**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: |
|  |
| LLA number if applicable of the Person who the Risk Notification Return relates to: |
|  |
| 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) |
|  |
| Full details of the incident recorded in the section below: |
|  |
| Record the action taken in the section below: |
|  |
| **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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