

## Step-Up Support Limited

# Step Up Support

### 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:

Step Up Support service provides short breaks for adults with learning disabilities. The service is based in a four bedroomed 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 there were 16 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

Relatives spoken with did not express any concerns about the safety of their family member. Relatives made very positive comments about support that had been provided to their family member. Comments included, "Yes, it's good" and "Absolutely fantastic. Very caring and sensitive to [family member] needs. They [staff] put themselves out for you."

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Safeguarding procedures were robust and staff understood how to safeguard people.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

Systems were in place to make sure the manager and staff learned from events such as incidents, concerns and investigations.

Relatives spoken with didn't express any concerns about the staffing levels at the service. The staff team planned and discussed the diary bookings and rota to ensure there were enough staff deployed to keep people safe and meet their needs.

There were robust recruitment procedures in place, so people were cared for by suitably qualified staff who been assessed as safe to work with people.

Medicines were managed safely at the service. The service had a robust system in place for receiving and returning people's medication when they came for a short break.

People were supported by staff who knew them well. People's care plans were person centred.

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. All the relatives spoken with made very positive comments about the staff team and the registered manager.

The service was clean and had a very welcoming homely atmosphere.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. Staff had received specialised training to meet the needs of people using the service. Staff told us they felt supported.

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.

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 saw people were offered a wide choice of food and their individual preferences were considered.

People were treated with dignity and respect. People could choose how they wished to spend their time when they came to stay at the service. People were supported to attend activities within the community.

People were supported to maintain their independence and some people engaged in activities of daily living such as, food shopping and cooking a meal.

Relatives spoken with felt confident they could raise any concerns with staff and the registered manager.

The registered manager had a good oversight of the service and were experienced in their role. Staff spoken with made very positive comments about the staff team and the registered manager.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

Rating at last inspection:

At our last inspection the service's overall rating was good. The key question "Safe" was rated as requires improvement (report published 30 January 2017). At this inspection we found the service had made improvements to the assessment of people's risks and achieved a rating of good for this key question.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service has improved and was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Step Up Support

## **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 was carried out by one inspector and an assistant inspector.

#### Service and service type:

Step Up Support is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was announced. The registered provider was given short notice of our inspection. We did this because the service is small and we needed to ensure the registered manager would be available.

#### What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received, and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted social care commissioners who help arrange and monitor the care of people using the service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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. We reviewed the comments people and their relatives had made in the quality questionnaires surveys. We also contacted four people's relatives by telephone to obtain their views about the service.

During the inspection we spoke with the registered manager and a senior care worker. We also spoke with two care staff by telephone. We looked at three people's care records. We checked a sample of medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

We looked around the building to check the service was safe and clean.

# Is the service safe?

## Our findings

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

At our last inspection the rating for the key question "Safe" was rated as requires improvement. At this inspection we found the service had made improvements to the assessment of people's risks.

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff.
- Relatives spoken with did not express any concerns about the safety of their family member. They felt their family member was in a safe place when they came to stay at the service. Comments included, "He's [family member] always happy there. If there anything was anything wrong, he wouldn't be happy. I would know about it" and "The fact that [family member] wants to go. I feel secure leaving him there."
- Staff had received training and had a good understanding of safeguarding processes.

Assessing risk, safety monitoring and management

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service were effective.
- At our last inspection we saw people's risk assessments would benefit from being more detailed. At this inspection we saw people's support plans included assessments of specific risks posed to them. They also included guidance for staff about how to support people to reduce those risks of avoidable harm.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- The staff team planned and discussed the diary bookings and rota to ensure there were enough staff deployed to keep people safe and meet their needs. Staffing levels were tailored to the individuals staying at the service for a short break.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Using medicines safely

- Medicines were managed safely at the service. The service had a robust system in place for receiving and returning people's medication when they came for a short break.
- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.
- People were receiving their medicines as prescribed. Staff kept records about what medicines they had

administered to people and when.

- People had been assessed to see whether they could administer their own medicines and were supported to take as much control over their medicines as possible.
- Staff who administered medication had received training and their competency had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place to provide important information to staff.

Preventing and controlling infection

- Step Up Support was clean and there was an effective infection control system in place.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken to mitigate future risks.
- Staff team meetings and supervisions were used to discuss learning points from incidents and changes to people's support plans, so that people were supported safely.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- All the relatives spoken with were satisfied with the quality of care their family member had received. Comments included, "Yes, it's good" and "Absolutely fantastic. Very caring and sensitive to his needs. They [staff] put themselves out for you."
- We reviewed a sample of the service's quality of care questionnaires people and their relatives had completed. People were asked if they had enjoyed their stay. Their comments included, "Yes, it was good. I enjoyed the meals and the sleepover," "Thank you for taking me to Blackpool" and "Yes I did, it was lovely, bowling and cooking." Relative's comments included, "I am very happy with the service. I know [family member] is safe and happy" and "We are extremely happy with the care that [family member] receives during respite care."

Staff support: induction, training, skills and experience

- Staff told us they were well-supported by the registered manager; they received regular one-to-ones and appraisals.
- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had received specialised training to meet the needs of the people who used the service such as positive behaviour support awareness and Makaton (a language programme).

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

- People were encouraged and supported to maintain a healthy diet.
- People were supported to be involved in shopping and meal preparation where able. People could put food requests on the kitchen white board.
- We saw people were offered a wide choice of food and their individual preferences were considered.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear processes for referring people to other services, where needed. For example, if the

person became unwell while staying for a short break.

- The service followed the advice from health professionals to support people's health needs.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they supported people to attend appointments during their stay. For example, one person was supported to go to their dentist appointment whilst they stayed at the service.

Adapting service, design, decoration to meet people's needs

- The service was nicely decorated and had a very welcoming, homely atmosphere.
- There was a garden with tables and chairs.
- The registered provider had plans in place to improve the accessibility of the service to people with physical disabilities.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within good practice guidelines.
- People had signed to indicate their consent to their support plans where they were able to.
- Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Support staff had received training in the MCA and DoLS.
- Staff described how people were supported to have maximum choice and control of their lives.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Staff received training on equality and diversity.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided.
- Relatives spoken with made positive comments about the staff. Comments included, "Oh yes they're [staff] all really nice and friendly. Easy-going and you can talk to them. They offer you a drink. They're really nice" and "They always welcome her [family member]. They're normal and strike a conversation with her."
- We saw some people had sent thank you cards after they had stayed at the service
- Staff spoken with were knowledgeable about the people they supported, their preferences and their communication needs. Staff told us they enjoyed working at the service.

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

- Relatives told us they had been fully involved in making decisions about their family member's care and support needs.
- 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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People could choose how they wished to spend their time. When people came to stay they could bring items from home. For example, some people brought a laptop to use whilst staying at the service.
- People had the opportunity to develop friendships with other people staying at the service.
- Staff described how people's privacy was protected. For example, knocking on doors before they entered people's bedrooms and making sure the curtains were closed.
- People were able to lock the doors of their room if they wished to.
- People were supported to be as independent as possible and to make decisions for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Each person using the service people had a written care plan in place. We found people's support planning was person centred. An account of the person, their personality, interests, aspirations, their religious and spiritual beliefs had been recorded.
- Relatives spoken with told us the service was flexible and willing to adapt arrangements for their family member.
- We saw evidence that people's care plans and risk assessments were regularly reviewed or in response to changing needs.
- Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively. Care staff spoken with told us they could contact the registered manager if they had any concerns.
- The service promoted people's wellbeing by taking account of their needs including activities within the service and community. We saw people participated in a range of activities and people had individual activity plans in place. We saw that activities were tailored to each person using the service. Some people had been supported to go on short breaks to the seaside. Relatives described the different activities their family member had participated in. Comments included, "They [family member] go bowling. They do snooker and different things. All sport things" and "She's [family member] done swimming, the cinema, bowling, she's been out to Bakewell."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the last inspection.
- An easy read complaints process was available for people to look at. There was also a comments box in the dining area.
- Relatives told us that concerns were always taken seriously, explored thoroughly and responded to in good time to any concerns.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a range of documents available in an easy read format. Some people had pictorial activity

planners, so they could see what activities were planned for their stay.

- People's communication needs were identified, recorded and highlighted in care plans. For example, one person used a tablet to communicate with staff. Staff had received training from a speech and language therapists on how to use the tablet.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were explored during care planning.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 a positive and welcoming environment at the service.
- 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.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The service had received positive feedback from people and relatives on how the service was managed. Relatives comments included, "[Registered manager] is lovely and gentle. You feel confident going to her to discuss anything" and "[Registered manager very reassuring when you first go. She's very informative. She's very available. You don't feel as if you're rushed with what you're saying, or that it's not important."

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

- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.
- Staff morale was positive and staff told us they felt supported. One staff member said, "It is so satisfying working somewhere that does things well."

Continuous learning and improving care

- There were planned and regular checks completed by the registered manager and staff within the service to assess and improve the quality of the service provided.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made. These meetings were also used to provide training to staff.
- The registered manager held regular meetings with the directors of the service to monitor the quality and safety of the service. The service had developed strong links within the community.

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

characteristics

- Relatives spoken with told us their views about the service were actively sought and listened to.
- The service sent out a quality of care questionnaire to people and their relatives after they had stayed at the service. People were encouraged to make suggestions on how improvements could be made. This showed the views of people and their representatives were actively sought to identify where improvements could be made and what the service was doing well.

Working in partnership with others:

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people using the service.