A	B Quality Monitoring LD Suppo	د c rted Housing Template 2	D 2018 - 19	E	F	G	Н	Ι
Guidance:								
	vrite into grey cells - provide data only in white / unshaded cells.							
	Instructions column (I) to understand what information is being asked for.	_						
	o Instructions column, write general comment into quarterly reporting narrative at bottom cific comments about a particular cell/figure, please use Comments function and put mir							
	Name of organisation and service							
<u> </u>	Name and position of person completing return							
5	Latest performance rating from CQC (if applicable)							
6	Date of Last CQC inspection (if applicable)							
7		Q1	Q2	Q3	Q4		Annual Total	
8	Core service costs (£)	~.			<u> </u>			
9	Description of Core service level							
						Name of		
10	Performance Measure		Q2		Q4	Providers worked with	Annual Total or	
Individual Servi	vice	Q1	Q2	Q3	Q4	worked with	Average	Instructions for Completion
¹¹ Fund Informatio								
12	Total Individual Service Fund Client 1							
13	Provider one allocation from budget							
14	Provider two allocation from budget							
12	Provider three allocation from budget							
16	Total Individual Service Fund Client 2							
17	Provider one allocation from budget							
18	Provider two allocation from budget							
19	Provider three allocation from budget							
20	Total Individual Service Fund Client 3							
21	Provider one allocation from budget							
22	Provider two allocation from budget							
23	Provider three allocation from budget							
24	Total Individual Service Fund Client 4							
25	Provider one allocation from budget							
26	Provider two allocation from budget							
27	Provider three allocation from budget							
28	Total Individual Service Fund Client 5							
29	Provider one allocation from budget							
30	Provider two allocation from budget							
31	Provider three allocation from budget							
32	Total Individual Service Fund Client 6							
<u>'</u> 2	Provider one allocation from budget							
	Provider two allocation from budget							
25	Provider three allocation from budget							
	Total Individual Service Fund Client 7							
	Provider one allocation from budget							
<u></u>	Provider two allocation from budget							
10	Provider three allocation from budget							
<u></u>	Total Individual Service Fund Client 8							
<u>·</u>	Provider one allocation from budget							
<u>, Z</u>	Provider two allocation from budget							
<u>,5</u>	Provider three allocation from budget							
<u>.4</u>	Total Individual Service Fund Client 9					+		
<u>+5</u>	Provider one allocation from budget							
<u>+6</u>	Provider two allocation from budget							
47	Provider three allocation from budget							
<u>+8</u>	Total Individual Service Fund Client 10							
49	Provider one allocation from budget							
50	Provider two allocation from budget							
51	Provider three allocation from budget							
52	Total Individual Service Fund Client 11							
53	Provider one allocation from budget				ļ		ļ	
<u>;</u> 4	Provider two allocation from budget							

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3	Q4		Annual Total	

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	A	B	С	D	E	F	G
55		Provider three allocation from budget					
56		Total Individual Service Fund Client 12					
57		Provider one allocation from budget					
58		Provider two allocation from budget					
59		Provider three allocation from budget					
60		Total Individual Service Fund Client 13					
61		Provider one allocation from budget					
62		Provider two allocation from budget					
63		Provider three allocation from budget					
64		Total Individual Service Fund Client 14					
65		Provider one allocation from budget					
66		Provider two allocation from budget					
67		Provider three allocation from budget					
68		Total Individual Service Fund Client 15					
69		Provider one allocation from budget					
70		Provider two allocation from budget					
71		Provider three allocation from budget					
72		Total Individual Service Fund Client 16					
73		Provider one allocation from budget					
74		Provider two allocation from budget					
75		Provider three allocation from budget					
75		Total Individual Service Fund Client 17					
76							
77		Provider one allocation from budget					
78		Provider two allocation from budget					
79		Provider three allocation from budget					
80		Total Individual Service Fund Client 18					
81		Provider one allocation from budget					
82		Provider two allocation from budget					
83		Provider three allocation from budget					
84		Total Individual Service Fund Client 19					
85		Provider one allocation from budget					
86		Provider two allocation from budget					
87		Provider three allocation from budget					
88		Total Individual Service Fund Client 20					
89		Provider one allocation from budget					
90		Provider two allocation from budget					
91		Provider three allocation from budget					
92		Sum of Personal Budgets for all clients	0	0	0	0	
93	Personal Budget	Total number of budgets reduced in the quarter					
94	information	Total number of budgets increased in the quarter					
95		Total number of ILDP reviews carried out in the quarter					
96		Total no of new clients moved into the accommodation					
50		Total no of clients who have left the service					
97	Moving In / Out						
98		Total no of clients at risk of eviction / who have been served notice					
		Total no of clients requiring alternative suitable accommodation					
99 100							
100		White British					
102	Client Ethniaiter	BME / Other					
103	Client Ethnicity	Refused/would prefer not to say					
104		Not known					
105		18-29					
106	Client Age	30-49					
107 108		50-65 65+					
108		Male					
110	Client Gender	Female					
111							
112		Total number of hours delivered in the quarter					

D	E	F	G	Н	т
U	E	Г	0		1
	l				
0	0	0		0	Populated by LBI
					Please record in comments the client(s) initials concerned
				0	Please record in comments the client(s) initials concerned
				0	Please record in comments the client(s) initials concerned
 					Number of clients who have moved into the service during the quarter, i.e. tenancy/license start date falls
				0	within quarter
					Number of clients who have left the service during the quarter, i.e. end of tenancy/license date falls within
 				•	quarter
				0	
				U	
					Number of clients where there is a joint agreement between provider, ILDP, client and carer where relevant to
 				0	pursue move-on: please record in comments how progressed /referrals completed to Brokerage etc.
	<u> </u>				
	ļ				
	ļ				
					number of dave worked by Arenay staff
					number of days worked by Agency staff.

Α		В	C	D	E	F	G	н	T
113		Number of agency hours used during the quarter	<u> </u>		L				
<u></u>									
114		% of support hours provided by agency workers during the quarter	#DIV/0!	#VALUE!	#VALUE!	#DIV/0!			Populated by LBI
115 Staffing	ng	Number of vacant posts during the quarter							If these overlap quarters do not show them again
116	-	Duration of time Service Manager has been present in post							
117		Staff starting during the quarter							
118		Staff leaving during the quarter (including maternity leave)							Please indicate in comments section the leavers post held in Service
119		Enhanced DBS checks completed for all staff in direct unsupervised client contact (Y or N)							
120		White British							
121 Staffing Ethr	hnicity	BME / Other							
122		Not known - data not collected							
123 Staffing Co.	ondor	Male							
125 Staffing Ger	ender	Female							
Staff Train	ining	No. of staff who have attended training during the quarter							Please indicate in comments which training has been attended
126									
									Count by date that report was submitted to ILDP / Disabilities Commissioning rather than date of incident.
127		No of Incident reports during the period							May be discrepancy with LBI if multiple reports around same incident.
128		No of safeguarding alerts raised by provider							
129		No of complaints received (write in comments whether from client/carer/both/other)							referring to formal complaints logged
130		No. of compliments received (write in comments whether from client/carer/both/other)							
		No. of clients with an active eating and drinking screening tool that has been reviewed within the last 12							
131		months, (review not required if currently working with the Speech and Language Team)							
Support Act	ctivity	No. of clients with a Positive Behaviour Support Plan reviewed within the last 12 months							
133		No. of clients with a communication passport reviewed within the last 12 months							
134		No. of clients with an annual health check over due i.e. not within the last 12 months							referring to health checks completed by patient's GP
135		No. of hospital admissions (where overnight stay / admission to ward or longer)							do not count visits to A&E where client assessed and discharged without admission
136		No. of emergency service attendances to scheme							covers all emergency service attendances including fire/police/medical
									referring specifically to external employment outside the provider. Any in-house employment e.g. for
137		No. of clients in paid employment (externally)							interviewing can be flagged through other reporting
138		No. of clients in training / volunteering / college							
139									
140 Commonte h	by provi	ider							
140 Comments by		Please provide an over view of the quarter reflecting on challenges and successes with a focus on partnersh	nip working (inclu	uding other Provi	ders and landle	ords), managem	nent of the ISE	s/staffing/ training	
141 Quarter 1		and other issues -500 words maximum							Use this section for any further context you would like to provide Commissioning about significant data
142 Quarter 2									Use this section for any further context you would like to provide Commissioning about significant data
143 Quarter 3				Use this section for any further context you would like to provide Commissioning about significant data					
144 Quarter 4									Use this section for any further context you would like to provide Commissioning about significant data