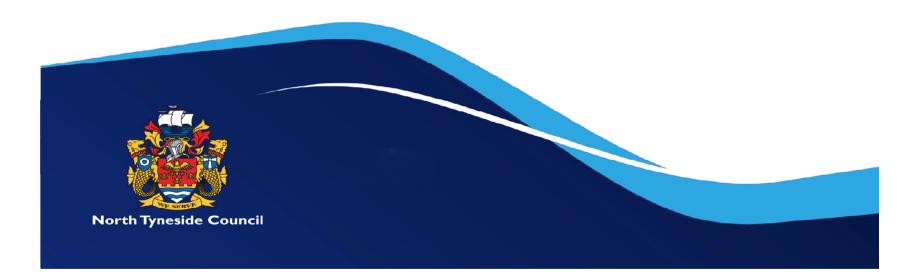
**Quality Outcomes Report 2015** 



## Coquet Trust August 2015



| Name of Service:                  | Coquet Trust                    |
|-----------------------------------|---------------------------------|
| Date of Visit:                    | 12th & 13th August 2015         |
| Manager:                          | Alison Buddles                  |
| Person in Charge on day of visit: | Alison Buddles                  |
| Contracts Team Officers:          | Karina Williamson & Bev Gosling |

| Not Met   | Poor evidence of outcome being met   |
|---|--|
| Partially Met   | Good evidence of outcome being met /majority of evidence is in place but not all |
| Fully Met         All evidence is in place demonstrating the outcome is fully met |  |

## SUMMARY;

Coquet Trust is a charitable organisation who support 4 clients in 4 ISL's in North Tyneside. It would be useful to compare the ISL reports and roll out the areas of good practice highlighted within each ISL report across them all. It would also benefit from ensuring consistency within the documentation and to archive any old documents. The services were very person centred and the clients appeared to be happy and have a good quality of life. During the course of the visit it was apparent that the staff were happy and well supported.

| Main Outcome                                | Related Outcome Measures                   | Comments  | Outcome   | Outcome<br>Score |
|---|--|---|-----------|------------------|
| 1. People benefit from<br>Personalised Care | that placements are appropriate and well   | This outcome was fully met. Pre- assessment documentation was not available on all files as many clients had historical placements and documentation had been archived however we were able to see a blank document for any new clients.                                    | Fully met | 2                |
|   | processes ensure people receive excellent, | Overall this outcome was met. The support plans were very person centred and detailed however they lacked consistency as some services used protocols and others used support plans to record the same detail. All of the files also lacked life histories for the clients. | Fully met | 2                |
|   |  | Overall this outcome was met. As advised last year, a Positive Risk Policy should be implemented. There was some good examples of positive risk within the clients files.   | Fully met | 2                |
|   |  |   | Score     | 6                |

| Main Outcome   | Related Outcome Measures  | Comments  | Outcome       | Outcome<br>Score |
|--|---|---|---------------|------------------|
| People are supported by excellent staff                                | ensure staff have access to up to date<br>knowledge and skills that is appropriate to<br>the needs of the clients receiving the                 | Overall this outcome was met. Coquet Trust are in the process of implementing The Care Certificate<br>Standards as part of induction. It was positive to note that staff are awarded a bonus of £50 when they<br>complete a National Vocational Qualification. The National Safeguarding Competencies had not been<br>completed with staff however there is a plan in place to commence a similar tool devised by Newcastle<br>Council Safeguarding Team. This is due to be implemented in September. It was advised the staff are<br>assessed against The National Safeguarding Framework. | Fully met     | 2                |
| are supp   |   | Overall this outcome was met. Not all staff were signing to say the had read the handover in some of the ISL's.   | Fully met     | 2                |
| 2. People  | 2.3 Positive Staff Morale ensures people<br>receive dignified care from a stable and<br>productive staff team                                   | Overall this outcome was met. A staff survey had been completed and findings collated however an action plan was not evident.   | Fully met     | 2                |
|  |   |   | Score         | 6                |
| e provision  | , , ,   | Overall this outcome was met. There was evidence of audits in place however we were unable to see where the actions were signed off. There was no evidence to suggest that the Quality Assurance process included the views of people outside the service e.g. carers, family members and other professionals.  | Fully met     | 2                |
| uality of servic   | ensure the service can continue to care for   | This outcome was partially met. It was recommended the Business Continuity Plan be expanded to include risk regarding loss of communication and finance. The plan had been reviewed however there was no evidence the plan had been tested or that staff were aware and trained in the use of the plan.   | Partially met | 1                |
| n excellent q  |   | Overall this outcome was met. The was a process in place to employ a person with an unclear DBS however this should be underpinned by a policy and the decision process clearly recorded within the person's file.  | Fully met     | 2                |
| 3. Management systems ensure an excellent quality of service provision |   | This outcome was fully met. It was positive to note that a staff team is identified to be dedicated to a specific individual which facilitates consistency of staff. The social worker assessment dictates the hours of support for each individual and Coquet Trust recruit accordingly.   | Fully met     | 2                |
| 3. Managemer   | 3.5 Robust financial procedures ensure<br>people retain as much financial<br>independence as possible and are protected<br>from financial abuse | This outcome was fully met.   | Fully met     | 2                |
|  |   |   | Score         | 9                |

| Main Outcome  | Related Outcome Measures   | Comments  | Outcome       | Outcome<br>Score |
|---|--|---|---------------|------------------|
| ıd equitable service<br>dures   | 4.1 Effective Health and Safety procedures ensure people are cared for in a safe environment                       | This outcome was partially met. The Health and Safety Policy had not been signed by a senior person in<br>the last year. The responsibility chart only aligned job roles rather than specifying the person. Having a<br>named person for staff to contact is more practical. Although Fire Risk Assessments were in place within<br>the individual houses, the paperwork was not consistent and lacked some detail. Risk Assessments and<br>support plans were not in place for people unable to summons assistance in an emergency, both issues<br>were discussed with the Manager at feedback.  | Partially met | 1                |
| . consistent a<br>ies and proce   | 4.2 Equal Opportunities procedures<br>promote equal access to services and<br>protect people from discrimination   | This outcome was partially met. As highlighted last year, there was no evidence of any Equality Impact<br>Assessments on the day of the visit.  | Partially met | 1                |
| efit from a transparent, consistent and equ<br>through effective policies and procedures  | 4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs  | This outcome was fully met.   | Fully met     | 2                |
| <ol> <li>People benefit from a transparent, consistent and equitable service<br/>through effective policies and procedures</li> </ol> | 4.4 Confidentiality and data protection<br>procedures ensure that sensitive<br>information is treated with respect | This outcome was partially met. Currently the service is not registered under The Data Protection Act as<br>by law they are not required to do so being a charitable organisation. However, the NTC contract<br>stipulates they complete this registration. Commissioning Officers advised the Manager of this at<br>feedback . As advised last year the finance policy should stipulate that the financial status of the client is<br>confidential and the mobile phone policy should be expanded to include confidentiality and safeguarding<br>issues.   | Partially met | 1                |
|   |  |   | Score         | 5                |
|   | 5.1 People are able to engage in meaningful activity and occupation  | This outcome was fully met. There was evidence to show that clients were supported to participate in a range of activities to suit their individual needs.  | Fully met     | 2                |
|   | 5.2 People are encouraged and supported to maintain and develop relationships                                      | This outcome was fully met.   | Fully met     | 2                |
| experience dignity and respect  | 5.3 People are proactively involved in services  | Overall this outcome was met. One file had a job specification for a support worker. This had been written by the client and was specific to what he wanted from a support worker. Plans are in place to roll this out to all clients. A recruitment day had taken place where a client had been on the recruitment panel and managers observed and recorded the interaction and answers of the potential employee. This is part of a programme of work currently being carried out across the company with plans to expand to encompass all clients moving forward. There was some evidence to suggest the clients or their representative had regular meetings or a system of communicating issues to management. | Fully met     | 2                |
| experier  | 5.4 People experience Choice and Control in every part of their life   | This outcome was fully met.   | Fully met     | 2                |

| Main Outcome  | Related Outcome Measures   | Comments  | Outcome           | Outcome<br>Score  |
|---|--|---|-------------------|-------------------|
| 5. People   | 5.5 Privacy is a valued part of everyday life  | This outcome was partially met. Some clients were able to manage their keys and others weren't however there was no supporting documentation to underpin this.  | Partially met     | 1                 |
|   | 5.6 People experience a sense of belonging and being a valued part of the community  | Overall this outcome was met. Only one out of the four ISL's had completed a community mapping exercise of the local area's amenities.  | Fully met         | 2                 |
|   | 5.7 People have timely and appropriate access to information   | Overall this outcome was met. As highlighted last year, Safeguarding and Advocacy were not included within the client handbook. Newsletters are not produced however clients have access to the Coquet Trust website, where information and photographs relevant to them are available to view.   | Fully met         | 2                 |
|   |  |   | Score             | 13                |
| ıred for in a safe  | 6.1 The Mental Capacity Act 2005 and<br>Deprivation of Liberty procedures are<br>effective and ensure people are treated<br>with dignity and are protected from harm | This outcome was fully met.   | Fully met         | 2                 |
| 6. People are protected from avoidable harm and are cared for in a safe environment | 6.2 Excellent safeguarding procedures ensure people are protected from harm  | This outcome was partially met. Safeguarding should be a standard agenda item discussed at every staff meeting. The National Safeguarding Competencies had not been completed with staff however there is a plan in place to commence a similar tool devised by Newcastle Council Safeguarding Team. This is due to be implemented in September. It was recommended that staff are assessed against The National Safeguarding Competency Framework. | Partially met     | 1                 |
|   | 6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls                                    | This outcome was not applicable. At the point of the monitoring visit Coquet Trust did not support anyone who was at risk of falls.   | Not<br>applicable | Not<br>applicable |
|   | 6.4 Maintaining a safe environment ensures people are protected from potential hazards   | Overall this outcome was met. Inspecting the furniture happens in practice however it was suggested a more formal process was implemented.  | Fully met         | 2                 |
|   | 6.5 Appropriate and safe equipment<br>ensures people receive safe and dignified<br>care  | This outcome was fully met.   | Fully met         | 2                 |
|   |  |   | Score             | 7                 |
| mproved<br>eing   | 7.1 People's nutritional needs are<br>comprehensively met and dining is a<br>positive experience for all   | This outcome was fully met. There was evidence in some files that clients had been supported by staff to loose weight and now maintained a healthy diet.  | Fully met         | 2                 |
| xperience improved<br>and well-being  | 7.2 Effective Health and Hygiene practices minimise the risk of cross infection  | Overall this outcome was met. Not all of the ISL's had a recording system in place for the cleaning schedule.   | Fully met         | 2                 |

| Main Outcome          | Related Outcome Measures  | Comments                    | Outcome   | Outcome<br>Score |
|-----------------------|---|-----------------------------|-----------|------------------|
| 7. People e<br>health | 7.3 Robust medication procedures ensure<br>people receive the right medication at the<br>right time to protect their health | This outcome was fully met. | Fully met | 2                |
|                       |   |                             | Score     | 6                |

| Total Scored      | 52  |
|-------------------|-----|
| Maximum Score     | 58  |
| Percentage scored | 90% |