**Adult Learning Review Process: Care Inspectorate Electronic Decision Notification Form**

The electronic notification form is to be completed at the point when a decision has been made to conduct a learning review, or to detail the reasons for not proceeding. This word version is to assist in preparing the response.  Learning review decision notifications should be submitted here: [**learning review decision notification**](https://forms.office.com/Pages/ResponsePage.aspx?id=Y1hH29mw4ke3P4nADYUedI0DoUQJ5iZBr7rpZLhJhupUNUxNTUtIMVZFM1lQVUE1T1daSTZXVUI3RiQlQCN0PWcu)**.**

**A notification decision form is to be completed for all adults considered under the National Guidance for Adult Protection Committees Undertaking Learning reviews introduced on 26th May 2022.**

**For completion by representative of Adult Protection Committee or mandated sub-group**

**Section 1**

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| 1.1 | Date of notification |
| 1.2 | Name of the person submitting notification |
| 1.3 | Position |
| 1.4 | Email address |
| 1.5 | Telephone number |
| 1.6 | Adult Protection Committee area |

**Section 2: Adult’s information**

**Note – only redacted information with no identifiable information**

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| 2.1 | Adult identifier (For example: Adult D) |
| 2.2 | Gender of adult |
| 2.3 | Age of adult when Learning Review referral was made |
| 2.4 | Primary type of harm  *Select one from pick list* |
| 2.5 | Any other applicable type of harm  *Select all that apply from pick list* |
| 2.6 | What is/was the adult’s ethnicity? |
| 2.7 | Primary case type  *Select one from pick list* |
| 2.8 | Primary location of harm  *Select one from pick list* |
| 2.9 | Has the adult died? |
| 2.9.1 | If yes, please advise on date of death |
| 2.10 | Outline what is/was the nature of the adult’s situation  *Relevant background information including key risks and supports* |
| 2.11 | Was the adult referred under Adult Support and Protection (Scotland) Act 2007 during the time period being considered? |
| 2.12 | Was the adult supported under Adult Support and Protection (Scotland) Act 2007 during the time period being considered?  *Support includes inquiry, investigation, case conference and protection planning* |
| 2.12.1 | If yes, please provide further details  *This should include information about stages of the process and application of the three-point test/criteria* |
| 2.13 | Were there concerns related to the adult's decision-making capacity? |
| 2.13.1 | If yes, please provide further details |
| 2.14 | Was the adult subject to Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care & Treatment) (Scotland) Act 2003 during the time period being considered? |
| 2.14.1 | If yes, please provide further details |
| 2.15 | Did the adult have an unpaid carer? |
| 2.16 | During the time period considered did the adult receive support that included a commissioned service? |
| 2.16.1 | Please select all type of services that apply |

**Section 3 – Decision making process**

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| 3.1 | Date APC received the notification form for case to be considered for Learning Review |
| 3.2 | What are the locally agreed timescales for carrying out a Learning Review? (From referral to Learning Review decision) |
| 3.3 | What was the membership of the review group?  *Name, organisation, and designation* |
| 3.4 | Date of review group meeting |
| 3.5 | Options considered by review group  *This may be in relation to immediate actions, or recommendations that precede any further case review processes.* |
| 3.6 | Review group’s recommendation and rationale to proceed or not to a Learning Review  *Please provide a brief summary (perhaps in bullet point) of the recommendations, and supporting rationale, made by the Review Group to the Adult Protection Committee* ***If a process other than a Learning Review*** ***is being pursued but meets the criteria for a Learning Review, please remember to forward a copy of this report to the Care Inspectorate and complete the outcome notification form*** |
| 3.7 | Date of review group’s recommendation |
| 3.8 | Date Adult Protection Committee notified of review group’s recommendation |
| 3.9 | Note of discussion by Adult Protection Committee  *Please provide a brief summary (perhaps in bullet point) of the discussion & resultant recommendation of the Adult Protection Committee regarding the findings of the review groups recommendations regarding a Learning Review, actions to be taken as an outcome, and recommendations to the Chief Officers Group* |
| 3.10 | Adult Protection Committee’s decision(s) and rationale |
| 3.11 | Date of Adult Protection Committee Decision(s) |
| 3.12 | Note of any comments by /discussion with chief officers  *Please provide a brief summary (perhaps in bullet point) of the discussion & resultant decision of the Chief Officer's Group regarding the findings of the Learning Review, and actions to be taken as an outcome – including whether there will be a full Learning Review.* |
| 3.13 | Date of chief officers’ final decision |
| 3.14 | If not proceeding to a Learning Review, any improvement actions identified and arrangements for oversight and implementation |

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