

Seven Steps Support Ltd

Seven Steps Support Limited

Inspection report

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Tel: 07856286857

Date of inspection visit:
15 September 2016

Date of publication:
08 November 2016

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

Seven Steps Support Ltd is a small domiciliary care service and is registered to provide personal care to people living in their own homes. The registered provider specialises in supporting people who may be living with a learning disability and/or autistic spectrum disorder. People who used the service used personal budgets to purchase care from Seven Steps Support Ltd. At the time of our inspection, the registered manager told us the minimum length of visit was one hour and they provided a mixture of daily visits and longer calls to support people with activities or going out.

We inspected this service on 15 September 2016. The inspection was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was notified the day before our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

At the time of our inspection 29 people used the service although only 16 people received support with the regulated activity 'personal care'.

The service was last inspected in July 2014 and was compliant with the regulations in force at the time.

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been the service's registered manager since March 2014. 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.

During the inspection, we identified that two staff had started shadowing before DBS checks had been completed. However, the registered provider responded to these concerns by changing their processes to ensure that new staff recruited would have a DBS or Adult First Check before they started working with adults who may be vulnerable.

Staff we spoke with understood how to respond to safeguarding concerns to protect people who used the service from abuse. People's needs were assessed and risk assessments put in place to support staff to provide safe care and support. Risk assessments were reviewed and updated as people's needs changed. The registered provider ensured that people received their care and support at the agreed times and sufficient staff were employed to ensure people's needs were met.

The registered provider ensured staff had access to a wide range of training and learning opportunities. Staff received training on how to administer medicine, but did not provide support to people who used the service to take any medicines at the time of our inspection. Staff supervisions were completed to support and encourage staff to develop in their role.

Staff sought consent to care and treatment and understood the importance of supporting people to make decisions. Consent to care and treatment was recorded in people's care files, however, we spoke with the registered provider about developing more robust documentation to record where people lacked mental capacity. We have made a recommendation about this in our report.

People who used the service were supported by staff with meals and drinks where necessary. Staff were proactive in supporting people to access healthcare services and liaised with healthcare professionals to promote and maintain good health.

People received person centred care from staff who understood their needs. Care files were in place providing detailed information about people's individual needs. This information enabled staff to provide personalised care and support.

People who used the service felt able to raise issues or concerns with the registered manager or staff and were confident that their comments would be listened to.

People who used the service, relatives and staff we spoke with were positive about the management of the service and felt it was well-led. The registered manager and director were committed to providing person-centred care and support. There was a positive culture within the service and there were systems in place to continually monitor and improve the quality of the care and support 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?

Good ●

The service was safe.

New staff completed an application form, had an interview and references were obtained. The registered provider had changed their processes to ensure a DBS or Adult First Check would be completed before staff started working with adults who may be vulnerable.

People's needs were assessed and detailed risk assessments put in place to guide staff on how to provide safe care and support.

Sufficient staff were employed to ensure people's needs were met. We received positive feedback about staff's punctuality and reliability.

Is the service effective?

Good ●

The service was effective.

Staff received regular training to enable them to provide effective care and support. Supervisions and personal development plans were in place to support and encourage staff to develop in their roles.

The registered provider and staff were mindful about the importance of consent and supporting people to make decisions.

People were supported with meals and drinks where necessary and to access healthcare service.

Is the service caring?

Good ●

The service was caring.

We received consistently positive feedback about the kind and caring staff working for Seven Steps Support Ltd.

People were encouraged to make decisions about how their care and support should be provided. Staff listened to people's views and respected their decisions

People who used the service were supported in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People who used the service had personalised care files to guide staff on how best to meet their needs. People told us staff were responsive to their needs.

There were systems in place to gather feedback about the service and manage and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and relatives we spoke with were positive about the service provided. We received positive feedback about the registered manager and director.

We observed a positive, person-centre culture within the service and staff told us they felt supported in their role.

The registered manager and director were proactive and committed to developing the service and providing care and support to meet people's individual needs.

There were systems in place to monitor and review the quality and effectiveness of the service provided.

Seven Steps Support Limited

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 registered provider was 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.

The inspection took place on 15 September 2016 and was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was given notice the day before our visit, because the location provided a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was carried out by one Adult Social Care Inspector.

Before our visit, we looked at information we held about the service. We asked the registered provider to send us a provider information return (PIR) and this was returned within the agreed timescales. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information about the service. We used this information to plan our inspection.

During our inspection, we spoke with three people who used the service and the relatives or carers of five other people. We spoke with the registered manager, the director, the assistant manager and three members of care staff. We visited the registered provider's office and looked at three people's care files, five staff recruitment files, training records and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service were protected from abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their duty of care to identify and report any issues or concerns to the registered manager. Records showed that the registered provider had taken appropriate action in response to safeguarding concerns and referrals were made to the local authority's adult safeguarding team.

People who used the service consistently told us they felt safe with the care and support provided by staff from Seven Steps Support Ltd. One person we spoke with said, "I do feel safe...they are very good at supporting me so I feel a lot safer than I have in the past with other support. They are excellent."

A relative of someone who used the service said, "I couldn't have picked a better team of girls, we know them all by name. I trust them; I would trust them with my life."

New staff completed an application form, had an interview and references were obtained before they were offered a job. We saw that Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. However, we identified that in two out of five cases, new staff had started shadowing before their DBS check had been returned. In these cases, DBS Adult First checks had not been completed. DBS Adult First is a service provided by the DBS that can be used in exceptional circumstances to enable a member of staff to start work with adults before a DBS certificate has been obtained. The registered provider told us that staff shadowed during this period and did not provide support with personal care before their DBS check was completed. Staff we spoke with confirmed that they were not allowed to provide any support during this time and observed only. However, the registered provider accepted that a DBS or adult first check should have been completed and told us that their procedures had been changed to ensure that appropriate checks would be in place before staff had any contact with people who may be vulnerable.

We reviewed three people's care files and saw that their needs had been assessed, risks identified and risk assessments put in place to provide guidance to staff on how to provide safe care and support. We found that risk assessments were detailed and person centred, providing specific information about how each person's needs should be met. Care plans and risk assessments evidenced that the registered provider and staff were proactive in identifying risks and taking appropriate action to reduce those risks and keep people who used the service safe. We saw risk assessments in place with regards to practical activities of daily living. For example, regarding cooking and moving and positioning, as well as environmental risk assessments and risk assessments associated with activities or trips out such as visits to the bowling centre. Risk assessments were detailed and focussed on enabling people to take positive risks. We saw that risk assessments were regularly updated as people's needs changed to ensure that the care and support provided was still appropriate to meet that person's needs.

At the time of our inspection, there had been two accidents and incidents involving people who used the

service. A record was kept of what had happened and how staff had responded. These records demonstrated that appropriate support was provided to minimise risks to keep people safe and prevent avoidable harm.

The registered provider ensured they had enough staff to meet people's needs by only agreeing to provide care and support to new people where they had sufficient staff available. The registered manager explained that they turned down new referrals from the local authority where they did not have staff available or made arrangements to recruit and train new staff before starting a package of care.

Rotas were produced for each member of staff providing details of the time and length of the visits they would be completing that week. The registered manager explained that at the beginning of the week staff copied this rota into people's files so they knew which members of staff would be visiting and when.

Visits were appropriately spaced out to ensure there was sufficient travel time between each person. Staff we spoke with consistently told us they felt there was enough staff available to meet the needs of people who used the service and they generally had sufficient travel time between visits. Staff told us they did not feel overstretched or pressured into taking on additional work. We were told a number of the team worked part time so often there was availability to pick up additional shifts where staff were sick or on annual leave. Office staff were also able to provide care and support where necessary to ensure all visits were completed as agreed.

People who used the service and relatives we spoke with were complimentary about staff's reliability and punctuality. People who used the service said, "They always come on time" and "They will ring if they are running late, but generally they are very good with timekeeping." Relatives of people who used the service told us, "I have never known them be late yet" and "If they are going to be late, or if they are in traffic, they phone." We concluded that there was sufficient staff employed to meet people's needs.

People who used the service managed their own medicines or were supported by their family or carer. The registered manager told us staff had never needed to provide support to anyone who used the service with their prescribed medicines. Despite this, the registered provider had a medication policy and procedure in place and staff completed medicine training should this support be needed. The registered manager explained that, because they were not actively involved in supporting people with medicines, they would want staff to complete medicine refresher training and undertake medication competency checks before agreeing to support someone with their medicines in the future.

Is the service effective?

Our findings

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 MCA requires that as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that staff showed a good understanding of the importance of consent, supporting people to make decisions and respecting people's choices. People's capacity to make decisions was recorded in their care files. These evidenced that people who used the service, their relative and other people important to them had been actively involved in planning and agreeing the support provided. Where people had capacity it was evident that they had been consulted about their care and support and asked to sign to record that they consented to each aspect of their care and support.

However, where people lacked mental capacity, mental capacity assessments and best interest decisions were not always clearly recorded. Although we saw good evidence that staff, the registered manager and registered provider were working within the principles of the MCA, we spoke with them about developing more robust paperwork to record mental capacity assessments and best interest decisions around consent to care.

We recommend that the registered provider seeks advice and guidance from a reputable source regarding the Mental Capacity Act 2005.

People who used the service and relatives we spoke with were positive about the knowledge, skills and experience of staff from Seven Steps Support Ltd.

Newly recruited staff had an induction to the service that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and competencies to provide effective care and support. The registered manager explained that new staff also shadowed experienced members of the team to gain experience and confidence in their role. Relatives of people who used the service confirmed that new staff were introduced and shadowed before providing care and support.

The registered provider ensured staff had a range of training opportunities to develop the skills needed to provide effective care and support. A member of staff said, "I've learnt things I never thought I could...If you want to do outside training they [the managers] are so supportive."

All new staff had to complete 'core training' which the registered provider considered mandatory. Core

training covered topics including health and safety, fire awareness, moving and positioning, emergency first aid, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and safeguarding of vulnerable adults. Additional training was provided on topics such as managing medication, epilepsy, dementia care and percutaneous endoscopic gastrostomy (PEG) feeding for people with swallowing difficulties. We also saw that the majority of staff had completed a National Vocational Qualification (NVQ) Level Two or Three in health and social care or were working towards the equivalent Qualification and Credit Framework (QCF) which replaced NVQ's. This showed us that the registered provider was committed to supporting staff to develop their knowledge and skills.

Staff training records evidenced the training staff had completed and the registered manager showed us a training matrix they used to identify gaps in staff's training and when training needed to be updated. This showed us that there were systems in place to monitor staff training needs and ensure regular training was completed.

Staff received regular supervision to support their continued professional development. We saw that personal development plans were in place, which were used to set up objectives for staff to achieve. Six monthly supervisions were completed to review progress and provide support, advice and guidance to staff. Staff we spoke with were complimentary about the support available to them in their roles.

Staff were proactive in supporting people who used the service to maintain good health and to access healthcare services where needed. People's care files contained detailed records of their medical history, significant health needs and any support required from staff to meet those needs.

Where people were unwell or required medical attention staff provided appropriate support. A person who used the service said, "They are involved with care for my health and they come to appointments with me which I find very helpful." Relatives of people who used the service told us staff were proactive in identifying and sharing their concerns if people were unwell. Comments included, "Seven Steps take [name] to appointments, they are very accommodating" and "If she is poorly they take her to the Doctor." Whilst a health and social care professional commented, "They are extremely proactive and will go out of their way to resolve situations themselves."

Records completed by staff evidenced regular contact with healthcare professionals to ensure people's health needs were met. This showed us that systems were in place to support people to maintain good health and to access healthcare services.

Staff supported people who used the service where necessary with preparing meals and drinks. People told us they were happy with this aspect of their care and support and that staff worked in partnership with them. People's care files contained details about the support required from staff with meals and drinks and staff kept records in people's daily notes of any care and support provided with this. This enabled staff to monitor and identify any issues or concerns with people's food and fluid intake.

Is the service caring?

Our findings

We asked people who used the service if the staff that supported them were kind and caring. We received consistently positive feedback with comments including, "Yes they are caring, they are very easy to talk to and they help with any issues", "They are lovely carers. I'm really happy with them" and "They [staff] are really nice."

Relatives of people who used the service said, "They [staff] are all nice. Definitely caring 100%", "They are more like friends than anything. They are a very friendly bunch" and "They are all good. They are really lovely with [name]. It's like having a friend come."

At the time of our inspection, Seven Steps Support Ltd employed a small team of staff to provide care and support to people who used the service. The registered manager explained and people we spoke with confirmed that new staff were introduced and shadowed to get to know people before they started providing support. To further support staff to get to know the people they were supporting, care files contained important information about each person who used the service, their likes, dislikes, hobbies and interests. This information helped staff to learn about the person and the things they enjoyed doing, and could be used as 'conversation starters' when providing care and support.

Rotas were designed to ensure that people were visited by regular staff who they were familiar with. This continuity of care helped people who used the service and staff to develop positive caring relationships. The director and registered manager explained the process they went through to match people who used the service to staff they would get on with or who had shared interests. Shadowing was used to ensure staff and people who used the service had a positive relationship before staff worked independently. Relatives of people who used the service explained, "We know them all, she [the director] never lets just any one come. If they are new she brings them in to introduce them" and "They try and keep it a small team [of staff] and if they have a new worker they will introduce them to him and they shadow."

People who used the service told us staff from Seven Steps Support Ltd listened to them and respected their decisions. People told us staff encouraged them to make decisions and promoted their independence by ensuring they had choice and control over how their care and support was provided. One person who used the service told us, "They [staff] are very good at promoting my independence...they are really good at supporting alongside rather than doing things for me."

They went on to explain that, "They [staff] suggest what we could do and give me a choice and from there I make my own decisions."

A relative of someone who used the service said, "They [staff] always ask 'what do you want to do today?'" These and other comments showed us staff were proactive in promoting people's independence by encouraging people to express their views and be involved about decisions regarding their care and support. Care files further evidenced that people's wishes and views were taken into account and that people were encouraged to make decisions about how their care and support was provided.

The registered provider was in the process of arranging Makaton training to help staff more effectively communicate with people who used the service. We saw that the registered provider ensured that information was available in 'easy read' format to help people understand and make decisions for themselves. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

At the time of our inspection, one person who used the service had an advocate. An advocate supports people to ensure that their wishes and views are heard on matters that are important to them. The registered manager understood the role of advocacy services and told us they would liaise with the local authority if they identified anyone who used the service that might need an advocate.

We asked people who used the service, their relatives and carers if staff provided care and support in a way that maintained people's privacy and dignity. We received consistently positive feedback and were told that staff treated people with respect and were mindful of privacy and dignity issues. A person who used the service said, "They don't take anyone for granted" and explained that they felt respected by the staff that supported them.

Is the service responsive?

Our findings

People who used the service and relatives we spoke with consistently told us that staff were responsive to their needs and provided care and support tailored to their individual requirements. Relatives of people who used the service said, "They [staff] are very adaptable. If I ask them to do anything they will" and "They can't do too much for you." A health and social care professional told us, "The service always ensures that it is flexible around the support for my client."

People who used the service had a care file containing copies of needs assessments and risk assessments relating to their care and support. A copy of the care file was stored securely in the registered provider's office and a copy was kept in people's homes for staff to look at if needed during a visit.

We reviewed three people's care files and saw they contained detailed person centred information about people's needs and how those needs should be met. Care files clearly evidenced that people had been involved in planning their care and support. Care files contained a section titled 'about me' which provided in depth information about people's social history, likes and dislikes, hobbies and interests. Care files also contained specific information about how best to meet people's individual needs bearing in mind people's wishes and preferences about how their care and support should be provided. We saw that care files had been regularly reviewed and updated as people's needs changed. This enabled staff to provide person-centred care tailored to each person's individual needs. A relative of someone who used the service confirmed, "We have review meetings. I had one a few weeks ago, they are normally every year and we go through everything."

We asked staff how they got to know people who used the service and ensured they provided person centred care. One member of staff told us, "You get to know what the clients like best from the staff that know them...Before you start work you speak to the manager, because they know the client. They speak to clients and families so they can tell you what they like and then you speak to the client."

Staff completed daily visit notes to handover information about the care and support provided at each visit and any important information the next carer might need to know. Relatives of people who used the service said, "They [staff] write a sheet out saying what they've done" and "They keep a record every time they come, what time they have come, what they have done and what they have had for dinner." This ensured staff had up-to-date information about people's needs.

We received positive feedback from people who used the service, relatives and health and social care professionals about staff's communication. People told us they were kept up-to-date with important information and notified if there were any problems. Relatives of people who used the service said, "If there is a problem, I know they will feed it back to me" and "If I ever want to ask anything I have got a number to ring." A health and social care professional told us, "The provider does contact me regularly to keep me updated and informed."

The registered provider had a policy and procedure in place governing how they would manage and

respond to complaints about the service. At the time of our inspection, we were told there had been no complaints made regarding Seven Steps Support Ltd. The registered manager and director explained that they had regular contact with people who used the service and their relatives or carers and were able to respond to feedback and address issues or concerns.

People who used the service were given a 'service user guide' and signed a 'service user contract'. These contained details about the terms and conditions of the service provided and what they could expect from Seven Steps Support Ltd. The service user guide contained details about the registered provider's complaints policy and details of how to complain if needed. Information was presented in an accessible easy-read format to enable people to understand the process. This demonstrated that the registered provider welcomed and encouraged feedback about the service.

People who used the service and relatives we spoke with told us they had not needed to complain about the service provided, but told us they felt they could speak with the registered manager or director if they did have any issues or concerns. Comments from people who used the service included, "I can ring if there's any problem" and "I have all the contact details in my file so I can contact them if ever I need to."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration for this service. There was a registered manager in post on the day of our inspection and as such the registered provider was meeting this condition of their registration. The registered manager was supported by a director and assistant manager in the management of the service.

We asked people who used the service what they thought about Seven Steps Support Ltd and the care and support they provided. Comments included, "I think they are really good, really helpful" and "They are just generally a really good service."

Relatives of people who used the service said, "I've never had any concerns and [name] has never expressed any concerns. I have no worries when [name] is out with them [staff]. I have confidence they will sort anything out" and "I can't fault it at all I am very satisfied."

Staff we spoke with said, "The staff are fantastic. We contact each other if we need to and the managers are always on the end of the phone", "It's a lovely company to work for, they're very helpful...any problems it's usually sorted" and "I feel if there is a problem I can go into the office and speak with them [the managers]."

During our inspection, we observed that the management team had an organised and coordinated approach to providing care and support. Our conversations with the registered manager, director and staff working for Seven Steps Support Ltd evidenced a strong person centre culture within the service. The registered manager and director were clearly motivated to provide a high quality service to improve the lives of the people they supported. We found the registered manager and director were responsive to feedback and keen to improve and develop the service.

The registered provider had an 'employee of the month' scheme to recognise and reward good practice amongst the staff team. An incentive was given to the winner to acknowledge their good work. This showed that the registered provider was committed to delivering a high standard of care by encouraging staff to go above and beyond in their roles and recognising and rewarding good practice. The registered provider had also appointed 'champions' including a dignity champion. The champions were seen as a first point of contact for staff if they had any particular questions, issues or concerns in that area.

The registered provider produced a newsletter to share information with people who used the service. We saw copies of the last two newsletters produced in May and September 2016. These provided contact information for office staff, introduced new members of staff and in the most recent newsletter reminded people that an 'indoor activities list' had been produced with ideas of activities and things to do inside if the weather was bad.

During the inspection, we asked to see a variety of records and documentation relating to the running of the service and the care and support provided. Records were well maintained, securely stored and accessible on request. The registered provider had a quality assurance system which involved checking records and

monitoring for any issues or concerns. The registered manager told us that any issues or concerns were immediately addressed and resolved. The quality of the records evidenced that this was an effective system. However, we spoke with the registered manager about keeping a more detailed record of how the audits were completed, any issues identified and the actions taken to resolve these to ensure that any patterns or reoccurring issues would be identified over time.

Spot checks of staff's practice were completed and recorded to monitor the care and support provided. The registered manager and director also explained that they observed staff's practice and met with people who used the service whilst providing or supporting with visits and they used this opportunity to gather feedback and monitor the quality of the service provided.

The registered provider held team meetings with staff to share information, gather feedback and discuss any issues or concerns. Minutes of the most recent staff meeting showed that rotas, new people who used the service, training and guidance on best practice were discussed. This demonstrated an open and inclusive approach and showed that information was effectively shared with the staff team.

The registered provider sent questionnaires on a regular basis to people who used the service, relatives and professionals to gather feedback. Employee satisfaction surveys were also sent to staff to gather feedback which could be used to improve the service provided. We saw that comments were generally positive and any feedback acted upon. This showed us the registered manager was responsive and acted on feedback.

We asked the registered manager and director how they kept up-to-date with important changes in legislation or guidance on best practice. They told us they attended training and information sharing sessions, received information via email from the Care Quality Commission, the Health and Safety Executive and Sheffield City Council.