the lead agency). You must do this within 24 hours.

We need to be assured that you have taken appropriate actions to:

- ensure the person’s immediate care and support needs are met
- inform others as appropriate
- investigate the circumstances, and put lessons learned into practice.

Notifications about staffing, management and other people who are involved in the service

Absence of manager for more than 28 days

Where a manager proposes to be absent from the duties of manager of the care service for a continuous period of 28 days or more, you must submit the eForms notification: **'Absence of manager for more than 28 days'**. The notification should be submitted no later than 14 days before the proposed absence.

If the absence arises as a result of an emergency, the provider should submit this notification within one week of the manager being absent.

This notification should include:

- the length or expected length of absence
- the arrangements that are in place for the management and leadership of the service during the absence.

We need to be assured that you have taken appropriate action to:

- put effective management arrangements in place
- lead, support and manage staff well
- continue to offer high quality care and support as detailed in people's personal plans
- evaluate the impact of the changes on both those who use the service and staff.

Change of manager

You must complete and submit the form **'Amend manager or service details'** in the 'Actions' menu of your digital portal account to notify us as soon as a new manager has been appointed. This should be completed by the provider or person responsible for the recruitment of the proposed manager.

For any change of manager, we need to be assured that you have taken appropriate action to:

- assess the knowledge, skills and qualifications of the candidate for the role of manager
- follow safer recruitment practice
- ensure that the candidate is registered or is applying to register with a professional body where necessary within the appropriate timescales
- ensure that the management structure is viable and will be effective.

Where we are satisfied that appropriate arrangements have been made for the appointment of the new manager, we will approve the application and a new certificate will be generated.

Where we are not satisfied, or need further information to assess the suitability of the appointment we will contact you to discuss this further.

Peripatetic management arrangements

Where a peripatetic arrangement has already been agreed, you will need to

submit an application to vary the conditions for each service that the proposed manager will manage. This is to ensure that the certificate of registration accurately reflects the management arrangements.

You should submit and complete the form **'Apply to vary my conditions'** in the **'Actions'** menu of your digital portal. You will also need to submit the form **'Amend manager or service details'** for each service. The inspector will not approve the change of name of the manager until the variation is completed.

The following documents are available on the Care Inspectorate website:

- [Guidance on peripatetic management arrangements](#)
- [Guidance for providers on the registration of dispersed services](#)
- [How we assess the ability of a manager in terms of their skills, knowledge and experience, to manage a care service](#)
- [Registered manager requirements](#)

Allegation of misconduct

You must inform us of any incidents of staff misconduct using the eForms notification: **'Allegation of misconduct by provider or persons employed in the care service'** within 24 hours.

The Care Inspectorate defines misconduct as intentional wrongdoing, deliberate violation of a law or improper behaviour. The Care Inspectorate expects notifications of all reportable misconduct or behaviour that warrants investigation, dismissal or other disciplinary action. The regulations do not limit this only to acts directed at people using a service.

Please do not provide personal details of those involved at the initial reporting stage.

The notification should include:

- summary of circumstances
- details of referrals made to the lead agency and the police, where appropriate
- if the relevant professional body has been notified (when you suspend, dismiss or demote an employee, or when an employee resigns during a disciplinary investigation and you would have considered dismissal)
- if Disclosure Scotland have been notified (Providers have a legal duty to report harmful behaviour to [Disclosure Scotland](#) if they permanently remove a person from a regulated work role, or may have done had they not already left.)
- if the member of staff has not been suspended, you should explain the reasons for not doing this and detail the safeguarding measures that have been put in place
- the outcome of any investigations and lessons learned.

Please note: if providers do not make a referral to Disclosure Scotland within three months of the decision to permanently remove the individual from their role, Disclosure Scotland will report the organisation to Police Scotland.

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 your inspector by email. This should include the date of this email, which must be sent within the same timescale of 24 hours.

We need to be assured that you have taken appropriate action to:

- ensure people are safe
- make all necessary referrals
- ensure support has been offered to the people, their family and staff
- ensure multi-agency contact has taken/will take place.

If an allegation of misconduct is in relation to abuse of a person, you must also submit an **‘Protection concern about a person using the service’** notification.

Remember to use the **update** notification to inform us of the outcome of any investigations. This should detail all remedial, support, disciplinary or reporting actions.

Staff vacancies and absences

You are now only required to submit the **‘Staff absences and vacancies’** notification where you wish to advise us of significant staff vacancies/absences which impact or potentially impact on outcomes for those using the service.

We need to be assured that you have taken appropriate action to:

- ensure that people using the service are safe
- inform relevant agencies including commissioning bodies
- put contingency plans in place to ensure safe staffing arrangements
- work in partnership with other agencies to resolve the situation
- keep people using the service and their representatives informed of the situation.

Staffing arrangements (Whole Time Equivalent)

You should update the Whole Time Equivalent (WTE) for staffing when this changes significantly, for example a decrease or increase of more than 10%.

You must complete and submit the **‘Service details’** section of the form **‘Amend manager or service details’** which is found in the **‘Actions’** menu of your digital portal account. You must do this within 24 hours.

Any amendments made here will automatically update your service record on submission of the form.

We need to be assured that you have taken appropriate action to:

- offer high quality care and support as determined in people's personal support plans
- lead, support and manage staff well
- ensure appropriate management arrangements are in place
- evaluate the impact of the changes on people who use the service and staff.

A change in WTE staffing may impact on your registration fee.

Unfitness of manager

You must inform us where a manager is convicted of any criminal offence. Specific details must include the date and place of conviction, the offence the manager was convicted of, and any penalty or fine.

You should do this using the eForms notification: '**Unfitness of manager**' within 24 hours.

We need to be assured that you have taken appropriate action to:

- ensure the service is well led and managed
- assess the impact of any conviction on the service
- make alternative management arrangements where necessary.

Where the manager is expected to be absent for 28 days or more you should also complete an '**Absence of manager for more than 28 days**' notification.

Unfitness of provider

You must inform us of any event which may make a provider unfit to provide a service, including, but not limited to, a conviction of any criminal offence or sequestration. You should do this using the eForms notification: '**Unfitness of provider**'.

The notification must include specific details for example:

- date and place of conviction, the offence the provider was convicted of and any penalty or fine
- date of any court order granting sequestration and the identity of the trustee appointed
- date of any court order adjudging the provider bankrupt and the identity of the trustee appointed
- date of granting of any trust deed and the identity of the trustee.

We need to be assured that you have taken appropriate action to:

- ensure the service is well led and managed
- assess the impact of the conviction on the service
- make alternative management arrangements where necessary.

If you plan to cancel your registration and close the service, please also submit an application to cancel in your digital portal.

Appointment of liquidators

A liquidator, when they are appointed, must notify the Care Inspectorate using the eForm: **'Appointment of Liquidators/Receivers'**. Where the liquidators do not have access to eForms they must notify the Care Inspectorate that they have been appointed using alternative means. They must notify us within 24 hours.

Where there is no manager of the service, the liquidator must appoint one.

The information required will include:

- the date of appointment of liquidator, administrator or trustee and the identity of that person.

Notifications about the environment and safety

Equipment breakdown having significant effect on the service

You must notify us of any incidents where equipment is likely to remain out of action for more than 24 hours using the eForms notification: **'Equipment breakdown having significant effect on the service'** within 24 hours.

Examples of this include:

- lifts or lifting equipment out of action
- central heating failure
- lack of hot or cold water.

We need to be assured that you have taken appropriate action to:

- arrange for the repair of the equipment breakdown
- have good maintenance systems in place
- ensure people's safety and wellbeing.

Planned refurbishment or changes to the environment – premises-based services

You must notify us of any planned changes to the premises using the eForm notification **'Planned refurbishment or alteration or extension to premises'** notification. You must submit this notification three months before you plan to make the changes.

There are several documents which we may ask you to provide. These include:

- floor plans including room sizes (internal and/or external, as required)
- planning permission certificate (if building footprint changing)
- building warrant certificate
- completion certificate
- fire safety checklist sent by provider to Scottish Fire and Rescue Service (SFRS)
- fire safety checklist confirmation
- contact details for SFRS officer dealing with fire safety checklist
- building risk assessment, as required
- registration with environmental health services (If service is becoming a food premises) at least 28 days before food is served, (for example day care centre extending kitchen and decides to start providing food)
- maintenance contract (for example if new lift being installed).

If the refurbishment involves a move to temporary premises or results in a change to a condition of registration for example to make an increase to the registered numbers, you will need to complete and submit the form '**Apply to vary conditions**'.

Where the planned refurbishment impacts on people's safety and wellbeing you may need to close the service until the refurbishment is complete or alternative arrangements for people's care and support have been made.

Where there are concerns about people's safety a site visit may be necessary.

We need to be assured that you have taken appropriate actions to:

- ensure that the changes will benefit people who use the service and staff
- comply with current building regulations and service specific guidance
- have contingency plans in place where facilities or parts of the premises are unavailable during the refurbishment.

Changes to registration details (service name, provider name, contact details, address of a non-premises-based service, relevant individuals)

Amending contact details

There are certain changes to the provider and service details which you can make in your digital portal. You should inform us of these changes within 24 hours.

Using the '**Amend contact details**' form on the Service Overview you can change:

- service contact number(s)
- service contact email address
- the use of additional addresses (non-premises-based services).

Using the 'Amend contact details' form on the Provider Overview you can change:

- provider contact number(s)
- provider contact email address.

Changes to the areas above will appear on the Care Inspectorate's website within 24 hours and a new certificate will be available for you to download.

You can also use the '**Amend default provider invoicing details**' form on the Provider Overview to update invoicing details.

Some changes require approval. Your inspector or a member of our business support may contact you for more information and/or to conduct fit person's checks where appropriate. These include:

Service level:

- change of service name
- change of manager
- change of manager name
- change of service address (non-premises-based services only, premises-based services are required to submit an application to vary to change the service premises).

Provider level:

- change of provider name where the legal entity remains the same, for example a company or committee changing their name
- change of officers, for example directors; committee members and so on
- change of provider address.

You will not be permitted to make changes to aspects of the service that require a variation to the service's conditions of registration.

Where the changes apply at provider level this will automatically apply to all services. However, where a service is a combined housing support and care at home service, then applications to make the service level change will need to be made against each individual service as applying to make change for one will not apply to both.

A guide to the digital portal can be found on the [Care Inspectorate website](#).

Change to service address for premises-based services – apply to vary conditions

To request a change of the service address for premises-based services, you must apply to vary the conditions of registration by selecting '**Apply to vary my conditions**' in the digital portal. Here you will be able to request the necessary changes, giving your rationale. You will be given the opportunity to review your changes before you submit your request.

This applies to all services where people receive care and support at the premises and must be made three months before any planned move.

Where a premises-based service changes its address, we need to assess that the new premises are suitable. An inspector may visit your service as part of their assessment. You must provide details of the new premises, including the plans with room sizes, the facilities it provides and how people's care and support needs will be met.

Please discuss any proposed changes with your caseholding inspector in the first instance.

Where your premises becomes unusable due to an unforeseen circumstance, for example fire or flood, you should contact your caseholding inspector for advice and notify them using the relevant eforms notification for example, an '**Incident**' or '**Breakdown of equipment having significant effect on the service**'. If this means you will be using different premises you will need to apply to vary your conditions. When this is approved you will be able to use the new premises.

We need to be assured that you have taken appropriate action to:

- ensure that the new premises are suitable and in line with your aims and objectives and current good practice guidance
- identify and address any risks in the new premises
- comply with any legislative requirements, for example planning requirements, fire and food safety.

Your application to vary will be passed to a registration inspector for assessment. The registration inspector may require you to submit further documentation or evidence to support your application. If we agree with your variation request, we will notify you and issue a new certificate of registration. If we do not agree with your variation request, we will notify you and explain the reason for our decision. If you disagree with our decisions, you may appeal through the sheriff court.

There are useful good practice documents available on the Care Inspectorate Hub.

Changes to conditions of registration

You must complete and submit the form '**Apply to vary my conditions**' in the '**Actions**' menu of your digital portal account at least three months in advance of the proposed change of conditions being implemented.

A variation to your conditions may include adding additional conditions, changing existing conditions and removing conditions. For example:

- change in registered places or numbers of people using the service
- changes to times when the service operates (where times are recorded on your existing certificate)

- change of client group (for example, adding care of people under 65 years)
- number of staff teams (where this is recorded on your existing certificate)
- any service or service type specific conditions currently applied
- time limited conditions
- provision of respite care/short breaks (care home services only, where this will be a permanent arrangement)
- change in address of premises-based services (see Change to service address for premises-based services above)
- peripatetic management arrangements.

We need to be assured that you have taken appropriate action to:

- meet the needs of people using the service in all aspects of the variation request
- meet all relevant legislation and current good practice guidance in relation to the variation request.

Please discuss any proposed changes with your caseholding inspector in the first instance. Your application will be passed to a member of the registration team for assessment. You may be required to submit further documents or other evidence to support your application.

Expansion of an existing registered service into a new type of service delivery – Register a new care service

Where the proposed changes to a service match a new registration category, a new registration may be necessary.

You must complete and submit the form **‘Apply to register a new care service’** in the **‘Actions’** menu of your digital portal account at least six months before you intend to offer the expanded service.

You should provide all information as requested in the application to register.

We need to be assured that you have taken appropriate action to:

- share plans with the relevant agencies
- ensure the service you are registered to provide reflects the service you actually provide
- take account of the needs of the people the service supports, in line with current good practice guidance.

Please discuss any proposed changes with your inspector in the first instance. If further guidance is required, you can submit a pre-registration advice request via our portal.

Please note there is an application fee for this request. Details can be found in the [Fees Table](#) on the Care Inspectorate website.

Service becoming inactive and active

Any service can make an application to stop operating for up to 12 months, without having to cancel their registration. Where such an application is granted, a service will be referred to as 'inactive'.

You must complete and submit the form '**Apply to become inactive**' in the '**Actions**' menu of your digital portal account at least three months in advance of your plan to become inactive.

Reasons for a service to be treated as inactive are limited to:

- caring responsibilities
- maternity leave
- provider health issues
- refurbishment
- other exceptional circumstance.

A note will be kept of the date when you plan to become active again. If you wish to become active before the agreed date you must email us at:

inactive.services@careinspectorate.gov.scot

We will send you an email one month prior to the date agreed for your service to become active again. This email will let you know what your options are if you do not plan to become active on the agreed date. Your options are to apply to voluntarily cancel the service, or to apply for an extension of the inactive period.

If we do not hear from you before the agreed date, you will automatically become active on that date.

Please remember that while you are inactive you must continue to:

- submit an Annual Return
- pay any continuation fee
- make any relevant notifications and comply with legislative requirements.

Service cancellation (including as part of a combined service)

You should complete and submit the form '**Apply to cancel the registration**' in the '**Actions**' menu in your digital portal. You should detail what you plan to do and when. You **must do this at least three months in advance** of the planned cancellation. Where it is not possible to provide three months' notice of any planned cancellation you must contact your inspector at the earliest possible opportunity to discuss this.

Where the cancelled service is part of a combined service for example Care at Home and Housing Support Service or, the total amount of services is being reduced, you must ensure that the remaining service is not cancelled. You may

also need to submit the **'Apply to vary conditions'** to ensure that the conditions on the remaining services reflect the aims and objectives of the service.

To ensure that a new registration and voluntary cancellation of a service are linked (for example where a service is to be operated by a new provider) you should include the Registration App (RA) number for the new registration when you submit your cancellation request; and, in the cancellation notification, confirm at the appropriate point that the service 'will not cease to operate' and outline the proposed new provision arrangements. This will mean your cancellation and new registration dates will coincide for continuity of service.

Please discuss any proposed changes with your inspector. If further guidance is required, you can submit a pre-registration advice request via our portal.

We need to be assured that you have taken appropriate action to:

- notify relevant stakeholders
- keep people who use the service, their advocates and relatives informed
- work with other agencies to put contingency plans in place to ensure the safety and wellbeing of those who use the service where a service is cancelled
- offer high quality care and support as determined in people's personal plans in the remaining service
- lead, support and manage staff well in the remaining service
- ensure appropriate management arrangements are in place in the remaining service
- evaluate the impact on the changes on people who use the service and staff.

The following document is available on the Care Inspectorate website:

[Guidance on peripatetic management arrangements](#)

Appendix A: Restrictive practice guidance

Restrictive practice guidance for adult services

Restriction or restraint	Definition	Recording and reporting
Physical restraint	Any direct physical contact where the intervener's intention is to prevent, restrict or subdue movement of the body, or part of the body of another person. (Restraint Reduction Network) The grounds for intervention are that the person's action is likely to lead to hurt or harm to the person or others, or prevent necessary help being given. (Mental Welfare Commission for Scotland - Rights, risks, and limits to freedom)	All instances of physical restraint must be recorded and follow the organisation's reporting procedures. When an incident is reported and physical restraint forms part of the response, this should be identified within the incident notification.
Seclusion	The supervised confinement and isolation of a person, away from others, in an area from which the person is prevented from leaving (Restraint Reduction Network)	All instances of seclusion must be recorded and follow the organisation's reporting procedures. When an incident is reported and seclusion forms part of the response, this should be identified within the incident notification.
Mechanical or environmental restraint	The use of a device, barrier, obstacle or lock to restrict or subdue movement of a person's body or part of their body or prevent them moving around the environment freely with the primary purpose of behaviour control (Restraint	Restrictive mechanical or environmental interventions that provide day to day risk reduction and are part of an agreed care plan such as bed rails, lap belts or a locked door need not be reported to the Care Inspectorate, but this does not in any way eliminate the

	<p>Reduction Network)</p> <p>This may include but is not limited to, restrictive interventions such as bed rails, lap belts or locked doors.</p>	<p>importance of organisations maintaining their own oversight and monitoring of these interventions.</p> <p>In response to an incident involving stress or distressed behaviour or when unplanned use of mechanical or environmental restraint is used this should be reported to the Care Inspectorate. An example of this could be removing a person's mobility aids, placing a table in front of a chair to create a barrier or using a chair that a person cannot get out of.</p>
Chemical restraint	<p>The use of medication where it is prescribed and administered for the purpose of controlling or subduing behaviour (Restraint Reduction Network)</p>	<p>All instances of chemical restraint must be recorded and follow the organisation's reporting procedures. When an incident is reported and chemical restraint forms part of the response, this should be identified within the incident notification.</p>
Psychological restraint	<p>Depriving a person of choices, controlling them through not permitting them to do something, making them do something or setting limits on what they can do, without physically intervening. This includes the use of threats or coercion. (Restraint Reduction Network)</p>	<p>All instances of psychological restraint must be recorded and follow the organisation's reporting procedures. When an incident is reported and psychological restraint forms part of the response, this should be identified within the incident notification.</p> <p>This is likely to constitute an allegation of abuse and/or misconduct of staff and should be reported to us through these notifications also.</p>

Mental Welfare Commission for Scotland - Rights, risks, and limits to freedom
Restraint Reduction Network

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