

Statutory notification about a person who lives in a care home

Please read '**Guidance for Providers: How to tell us about notifiable events**' for detailed advice on how and when to make statutory notifications

The guidance is available at www.cqc.org.uk

There is a separate form for notifications about a care home's premises, the registered provider(s), registered manager, staff, or statement of purpose

This notification includes personal information. To comply with the Data Protection Act 1998 it should not be sent by email or fax

Please send this notification by post to:

Care Quality Commission
National Correspondence
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Fax us on: 03000 616172

Or email your regional team:

Easter Region: enquiries.eastern@cqc.org.uk
London Region: enquiries.london@cqc.org.uk
North East Region: enquiries.northeastern@cqc.org.uk
North West Region: enquiries.northwest@cqc.org.uk
South East Region: enquiries.southeast@cqc.org.uk
South West Region: enquiries.southwest@cqc.org.uk
West Midlands Region: enquiries.westmidlands@cqc.org.uk

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- **Please use a separate form for each notification**
 - **Please do not send in duplicate notifications by email or fax: send this notification ONCE, by post only**
 - **Service numbers can be found on reports and certificates of registration**
 - **You do not need to send us this page**
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Statutory notification about a person who lives in a care home**Part 1 Required information:**

Please note it is important to fill in the service number. You will find this on your registration certificate.

The care home			
Care home name:			
Care home's address:			
Postcode:		Service number:	
Form filled in by:			Date: dd/mm/yy

The person				
Title	Name	Age	Date of birth	Date of admission
			dd/mm/yy	dd/mm/yy

The type of event (tick one)	Notification timescale
A death	Without delay
Serious infectious disease	
Serious injury	
Serious illness (in a non nursing care home only)	
Event that adversely affects the person's safety & welfare	
Theft, burglary or accident	As soon as practicable
The termination of accommodation without notice	

Where the notification is about a death				(You must provide additional relevant information in part 3)
Date of death	Time of death	Time of discovery of death	Was the death expected?	Cause of death (if/as recorded on death certificate)
dd/mm/yy				

Where the notification is about a serious infectious disease	
Date of diagnosis by doctor	Type of disease
dd/mm/yy	

Where the notification is about a serious injury	
Date of injury	Time of injury
dd/mm/yy	

Where the notification is about a serious illness (non-nursing homes ONLY)	
Date of diagnosis by medical practitioner	Type of illness
dd/mm/yy	

Other events that adversely affect people's safety and welfare (You must provide additional relevant information in part 3)			
Please tick the type of event			
Medication error that needed discussion with a doctor or nurse <input type="checkbox"/>	Loss or theft of controlled drugs <input type="checkbox"/>	Water, gas or electricity cut off for more than 24 hours <input type="checkbox"/>	Fire detection, call system or lift not working for more than 24 hours <input type="checkbox"/>
Any incident where the police became involved <input type="checkbox"/>	Missing persons procedure used <input type="checkbox"/>	Significant damage to the premises which affects residents <input type="checkbox"/>	Other (specify in part 3) <input type="checkbox"/>

Theft or burglary	
Please tick theft or burglary	
Theft of a person's personal items <input type="checkbox"/>	Burglary <input type="checkbox"/>

Part 2 Additional voluntary information

Where the notification involves serious injury									
Nature of Injury									
Fracture <input type="checkbox"/>	Sprain/strain <input type="checkbox"/>	Cut/bite/open wound <input type="checkbox"/>	Bruise <input type="checkbox"/>	Burn <input type="checkbox"/>					
Concussion <input type="checkbox"/>	Vital organ <input type="checkbox"/>	Other (specify in part 3) <input type="checkbox"/>	Unknown <input type="checkbox"/>						
Where did the injury occur									
Person's bedroom <input type="checkbox"/>	Communal room <input type="checkbox"/>	Bath / shower <input type="checkbox"/>	WC <input type="checkbox"/>	Kitchen <input type="checkbox"/>					
Corridor <input type="checkbox"/>	Garden / grounds <input type="checkbox"/>	Outside the home <input type="checkbox"/>	Other (specify in part 3) <input type="checkbox"/>	Unknown <input type="checkbox"/>					
Activity: What was the person doing when they were injured?									

Receiving care	<input type="checkbox"/>	Leisure activity	<input type="checkbox"/>	Alone	<input type="checkbox"/>	Other (specify in part 3)	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Mechanism: How was the person hurt / how was the injury inflicted?									
Pressure sore (2+)	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Fire / heat	<input type="checkbox"/>	Other (specify in part 3)	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Intent									
Accidental unintended	<input type="checkbox"/>	Intended assault	<input type="checkbox"/>	Self harm	<input type="checkbox"/>	Other	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

If care or medical treatment was required	
What treatment / care was given and where	
Care or first aid given within the care home	<input type="checkbox"/>
Medical treatment given within the care home	<input type="checkbox"/>
Treatment given in a medical setting but person not admitted to hospital	<input type="checkbox"/>
Hospital admission	<input type="checkbox"/>

If the notification is about alleged abuse or neglect					
Type of abuse (tick all that apply)					
Physical abuse	<input type="checkbox"/>	Psychological abuse	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Financial/material	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>

Alleged abuser(s) relationship with the person (tick all that apply)					
Care Worker employed at the home	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
Visiting care worker or professional	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other (specify in part 3)	<input type="checkbox"/>
Unknown	<input type="checkbox"/>				

Information about a safeguarding investigation			
Date allegation was reported to registered person:		Date allegation was reported to social services department / police:	
Date	dd/mm/yy	Date	dd/mm/yy

Part 3 Any further information

Continue on additional numbered sheets if necessary (box will expand)