

# Seven Steps Healthcare Limited

## Leicester

### Inspection report

15 Mandervell Road  
Oadby  
Leicester  
LE2 5LQ

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01 October 2021  
25 October 2021

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Leicester is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there was one person who used this service. The service support younger adults, older people, people with physical disability and sensory impairment.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service did not always monitor the quality of care to support them identify trends and effective oversight of the service.

The service was safe. Staff knew how to protect the person who used the service from abuse and avoidable harm. Systems within the service supported staff to raise concerns they may have about the welfare of the person who used the service. Staff had taken steps to minimise the risk of infection. The provider took steps to recruit staff safely.

Staff were skilled and experienced. They knew how to meet the needs of the person who used the service including supporting their health and well-being.

The person who used the service was 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.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The person who used the service and their loved ones were involved in the service and their views were respected and acted on. The model of care and setting maximises people's choice, control and independence.

Right care: The care provided at the service is person-centred and promoted the dignity, privacy and human rights of the person used the service.

Right culture: The attitudes and behaviours of leaders and care staff ensured the person who used the

service lead a confident, inclusive and empowered life.

Staff were kind and compassionate. They promoted the dignity, privacy and human rights of the person that used the service.

The care the person received was tailored to their individual needs. Care delivery was flexible to respond to the changing needs of the person who used the service. Relatives and staff could raise their concerns easily and were satisfied by the registered manager's response to concerns raised.

Staff and person's relative spoke highly of the support they received from the registered manager and their leadership of the service.

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

Rating at last inspection

This service was registered with us on 02/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

## 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?

Good ●

The service was 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Leicester

## 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.

#### Inspection team

The inspection was carried out by 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23/09/2021 and ended on 01/10/2021. We visited the office location on 23/09/2021.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. 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 one relative of the person who used the service, three members of staff including the registered manager. This included face to face and telephone conversations. We reviewed a range of records. This included care records of the person who used the service. We looked at two staff files in relation to recruitment and a range of staff records relating to supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further policies.

# 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

- The person who used the service was safe. Their relative told us they felt the care and support their loved one received was safe. This was because staff knew the needs and requirement of person and took steps to deliver care and support in a manner that promoted their safety and wellbeing.
- Staff knew how to raise concerns they may have about the safety and welfare of the person who used the service. They were systems within the service to protect people from the risk of abuse and avoidable harm.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff on how to mitigate known risk associated with the care and support of the person who used the service.

Staffing and recruitment

- The provider followed safe recruitment protocols. They completed relevant security checks before they employed staff to the service. This ensured staff were suited to work safely with people who use care services.
- The provider had taken appropriate disciplinary action where staff had acted in a way which could put people who use care services at risk of harm.
- There were enough staff employed within the service to meet the needs of the person who used the service in a safe and person-centred way. Staff were deployed in a consistent manner to ensure continuity of care for the person who used the service.

Using medicines safely

- At the time of our inspection no one required staff support to manage and administer their medicines.
- The provider had a medicines policy and training which would equip to safely deliver support with medicines should this be required by person who used the service.

Preventing and controlling infection

- The provider took steps to minimise the risk of infection and cross contamination within the service. The service had an infection prevention and control policy which provided guidance to staff on infection control including COVID-19.
- Staff told us they had access to an ample supply of personal protective equipment (PPE).
- We were assured that the provider was using PPE effectively and safely.
- Staff had access to regular testing and the provider kept appropriate records of staff test results. This ensured staff were not a known infection risk to other staff and person who used the service.

### Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording and escalation of incidents that occurred at the service. Staff were confident in the use of these systems to report any relevant incidents.
- At the time of our inspection there were no accident or incident recorded. However, we saw from care records that staff had adjusted and improved care to respond to changing needs of person who used the service.



# 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 provider had completed a holistic assessment of person's needs. This included areas such as how staff would support their physical, emotional and mental health needs. The views of important people who are involved in person's care had been taken into consideration during the assessment.
- The provider had policies and systems in place to meet the requirements of the Equality Act. This meant that people would not be discriminated against due to their gender, religion, race or other protected characteristics as described within the Act.

Staff support: induction, training, skills and experience

- Staff had received training required to meet the needs of the person who used the service. They told us their training supported their practice and enabled them to provide safe and effective care.
- Staff received regular supervision. They told us they had easy access to the registered manager for support and guidance when they needed this.

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

- Person who used the service did not require staff support for meal preparation. Staff however supported them with accessing restaurants as part of social activities. Staff had received relevant training and had good knowledge of person's likes and dislikes. They also had the experience and knowledge required to involve person in making choices about their food and drink.

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

- The provider worked collaboratively with other professionals involved in person's care such as occupational therapists and social workers. This ensured the care staff delivered was consistent and met person's needs.
- Where required systems within the service supported staff to make prompt referrals to other relevant health and social agencies.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and demonstrated a good knowledge of how they applied this in their practice when they provided care and support.
- The service did not use restrictive practices in care delivery.
- Where decisions were made on behalf of the person who used the service, decisions were made in their best interest in accordance to relevant legislation and guidance.

# 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 Good. This meant 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 were kind and compassionate. They had spent time learning how the person who used the service communicated their needs and took action to respond to person's needs promptly. Their relative told us that staff treated person with compassion and promoted their wellbeing.
- The policies within the service promoted people's rights to be treated equally and to receive care that was not discriminatory. Staff we spoke with demonstrated that they applied the provider's policies in their practice.

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

- Staff were knowledgeable about person's needs and where possible they used this knowledge and skill to involve them in decisions about their care. They worked very closely with person's relatives to ensure person's views were considered and acted on.
- Person's relative told us staff involved person in decisions about their care. They said, "[Person] is given a lot of choices."
- Staff had ample time allocated and support from the provider which equipped them to deliver compassionate care.

Respecting and promoting people's privacy, dignity and independence

- Care records showed staff promoted the privacy of the person who used the service. Person's relative told us staff treated their loved one with dignity and respect.
- We saw from records that staff took steps to promote person's independence by supporting them to maximise the skills they had.
- Staff understood the importance of maintaining the confidential information of person who used the service.

# 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

- Care plans showed person's relatives and other people involved in their care had contributed in planning their care. This meant care planning was holistic and delivered in the way the person would prefer.
- Care plans included information on how staff would provide support which meets person's physical, mental and emotional needs. It also included information of their history, preferences and routines. This guided staff to deliver tailored support to person who used the service.
- Staff delivered care that suited the person who used the service. Their relative described the service as "very flexible". They said, "We can adjust the care how we want depending on how [person is]."

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.

- The provider had systems in place to provide information in an accessible format to support people's specific communication needs.

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

- Staff supported person to be part of the community. They supported them to access local activities of their choice.
- We saw that staff took time to learn about person's interest and was working through a programme of supporting them with accessing social activities of interest.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. They had not received any complaints about the service. Relatives told us they could easily raise a concern with staff or the registered manager who dealt with the concerns satisfactorily.

End of life care and support

- At the time of our inspection nobody at the service received end of life care.
- The provider had an end of life policy which would support staff to provide good quality care to people at the end of life if required.

# 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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not always have good quality monitoring which could easily identify areas of improvement or trends of changes within the service. Records showed the registered manager completed a range of reviews and audits of the service commencing three months before our inspection. This showed the service had been in operation for 11 months without regular audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred and inclusive culture within the service. Staff and relative told us the service was empowering. They spoke highly of the leadership of the service and how this supported them to provide care that suited the needs of the person who used the service.
- Staff felt valued and supported in their role. They had access to prompt and regular supervision and guidance. A staff member described their supervisions as "constructive".

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 registered manager was aware of their responsibilities to act on the duty of candour. There were systems within the service to promote this. Duty of candour is the legal requirement for a provider to be open and honest to people when something goes wrong or has the potential to go cause harm or distress in the carrying out of their care and support.

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

- Staff were actively involved in improving the care person who used the service received. They were supported to be innovative to finding out more about person and creating activities plans which would meet their needs and promote their interests.
- Relatives were enabled to be part of care planning. Person's relative told us they had worked with the staff for months training them on the needs and requirements of their loved one including specific needs relating to protected characteristics under the Equality Act. They told us staff had adhered to this in order to provide effective support. They also told us staff shared person's activity plans in advance with them for their information and input.

#### Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and education professionals to ensure the care person who used the service received was consistent and met their needs.