

**Performance Report  
Residential providers**

Service Name:

Provider Name:

Name of person completing this form:

Date / Period:

**Service Users currently living in LD residential services in Cambridgeshire:**
**Hours / Referrals**

Number of residential placements in the service:

Number of vacancies:

Number of new placements accepted:

Number of placements declined

General reason for declining referrals (and why):

<b>Continuity of care staff:</b>	
Have you had a change of Manager?	
Staff started:	
Staff left:	
No of Staff subject to disciplinary:	
Substantiated safeguarding issues:	
H & S breaches and other compliance breaches:	

Any hospital admissions:

General:

Secure:

Training and development provided:

Information regarding monitoring by other teams / agencies:

Stakeholder feedback:

Any other business:

Please attach to this document your latest Quality Monitoring report (as per Service Specification Standard 14 requirements)

For Local Authority Use

Local Authority Officer:

Date:

Comments:

Soft Concerns:

Actions:

- 1.
- 2.
- 3.
- 4.
- 5.