

Seven Steps Support Ltd

# Seven Steps Short Breaks

## Inspection report

11 Birley Moor Avenue  
Sheffield  
S12 3AQ

Tel: 07802833568  
Website: [www.sevenstepssupport.com](http://www.sevenstepssupport.com)

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Seven Steps Short Breaks is a care home which offers respite/short stay accommodation for adults with learning disabilities. The service provides support to a range of disabilities including those individuals on the autistic spectrum and/or with a dual diagnosis. People living at the service work towards independent living, whilst others receive respite care. Two people were staying at the home on the day of our visit and were supported to go out on activities.

The service can accommodate up to seven people in one adapted building. There are two ground floor accessible bedrooms and one wet room. The first-floor accommodation consists of five bedrooms and two bathrooms. There is an open living room, dining room, reception and kitchen area. Outside there is a sensory garden area and a wheelchair accessible seating area.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service maximised people's choice, control and independence. People were supported with independent daily living skills. People's care was person-centred and promoted people's dignity, privacy and human rights.

There was an exceptionally strong, visible person-centred culture. The service ensured staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. The registered manager and staff ensured people using the service lead confident, inclusive and empowered lives. People were treated with dignity and respect, and their privacy was protected. People enjoyed staying at the home and their achievements were celebrated. Relatives told us staff were exceptionally caring. Health professionals feedback showed the culture of the service was open, inclusive and empowering.

Staff were aware of their responsibilities in keeping people safe. Medicines were managed safely at the service. There were recruitment procedures in operation to promote people's safety. We were assured the provider was making sure infection outbreaks were effectively prevented or managed.

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. Staff had received support to enable them to carry out their duties. Staff told us they enjoyed working at the service and would recommend the service to family and friends.

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

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

Relatives and staff made positive comments about how well the service was run by the senior managers. There were quality assurance and audit processes in place to make sure the service was running well.

#### Why we inspected

This service was registered with us on 25/07/2019 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Seven Steps Short Breaks

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Seven Steps Short Breaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to ensure the registered manager was available to speak with.

Inspection activity started on 27 May 2021 and ended on 15 June 2021. We visited the service on 15 June 2021.

### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback 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. We used all of this information to plan our inspection. 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 used all of this information to plan our inspection.

### During the inspection

We spoke with nine relatives of people who had used the service about the quality of care provided. We spoke with the registered manager and manager of the service. We also contacted care staff to obtain their views.

Prior to our visit the registered manager sent us a range of records. This included records relating to the management of the service, including policies and procedures. This enabled us to review these records and reduce our time on site. At our visit we reviewed a range of documentation. This included people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. There were systems in place to safeguard people from abuse and avoidable harm.
- Relatives were confident their family member was safe from harm when they stayed at the service. Comments included, "I can relax when he's [family member] there because I know not only is he safe, he's also happy and enjoying himself" and "I think she's [family member] 100% safe and well cared for."
- Staff had completed safeguarding vulnerable adults training. Staff were aware of their responsibilities in keeping people safe.

Assessing risk, safety monitoring and management

- People's individual potential risks were assessed, and measures put in place to reduce and manage the risks. Risk assessments were reviewed and updated at regular intervals.
- Risk assessments had been developed where people displayed increasing anxiety and/or behaviour that challenged. These provided guidance to staff, so they managed situations in a positive way.
- Regular checks were made on the premises and equipment to ensure people's safety. Staff had completed fire training and fire drills were completed at regular intervals.

Staffing and recruitment

- There were enough staff to ensure people were appropriately supported. Relatives did not share any concerns about staffing levels at the service.
- Staff rotas were regularly reviewed to ensure there were enough staff to meet people's needs.
- There were recruitment procedures in place, so people were cared for by suitably qualified staff who had been assessed as safe to work with them.

Using medicines safely

- Medicines were managed safely at the home.
- Regular checks of people's Medication Administration Records (MARs) had been completed, to make sure full and safe procedures had been adhered to.
- Staff competency to administer medication had been checked regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager demonstrated a clear culture of learning lessons where things had gone wrong.
- There were systems in place to learn from complaints, accidents and incidents to identify trends and common causes. This enabled possible themes or trends to be identified and action to be taken to reduce future risks.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service completed an assessment of people's needs and choices before they started using the service. This information was used to develop written care plans and risk assessments.
- People and their families were involved in developing their care plans. This included identifying their needs on the grounds of equality characteristics and looking at how those needs are met.
- Relatives made positive comments about the quality of care provided. Comments included, "She [family member] absolutely loves it and they've got her doing things she's never done before, life skills like cooking, cleaning, ironing and joining in with the group," "They [staff] have contacted me before hand to inform us of any changes so we can tell [family member] as he doesn't like sudden change" and "He [family member] goes in laughing and comes out laughing."

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to commencing work. They had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, autism awareness, managing challenging behaviour and epilepsy awareness.
- Some staff suggested they would benefit from further training on how to support people who may become agitated whilst out in the community. We shared this feedback with the registered manager.

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

- People were supported with their health and dietary needs, where this was part of their plan of care.
- Relatives told us their family member was supported appropriately with meals.

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

- The registered manager had ensured positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment.
- The service had processes for referring people to other services, where needed.
- People were supported to attend medical appointments. This included supporting some people to attend their Covid-19 vaccine appointment.

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

- The service is wheelchair accessible and has two ground floor accessible bedrooms and one wet room.

The first-floor accommodation consists of five bedrooms and two bathrooms.

- There is an open living room, dining room, reception and kitchen area. Outside there is a sensory garden area and a wheelchair accessible seating area. A local artist has completed a mural on the fence in the garden.
- Relatives made positive comments about the accommodation provided. Comments included, "The building is just in an ordinary residential street and is very much a part of the community" and "The building is very well laid out. The communal areas are very open, but with space for people to have some privacy but always in view of the staff."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within good practice guidelines. At the time of the inspection none of the people supported by the service had a DoLS.
- The service had developed a range of easy read consent forms to support people to make informed decisions.
- Care plans contained information on how people expressed their views and how to support them to be involved in making decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was an exceptionally strong, visible person-centred culture. The service ensured staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff comments included, "I think Short Breaks are great at getting the right things in for clients, whether that be food choices or activities based on the client's individual needs," "I do very much enjoy working at short breaks, it is a fantastic job that I look forward to going to and it has a fantastic staff and client group," and "Short Breaks is an amazing place to come to."
- People had been supported to fully explore their needs and preferences in relation to their care and support. Staff used assistive communication such as Makaton, symbols and accessible documents to support people to make informed decisions. People had a personal achievement chart. Their achievements were celebrated by staff.
- External healthcare professionals had made very positive comments about the support provided. Comments included, "Independence is promoted and each individual is fully recognised to have a voice and is encouraged/supported to have the confidence to use this in order to achieve good outcomes" and "Seven Steps is a quality service which provides an excellent holistic approach to individuals, their families and professionals."
- The service had received three compliments from relatives and positive feedback from people after their visit. One relative wrote, "I cannot fault the service of Seven Steps they are professional and caring to client's family members. [Family member] was really happy and very settled while in short breaks, he looked and acted like a different person and was learning to be more independent. He loved his stay at short breaks and loved all the staff. I myself cannot praise you all enough you made it so much easier for me and my family at a difficult time."

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

- The atmosphere was welcoming, relaxed and friendly. People were supported to go out on activities on the day of our visit.
- The service ensured staff focussed on building and maintaining open and honest relationships with people and their families. Relatives described how staff maintained contact with their family member during the pandemic.
- All the relatives spoken with described how exceptionally caring the service was. Comments included, "They always address [family member] first, before me, that's so important to me," "The staff are all fantastic," "It is a very caring family company," "The carers are all fabulous" and "When I visited the staff always made sure I was okay and looked after me as well."

- A healthcare professional had complemented the service on how well they had supported their client through a bereavement. "The staff and management showed great understanding of my client's loss and emotional upset and changes to their life and inputted support and reassurance at the level required."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. This was embedded into the service. People were supported to maintain their independence and engage in activities of daily living such as, cooking and cleaning their room.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Relatives told us what a difference this had made to their family member. Comments included, "They've got him [family member] doing stuff like cooking which he won't do at home," "They've been helping him [family member] learn how to shave, when he can home he look so much younger" and "He came on leaps and bounds there, they really brought him out of his shell."
- A healthcare professional's feedback described the impact of the exceptional care had on their client. Their comments included, "The change in his confidence, personality, communication skills and overall wellbeing was a pleasure to see. He became aware of the choices and control he had in his life and this is a testament to the quality of support he received from Seven Steps."
- The service welcomed the involvement of advocates and some of the people who had used the service had an advocate. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a person-centred care plan. Their personal preferences were reflected throughout their plan of care. People's care plans and risk assessments were reviewed regularly and in response to any change in needs.
- Relatives and representatives had been involved in the planning of people's care. Staff told us the care plans were well written and easy to follow.

Meeting people's communication needs

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.

- Care records detailed people's preferred methods of communication and if needed, how staff were to support them.
- There was a range of accessible documentation to help people understand information.
- Staff had received Makaton training. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a dedicated events coordinator. The service had provided a range of additional activities during the pandemic.
- People had been provided with meaningful activities, linked to their hobbies and interests. They had also been supported to maintain their relationships whilst staying at the service to avoid social isolation.
- Relatives described how much their family members enjoyed the activities provided. Comments included, "He [family member] is always excited to be going and always seems busy and active when he's there, he loves the social side like bingo and quizzes" and "He's [family member] involved in gardening and helps to cut the grass, it's like a home from home for him, there's always so much to do."

Improving care quality in response to complaints or concerns

- There was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

End of life care and support

- People's end of life care was explored as part of their initial assessment. People's religious beliefs and

preferences were respected.

- At the time of the inspection no one at the home was receiving end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager and staff encouraged people to express their views and concerns. They listened and acted on them to help shape the service and culture.
- The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
- Relatives told us the service was well managed and made positive comments about the senior managers. Comments included, "It is a small family business and the owners are really lovely," "Everything is very well organised" and "I know if I wanted to speak to anyone about [family member] the owners would get straight back to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had learned from mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. Staff told us they enjoyed working at the service and made positive comments about the management of the service. Comments included, "In the care jobs I have had over the years, Short Breaks (the whole Seven Steps company) are by far the most client based, kind, caring and respectful company I have ever worked for" and "I feel seven steps is an amazing well organised and well-managed company."
- The registered manager and senior staff monitored the quality of the service and took action when issues were identified. This ensured the home was safe and well managed.
- 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.

Working in partnership with others

- The registered manager had ensured positive relationships had been made with other healthcare agencies involved with people's care.
- The service had established good links within the local community.
- The service had received very positive feedback from health professionals about their client's care.