

Seven Steps Support Ltd

# Seven Steps Support Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Seven Steps is a domiciliary care agency. It provides personal care to people their own houses and flats in the community. It provides services people with learning disabilities. At the time of inspection 44 people were receiving support.

Not everyone using Seven Steps receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection 23 people were receiving support with personal care.

People's experience of using this service: People using the service benefited from a responsive service. The service was exceptional in placing people at the heart of the service. We found the staff and management were supportive and went the extra mile to care right for people and were passionate about providing person-centred care to people when needed.

People using the service benefited from a caring service. People told us how staff were kind and caring and treat them with compassion and respect. We saw how staff were supportive and went the extra mile to care for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People received personalised care and support specific to their needs and preferences. People's likes, preferences and dislikes were assessed. Care packages met people's desired expectations.

People were enabled to follow a variety of interests and activities. Ideas and events were initiated by people based upon their interests.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure in place and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection: At the last inspection the service was rated Good, the report was published November 2016.

Why we inspected: This was a planned inspection based on when the service was registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service remained safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our Caring findings below

**Good** ●

### **Is the service responsive?**

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led

Details are in our Well-Led findings below.

**Good** ●

# Seven Steps Support Limited

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was announced. We gave the service one days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 8 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made calls to people who use the service and families on 14 May 2019.

**What we did:** We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we looked at two people's care records and records relating to the management of

the service. This included including staff training records, audits and meeting minutes. During the inspection we spoke with the registered manager and deputy manager. Following the inspection, we spoke with three people who used the service, two family members and four care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I feel safe when staff are with me, it means I can go swimming, I like it when they (staff) are with me" and "When the staff are with [relative] I know [relative] is safe, if anything happens the staff and managers work with me to resolve things, to make sure they (relative) are safe."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff told us, "Every person is different and different abilities. I have read people's care plan and risk assessments. I've had lots of safeguarding issues and I've supported people with them. The managers were supportive, and we worked together to ensure people were safe."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- The service aimed to obtain detailed information about a person before a new care package commenced. Before support was provided an initial assessment was undertaken to make sure the service could meet people's needs.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- The service was adequately staffed. People told us, "I have the same staff, unless someone is sick", "They try to keep to the group who support me but sometimes they have to mix it around. They let me know of changes though" and "It's does change each week; the staff write on the calendar who will be supporting me that week. They will let me know if different."
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every three months. Records showed staff were up to date with medicines training.

- Due to the nature of the service relatives also often managed people's medicines.
- Protocols were in place for medicines prescribed for use 'as required'.

#### Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, and outcomes were identified. Care and support were regularly reviewed.
- Support plans were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "Training is really good, they put me through the care certificate even though I had already done this, to ensure my knowledge was refreshed. I've done medication training and record keeping training, online course about mental health and depression. There is lots of on-line stuff available, it's really good training."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "I have supervision, they are very useful. They ask how I am doing; do I have any issues. They check on the hours worked and are concerned about home and work life balance. It's good, they discuss any opportunities as well, such as promotions and things like that."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- No one required their food and fluid intake monitored, however, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.
- For people who required specialist techniques for eating and drinking such as Percutaneous Endoscopic Gastrostomy (PEG), we saw staff had received the required training.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had excellent relationships with other organisations involved in supporting the people they also supported.
- When people needed to go into hospital, and it was appropriate to do so, their support worker would go with them to hospital, so a familiar person was with them. Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs

should they be admitted to hospital.

- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. Records showed people signed to consent however we saw that if a person was unable to sign documents, the provider had asked a relative to sign on behalf of the person when there was no evidence that the relative had a Lasting Power of Attorney (LPA). LPA accords the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, and life sustaining medical treatment. It can only be used if you're unable to make your own decisions.
- We spoke to the registered manager who told us they would follow up with people's relatives if their relative had an LPA in place. This meant appropriate consent was not always sought where people lacked the capacity to make an informed decision or give consent in accordance with Mental Capacity Act 2005 and associated code of practice.

We recommend that the service consider current guidance on the Mental Capacity Act 2005 (MCA) and act to update their practice accordingly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people told us they received excellent care and support from staff. People told us, "I do like the staff, they are very kind and caring", "The staff are kind and caring, they always put me first" and "The staff are kind and caring. They are as mad as a box of frogs, it's part of their personality. I really like that about the staff, we can have a laugh."
- Relatives told us, "The staff are so kind and caring they always put [relative] first" and "They [staff] do genuinely care about the people they look after. You can tell by the way they care. Staff say, 'I can't wait to come and see [person] today'. They are good and make him to do what [person] needs to do."
- Staff we spoke with were extremely positive about their role. One staff member told us, "I love going to meet different wonderful people, even the most challenging of people. I know people's quirks. Everyone is different, I love going to work, making people smile and have a giggle. It's not like a job."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs. One staff told us, "I know the people I care for very well. They are all very different. I took a lot of time getting to know people. I'm in contact with family members. We have a lovely working relationship, good trust and friendship. I am open, and people will come and talk if something wrong. I would know by people's behaviours if something's a miss. We've built a bond over the years." Another staff member told us, "I know people really well, I have a set client group that I go to, it keeps continuity of care. If I do need to be introduced to whom will do via shadowing. I know people well."
- The service had dignity champions who were role models to others and influenced colleagues by having conversations around the seven steps of dignity principles.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received. People told us they had completed surveys, monthly reviews and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People were supported to express their spiritual needs and people were accommodated when visiting the local church.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. Staff gave us examples about how they

involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One person told us, "They help me with my cooking and washing. Encourage me to do more about the house, otherwise nothing would get done."

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. One staff member told us, "I make sure I give people a lot of encouragement to keep them independent. I always maintain people's dignity when sharing information sharing. When supporting people in the bathroom I use the shower curtain and close doors. I let people get dressed on their own if they can." Another staff member told us, "I promote independence in whatever way I can. When people are cooking, I keep an eye on them to oversee what's happening. We discuss what's coming next like chopping vegetables or turning the oven on. I communicate well so people can-do things themselves. I praise people highly which gives them more encouragement."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People supported by Seven Steps had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly, one person told us, "I have a care plan and I am involved in my reviews." Another person told us, "Yes, I have a care plan, we had a meeting about it, that was recent. After they had to do me a new care plan, I had to sign it afterwards. The staff spoke to me about it, not much has changed."
- People's care plans were detailed and contained clear information about people's likes, dislikes, specific needs, their personal preferences, routines, and how staff should best support them to live happy, contented lives.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People had communication passports in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.
- Staff had completed some exceptional work alongside another provider and other agencies to ensure a person could continue to successfully live in the community. The outcome was exceedingly positive for the person. Without the commitment from the registered manager and staff team the person would have experienced extremely negative outcomes. A relative told us, "They did all the shadowing alongside the old provider that was needed to make [person] feel safe. The managers are dedicated with a tight support group. The service has turned [person] around in relation to feeling safe. This is a unique service specifically designed for [person]."
- The staff used innovative and individual ways to support people to maintain family relationships for example using skype, email and text messaging.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People were also encouraged to be involved in everyday life activities with staff if they wanted to, i.e. shopping, meal planning, cleaning and cooking.
- The service was responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by people based upon their interests. There were an abundance of life enhancing and interesting events and activities for people to become involved with. These included going swimming, to the cinema, gym and shopping.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel

able to raise any concerns with the registered manager. Comments included, "I would just call the office if I was unhappy" and "Yes, I know how to complaint, I phone the office."

- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found there had been no complaints. The service logged all minor concerns and provided people with a response which prevent things turning into a complaint.
- The service had received numerous compliments.

#### End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and honest culture in the service. People who used the service were complimentary about the registered manager. One person said, "I'm quite happy with them, I happy with the service, they have made me happy."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, an action plan was put in place and action had been taken to make improvements. Senior managers also regularly completed audits and checks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who provided leadership and support. They were supported by a care coordinator. We found the management team open and committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the registered manager, deputy manager and more frequently with the senior care assistant on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service and relatives had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

#### Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services and Sheffield local authority.
- The registered manager attended provider meetings held by Sheffield local authority.