

Step-Up Support Limited

Step Up Support

Inspection report

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Date of inspection visit:
21 December 2016

Date of publication:
30 January 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

This inspection took place on 21 December 2016 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the registered manager is sometimes out of the office or providing care and we needed to be sure that they would be available. The service moved to new premises in 2016 and the new location was registered with the Care Quality Commission on 13 July 2016.

Step Up Support service provides short breaks for adults with learning disabilities. The service is based in a four bedroom house. The house can accommodate three individuals for overnight stays. Staff provide night time support on a sleep in basis for people staying at the service. At the time of the inspection eleven people were using the service.

During the inspection the registered manager was the only staff member present. During the afternoon three people arrived to stay overnight at the service. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. One person shared their experience of using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us they were in the process of reviewing people's risk assessment so they were more detailed and effective. They were being supported by the local authority to complete this task.

We saw a recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which must be available to demonstrate fit and proper persons have been employed. We spoke with the registered manager and they assured us this would be updated.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

There were sufficient staff to meet people's needs safely and effectively.

Medicines were managed safely at the service.

Relatives that we contacted did not express any concerns regarding the cleanliness of the service. The service was clean and had a pleasant aroma.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff were well supported and received supervisions and appraisals regularly.

One person we spoke with was satisfied with the quality of support they had received and told us they would recommend the service.

Relatives that we contacted made very positive comments about the care their family member had received and about the staff working at the service. All the relatives contacted told us they would recommend the service.

Care plans were detailed and person centred. They contained personal preferences and instructed staff on encouraging people to maintain their independence. Care plans were reviewed and updated regularly.

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.

We observed the registered manager giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

The service promoted people's wellbeing by providing daytime activities and opportunities to go out into the community.

The provider had a complaint's process in place. Relatives told us that concerns were always taken seriously, explored thoroughly and responded to in good time.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

There were regular checks completed by the registered manager to assess and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe in some areas.

The service was in the process of reviewing people's risk assessments so they were more detailed and effective.

We saw the a recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which must be available to demonstrate fit and proper persons have been employed.

Staff had undertaken training in safeguarding adults from harm and abuse and were able to explain their role and responsibilities to us.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Relatives made positive comments about the care their family member had received.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

We saw staff received appropriate support to enable them to carry out their duties.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about the staff.

Staff enjoyed working at the service. Staff were able to describe

how they maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

Good ●

The service was well-led.

Relatives made positive comments about how the service was run and the registered manager.

There was clear leadership in place, the registered manager supported people who came to stay at the service so they got to know who she was.

There were processes in place to ensure the quality and safety of the service were monitored.

Step Up Support

Detailed findings

Background to this inspection

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

This inspection took place on 21 December 2016 and was announced. The provider was given short notice of our inspection. We did this because the service is small and the registered manager is sometimes out of the office or providing care and we needed to be sure that they would be available. The inspection was led by an adult social care inspector.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make."

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. One person was able to share their experience of using the service.

During the inspection we spoke with the registered manager. After the inspection we contacted four care staff and five relatives by telephone or by email to obtain their views about the service. We looked at a variety of records including three care plans, three staff recruitment files, accidents and incident records,

medication administration records, safety certificates and auditing which had taken place across the service.

Is the service safe?

Our findings

We looked at people's risk assessments. The registered manager told us they were in the process of reviewing people's risk assessment. They told us the local authority had visited the service and requested they were reviewed so they were more detailed and effective. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. The registered manager showed us an example of a risk assessment that had been reviewed. We saw the original risk level had been assessed, measures had been identified which needed to be in place to minimise the risks and the level of risk had been reassessed after the measures were implemented, to ensure sufficient action had been taken to mitigate the risk. The registered manager assured us that the risk assessments for all the people using the service would be reviewed.

A recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which must be available to demonstrate fit and proper persons have been employed. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. This showed there was a risk that fit and proper persons would not be employed at the service. We spoke with the registered manager who assured us that the policy would be reviewed.

One person we spoke with did not express any worries or concerns about their safety. From our observations we did not identify any concerns regarding the safeguarding of people who used the service. All the relatives contacted felt their family member was in a safe place.

We did not receive any concerns from relatives or people regarding the staffing levels at the service. The registered manager told us that staff were matched up to people using the service. For example, they had the same interests or the person needed a female or male staff member to support them. The level of staffing provided reflected the level of need of people using the service. The registered manager told us they also looked at the compatibility of people staying at the service. Staff told us staff rotas were organised in advance and that one member of staff would be designated as being on call for each shift.

Staff had undertaken training in safeguarding vulnerable adults from abuse and were able to explain their roles and responsibilities in regard to keeping people safe. Staff were all clear who they would report any concerns to and were confident action would be taken to address their concerns.

Some people being supported by Step up Support needed support managing their monies. We saw that balance checks were completed regularly. This showed that people were safeguarded from the risk of financial abuse.

Whilst not observing the administration of medicines we looked at the medication administration records (MAR) charts for people who used the service. We saw the medication administration records (MAR) sheet were completed and contained no gaps in signatures for the administration of medicines.

We found people had a "protocol" in place, for medicines prescribed as "when required". A protocol is to guide staff how to administer those medicines safely and consistently.

We looked at the safety of the building. We found the registered provider had up to date certificates for all aspects of the building, including fire equipment, legionella checks and the servicing and safety of all equipment which was in use in the service.

During the inspection we did not find any concerns regarding infection control. The service was clean and had a pleasant aroma.

All the relatives contacted made positive comments about the service's new premises. We saw there were a number of steps at both the back and front door of the house. The registered manager told us that they were intending to improve the access to the house and had already spoken with a builder.

Is the service effective?

Our findings

One person we spoke with told us they were very satisfied with the quality of support they had received when they had used the service. They told us the only part of their support that could have been improved was some staff had not understood they needed to have their food intake strictly controlled due to their syndrome. They told us staff knowledge had improved since they started using the service. They told us they would recommend the service. Their comments included: "I would definitely come here and make some friends."

All the relatives contacted were very satisfied with the quality of support their family member had received. Their comments included: "The service is wonderful," "There is a sense of commitment and care from all managers and staff I have encountered" and "[Family member] is involved with choosing and preparing his meals and encouraged to be responsible for his personal care although he does need a lot of prompting the staff are very patient with him." All the relatives contacted told us they would recommend the service.

The registered manager provided us with details of people who had allergies or required a specialist diet. Relatives told us their family member could choose what they like to eat. One relative commented: "[Family member] can choose what he likes to eat, the staff encourage him to make healthy food choices and he is always happy with the food provided."

We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff told us new staff worked alongside another member of staff before supporting people on their own. This gave them the opportunity to be introduced to people using the service. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills. The training provided covered a range of areas including the following: food safety, Mental Capacity Act 2005, equality and diversity, moving and handling, first aid, health and safety, infection control, learning disabilities and safeguarding adults.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

We found 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.

One person we spoke with told us they were fully involved in their support planning and that staff sought their consent prior to supporting them. We saw that some people had written in their care plans on how they would like to be supported when they stayed at the service.

Staff were able to describe how people were promoted to be as independent as possible and to make decisions for themselves. Their comments included: "The service provides good opportunities for service users to do activities they want to do, and lots of chances to practise independent living skills," and "As we work regularly with most of our clients we get to know them very well, allowing us to personally tailor the support we provide them. I also feel that we have a good degree of success encouraging independence in our clients, encouraging them to contribute to aspects of their care such as cooking and personal hygiene independently where possible."

Is the service caring?

Our findings

One person we spoke with told us they were treated with dignity and respect. They also made positive comments about the staff. Relatives contacted told us their family member was treated with respect and made positive comments about the staff. Their comments included: "I am often consulted by staff over any minor concerns they have and my main guide is [family member] who absolutely adores going there and regularly asks to go again," and "The staff are lovely, the service is small and offers a welcoming atmosphere;" "[Family member] always wants to go to Step Up and always seems very happy after his visit," "They [staff] show great interest in all of her life" and "The service users are encouraged to make decisions about what they want to do rather than being told that they must go to the cinema or bowling."

One person we spoke with told us they could choose where they would like to spend their time when they stayed at the service. The feedback received from relatives told us their family members were listened to and given choice. One relative commented: "[Family member] doesn't go to respite very often, but likes to take the opportunity to stay up late when he is there," and "[Family member] is always treated fairly and with respect. His views are always listened to and he is never forced to do an activity if he doesn't want to (such as being made to go out if he's too tired)."

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions. During the inspection we saw the registered manager interacting positively with people. They were respectful and cheerful to people they were providing care to.

Staff were able to describe how people made choices for themselves. One staff member described how the service built up relationships with people using the service and their families by sending birthday cards and Christmas cards. The service also organised group activities so that people could meet other people who used the service. For example, a Christmas meal had been held for people to attend.

Staff described how they preserved people's privacy and dignity. For example, knocking on people's doors before entering and respecting people's choice to stay in their bedroom and not coming down to the communal lounge.

The service provided information to people using the service in an easy read format to meet their needs.

Is the service responsive?

Our findings

People's care plans were person centred and included people's preferences. We saw examples in care plans where people had written information on how they would like to be supported. For example, one person had written down their food preferences in the dietary requirements section of the plan. Another person had been involved in completing a healthy eating plan for themselves to follow.

We found there was a record of the relatives and representatives who had been involved in the planning of people's care. We found that people's care plans were regularly reviewed and in response to any change in needs. Relatives told us they were fully involved in their family member's support planning. Relatives also told us that staff kept them fully informed and where able people were supported to ring their relative when they were staying at the service.

Staff told us the on call system at the service worked well. Their comments included: "The on call system means someone [staff] can always be contacted for assistance and there are always other colleagues I can call to answer any questions," and "All staff have access to the phone number of the staff on call and can call them at any time." Staff described the steps they would take if a person staying at the service became unwell to ensure they received medical assistance if needed.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community. We saw that activities were tailored to each person. For example, one person liked to go to the local animal park and watching films or DVDs with other people staying at the service. During the inspection we saw two people choosing what DVD to play on the television in the lounge. One staff member described how at each stay people were asked what activities they would like to do. If people were staying for multiple days, there was a folder detailing different activities for people to choose from during their stay.

There was a pictorial complaints process on display at the service. We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff. The registered manager kept a complaints log. One relative described how they had raised a minor concern with the registered manager. The relative told us the registered manager had been very helpful and immediately taken action in response to the concern.

Is the service well-led?

Our findings

Relatives told us the service was well managed and made positive comments about the registered manager. Their comments included: "Very helpful and efficient," and "The service is well managed; [registered manager] is very accommodating and will always try to fit in weekends when required and ensure that [family member] knows at least one member of staff and one of the other service users."

The registered manager had sent out a quality of care questionnaire to people after they had stayed at the service during 2016. We saw people had been asked whether they had enjoyed their stay and what they didn't enjoy and how the service could make it better. We saw that all the people had enjoyed their stay at the service. People's comments included: "All good" and "I like [registered manager]". The registered manager told us they incorporated the changes people suggested into the person's next stay. For example, one person had written 'more farm' on their questionnaire, so a visit to the city farm would be included.

All staff contacted made positive comments about the staff team working at the service and the registered manager. The registered manager was described as being 'very supportive'. The registered manager had also sent out a staff supervision and support questionnaire to staff in 2016 to check that staff were feeling well supported and they felt listened to. The service also held regular staff meetings. Staff valued the opportunity to meet other staff at these meetings and to discuss the quality of support being provided. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. There were planned and regular checks completed by the registered manager. For example, health and safety checks, medication checks and service user monies checks. These checks helped to identify any concerns so appropriate action can be taken to improve the quality of support provided.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.