



## Contract and Service Review Report:

### **The Scott Community Limited**

Services included under the review:

Christian Respite Centre

Review Date: Tuesday 13<sup>th</sup> May 2008

Review Officers: Keily Proctor & Alison Flood

Report presented to Provider on: *Thursday 19<sup>th</sup> June 2008*

4 week Action Plan Review: *Thursday 24<sup>th</sup> July 2008*

6 month Action Plan Review: *Friday 19<sup>th</sup> December 2008*

Providers are reminded that under the terms of the steady state contract they must achieve and maintain a minimum of level C as assessed against the Quality Assessment Framework. Failure to meet minimum standards will be addressed consistent with the terms and conditions of the contract.

**NOTE:** This Report only refers to the Support service operated by this organisation it does not report on any aspect of the building itself, any enquiries concerning this should be referred to Isle of Wight Council - Housing Renewal Manager

# **1 Introduction**

## **1.0 The Scott Community Ltd**

The Scott Community is a Registered Industrial and Provident Society. Its objectives are “to promote good interagency co-operation for the relief of homelessness, poverty, distress, disability and sickness for the benefit of the community in the county of the Isle of Wight.”

The Christian Respite Centre is the service provided by The Scott Community. It is a 25 bed hostel in a small ex-hotel, which is situated in Sandown.

The service provides accommodation and support for a number of people. The primary Client group is single homeless and the secondary client group is people with Mental Health problems.

The Scott Community is overseen by a Committee of Management, currently twelve members, the Executive Committee comprising of four members report to the Management Committee. The day-to-day operation is managed by the service manager.

## **1.1 The Clients**

The service provides hostel based housing related support to the clients. The service provides accommodation for, mainly, men who for several of life's reasons have found themselves excluded from mainstream society. The results from the clients' questionnaires are shown on Appendix 2.

### **1.1.1 Comments made by the clients included:**

- I have just moved in and have had good support already
- My support worker made me feel safe in my environment
- The support workers have helped me be who I am and not judging any individual
- By being very helpful
- Got me off drugs
- Helped me in every way.

## **1.2 The Staff**

The staff team is led by Joy Bould, one of the service founders; she is assisted by a manager and a number of project workers. There are also a small number of

Management Committee members and other interested people who are available to support the work of the service. The members of the Executive Committee are available to support the duty staff at all times. The results of the staff questionnaires are shown on Appendix 1.

### **1.2.1 The Results from the Staff Survey included:**

- All of the staff feel listened to and respected by their employer
- All of the staff stated that they are treated fairly and not discriminated against by their employer

### **1.3 Confidentiality**

A Confidentiality Policy was provided which formed part of the Residents policy this version was dated December 2003. The policy defines what information is covered, who can access it and the circumstances for needing to do so. A specific reference is given to information that involves doctors that may require the exclusion of the Service User. A right to challenge and complain is included.

The policy provides clear guidance to the maintaining security of information obtained and the limitations to who has access and the reasons it may need to be viewed. The service user's right to privacy and dignity are maintained and appropriate guidance is given to staff in respect of maintaining confidentiality to any information that may be shared with them. Staff are required to undertake a confidentiality agreement and this was not evidenced on all staff files.

#### **1.3.1 Urgent Action:**

**A signed confidentiality declaration needs to be evidenced on all staff files.**

##### **1.3.1. Action completed 24/07/08**

### **1.4 Staff Using Vehicles to Transport Service Users**

Joy stated that her own vehicle was used for work emergencies if required and that the vehicle had a valid MOT certificate, that she had appropriate insurance and held a full and valid drivers licence.

#### **1.4.1 Urgent Action**

**Need to see evidence of Joy's vehicle documentation.**

##### **1.4.1 Action completed 09/09/08**

## **1.5 Stakeholder Feedback**

The team sent out 13 feedback questionnaires ranging from Housing, Probation and Duty Team to seek their views on the standard of the service and the strategic relevance. The team received 7 responses:

Below are some of the comments that were made:

- 100% of the stakeholder's believed that the demand on the island for this service is high.
- Joy at the CRC is doing a fantastic job, however more programs should be in place for the clients with additional funding this could be possible
- Christian Respite Centre is always willing to provide accommodation to anyone in need unless actively involved with drugs/alcohol to excess. Service is a major support for probation & we would be at a loss without it.

## **1.6 Business Recovery Plan**

There is no formal written Business Recovery Plan; however Joy stated that this would be the responsibility of the Housing Department.

## **1.7 Hierarchy of Management**

The Review Officers received a Hierarchy of Management document. The service is run by Joy Bould, with the aid and support of a number of staff members.

## **1.8 Staff Training, Supervision and Appraisal**

A Staff Appraisal Scheme document was provided that is very comprehensive in its objectives, ethos and proposed practices however there was no evidence that this was actively applied. Supervision of staff members is not carried out in a formal way however even though a staff supervision notes template was provided, Joy stated that any issues arising are dealt with straight away.

### **1.9.1 Urgent Actions:**

- Training records are maintained for each individual member of staff.
- The training need of individuals is subject to regular analysis and is incorporated in to supervision, which needs to take place formally at least every six months.

- Feedback and evaluation to training received is sought from participants – particularly for external courses attended.

### **1.9.1.Actions completed 24/07/08**

### **1.10 Induction**

An Induction Checklist was not provided, however, Joy informed the team that an induction lasts for 3 months. It is a requirement that a suitable and sufficient induction programme is given prior to unsupervised contact.

#### **1.10.1 Urgent Action:**

An induction checklist needs to be developed which records the date on which each element was covered and there should be verification given by the individual staff member to confirm this has been completed.

To devise an induction template that includes the following (example provided):

- H & S Assessment and Review,
- Risk Assessment,
- Lone Working,
- Dealing with Aggressive Behaviour,
- Adult Abuse,
- Whistle blowing,
- Eligibility Criteria for service
- What constitutes Housing Related Support?
- Support Planning, including reporting activities undertaken.
- Confidentiality protocols.
- EO, ADP & Harassment Policies
- Service User Rights
- Complaints Procedures and how to deal with complaints.
- Boundaries

This will need to be kept on future staff members file.

#### **1.10.1 Action completed 24/07/08**

### **1.11 Ongoing Service Development and Business Plan**

Joy stated that the original Business Plan that was previously provided is still relevant.

### **1.11.1 Urgent Action:**

To read and if necessary revise the business plan that was provided and to sign to confirm that it is still relevant. The business plan also needs dating.

**1.11.1 Action completed 24/07/08**

### **1.12 Exit Strategy**

Joy stated that there was no formal exit strategy in place due to the lack of move on accommodation.

### **1.13 Accounts**

The latest set of accounts has not yet been provided. Joy stated that she will send them in once they come back to her.

### **1.13.1 Urgent Action:**

To submit latest set of accounts.

**1.13.1 Action completed 09/09/08**

## **C1.1 Needs and Risk Assessment**

### **2.0 Referral Procedure**

A Selection and Allocation policy and procedure is in place which outlines the history of CRC, how it operates, referral and selection process, selection criteria and exceptions. The operational policy indicates the purpose and aim in respect of the matching process. This policy was last reviewed in 2004 and is still applicable

### **2.1 Needs Assessment:**

A basic 'Initial assessment' form was provided, however it did not detail the areas of housing related support that are required. The assessment procedure that was provided did not describe how the service user's views are to be recorded as part of the process and there was no guidance that stated how issues are to be dealt with where the client disagrees with the outcomes that are arrived at.

When examining client files it was evident that not all clients had needs assessments and those that did were not having them reviewed at least annually.

Joy was presented with the Sample Isle of Wight Client Record package and agreed to consider this for future use.

Joy stated that a lot of the clients have reading and writing issues. Clients files are kept in a locked cabinet and clients can access their information on request; however they are not given their full file.

### **2.1.1 Urgent Action:**

Joy is going to take the client record package to the committee members and ask the clients for their feedback. Joy will then confirm whether the service will be adopting this framework or developing their own to meet the necessary requirements.

### **2.1.1 Action completed 24/07/08**

### **2.1.2 Urgent Action:**

- The procedures for Assessment and Review need to be included in staff induction and/or training.
- If the Sample Isle of Wight Client Record package is adopted this will have to be communicated to staff, evidence of this will be required.

### **2.1.3 Action completed 24/07/08**

### **2.1.3 Urgent Action:**

To ensure that all clients have a Needs Assessment carried out or reviewed where applicable.

### **2.1.3 Action completed 24/07/08**

### **2.1.4 Urgent Action:**

Clients should have full access to their files if requested (Initial assessment, Support Plan & Risk Assessments)

### **2.1.4 Action completed 24/07/08**

## **2.2 Risk Assessments**

A risk assessment template was provided which has a very limited range of considerations to the internal risks applied; it does not take into consideration the following:

- the individual, other family members, visitors and neighbours
- the individual's vulnerability or otherwise to abuse.
- the risks attached to Lone Working
- the probability of event to the risk identified

When examining client files, it could not be evidenced that risk assessments had been conducted for every client. It was evident from examining the staff day book that risk assessments are being conducted daily and recorded in this book, to enable staff members to constantly be aware of incidences that could possibly occur.

A brief risk assessment procedure was provided, however it did not provide guidance describing how risks identified can be minimised.

As previously stated, Joy was presented with the Sample Isle of Wight Client Record package (which includes a formal risk assessment & methodology) and agreed to consider this for future use.

#### **2.2.2 Urgent Action:**

A formal risk assessment needs to be conducted for every client when entering the service and needs to be reviewed with appropriate frequency after any incident or at least annually.

#### **2.2.2 Action Completed 24/07/08**

#### **2.2.3 Recommendation:**

That the service adopts the Sample Isle of Wight Client Record package, as this will enable them to meet all the requirements.

#### **2.2.3 Recommendation completed 24/07/08**

### **C1.2 Support Planning**

#### **3.0 Support Planning**

A support plan template was in place for the majority of the clients however they did not all evidence the support that was being provided.

The support plan template provided needs to be developed to address the needs and risks which have been identified. The support plan is required to:

- Identify the outcomes that the client wishes to secure from the service.
- Show clear links between the assessment of their needs and their support plans
- Be placed on the tenants files.

An example of a support plan that meets all the requirements was provided in the Sample Isle of Wight Client Record package.

### **3.0.1 Urgent Action:**

To ensure that all clients have up to date support plans that address the needs and risks that have been identified and that show the outcomes that they want to secure from the service. These then need to be placed in the client's files.

### **3.0.1 Action completed 24/07/08**

<b>C1.3 Health &amp; Safety</b>
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## **4.0 Health & Safety Policies & Procedures**

The service utilises the Chartered Institutes of Environmental Health and Safety First Principles book for the staff to refer to. This provides knowledge and understanding of a broad range of Health and Safety issues and is designed to assist the staff to work more safely and to be more aware of how their own actions can affect the health and safety of others.

Checked on follow up visit and the H & S Policy includes

- Accident Investigation
- Accidents, Disease and Ill Health Reporting
- Alcohol & Substance Abuse
- Contractors
- COSHH
- Dangerous Occurrences
- Disabled Workers
- Display Screen Equipment
- Electrical Safety (Inspection and Testing)
- Fire Safety
- First Aid
- Lone Working
- Manual handling
- Monitoring health & Safety
- Personal Protective Equipment
- Pregnant Workers
- Risk Assessment – General
- Safe Systems of Work
- Security of Premises
- Stress
- Violence & Aggression
- Workplace Standards
- Workplace Transport

- Hazard Reporting and Safety Complaints
- Health & Safety Training
- Induction

#### **4.0.1 Urgent Action:**

To update the H & S information to include disabled workers, pregnant workers (examples provided) and security of premises.

#### **4.0.1 Action completed 24/07/08**

There is a delegated person who monitors H & S issues and has completed training regarding Health & Safety awareness. There are 2 designated Fire Marshalls.

#### **4.1 RIDDOR and COSHH**

There is no proof of understanding of RIDDOR or COSHH.

#### **4.1.1 Urgent Action:**

All staff are required to have an understanding of RIDDOR and COSHH in order to enable them to report related instances (see guidance attached). Evidence of this being cascaded to staff will be required.

#### **4.1.1 Action Completed 24/07/08**

#### **4.2 Identity Cards**

Identity cards are not used at present for Floating support but Joy informed the review officers that they are in the process.

#### **4.2.1 Urgent Action**

To ensure that staff have identity cards for floating support.

#### **4.2.1 Action Completed 24/07/08**

#### **4.3 Health & Safety Declaration**

Evidence was provided showing a current and signed Health & Safety Declaration.

#### **4.4 First Aid**

There are trained First Aiders and the First Aid boxes are maintained. An Accident Reporting tool is available and maintained. Notices are on display informing the residents who the appointed person is.

#### **4.5 Fire Alarm System**

A Fire Alarm and evacuation system is in place. Alarms and Fire extinguishers are subject to regular testing and maintenance and Wight fire issued certificate 1<sup>st</sup> May 08.

#### **4.6 PAT Testing**

There is no consistent Portable Appliance Testing programme.

##### **4.6.1 Urgent Action:**

Introduce an inspection programme in respect of Portable Appliance Testing.  
(Please see guidance notes)

##### **4.6.1 Action Completed 24/07/08**

#### **4.7 Emergency Procedures**

Emergency procedures are in place. The assembly point out in the front drive.

#### **4.8 Premises Risk Assessments**

Separate forms were provided as evidence of a process for risk assessment for the environment, resident rooms and individuals. The room checks are completed on a weekly basis and evidence of this was provided. Evidence was also provided showing completed environment risk assessments.

#### **4.9 Clients Raising Health & Safety Concerns**

CRC use a day book which all staff read when they start their shift. All concerns are dealt with straight away.

#### **4.10 Lone Working Policy**

The Community Workers Lone working Policy was provided which sets out procedures to minimise the risks to people working alone. Protocols exist for the Outreach service to monitor staff between visits.

Joy stated that this information is only utilised for who work in the community and have great experience with the clients, as the other members of staff at the CRC never work alone. This policy was not dated.

##### **4.10.1 Urgent Action:**

Review and date The Community Workers Lone Working Policy to ensure it is still all relevant, if the policy is revised ensure that staff are aware of any changes.

#### **4.10.1 Action Completed 24/07/08**

#### **4.11 Out of Hours Assistance**

The Scott Community has 24 hour cover with sleep in and emergency on-call.

<b>C1.4 Adult Abuse</b>
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#### **5.0 Adult Abuse Policy**

Current documentation outlines the effects of abuse and includes a form; however this should be superseded by the Isle of Wight Multi-Agency Safeguarding Adults Practice Guidance 2007. Joy and a staff member attended the Multi Agency Safeguarding Adults Training in March 2008 as required.

##### **5.0.1 Urgent Action:**

To ensure that the service now adopts the Isle of Wight Multi-Agency Safeguarding Adults Practice Guidance 2007.

#### **5.0.1 Action Completed 24/07/08**

#### **5.1 Adult Abuse Log**

There is no evidence of a log to record all complaints or concerns about abuse made by either the tenant or a member of staff. (Please see example provided)

##### **5.1.1 Urgent Action:**

A log needs to be devised and then maintained to record all complaints or concerns about abuse made by either the client or a member of staff, please see example provided.

The log is required to capture:

- The detail of what resultant action/s was taken and the timeframe within which they were taken to investigate the complaint or concern.
- The detail of the outcome for each investigation and actions taken in response to the findings made.

#### **5.1.1 Action Completed 24/07/08**

## **5.2 Adult Abuse Training**

From the paperwork provided it was indicated that adult abuse training is included as apart of the Induction process. A specific sheet outlining the forms of abuse is indicated as preliminary to the training to be given. However, when visiting an induction checklist and package could not be provided.

Declarations by staff to as having read the document outlining the forms of abuse, dated 2003 are incomplete and unsigned.

## **5.3 Staff Awareness**

The Staff interviewed appeared to have a full understanding of Adult Abuse. It was confirmed that staff can describe how to deal appropriately with aggression from clients and evidence was given concerning various examples and how the situation was dealt with.

However, there are no records showing that the Multi Agency Safeguarding Adults policy was cascaded to the remaining staff.

### **5.3.1 Urgent Action:**

Ensure that all staff knows how to implement the Isle of Wight Multi-Agency Safeguarding Adults Procedures. Evidence of this will be required.

### **5.3.1 Action Completed 24/07/08**

## **5.4 Whistle blowing Policy**

A Whistle blowing procedure exists that gives advice on what to do and where to go if someone wishes to report an event which they feel unhappy with and which they feel has not been dealt with appropriately. The procedure states the process for reporting concerns and to whom including independent agencies. It is also included in staff's copy of the procedures.

### **5.4.1 Urgent Action:**

- The policy needs to include a commitment on the part of the CRC to provide staff who apply the process, a safeguard that they will not be victimised and where appropriate anonymity to other members of staff.
- To include contact telephone numbers.
- When revised add review date & date

### **5.4.1 Action Completed 09/09/08**

## **5.5 Boundaries**

There are procedures in place to prevent staff and volunteers from personal benefit when working with vulnerable people.

Protocols exist governing the nature and definition of 'working relationships' between staff and client. This was last updated in 2004.

## **5.6 Code of Conduct**

A Code of Conduct was supplied however this did not have an area for a signed declaration.

### **5.6.1 Urgent Action:**

To add an area for a signed declaration on the existing Code of Conduct and ensure that all staff members sign the Code of Conduct and it is then placed on their staff files.

#### **5.6.1 Action Completed 24/07/08**

### **5.6.2 Urgent Action:**

Ensure that all staff are trained regarding the limits of relationships between staff and tenants and that this training is included as part of the induction process and addressed in ongoing supervision.

#### **5.6.2 Action Completed 24/07/08**

### **5.6.3 Urgent Action:**

The CRC needs to notify the residents regarding Adult Abuse, i.e. the different types of abuse and who to report to. This could be put on the notice board

#### **5.6.3.Action Completed 24/07/08**

## **C1.5 Diversity**

## **6.0 Diversity**

A feature of the service is that a number of the current staff are former tenants, this fact alone ensures a lack of bias. Due to lack of ground floor rooms, and in order to facilitate a disabled resident, the CRC have converted their office into a disabled

facility. The CRC now has 2 units capable of providing access to wheelchair users. Also a ramp into the main building and a downstairs bedroom is available.

## **6.1 Eligibility Criteria and Application Process**

In the document titled 'Introduction' there is a definition given to what CRC is about and gives a broad definition of who would be accepted ie, those in need of support and receiving benefits. Rooms cannot be offered for rental purposes only. However, there is no definition provided to how prioritisation would be applied.

A second document 'Selection and Allocation Policy' states that CRC cannot accept those in either acute state of mental illness, or where the use of drugs or alcohol leads to disruptive/aggressive or anti-social behaviour. Entrants must be at least 18 years old, single/cannot bring dependants. These documents are dated October 2002 therefore they should be reviewed and updated.

### **6.1.1 Urgent Action**

To revise Selection and Allocation Policy ensuring that it is up to date and to include guidance to how prioritisation of clients would be applied

#### **6.1.1 Action Completed 24/07/08**

## **6.2 Anti-discriminatory Practice and Harassment Policies**

There is an Abuse and Harassment Policy – January 2004. This provides a broad definition to what is covered, supported by some examples and concluded with a statement of non-acceptance of such practices (in CRC) and that instances of such practice should be reported. Also provided was a Harassment Policy (Oct 2002) which briefly outlined what Harassment is.

### **6.2.1 Urgent Action:**

These two policies need to be reviewed and combined to provide a written policy covering Anti-Discriminatory practice and Harassment which applies to both staff and tenants. (see example).

#### **6.2.1 Action Completed 24/07/08**

## **6.3 Equal Opportunity Policy**

The Residents Charter includes the phrase; 'to be treated with dignity and respect at all times', however there is no policy provided that specifically identifies itself as an Equal Opportunities Policy. The Diversity Policy Statement (Dec 2003) states that all

people coming into contact with this service can expect to be treated with equality and fairness. It also states that they will ensure that their workforces is representative and their services are suitable for different people from different minority ethnic groups, religions, gender, ages, differing physical and mental abilities and sexualities.

A booklet was provided to the Review Officers on the site visit, which outlined Equal Opportunities.

### **6.3.1 Urgent Action:**

To develop an Equal Opportunity policy that applies to staff and tenants which addresses issues such as accessing the service and employment (see example). This policy to be reviewed at a maximum every five years and comply with relevant legislation including:

- Race Relations Act 1976
- DDA 1995
- Human Rights Act 1998
- Sex Discrimination Act 1975
- Employment Equality (Age) Regulations 2006
- Commission for Race Equality Code of Practice

### **6.3.1 Action Completed 09/09/08**

## **6.4 Recruitment & Selection**

A single page document was provided that included very limited guidance to the Recruitment and Selection process applied.

### **6.4.1 Urgent Action:**

The policy needs to be reviewed and a more comprehensive process written that includes the following:

- Advertising
- Application Form,
- Job Descriptions
- Person Specifications
- Skill profiles
- Interview Panel
- Question Format

- Timescales
- Induction Period
- References
- Other Checks

#### **6.4.1 Action Completed 09/09/08**

#### **6.4.2 Urgent Action:**

The policy must also aim to eliminate discrimination in the recruitment process applied and specific reference should be made to the recruitment of former service users and what provisions are applied under those circumstances.

#### **6.4.2 Action Completed 24/07/08**

#### **6.4.3 Urgent Action:**

To ensure that all staff are familiar with the key features of this policy and that it is covered in the induction programme.

#### **6.4.3. Action Completed 09/09/08**

### **6.5 CRB Checks**

Joy stated that CRB checks for staff members had been processed by the Housing Department as part of the HMO criteria, however after contacting the Housing Team, they informed the team that a “national police check which I have done on 2 staff members which has come back clear and I do have a copy of the CRB check for Joy Bould.” Therefore, it is essential that the remaining staff have CRB and POVA checks carried out. References had not been evidenced for all staff members.

#### **6.5.1 Urgent Action:**

CRB checks must be carried out for support workers before 1:1 support can commence and confirmation of the checks are to be submitted every three years.

#### **6.5.1 Action Completed 26/02/09**

#### **6.5.2 Urgent Action:**

Guidance must be in place to ensure the service informs the Supporting People Manager of any significant disclosures.

#### **6.5.2 Action Completed 09/09/08**

### **6.5.3 Urgent Action:**

Support workers need to provide a minimum of two references that are followed up by the service.

#### **6.5.3 Action Completed 08/01/09**

### **6.6 Cultural and Religious Resources**

A Leisure, Education & Recreation sheet (January 2004) was provided which includes an information sheet regarding medical services and spiritual welfare information sheet.

#### **6.6.1 Recommendation:**

Check that all contact details on the above sheets are up to date.

#### **6.6.1 Recommendation Completed 08/01/09**

## **C1.6 Complaints**

### **7.0 Complaints**

A policy statement is tied in to the procedure which determines the right to complain, who it applies to and acceptance to the complaint process providing positive outcomes. Recourse for making an appeal outside of CRC is given if the complainant can not get resolution on a specific issue.

#### **7.0.1 Urgent Action:**

Revise the policy checking that all contact details are up to date and to ensure that it makes reference the Supporting People Complaints Procedure, when carrying this out date the procedure and provide a review date.

#### **7.0.1 Action Completed 09/09/08**

### **7.1 Staff & Residents Awareness:**

After receiving feedback from both staff & residents, evidence was provided that the majority knew who & how to complain to. It was stated that a lot of information was communicated via the notice board.

### **7.1.1 Urgent Action:**

To ensure that clear guidance is displayed on the notice board regarding complaints and appeals.

#### **7.1.1 Action Completed 24/07/08**

### **7.2 Complaints Log**

A formal complaints log does not exist however a recording of complaints was provided with 2 complaints which showed the date of the complaint, by whom, the nature of the complaint, the outcome, the date and a signature. It was stated that most issues are dealt with before they escalate into complaints. The method employed is to sit down and talk things through with the aggrieved.

#### **7.2.1 Recommendation:**

An example of a Complaints log has been supplied that provides a breakdown of the

- Outcomes/conclusions reached
- :The actions taken
- The time taken to respond at each stage applied and that these are 'reasonable'.

It is recommended that this is used for recording future complaints.

#### **7.2.1 Action Completed 08/01/09**

### **7.3 Appeals Procedure**

An Appeal process is outlined but in general terms and applies more to the Complaints process.

#### **7.3.1 Urgent Action:**

To revise the Appeals Process to ensure that it is for use by service users in respect of outcomes to assessments and reviews as well as complaints.

#### **7.3.1 Action Completed 24/07/08**

<b>Quality Assessment Framework</b>	<b>Self Assessment</b>	<b>Grading after review visit May 08</b>	<b>Grading after 6 month visit Jan 09</b>
C1.1 Needs and Risk Assessment	<b>B</b>	<b>D*</b>	<b>C</b>
C1.2 Support Planning	<b>B</b>	<b>D*</b>	<b>C</b>
C1.3 Health and Safety	<b>B</b>	<b>D*</b>	<b>C</b>
C1.4 Adult Abuse	<b>B</b>	<b>D*</b>	<b>C</b>
C1.5 Diversity	<b>B</b>	<b>D*</b>	<b>C</b>
C1.6 Complaints	<b>B</b>	<b>D*</b>	<b>C</b>

- These grades can be improved if the Actions are carried out.

Reviewed by:

Review Officer .....  
Alison Flood

Review Officer .....  
Keily Proctor

Date.....

**Authorised by**

Manager.....  
Paul Bakewell

Date.....