**Non-Reportable Incident Recording Form**

* This non-reportable incident recording form should be completed for all incidents which are deemed to be non-reportable in accordance with the Gateshead SAB Adult Concern Decision Making Tool
* When completed, please ensure you keep the record in the Service Users file. This record will be used for professional scrutiny by CQC, Gateshead Council Commissioning Team and allied partners
* You do not need to complete this form if this is a CQC Notifiable Incident or a Safeguarding Adult Concern has already been raised

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| **Section 1: Details of the provider** | | |
| Name, address and contact details of provider: | | |
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| Type of service: | | |
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| Name of person reporting: | | |
|  | | |
| Your role: | | |
|  | | |
| Date form completed: | | |
|  | | |
| Contact details (insert ‘as above’ if details are the same): | | |
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| **Section 2: Details of the incident** | | |
| Providers reference number: | | |
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| LLA number if applicable of the Person who the Risk Notification Return relates to: | | |
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| Address or location where the incident occurred: | | |
|  | | |
| **Please select category:** | | |
| Please select from drop down: | Choose an item. | |
| If medication error was this a Controlled Drug | Choose an item. | |
| Date of incident: | | |
|  | | |
| Time of incident: | | |
|  | | |
| Staff involved, if any (initials only) | | |
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| Full details of the incident recorded in the section below: | | |
|  | | |
| Record the action taken in the section below: | | |
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| **Section 3: GP or other Professional:** | | |
| Has a GP or other Professional been informed | Choose an item. | |
|  | | |
| If ‘”No” please explain why below: | | |
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| Name of GP / Professional: | | |
|  | | |
| Contact details: | | |
|  | | |
| Date contacted: | | |
|  | | |
| Time contacted: | | |
|  | | |
| **Specifically ask the GP/Professional;** **‘In your view does this incident have the potential to cause the person significant harm?’**  **Record the response to this question along with any other instructions they give you.**  **If the professional states the incident does have the potential to cause significant harm then cease completing this form and complete a CQC notification and Safeguarding Adult Concern Form** | | |
| **Section 4: Duty of Candour** | | |
| Is the person aware of the incident? | Choose an item. | |
| If “No” please provide details why the person is not aware: | | |
|  | | |
| Has the person’s Next of Kin (NoK), or ‘relevant person’ been informed? (**Please consider duty of Candour**).  This must be based on the person’s choice as to whether they would like this person informing. | | Choose an item. |
| If “No” please provide details: | | |
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