Eldradesk
DIGITAL CONCIERGE FOR CARE

The Care Admin Toolkit

Practical templates and a plain guide to using AI safely, for small care providers in England and Wales

From Eldradesk

Edition: November 2026

How to use this pack

1. Start with the 10-question self-check, then go straight to the templates it points you to. You don't need to read the pack from cover to cover.
2. Every template has an editable Word version. Change it to fit your service, your policies and your regulator's requirements.
3. These are starting points to support your own judgement. They are not legal advice and do not guarantee any rating or compliance.

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What's inside

Part 1 · The guide

What inspectors look for, and where AI can safely help your staff

- Why we're giving this away
- What inspectors find most often
- 10-question self-check
- Using AI safely with your staff
- Free help you already have

Part 2 · Templates

Ready-to-print checklists for the problems inspectors find most often

- Audit pack
- Medicines records check sheet
- Care plan review checklist
- Staffing vs needs
- Recruitment file checklist

Part 3 · AI policy and DPIA

Starting points for putting AI on a safe, written footing

- AI use policy (template)
- DPIA starter: "Staff use an AI tool to help draft notes and letters"

About us

Who made this pack, and how to reach us

- About Eldradesk

Every source is listed in the separate *Sources* file that comes with this pack.

Why we're giving this away

We're a small Gloucester company that helps care providers use AI safely for the paperwork side of the job.

The rules on AI in care only became clear this year. They are spread across four separate sets of guidance, and few managers have time to read them all. The paperwork itself has not got any lighter either. So we have put the basics into one short pack: the checks and templates that inspectors' reports suggest matter most, and a plain guide to using AI safely.

This pack is useful to you whether or not you ever talk to us. It is also the fairest way we know to show how we work.

If it helps and you'd like a hand applying it to your own service, we'd be glad to talk. That's paid work. If not, keep the pack and use it. There's nothing to sign and we won't chase you.

How to use this pack

- **Adapt it.** Every template is a starting point. Change the wording to fit your service, your policies and the people you support. Editable Word versions come with this pack.
- **It supports your judgement. It does not replace it.** The templates sit alongside your own policies, NICE guidance, advice from your pharmacist, GP and other professionals, and your regulator's requirements.
- **No guarantees.** Using this pack does not guarantee a rating or compliance. Inspectors look at the care people receive, not at whether a form exists.
- **Start small.** Pick the one or two sections that match your biggest worry. The self-check will help you choose.

What inspectors find most often

The good news first: in the reports we read, most problems were not about poor caring. They were about **records and checks that do not keep up with the care**. That makes them fixable.

The national picture

England: CQC, *The state of health care and adult social care in England 2025/26*, published 23 October 2026

- Care homes: of 3,783 assessed under the current framework (as at August 2026), 67% were rated good and 3% outstanding; 27% required improvement and 3% were inadequate.
- Leadership is the weak spot: "around a third of care homes were rated as requires improvement (31%) or inadequate (3%) for the well-led key question".
- Governance: CQC found "shortfalls in standards … for more than half (55%) of the care home assessments that looked at" the governance, management and sustainability quality statement.
- Homecare: of 2,121 services assessed since January 2024 (as at August 2026), 76% were rated good and 4% outstanding; 18% required improvement and 2% were inadequate.
- CQC says its assessments "have been largely risk based, so the services assessed may not be representative of all services across the sector."
- Source: https://www.cqc.org.uk/publications/major-report/state-care/2025-2026/asc/ratings

Wales: Care Inspectorate Wales, *Chief Inspector's Annual Report 2025-26*, published 22 October 2026

- "this year we awarded 3,017 ratings, 90.1% of which were either 'good' or 'excellent'."
- "Leadership and management remained the area we most often identified as needing improvement." The issues listed include weak governance and quality assurance; gaps in supervision, training and competency; "incomplete recruitment and vetting"; staffing; and records "incomplete, inaccurate or out of date".
- Medicines: CIW saw "an emerging issue in relation to medication", issuing 12 Priority Action Notices and identifying a further 15 Areas for Improvement.
- Source: https://www.careinspectorate.wales/chief-inspectors-annual-report-2025-2026

Our own analysis: 62 recent inspection reports

We read and coded 62 public inspection reports (44 CQC, 18 CIW) published or completed between January 2025 and November 2026. They cover small home care services and care homes in South West England, the West Midlands and South Wales. 48 were chosen at random; 14 were chosen on purpose and lean towards services with problems.

Please read this honestly: it is a **small sample, coded by one analyst, with no second check**. It describes these 62 reports, not the whole sector.

What inspectors found	Reports (of 62)	%	What it means in plain English
Audits and oversight that do not find the problem	28	45%	Checks were done, but missed what the inspector found, or left no record, owner or date.
Medicines records	26	42%	The medicine may have been given, but the record does not prove it: MAR gaps, missing "as needed" (PRN) protocols, cream and patch charts, stock.
Care plans incomplete or out of date	21	34%	Different documents say different things, or the plan was not updated after a change.
Improvement actions not followed through	15	24%	Problems were known but the fix was not finished, checked or kept going.
Risk assessments missing or not updated	14	23%	The risk was noted, but there was no clear guide for staff on what to do.
Training and competency records	13	21%	Specialist training or signed-off competency did not match the people staff support.
Recruitment file gaps	12	19%	Missing references, unexplained gaps in work history, or DBS checks not in place in time.
Incidents not analysed	12	19%	Incidents were logged one by one, but nobody looked for patterns or updated the plan.
Staffing levels and rotas	10	16%	The service could not show how staff numbers matched people's needs.

Two more points from the sample:

- 16 of the 62 reports (26%) had no record-keeping or management finding on our list at all.
- Problems are not only found in struggling services. Services rated Good accounted for 11 of the 28 audit findings and 12 of the 26 medicines-record findings.

The rest of this pack follows these findings: audits first, then medicines, care plans, staffing and recruitment.

10-question self-check

Answer honestly. It takes about ten minutes. Every "No" or "Not sure" points to a section of this pack that can help.

This is not a test and it is not a prediction of any rating. It is a quick way to choose where to start.

#	Question	Yes	No / Not sure	If no, see
1	Does every audit you do record who did it, the date, what was sampled, what was found (even "no issues") and the next due date?	☐	☐	Section 5: Audit pack
2	Do all your open actions, from every source (your audits, the regulator, the council, complaints), sit in one list with an owner, a due date and evidence of completion?	☐	☐	Section 5: Findings-to-actions log
3	Does every "as needed" (PRN) medicine have a written protocol that staff can find?	☐	☐	Section 6: PRN protocol
4	Does every cream and patch have a record showing where it goes, and when it was applied or removed?	☐	☐	Section 6: Topical and patch prompts
5	When a medicine is missed, refused or out of stock, is it recorded with an agreed code, a reason and what was done?	☐	☐	Section 6: Omission and stock-out log
6	After a hospital stay, a fall, an incident or new advice from a professional, is the care plan and its risk assessments updated within a time you have agreed?	☐	☐	Section 7: Change triggers a review
7	For each person's main risks (for example falls, skin, eating and drinking, choking), does the plan tell staff what to do and when to get help?	☐	☐	Section 7: Risk prompts
8	Care homes: can you show how your staffing numbers match residents' current needs? Home care: does your rota allow real travel time and cover every double-up call?	☐	☐	Section 8: Staffing vs needs
9	Does every staff file hold a full employment history with gaps explained in writing, references, a DBS check and right-to-work evidence, all completed before the start date?	☐	☐	Section 9: Recruitment file checklist
10	Do you look at all incidents and accidents together at least monthly, to spot patterns and check each one led to the right updates?	☐	☐	Section 5: Incidents analysis

What next

- **0 to 2 "No" answers:** keep going. Use the audit calendar (in the audit pack) to keep checks regular.
- **3 to 5 "No" answers:** pick the two that worry you most and start there this month.
- **6 or more:** start with questions 1 and 2. Good audits and one action list make every other fix easier to track.

Write today's date here and repeat the check in three months: ____ / ____ / ________

Using AI safely with your staff

AI tools can help with the paperwork side of care: a first draft of a letter, a clearer version of a policy, an agenda for a team meeting. In 2025 and 2026 every regulator and national body that matters to care providers in England and Wales published guidance on AI. The good news is that they agree on the basics. This section puts them on one page, then turns them into a list your team can use.

All sources below were checked at the original page on 26 November 2026. Full links are in `SOURCES-ai.md`.

A. What the regulators now say, on one page

Date	Who	What it is	The key points for a small provider
21 May 2026	**CQC** (England)	Artificial intelligence in health and social care: CQC's role, expectations and plans	CQC says providers "must follow" these principles: AI supports and does not replace human decision-making; human oversight; transparency and choice, including non-digital routes; safety; security; fairness; training; effective governance; a **Data Protection Impact Assessment (DPIA)**; accountability; procurement to standards. CQC links AI to Regulations 9, 10, 11, 12 and 17. "We do not assess or approve specific technologies." "The absence or presence of AI does not predict a specific rating."
20 Nov 2026	**DHSC and DfE** (England)	Artificial intelligence (AI) in social care, non-statutory guidance, plus Using AI in social care: a quick guide for practitioners	Written mainly with councils in mind, but "the principles of this guidance will also apply to other organisations providing social care". "Do not enter personal, confidential or case-specific information into publicly available AI tools like ChatGPT, Claude, Gemini." "AI outputs should be considered a first draft." AI should not make decisions about individuals, set risk, need or safeguarding thresholds, complete assessments or care plans, or replace professional judgement. Organisations should have local policies and DPIAs.
18 Nov 2026	**Care Inspectorate Wales**	Use of Artificial Intelligence (AI) in Social Care, position statement	AI should assist staff, not make decisions about care; responsibility always rests with the provider; outputs checked for accuracy before use; people told when AI affects them, with choice wherever possible; no bias; UK GDPR and the Data Protection Act 2018 apply; clear governance, training and oversight by the Responsible Individual. "There is no separate set of AI regulations." "CIW does not approve or regulate individual AI tools." CIW "strongly recommends" the Social Care Wales guide below.

Date	Who	What it is	The key points for a small provider
May 2025 (v1.0); practice resources 20 July 2026	**Social Care Wales**	AI Guide for the social care sector in Wales (created by CACI, funded by AI Commission Wales); new practice resources	Explains how AI works, principles for responsible use, getting informed consent, and where AI can help. "Never use free or publicly available AI tools for handling personal, sensitive or private data – unless your organisation has approved it." Points to the ICO's DPIA guidance.
1 Feb 2024; 27 March 2025; March 2026	**Oxford Project / AI in Care Alliance**	Oxford Statement (roundtable 1 Feb 2024); guidance as "I" and "we" statements launched at the summit on 27 March 2025; AI in Care Alliance formed after the second summit in March 2026 (website launched July 2026)	Co-produced with people who draw on care, care workers, providers and others. Covers informed choice, data handled lawfully, avoiding bias, and clear accountability: "We have policies that set out clearly who is accountable for the work done by technologies that are in use in the care and support we provide."

The safeguards they share

Safeguard	CQC	DHSC/DfE	CIW	Social Care Wales	Oxford / Alliance
AI drafts, a person decides	✓	✓	✓	✓	✓
Check every output before it is used	✓	✓	✓	✓	
No personal data in public chatbots; approved tools only	via security and GDPR	✓ (explicit)	via UK GDPR	✓ (explicit)	via lawful data handling
Tell people, and offer a choice where possible	✓	✓	✓	✓ (consent)	✓
Do a DPIA before using AI with personal data	✓ (explicit)	✓ (explicit)	via UK GDPR	✓ (points to ICO)	
Have a written policy, training and a way to report problems	✓	✓	✓	✓	✓
The regulator does not approve tools: you stay responsible	✓		✓		

A tick means we found it said plainly on 26 November 2026. "Via" means it follows from what the body says about data protection law, but the body does not spell it out for AI.

B. Traffic-light list of everyday tasks

Print this for the office or staff room. **"Official support"** shows where national guidance names the use. Where it says *"our view"*, that's our reading of the guidance, not a statement by a regulator.

Green: fine to use, with no personal data, if a person checks the result

Task	Official support
Drafting a job advert	Our view: low data risk, consistent with every source's "use AI for drafting, not decisions"
A bank of interview questions	Our view, as above
Team meeting agendas	DHSC quick guide (drafting; preparing for meetings)
A plain-English or easy-read version of **your own** policy or a public document	DHSC quick guide: "simplifying complex information and adapting the tone, length or format"
A training plan or toolbox-talk outline	Our view, as above
A blank rota *template*, newsletter or noticeboard drafts (no names)	Our view, as above

Amber: check first. Only with a tool your organisation has approved, a DPIA, staff training and a person reviewing every output

Task	Official support	What to watch
Drafting care notes or visit summaries from a carer's own notes, for that carer to check	DHSC quick guide ("first drafts of notes, summaries, letters and records"); CQC and Social Care Wales	Mistakes stated confidently; losing the person's own voice; it must never become the care plan by itself. Often safest inside your digital care record's own built-in tools, if it has them
Transcribing or summarising meetings and supervisions	DHSC quick guide	Everyone present must know and agree; the record must add what AI misses (tone, body language, what wasn't said)
Searching your own policies and procedures ("ask our handbook")	DHSC guidance (council case study)	Answers are only as good as your documents; always check the answer against the policy itself
Translating a letter or information for a person you support	DHSC quick guide (translating text)	Have anything important checked by a fluent speaker
Drafting an update letter to a family	Not named in guidance (our view: amber)	Contains personal data; consent; tone; a person checks and sends it
Suggesting rota patterns	Not named in guidance (our view: amber)	Fairness to staff and working time rules; the manager decides

Red: don't

Don't	Why
Put names, addresses, health details or anything about a person you support or a staff member into ChatGPT, Gemini, Claude or any other public chatbot	DHSC quick guide and Social Care Wales guide (explicit)

Don't	Why
Let AI decide care, support, risk, need or safeguarding thresholds	DHSC quick guide; CIW; CQC
Let AI complete an assessment or care plan	DHSC quick guide: AI may help organise information, but "the analysis, conclusions and recommendations should reflect your own professional judgement"
Copy AI text into care records without checking it	DHSC quick guide: "Do not copy AI-generated text into case records unchecked"
Ask AI about medicines, doses or clinical symptoms	Our view: clinical questions go to the GP, pharmacist or NHS 111. CQC lists misdiagnosis among AI's risks
Let AI shortlist, score or rank job applicants	Our view: this is a decision about a person, with real risk of bias, and needs specialist data protection advice
Let AI handle a safeguarding concern or disclosure	Our view: a person must deal with these straight away, following your safeguarding procedure
Adopt an AI-written policy without making it match how your service actually works	Our view: a policy has to describe what your team really does

C. Five example prompts with no personal data

These use the **GCSE** method from the DHSC quick guide: **G**oal (what you want), **C**ontext (background and audience), **S**ource (what to base it on), **E**xpectation (format, tone and length). Copy them, change the [brackets] and add nothing that could identify a person.

The DHSC quick guide's final check applies to every one: *have I checked it? have I challenged it? have I added my professional judgement? would I be able to explain and justify the final document?*

1. Job advert

> **Goal:** Write a job advert for a [care worker / senior carer] role. **Context:** We are a [small home care service / [number]-bed care home] in [town]. The role is [full-time / part-time, [hours]], paying [£ rate]. We want people who are kind and reliable; experience is welcome but not essential because we provide training. **Source:** Use only the details I have given. Do not invent benefits, pay rates or qualifications. **Expectation:** Under 250 words, warm and plain English, with a short "what you'll do" list and a "how to apply" line. Avoid wording that could put off applicants because of age, sex, disability or any other protected characteristic.

☐ **Check before using:** pay, hours and benefits are correct; nothing is promised that you don't offer; the wording is fair to everyone and matches your recruitment policy.

2. Interview questions

> **Goal:** Suggest 10 interview questions for a [care worker] role. **Context:** Small [care home / home care service]. We want to understand values, reliability and how people would respond to everyday situations. **Source:** Base the questions on general good practice in values-based recruitment. Do not refer to any real person or situation. **Expectation:** A numbered list, with one line under each question saying what a good answer might include. Questions must be the same for every candidate and must not ask about health, age, family plans or other protected characteristics.

☐ **Check before using:** every question is lawful and fair; they fit your own recruitment procedure; *you* decide the scoring, not the AI.

3. Team meeting agenda

> **Goal:** Draft an agenda for our monthly team meeting. **Context:** About [number] staff, [60] minutes. Topics: [e.g. new medicines record forms, winter staffing, training dates, ideas from the team]. **Source:** Use only the topics I have listed. **Expectation:** A one-page agenda with timings, starting with a welcome and anything to celebrate, and ending with agreed actions, who owns them and the next meeting date.

☐ **Check before using:** timings are realistic; nothing confidential about a person or staff member is on the shared agenda.

4. Plain-English version of a policy

> **Goal:** Rewrite our [lone working / infection control] policy as a one-page summary for care staff. **Context:** Many of our staff speak English as an additional language and read on their phones between visits. **Source:** Use only the policy text I paste below. Do not add rules that are not in it. If something is unclear, flag it rather than guessing. [Paste the policy here, after removing any names or contact details of individuals.] **Expectation:** Short sentences, plain words, bullet points, no more than one page. Keep every "must" from the original.

☐ **Check before using:** compare it line by line with the full policy; nothing is missing or changed; the full policy stays the official version.

5. Training plan

> **Goal:** Draft a 12-month training plan outline for our team. **Context:** [Number] staff in a [home care service / care home]. Required topics we must cover: [list from your own training matrix]. We can run [one] short in-house session a month. **Source:** Use only the topics I have listed. Do not state legal requirements or refresher frequencies unless I have given them. **Expectation:** A table by month with the topic, a 30-minute session outline and how we will check learning.

☐ **Check before using:** topics and refresher dates match your own training matrix, your regulator's requirements and Skills for Care or Social Care Wales guidance; nothing important has been dropped.

This section summarises public guidance as published on 26 November 2026. It is not legal advice and does not replace the guidance itself, your own policies or your regulator's requirements. Guidance changes; check the links before relying on them.

Free help you already have

You don't have to work all this out alone. These organisations already offer free help to care providers, or help for their members. All links were checked on 26 November 2026.

Who	Where	What they offer	Link
Skills for Care	England	Support for registered managers: local manager networks, aspiring and deputy manager networks, registered manager membership and webinars	skillsforcare.org.uk: support for registered managers
Digital Care Hub (formerly Digital Social Care)	England (much applies UK-wide)	Free guidance, tools and advice on data protection and cyber security, help with the Data Security and Protection Toolkit, a free Data Policy Builder, and AI guidance including the Oxford Project work	digitalcarehub.co.uk · Data Policy Builder · AI and Robotics
Digital Social Care	-	Renamed **Digital Care Hub** in September 2023. The old digitalsocialcare.co.uk address no longer loads, so update any old bookmarks	Digital Care Hub: new name for Digital Social Care
DHSC	England	The AI in social care guidance and quick guide for practitioners (20 November 2026), and the wider Digitising adult social care collection	Digitising adult social care
Gloucestershire Care Providers Association (GCPA)	Gloucestershire	For members: management network and regular networking meetings, information on the DSPT and the Learning and Development Support Scheme, a wellbeing line, an e-learning discount and free basic foot care training	gcpa.co.uk · Member benefits
Care Forum Wales	Wales	Represents 400+ independent providers across Wales. For members: updates on legislation, shared best practice and resources, CPD opportunities	careforumwales.co.uk
Social Care Wales and its **Insight Collective**	Wales	The AI Guide for the social care sector in Wales (May 2025) and practice resources (July 2026); research, data and evidence for social care in Wales; learning modules and the Codes of Professional Practice	AI guide · Insight Collective · socialcare.wales
ICO (Information Commissioner's Office)	UK	Advice for small organisations, with self-serve tools and short guidance; DPIA guidance and template; guidance on AI and data protection	Small organisations · DPIAs · AI

Who	Where	What they offer	Link
NICE	England (often used in Wales)	Free social care guidelines and quality standards, including SC1 *Managing medicines in care homes* and NG67 *Managing medicines for adults receiving social care in the community*	NICE social care · SC1 · NG67

GCPA and Care Forum Wales are membership bodies; check their current membership terms. We list these organisations because they're useful. We have no arrangement with any of them, and they have not reviewed or endorsed this pack.

Audit pack

Audits were the most common finding in our sample of 62 reports: checks that were done, but did not find the problem. A good audit **samples real records**, writes down what it found, and turns every "No" into a dated action.

How to use these sheets:

- Sample a fixed number of real records each time (suggested below). Choose different people each month.
- Answer Yes, No or NA for each item. Write a note for every "No".
- Copy every "No" into the findings-to-actions log on the last page of this section.
- The auditor should not be the person who wrote the records, where that is possible.

Adapt the items to your own policies. These sheets support your judgement; they do not replace it.

Audit 1: MAR chart audit

Audit date: _____ Auditor: _____ Records sampled (suggest 5 MARs): _____

Item	Yes / No / NA	Notes
Each MAR has the person's name, date of birth, allergies and a photo or other ID check		
Every medicine on the MAR matches the current prescription or pharmacy label		
There are no blank boxes for the period checked		
Every non-administration (refused, missed, out of stock) uses an agreed code and has a reason		
Handwritten entries are signed, dated and checked by a second person, as your policy requires		
Every "as needed" (PRN) medicine has a written protocol, and the reason for each dose is recorded		
Creams and patches have an application record showing where and when		
Time-sensitive medicines were given at the times prescribed		
Medicines changes (started, stopped, dose changed) are recorded with date and source		
Stock counts for sampled medicines match the records (care homes, or where you hold stock)		
Storage temperature records are complete (where you store medicines)		
Any errors found since the last audit were reported and followed up under your policy		

Audit 2: Care plan audit

Audit date: _____ Auditor: _____ Plans sampled (suggest 3): _____

Item	Yes / No / NA	Notes
The plan has been reviewed within the timescale your policy sets		
The plan was updated after the last change (hospital stay, fall, incident, new professional advice)		
The plan matches the latest letters from GP, nurses, therapists or other professionals		
The plan, risk assessments, MAR and handover information say the same thing		
Each identified risk has a risk assessment that tells staff what to do and when to get help		
What matters to the person, their preferences and communication needs are recorded		
Consent is recorded, and mental capacity assessments are in place where needed		
End-of-life and advance wishes are recorded, or it is noted that the person did not wish to discuss them		
The person (or their representative) was involved in the review, and this is recorded		
Daily notes in the sample period show care was given in line with the plan		

Audit 3: Recruitment file audit

Audit date: _____ Auditor: _____ Files sampled (suggest 3, including the newest starter): _____

Item	Yes / No / NA	Notes
Application form with full employment history		
Gaps in employment explained in writing		
Two references on file, including the last care employer where there is one		
Reason for leaving previous care work checked, as far as reasonably practicable		
DBS check at the right level received before the start date (or a signed risk assessment, if your policy allows)		
Right-to-work check completed and copy kept		
Proof of identity with a recent photo		
Health declaration on file		
Evidence of relevant qualifications		

Item	Yes / No / NA	Notes
Interview notes on file		
Induction completed and signed off		
Wales: Social Care Wales registration in place or on track by the required date		

Audit 4: Incidents and accidents analysis

Period reviewed: _____ to _____ Reviewed by: _____ Total incidents: _____

Item	Yes / No / NA	Notes
Every incident in the period is in the log with date, time, place, person and type		
Incidents have been counted by person, type and time of day		
Any person with repeated incidents has been identified		
Patterns by time, place or shift have been looked for		
Each incident led to a care plan or risk assessment update where needed (with date)		
Each incident was checked for whether a regulator notification was needed, and sent if so (with date)		
Each incident was checked for whether a safeguarding referral was needed		
Family or representatives were told where appropriate		
Learning was shared with the team (date and how)		
Actions from last month's review have been completed		

Findings-to-actions log

One list for every action, from every source: your own audits, the regulator, council visits, complaints and safeguarding. Only close an action once someone has checked the evidence.

#	Date found	Source	Finding	Action	Owner	Due	Done (date)	Evidence checked by / where	Re-check date
1									
2									
3									
4									

#	Date found	Source	Finding	Action	Owner	Due	Done (date)	Evidence checked by / where	Re-check date
5									

Review this list at one fixed time each week. A re-check after about three months shows whether a fix has lasted.

12-month audit calendar

A suggested pattern. Change the frequencies to match your own policies and risks. Tick each box when the audit is done.

Month	MAR audit	Care plan audit	Recruitment file audit	Incidents analysis	Action log review	Notes
January	☐	☐		☐	☐ weekly	
February	☐	☐		☐	☐ weekly	
March	☐	☐	☐	☐	☐ weekly	Self-check (the self-check)
April	☐	☐		☐	☐ weekly	
May	☐	☐		☐	☐ weekly	
June	☐	☐	☐	☐	☐ weekly	Self-check (the self-check)
July	☐	☐		☐	☐ weekly	
August	☐	☐		☐	☐ weekly	
September	☐	☐	☐	☐	☐ weekly	Self-check (the self-check)
October	☐	☐		☐	☐ weekly	
November	☐	☐		☐	☐ weekly	
December	☐	☐	☐	☐	☐ weekly	Self-check; plan next year

Also audit recruitment files for every new starter before they begin work.

Medicines records check sheet

Medicines records were the second most common finding in our 62 reports (26 reports, 42%). Often the medicine had been given, but the record did not prove it.

Please read first. This section is about **recording and checking only**. It gives no clinical advice. These templates must fit your own medicines policy, and follow advice from the person's GP, prescriber and your pharmacist. Use them alongside NICE guidance:

- Care homes: **NICE SC1**, ***Managing medicines in care homes*** (published 14 March 2014). https://www.nice.org.uk/guidance/sc1
- Home care and other community services: **NICE NG67**, ***Managing medicines for adults receiving social care in the community*** (published 30 March 2017). https://www.nice.org.uk/guidance/ng67

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1. Weekly MAR spot-check

Week beginning: _____ Checked by: _____ MARs checked (suggest 3 to 5): _____

Check	Yes / No / NA	Notes and action
No blank boxes this week		
Every refused, missed or not-given dose uses an agreed code and has a reason written		
Each PRN dose has the reason and the effect recorded, as your policy requires		
Creams and patches signed for, with site recorded		
Any new, stopped or changed medicine is on the MAR with date and who authorised it		
Handwritten entries signed and checked by a second person, as your policy requires		
Any concern was reported to a senior, and the GP or pharmacist contacted where needed		

Anything found today: write it on the omission log below or in the findings-to-actions log (in the audit pack).

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2. "As needed" (PRN) protocol: template fields

One protocol for each PRN medicine, for each person. The content must come from the prescriber's directions and professional advice. Staff must not fill gaps with their own judgement about doses.

Field	Details
Person's name and date of birth	
Medicine name, strength and form	
What it is prescribed for	
How the person shows they need it (in their own words, or signs staff should look for if they cannot say)	
Dose, as prescribed (including any variable dose)	
Minimum time between doses, as prescribed	
Maximum in 24 hours, as prescribed	
Can the person ask for it or decide for themselves?	
Other things to try first, if agreed in the care plan	
What to record after each dose (reason, time, amount, effect)	
When to contact the GP, pharmacist or other professional	
Written by / checked by / date	
Review date	

3. Creams and patches: record prompts

For every topical medicine (creams, ointments, gels) and every patch, the record should show:

- [ ] Name of the product and what it is for, matching the prescription or label
- [ ] A body map showing exactly where to apply it
- [ ] How much and how often, as prescribed
- [ ] Who applies it (care staff, nurse, or the person themselves)
- [ ] Date and time of each application, signed
- [ ] For patches: where each patch was put, when, and when the old one was removed
- [ ] For patches: the site changes in line with the prescriber's or manufacturer's directions
- [ ] Any fire-safety note your policy requires for creams that can soak into clothing and bedding
- [ ] Date opened and the "use by" date once opened, where this applies

4. Omission and stock-out log

Use this for every dose that was not given as prescribed, for any reason.

Date and time	Person	Medicine	Code used	Reason	Who was told (senior, GP, pharmacist, family)	Action taken	Follow-up done (date, initials)

Date and time	Person	Medicine	Code used	Reason	Who was told (senior, GP, pharmacist, family)	Action taken	Follow-up done (date, initials)

Agree one short list of codes for not-given doses (for example refused, asleep, in hospital, out of stock) and make sure every member of staff uses the same ones. Your eMAR supplier, pharmacy or policy may already set these.

Care plan review checklist

Care plans that were incomplete, inconsistent or out of date appeared in 21 of our 62 reports (34%). Risk assessments missing or not updated appeared in 14 (23%). The usual cause is simple: the same facts live in several places, and when something changes, only some of them get updated.

Use this checklist alongside your own care planning policy. It does not set any clinical standards. Clinical guidance must come from the person's GP, nurses, therapists and other professionals.

Person: _____ Reviewed by: _____ Date: _____ Next review due: _____

1. Sections a care plan should cover

- [ ] About me: what matters to me, my history, my routines and preferences
- [ ] How I communicate, and how to help me understand and be understood
- [ ] My health conditions, and what staff should watch for with each
- [ ] Medicines support: what help I need, who does what (links to the MAR)
- [ ] Personal care, eating and drinking, mobility, continence, sleep
- [ ] My risks, each with its own risk assessment (see the risk prompts below)
- [ ] Consent, and mental capacity assessments and best-interests records where needed
- [ ] Legal arrangements on file where they exist (for example lasting power of attorney)
- [ ] Contacts: family, GP and other professionals involved
- [ ] End-of-life and advance wishes, or a note that I did not want to discuss them yet
- [ ] How I and the people important to me were involved in this review

Sources checked at this review (tick and date):

- [ ] Latest GP or hospital letters _____
- [ ] Nurse, therapist or other professional advice _____
- [ ] Current MAR _____
- [ ] Recent daily notes and monitoring charts _____
- [ ] Incidents since the last review _____

2. The rule: a change triggers a review

Do not wait for the calendar. Review the care plan **and** its risk assessments when any of these happen:

- [ ] Return from hospital, or a hospital stay
- [ ] A fall, injury or other incident
- [ ] New advice from a GP, nurse, therapist or other professional
- [ ] A change in medicines
- [ ] A noticeable change in health, mood, eating, drinking, mobility or behaviour
- [ ] A safeguarding concern
- [ ] The person or their family asks for a review

Agree your own time limit for these reviews and write it here: within _____ hours/days. Initial and date every change. Make sure the MAR and handover information match the updated plan.

3. Risk-assessment prompts

For each risk that applies, the assessment should say **what the risk is**, **what staff do to reduce it**, **what signs to watch for** and **when to get help, and from whom**. The levels, scores and actions must come from your own assessment tools and professional advice.

Risk area	Is there a current assessment?	Does it tell staff what to do and when to get help?	Updated after the last change?
Falls	☐	☐	☐
Skin and pressure areas	☐	☐	☐
Eating and drinking (nutrition and hydration)	☐	☐	☐
Moving and handling, including equipment	☐	☐	☐
Medicines (including high-risk medicines and creams)	☐	☐	☐
Choking and swallowing (including any speech and language therapy plan)	☐	☐	☐
Mental capacity and consent	☐	☐	☐
Other health conditions (for example diabetes, epilepsy)	☐	☐	☐
Home environment and fire (home care) or evacuation (care homes)	☐	☐	☐

Anything missing? Add it to the findings-to-actions log (in the audit pack) with an owner and a date.

Staffing vs needs

Staffing and rota problems appeared in 10 of our 62 reports (16%). In the reports we read, the common gap was not simply too few staff on the day. It was that the service **could not show how its staffing matched people's current needs**. CQC's *State of Care 2025/26* (published 23 October 2026) also notes that rotas "could also fall below the provider's own safe staffing levels, and in some cases did not accurately reflect the staff on duty." Source: https://www.cqc.org.uk/publications/major-report/state-care/2025-2026/asc/workforce

These sheets help you show your working. **You** set the dependency bands and the staffing levels, using your own tools and judgement, and any staffing your commissioners or the people you support require. Nothing here is a recommended staffing level.

A. Care homes: dependency-to-hours sheet

Step 1. Define your own bands (low, medium, high) in writing, and the care time you plan for each band per shift. Re-score each resident monthly and after any change in need.

Step 2. Fill in the sheet for each shift.

Date: _____ Shift: _____ (from ____ to ____) Completed by: _____

Band (your definition)	Number of residents	Planned care minutes per resident this shift (your figure)	Total minutes
Low			
Medium			
High			
People needing two staff for some tasks		(add your extra time)	
Total direct care minutes			
Add your allowance for other duties (handover, records, medicines rounds, meals)			
Total staff hours needed (minutes ÷ 60)			
Staff needed (hours ÷ shift length, round up)			
Staff planned on the rota			
Staff actually on duty			
Difference and action taken			

Worked example (example only)

These numbers are invented to show the sum. They are not a recommended level.

A 12-hour day shift. 20 residents: 8 low, 9 medium, 3 high. The home has set (example only) 60 minutes per low, 120 per medium and 200 per high resident per shift, plus 25% for other duties.

Band	Residents	Minutes each (example only)	Total minutes
Low	8	60	480
Medium	9	120	1,080
High	3	200	600
Direct care total			2,160 (36 hours)
Plus 25% other duties (example only)			45 hours
Staff needed: 45 ÷ 12 = 3.75, round up			**4**

If the rota shows 4 but only 3 were on duty, record why and what you did (for example, agency cover or a senior working on the floor). If one resident moves from medium to high, re-run the sum.

B. Home care: weekly rota check

Week beginning: _____ Checked by: _____

Check	Yes / No	Notes and action
Every call on the rota has a named carer		
Travel time between calls is realistic for the route and time of day		
Travel time is shown separately, not squeezed out of call time		
Every double-up call has two named staff, arriving together		
Time-sensitive calls (for example medicines at set times) are scheduled at the right time		
Each carer has the training needed for the people they are booked to see		
Changes made with less than 24 hours' notice are listed, with the reason		
Carers have the breaks your policy and the law require		

Late, short and missed call review (last week)

Use your call-monitoring data or timesheets. Look at them weekly at least.

Date	Person	Planned time and length	Actual time and length	Late / short / missed / not logged	Reason	Person or family told?	Action

Date	Person	Planned time and length	Actual time and length	Late / short / missed / not logged	Reason	Person or family told?	Action

- [ ] Any pattern this week (same carer, same run, same time of day)?
- [ ] Any missed call reported under your policy and, where needed, to the council or safeguarding?
- [ ] Actions added to the findings-to-actions log (in the audit pack)?

Recruitment file checklist

Recruitment file gaps appeared in 12 of our 62 reports (19%). Both regulators raise the same issue:

- CQC, *State of Care 2025/26* (published 23 October 2026): "We saw examples where application forms from staff did not include a written record of any employment history." https://www.cqc.org.uk/publications/major-report/state-care/2025-2026/asc/workforce
- CIW, *Chief Inspector's Annual Report 2025-26* (published 22 October 2026), lists "incomplete recruitment and vetting" among its main concerns. https://www.careinspectorate.wales/chief-inspectors-annual-report-2025-2026

Complete this checklist **before the start date**. Keep it at the front of each staff file.

The law in brief

- **England:** Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC's guidance says: "Information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed."
  - CQC guidance: https://www.cqc.org.uk/guidance-providers/regulations/regulation-19-fit-proper-persons-employed
  - Schedule 3: https://www.legislation.gov.uk/uksi/2014/2936/schedule/3
- **Wales:** Regulation 35 (fitness of staff) of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, made under the Regulation and Inspection of Social Care (Wales) Act 2016. The information needed is in Schedule 1, Part 1. Most care workers in care homes and domiciliary support services must also register with Social Care Wales by the date the rules set.
  - Regulation 35: https://www.legislation.gov.uk/wsi/2017/1264/regulation/35
  - Schedule 1: https://www.legislation.gov.uk/wsi/2017/1264/schedule/1
  - Social Care Wales registration: https://socialcare.wales/registration
- **Right to work (both nations):** https://www.gov.uk/government/publications/right-to-work-checks-employers-guide

This is a summary to help you check files. Read the official wording and your own recruitment policy. Take HR or legal advice if you are unsure.

Checklist

Name: _____ Role: _____ Start date: _____ Checked by: _____ Date: _____

Item	England (Schedule 3)	Wales (Schedule 1)	On file?	Date / notes
Proof of identity including a recent photograph	Para 1	Para 1	☐	

Item	England (Schedule 3)	Wales (Schedule 1)	On file?	Date / notes
DBS certificate at the right level, including barred list check where applicable	Paras 2-3	Paras 2-3	☐	
Evidence of conduct in previous health or social care work, or work with children or vulnerable adults (England); two written references, including the last employer (Wales)	Para 4	Para 4	☐	
Reason the person left previous work with children or vulnerable adults, checked as far as reasonably practicable	Para 5	Para 5	☐	
Evidence of relevant qualifications	Para 6	Para 6	☐	
Full employment history, with a written explanation of any gaps	Para 7	Para 8	☐	
Information about health relevant to the role, after reasonable adjustments (health declaration)	Para 8	Reg 35(2)(c)	☐	
Social Care Wales registration, where required	-	Para 7; Reg 35(2)(f)	☐	
Evidence of language ability for the people they will support	-	Para 9	☐	
Registration with any professional body (for example nurses)	Reg 19(4)	Para 10	☐	
Right-to-work check completed, dated and copy kept	Home Office rules	Home Office rules	☐	
Interview notes, including how gaps and references were discussed	Good practice	Good practice	☐	
Induction completed and signed off	Good practice	Good practice	☐	

Good practice we suggest in both nations: ask for at least two references, one from the most recent care employer where there is one, and follow up any that do not arrive. Write down what was said at interview about gaps; a conversation that is not recorded cannot be shown to an inspector.

If someone must start before a check is complete

Only do this if your policy and the law allow it. Record a signed risk assessment that says what is outstanding, what supervision is in place, who approved it and when it will be reviewed.

- [ ] Risk assessment signed and dated
- [ ] Supervision arrangements in place and on the rota
- [ ] Outstanding check chased (date): _____
- [ ] Risk assessment closed when the check arrives (date): _____

AI use policy (template)

A starting point to adapt, not legal advice. Replace everything in [square brackets], delete what doesn't apply, and make sure it matches how your service really works. An editable Word version is in `editable/` *.*

[Organisation name]: Policy on using AI tools

Version: [1.0] **Approved by:** [name, role] **Date approved:** [date] **Next review:** [date, no later than 12 months] [1]

1. Purpose

AI tools can help our team with paperwork, so we have more time for the people we support. This policy sets out how we use them safely. **AI drafts; a person checks and decides.** AI never makes decisions about anyone's care, support, risk, safeguarding or employment.

This policy applies to [all staff, agency workers, volunteers and contractors] using AI for [organisation name] work, on any device.

2. Approved tools

Only these tools may be used for work:

Tool	Approved for	Personal data allowed?	DPIA done (date)
[e.g. AI feature in our digital care record]	[e.g. drafting daily notes for the carer to check]	[Yes, within the system]	[date]
[e.g. a general chatbot]	[Green tasks only: adverts, agendas, plain-English summaries]	**No**	[n/a, no personal data]

Anything not on this list needs approval from [role] first. Free or public AI tools must never be used for personal data.

3. What must never be entered into a tool that isn't approved for personal data

- ☐ Names, initials, addresses, dates of birth, room numbers or photos of anyone we support, their families or staff
- ☐ Health, medicines, care, safeguarding or incident details
- ☐ Staff HR, recruitment, supervision or disciplinary information
- ☐ Passwords, account details or anything commercially confidential
- ☐ Anything else that could identify a person, even with the name taken out

4. A person reviews everything

- ☐ Every AI output is treated as a **first draft**.

☐ The person using it checks it against the facts, corrects it, and adds what AI can't know.

☐ Nothing AI-drafted goes into a care record, letter or report until a named person has checked it and is happy to put their name to it.

☐ AI is never used for clinical or medicines advice, for safeguarding decisions, or to shortlist or score job applicants.

5. Telling people

☐ Our privacy notice explains where we use AI with personal information. [link or location]

☐ We tell people we support (and, where appropriate, their families or representatives) when AI is used in a way that affects them, and how a person checks it.

☐ Anyone can say no. Their wishes are recorded and respected, and [role] is told.

☐ Recording or transcribing a meeting only happens when everyone present knows and agrees.

6. Records

☐ [Role] keeps the list of approved tools and the DPIA for each.

☐ We keep [what you will keep, e.g. a note in the record that a draft was AI-assisted and checked by whom].

☐ AI outputs are kept and deleted in line with our [records retention policy].

7. Mistakes and concerns

If an AI tool produces something wrong, biased or unsafe, or personal data goes into the wrong tool:

1. Stop using the output. Tell [role] the same day.
2. [Role] records it in [our incident log] and decides what to fix.
3. Possible data breaches follow our [data breach procedure]. [Role] decides straight away whether the ICO must be told: the ICO says that if a risk to people is likely you must tell it "as soon as possible, and where feasible within 72 hours" (ICO: report a breach).
4. We look at what we've learned and update this policy or our training.

8. Training

☐ Nobody uses an approved AI tool for work until they've had [training, e.g. a 30-minute session on this policy and the traffic-light list].

☐ Training is refreshed [annually] and recorded in [training matrix].

☐ AI use is a standing item in [supervision / team meetings].

9. Review

This policy is reviewed by [date], or sooner if we add a new tool, if something goes wrong, or if guidance from [CQC / Care Inspectorate Wales], DHSC or the ICO changes.

10. Sign-off

	Name	Role	Signature	Date
Approved by	□	[Registered Manager]		
Approved by	□	[Nominated Individual / Responsible Individual / Director]		

[1] **How this fits your regulator's expectations (in general terms). England:** CQC's statement of 21 May 2026 links providers' use of AI to Regulation 17 (Good governance), among others: effective systems to assess, monitor and reduce risk, monitoring of outputs, and accurate records. A written policy, approved-tools list, DPIA and incident route are ways of showing that governance. **Wales:** Care Inspectorate Wales' position statement of 18 November 2026 expects clear governance, training and risk review, with the Responsible Individual overseeing quality, safety and compliance under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. Using this template does not in itself show compliance; inspectors look at what happens in practice.

DPIA starter: "Staff use an AI tool to help draft notes and letters"

A starting point to adapt, not legal advice. It follows the steps in the ICO's guidance, How do we do a DPIA?, and can be copied into the ICO's own sample DPIA template (Word). The examples in italics are prompts to think about, not answers: replace them with what is true for your service. If you have a Data Protection Officer, the ICO says you must ask for their advice and record it.

Why do one? CQC (21 May 2026) lists a DPIA among the principles providers using AI must follow. DHSC/DfE guidance (20 November 2026) says organisations should have DPIAs covering how AI is used and data processed. The ICO's guidance says to screen for factors that suggest high risk, such as processing the data of vulnerable people.

Organisation: [name] **Completed by:** [name, role] **DPO / data protection lead:** [name or "none"] **Date:** [date] **AI tool and supplier:** [product name, supplier] **Version / plan:** [e.g. business licence]

Step 1. Why we need a DPIA

[*We want care staff to use [tool] to turn their own short notes into a first draft of daily notes, visit summaries and routine letters, which they then check and correct. This involves health and care information about people we support, some of whom may be vulnerable, using a new technology. So we are doing a DPIA before we start.*]

Step 2. Describe the processing

Question	Our answer
Nature: how is data collected, used, stored and deleted?	[*Staff type or dictate notes into [tool]. It produces a draft. Staff check and edit it, then save the final version in [our care record system]. Drafts are deleted [when / how].*]
Where does the data go? Who else can see it?	[*Supplier's servers in [UK / EEA / other: check]. Does the supplier use our data to train its models? [Yes / No: get this in writing]. Any sub-processors?*]
Scope: what data, how much, how often, how long?	[*Names, care and health information (special category data), family contact details. About [number] people we support and [number] staff. Daily. Kept for [period, per our retention policy].*]
Context: who are the people, and would they expect this?	[*Older people and adults with care needs, some lacking capacity to consent to everything. Would they expect AI to be used? How will we tell them? Any public concern about AI we should take into account?*]
Purpose: what do we want to achieve?	[*Clearer, more complete records and less time on paperwork, so staff have more time with people. Intended effect on people: none on decisions about their care, because a person writes and checks the final record.*]

Step 3. Consultation

Who	How and when	What they said
People we support, families or representatives	[*e.g. residents' or relatives' meeting, letter, conversation at review*]	☐
Staff who will use the tool	[*team meeting, trial feedback*]	☐
Supplier	[*questions on storage, security, training on our data, deletion, sub-processors*]	☐
DPO / data protection adviser, IT support	☐	☐

Step 4. Necessity and proportionality

- ☐ **Lawful basis (UK GDPR Article 6):** [*check your existing privacy notice or record of processing and your adviser*]
- ☐ **Condition for special category data (Article 9):** health and care data needs one. DHSC's guidance confirms both are needed whether or not AI is used. [*condition you rely on: confirm with your adviser*]
- ☐ **Does this achieve the purpose, and is there a less intrusive way?** [*e.g. could staff enter less identifying information?*]
- ☐ **Data minimisation:** only what's needed for the draft goes in. [*how*]
- ☐ **Accuracy:** every draft is checked by the member of staff before it is saved.
- ☐ **Transparency:** privacy notice updated [date]; people told [how].
- ☐ **Rights:** people can see, correct or object; how we handle someone who says no to AI. [*process*]
- ☐ **Contract:** a written data processing agreement with the supplier. [*date signed*]
- ☐ **International transfers:** [*none / safeguards in place*]

Step 5. Risks

Risk to people	Likelihood (remote / possible / probable)	Severity (minimal / significant / severe)	Overall (low / medium / high)
Draft contains a mistake that is saved into the record (e.g. wrong medicine, wrong person, invented detail)	☐	☐	☐
The person's own words, wishes and voice are lost	☐	☐	☐
Personal data is entered into an unapproved tool	☐	☐	☐
Supplier stores or reuses data in ways we didn't expect (incl. model training)	☐	☐	☐

Risk to people	Likelihood (remote / possible / probable)	Severity (minimal / significant / severe)	Overall (low / medium / high)
Security breach at the supplier, or unauthorised access to accounts	☐	☐	☐
Biased or disrespectful wording about a person	☐	☐	☐
People not told, or not given a choice	☐	☐	☐
Staff rely on AI and stop thinking for themselves	☐	☐	☐
[other]	☐	☐	☐

Step 6. Measures to reduce the risks

Risk	What we will do	Effect (eliminated / reduced / accepted)	Remaining risk	Approved by
Mistakes saved into record	[*Every draft checked by the author before saving; spot checks by [role] [monthly]; never used for medicines advice*]	☐	☐	☐
Voice lost	[*Staff add the person's own words; tool used for structure, not judgement*]	☐	☐	☐
Unapproved tools	[*AI use policy; approved-tools list; training; public chatbots blocked for personal data*]	☐	☐	☐
Supplier reuse / security	[*Contract terms; training on our data switched off; multi-factor login; leavers removed promptly*]	☐	☐	☐
Bias	[*Checking for bias is part of the review; concerns reported through the incident route*]	☐	☐	☐
Not told / no choice	[*Privacy notice; conversation at care review; opt-out recorded and respected*]	☐	☐	☐
Over-reliance	[*Training; supervision; standing item in team meetings*]	☐	☐	☐

Step 7. Sign-off and outcomes

Item	Name / date	Notes
Measures approved by	□	Add actions to the project plan with dates and owners
Remaining risks approved by	□	If a high risk remains that can't be reduced, the ICO must be consulted before going ahead (ICO: Do we need to consult the ICO?)
DPO advice given	□	Summary of advice: □
DPO advice accepted or overruled	□	If overruled, say why
Comments from people consulted	□	
DPIA to be reviewed by	□	Review at least [annually], or when the tool, supplier or use changes

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Further help: ICO DPIA guidance, ICO AI and data protection, and Digital Care Hub's free Data Policy Builder. This starter is not legal advice and does not on its own make any processing lawful or compliant.

ABOUT US

About Eldradesk

Who we are

We're Eldradesk, a small company based in Gloucester. We help care providers use AI safely for the paperwork side of the job, with a person always checking. We put this pack together because the rules on AI in care only became clear this year, and we think the basics should be easy to find and free to use.

What a conversation with us looks like

If you'd like a hand applying any of this to your own service, we're happy to talk. It's entirely optional.

- **A 30-minute call**, by video, at a time that suits you: book a call
- **Or email us:** team@eldradesk.com
- **Or read more:** eldradesk.com

On the call we listen to how your paperwork works now and tell you honestly whether we think we can help. If we work together after that, it's paid work, and we'll say so clearly up front. If not, keep the pack and use it. There's nothing to sign and we won't chase you.

Free to use and adapt within your organisation.

The templates in this pack are starting points to support your own professional judgement. They don't replace your own policies, NICE guidance or your regulator's requirements, they are not legal advice, and they do not guarantee any inspection rating or compliance.

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