

Sportfit Short Break Care Ltd

Sportfit

Inspection report

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Date of inspection visit: 20 April 2015
Date of publication: 13/08/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 20 April 2015 and was an announced inspection.

Sportfit provide a range of personal care services to young people within their family homes. People they support include children aged 13 to 18 and younger adults. People supported include those with physical disabilities, learning disabilities, autism spectrum disorders and sensory impairment. They were providing

support for 28 people at the time of our inspection. They state they use activity based provision to encourage service users to experience success, lead healthy lives, become active and alter negative behaviour's.

There is a registered manager who is also the registered provider for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People and their relatives felt safe with the support they received from Sportfit. Staff were aware of the provider and local authority safeguarding policies and procedures and how to report concerns to their managers or outside agencies. Recruitment processes included checks that staff were suitable to work with young people. There were sufficient numbers of staff to deliver care to people in their homes.

People were supported by staff to take their medicines as required. Staff were given training in administration of medicines but competency following training was not assessed. Medicine risk assessments had not been completed.

Staff received training in a range of topics associated with delivering care. When staff began working within the service they completed an induction programme of learning and accompanying experienced staff on home visits before they began working with people unsupervised. Relatives and young people were able to say if they wanted the member of staff to work with them.

People were asked before care was given to them. Where they could not give consent, relatives who had legal responsibility for them were involved. The majority of people who used the service were under the age of 18 so the Mental Capacity Act 2005 did not apply to them.

Relatives told us they were happy with how staff supported their young people with their nutritional needs. People were eating foods they liked and received advice and support to maintain a healthy balanced diet. Within their own homes people were supported by Sportfit staff to visit healthcare professionals.

Relatives and people using the service told us about the outstanding care they received from Sportfit staff. They said staff often went above and beyond the scope of their role to provide extra support to them. Care was personalised and met the assessed needs of individuals. If changes were required to care plans these were carried out quickly and met the needs of the individual.

The registered manager was approachable and listened to comments and concerns that were passed on to them by people and their relatives. Complaints were investigated and were resolved to the satisfaction of the person who made the complaint.

Staff were well supported to carry out their job effectively. They received regular supervisions and attended staff meetings to improve their practice. They knew what their roles and responsibilities were and what was expected of them. The registered provider had a clear philosophy of the service and staff were aware of this. Relatives and staff told us communication was good within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe.

Medicines were given in accordance with the provider's policy. However staff were not assessed as to their competency to give medicines.

People were protected from abuse as staff were trained to identify and report abuse in line with the provider's policy. Known risks had been assessed and plans were in place to minimise the risk.

There were enough staff available to support people who knew them well. These staff were appropriately checked before they began working on their own with people.

Requires improvement



Is the service effective?

The service was effective.

Staff received effective training to meet the needs of people they cared for. They always asked and waited for a response before delivering support to people.

People and their relatives were involved in planning their care and identifying what was important to them in being supported in their own home.

Staff were aware of people's likes and dislikes with foods and encouraged them to eat healthily. They supported people to attend medical appointments and monitored known health conditions in line with healthcare professional's directions.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with people and their relatives. They often gave service above and beyond expected levels of care.

People were supported to express their views. They were involved in aspects of their care and could change times staff visited them if required.

People were treated with dignity and respect when staff delivered care. Staff called people by their preferred name and ensured care was delivered in privacy.

Outstanding



Is the service responsive?

The service was responsive.

People received personalised care through care plans that reflected identified needs from an assessment. People and their relatives were involved in reviews and changes to their care plans

Good



Summary of findings

The registered manager and staff listened to concerns and complaints about the service. Changes were made in care delivery in response to comments received.

Is the service well-led?

The service was well led.

There was a positive culture within the organisation towards empowering and including people in their care. Staff were aware of this and worked at enhancing people's independent life skills.

Staff told us about an open door system of management where they could speak to their managers. Staff were well supported to carry out their job effectively.

The provider monitored the quality of care delivered and responded to identified actions required to improve the service.

Good



Sportfit

Detailed findings

Background to this inspection

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

This inspection took place on 20 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The Inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the requested timescale. We looked at the information included in the PIR, along with other information held about the service.

We visited two people who receive services from Sportfit in their homes and observed care given to them. We also spoke with their relatives and care staff. We were unable to speak with many of the people who used the service as they had limited verbal skills or were unable to speak with us on the days we called them. We spoke with three other relatives and eight members of staff, including the registered manager, the head of care, two project leaders and four members of care staff.

We looked at the care and support records for five people and a variety of other records including four people's medicine administration records and eight staff records for recruitment, training and supervision. We also looked at records to monitor the quality of the service held by the provider, including records of audits, complaints records and staff meetings.

This was the first inspection of this service since it registered with the CQC in November 2013.

Is the service safe?

Our findings

Relatives of people who used the service told us they felt safe when they received support from Sportfit. One relative said, "I have no hesitation in trusting the care of my son to [support worker's name]. I feel totally safe in what he does." Another relative said, "Staff treat my son with dignity and respect and he feels safe in the carer's hands. All the carers have been very good so he has been very fortunate."

A third relative said, "It has helped a lot having the carers; it is good to know you can have someone as good as yourself and that you can trust them." Relatives also told us they would not have any hesitation in contacting the registered manager if they were concerned about their young person's safety.

Medicines were sometimes given by members of staff when they were working in people's homes. Staff received training in the administration of medicines in accordance with the provider's policy. They recorded on a medicine administration record sheet (MAR) when they had given the person their medicines. However, we saw that staff had not been assessed as to their competency to give medicines. A project manager told us they were aware of this and were looking at putting a system in place to observe staff regularly giving medicines. Staff were knowledgeable about the medicines they gave and knew what each medicine was prescribed for.

A member of staff told us they were administering daily Insulin injections to one person. They were also monitoring the person's blood sugar levels by using appropriate equipment to take a sample of the person's blood. The member of staff had received instruction and a competence based assessment from a diabetes nurse to do this. The registered manager told us they did not have a risk assessment in place for this and we saw the care plan did not highlight the need for training in the administration of Insulin by injection. The relative told us they would give the insulin injection if a member of staff came in who had not been trained to give this injection.

Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. Although one member of staff told us the relative supplied the gloves. In another person's home the provider supplied the gloves. Staff told us they had been given basic guidance on hygiene and the use of PPE in their induction. They told

us they had not attended specific control of infection training. When we spoke with the registered manager they informed us they would arrange this training as a matter of priority.

Staff had received training in safeguarding and recognised signs and types of abuse. They told us they would have no hesitation in making a safeguarding referral if they had to. The provider's policies were known to staff and they had signed to say they had read and understood this policy. Due to the ages of people receiving services the policies met both children's and adults safeguarding needs. Staff received training in safeguarding children as well as for adults. A member of staff said, "If I had a safeguarding concern or any issues, I would go straight to the head of care, if not I would use the on call service." The provider had reported a safeguarding concern to the local authority appropriately.

People's assessments of needs identified risks within their home. Individual risks were assessed in the care records and measures were identified to reduce the risk so that the activity could take place in safety. For example, one person's care assessment identified their mobility needs. Their risk assessment identified the use of an overhead hoist to transfer from their bed to their chair. The care plan highlighted how staff should assist this person and the need for them to have completed moving and handling training specific to the use of this hoist and chair to bed transfers.

Staffing levels were assessed by the registered manager and head of care. They identified where some young people may need more than one member of staff to attend for tasks such as moving and handling. They also listened to feedback from people, relatives and staff in respect of the length of time for visits and what was required of staff. This meant people were receiving support at times to meet their needs as well as changing times to meet the needs of people.

There were enough staff to meet people's needs. Where a person received most of their care from one member of staff, two other staff had been introduced to them. This ensured when regular care staff were on leave or absent, there were staff available who were familiar to the person who could provide care. A project manager confirmed they had always managed to cover each visit, even when staff

Is the service safe?

were off sick. The registered manager told us they would arrange for another care worker to carry out the visit if necessary. Or the visit would be undertaken by a senior manager in the service.

One relative said, "If a care worker is caught up in traffic, they will always phone me to let me know they are going to be a few minutes late. I have never had to leave work because the care workers can't be there to meet my son when he returns from school. They are always there."

Recruitment of staff was carried out in line with recognised safe recruitment practices. The process involved appropriate checks of staff to ensure they were fit, experienced, knowledgeable and of good character. Staff told us they received a good induction prior to working on their own in people's homes. This also involved them shadowing the head of care on their first visit. Staff completed an induction handbook which covered areas of training and their understanding of their role.

Is the service effective?

Our findings

One person told us, “If Sportfit had not found me; I would still be in a vicious circle of not being able to cope with life. Sportfit showed me that there is a lot to live for and that family matters.” A relative told us, “While others dither, Sportfit delivers.” Another relative told us, “If I didn’t have Sportfit I wouldn’t have survived this last year. They not only supported my son but took on the care for my wife as well. I am so grateful for all that they have done.” A third relative said, “The support worker is so efficient. She organises everything so it is ready for the next day. She is a miracle worker for all that she has achieved with my son.”

The registered manager and head of care carried out visits to relatives and the person they were asked to support before arranging packages of care for them. This gave them an understanding of the individual and how they wished to be supported. They also identified with the relatives the time of each visit and how long they required staff to be in the home for each visit. The head of care undertook the first visits to the person in order to understand the person and the tasks that needed to be carried out. When a member of staff was identified to work with the person, they worked alongside the head of care. The person and their relative could change the member of staff if they did not get along with them.

Staff told us they received a lot of training. One member of staff said, “I have been trained in most things I do on a daily basis such as medication, moving and handling, safeguarding and first aid. I am currently doing a National Vocational Qualification (NVQ) Level 3 in adult social care and have received training in palliative care.” Other staff told us they were accessing Diploma courses in adult social care and were encouraged with this by their line managers. Staff told us they had not attended Control of Infection training. The registered manager informed us they were looking for a suitable course that covered working within people’s homes. One relative said, “Staff seem to have the right skills and knowledge and they receive regular updates. The member of staff always mentions any changes when they have had an update on training.” Another relative told us, “They are very good when they identify staff do not have enough knowledge or skills. They book people on to a course and staff get the training they require.”

Staff told us they all felt supported by the registered manager and other managers in the service. One member of staff told us they had recently had supervision with the manager. One member of staff said, “When I have supervision it is good to go over what I have been doing and to look at problems or discuss changes with my manager.” Staff all told us they could talk to the registered manager or other senior managers, whenever they popped into the office. A member of staff said, “I always get a text message from the registered manager every morning to check that I am okay. That means a lot to me know I am being supported.” The registered manager confirmed this by saying, “we don’t always record supervisions formally but we do make a point of talking to staff most days before they go out on their own into people’s homes.”

Because of the ages of people they supported, staff did not receive training about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that this training was not currently available but was looking into providing this. They stated they were offering services to young people and some children and that parents were involved as representatives for their children in decision making. Staff told us they always told people and their relatives what they were going to do. Where people had limited communication skills they waited for a nod of the head or a smile as consent to proceed with offering care. There were no consent forms in people’s care plans. A project manager informed us they were looking at how to meaningfully put this in place as in some cases it would be the parent consenting to the personal care given.

One person’s care records identified they required support with managing a behaviour. There were clear guidelines in the care plan identifying the behaviour and giving steps for staff to follow to help the person calm themselves. Staff told us they received training in managing behaviours and understood what they could do to keep people safe. If restraint was necessary, this was agreed within a multi disciplinary team meeting attended by health care and social care professionals, staff and managers of the service, and the person with their parent or representative. Any decisions made would involve practices approved and taught within the guidelines of the specific training staff had received.

People were supported to receive sufficient food and fluids. One relative told us, “The support worker is really good at

Is the service effective?

helping my son to eat. He knows exactly what he wants and makes sure he feeds him the way he likes to be fed.” The person’s care plan had clear instructions on the types of foods the person enjoyed, how it should be prepared and what support the person required when eating. Food and fluid intake for some people were recorded where this was required.

People were encouraged to eat healthily. A project manager said, “We are very keen to encourage people to eat nutritionally balanced meals. If someone needs assistance we will help them with their meal plans. We support people to go to the shops to choose their foods. We try to support them to have balanced meals. We also take into account any cultural and medical needs when choosing meals. ”

Relatives said the service was flexible to their relative’s needs. One relative said, “I have needed extra help at the moment as I have a health problem. This support has been arranged. I have been able to go back to work part-time, as I can rely on the carer’s extra hours to take care of my son when I get home.” Another relative said, “In the school holidays my daughter likes to have a lie in and the carer responded to this and arrives later than on school days.”

People receiving support in their own home were supported with their health needs. When people visited a respite service they were registered with a local GP and could access a social worker and health screening through the local GP, dentist and optician if required. Where medical treatments were on-going, staff were trained by appropriate health care staff to deliver this support.



Is the service caring?

Our findings

A relative told us, "My son's carer is very good and if everyone had a carer like him it would be really good. He really is an A plus carer." Another relative told us, "We were so lucky. The carers were absolutely fantastic and so committed to my son's care. Not only did they care for him so well but they gave him confidence by the way they treated him with respect and dignity."

A third relative told us, "All the staff are very good but one member of staff has been brilliant. They have been absolutely outstanding and fantastic, to the point that my daughter absolutely adored her. Last year my daughter wanted to go to the theatre to see the Lion King. The member of staff discussed and arranged this with the office. They took her to the show and also arranged for them to go shopping. My daughter really loved it."

One member of staff told us they had been working with one family for over a year. They said, "I have got to know the person so well and have supported the family through a difficult time." The relative told us, "I really cannot tell you how important [staff member's name] has been in getting us through a very stressful period. He really has gone above and beyond and is still there every day to help us." The member of staff told us they were starting a new job soon and had negotiated their hours so that they could continue to support this family.

A commissioner of the service told us, "Sportfit provide a holistic and child focused approach to working with young people. It is evident that staff have a good understanding of young people and use this insight to create a realistic and achievable plan for them. Sportfit have provided an excellent level of care for our young people." Another commissioner's feedback to the provider said, "Very pleased with the service provided by Sportfit, it was second to none in terms of response to enquiry, service delivery and reporting. [person's name] has learnt a number of independent living skills and has found that when things do not go their own way there is a reason and staff helped them to talk about this. This has led to a marked improvement in their behaviour."

We read a compliment from a social care manager which said, "I have been impressed with the service provided

through Sportfit. The feedback from parents has been very positive of the care workers that have provided support for their children. Therefore this gives a good indication that Sportfit are matching the right staff member to our service users."

Whilst most people were unable to tell us how involved they were in decisions about their care, we were told by their relatives how the service involved them in the care they required. On the initial assessment, times of visits were agreed and people identified what areas they needed support in. When we visited one family we heard the member of staff talking with the person and agreeing what they were doing that evening and what they would do the next day. We also observed the member of staff talking with the relative to confirm a change to the next day's intended activities they then recorded this in the person's care plan.

One relative told us about their experience of using the service's short stay and respite service. Their son had used the service because of their mental health needs. They were pleased to see how their son grew within this service and developed higher levels of self-esteem. This led to them completing their studies at school which the relative had thought they would not complete. The positive effect of care given in this service also gave the person essential independence skills and improved levels of confidence. The relative said, "My son is so much better now and actually volunteered as a helper at the support scheme Sportfit ran recently. Not only did they have a focus on sport but their support package was outstanding. They still text my son every week and often phone him to chat to him about how he is doing. He has a strong relationship with the registered manager."

Staff told us they were very conscious of people's privacy and dignity, especially in light of the ages of the people they supported. One member of staff told us, "I always knock before entering their room and tell them what we are going to do." Another member of staff said, "The person is sometimes shy about me supporting them and I try to get them to do as much for themselves as they can before I ask them if they want some help." We heard a member of staff talking quietly with a person and waiting for a response from them before progressing to the next aspect of care they were giving.

Is the service responsive?

Our findings

Relatives told us how the service and staff had responded to a number of concerns and compliments. A relative told us, “my son requires a lot of organisation so that they are ready for their day. The carer does this expertly and is still able to adapt to any changes the day may throw at us.” Another relative told us, “the carer was late on a few occasions. I spoke to the office who dealt with it very tactfully and since then I cannot fault the carer as she is always on time and goes above and beyond in the care of my daughter.”

This was a personalised individual service and no two packages of care for people were the same. An initial assessment was undertaken to identify skills and interests the person had. They also made note of what likes and dislikes the person had. Where possible they tried to identify what the person themselves wanted to achieve out of the support they received. Care plans were written based on supporting the person with specific daily tasks of living, such as personal care, eating, mobility or managing behaviours. Where people had limited vocabulary, recognised communication systems were used. For example the operations manager told us how one person used a mixture of Makaton (a recognised sign language) and pictorial symbols to communicate. They were then involved in regular reviews of this care plan to ensure that it remained relevant to the person’s support needs.

One relative told us, “I know if I am not happy with the care plan I could talk to the member of staff about it and they would change it if necessary.” A member of staff told us, “A parent told me that they wanted to change something in the care plan. We talked about what needed to be changed and agreed what was needed to make it work. I discussed this with the registered manager and they changed the care plan. I then shared this with the parent and person and started using it immediately. It worked out very well for the person.”

Care plans showed detailed information about the person. The task plans for each care plan were written in clear steps and details, so that a new carer would be able to read the task plan and deliver care consistently with the care that was given by experienced staff. A relative told us new staff were introduced to work alongside a member of staff who knew the person well. This ensured staff familiar to people were available when regular care staff were unable to attend.

One relative told us, “Care plans are checked and checked to suit the individual. The carer is very thorough with the paperwork and always completes daily records before they leave.” They said how their son was able to ask the care staff to leave him alone for a couple of minutes as he wanted some private time. The carer left the room and closed the door.

Relatives told us they had no concerns in approaching the registered manager or the office if they had a concern. One relative said, “I had to ring the office as I was not getting copies of the staffing rota each week so I could see which staff were visiting. They responded straight away and now I get copies of rotas every week.” They also told us they had been able to change a member of staff who had been put on the rota as their son did not like them as much as other carers.

The registered manager responded to comments and complaints and acted to resolve them as effectively as they could. For example, one complaint was concerning a person returning from a short break without their towels and goggles. The staff searched for the missing items at the pools used but could not find them. The registered manager informed the family of this and offered to replace these missing items or send money to cover the cost of the items. Another comment was from a parent who was concerned that their son had worn the same t-shirt for the week of their stay. The registered manager reviewed this with staff and set up systems to monitor what people were wearing and developed strategies to encourage the young people to change their clothing on a daily basis.

Is the service well-led?

Our findings

Relatives told us the staff and service was well led and organised. One relative said, "Sportfit are a very professional organisation. Their communication is excellent and the registered manager is always available." Another relative said, "Staff know exactly what they are doing and are supported to do their job by the registered manager and operations manager." A third relative said, "Not only has [manager's name] done what he said he would do, but he has continued to offer us support by ringing us each week to check on how our son is doing."

The service philosophy was explained to us as placing sport and care together to give young people with physical and mental health concerns an opportunity to experience activities they may not have been able to access. This was the initial idea in setting up respite services to give young people a focused sports based break from their families. This developed into providing further support at home for some people to enhance the respite breaks they received.

All staff told us about this philosophy and how they placed the person they supported at the centre of what they did for them. One member of staff said, "The results we have had with supporting people with challenging behaviour have been outstanding. We have helped people to change their lives." The registered manager gave an example of one person who had moved into an independent living service following the support they had received to manage their behaviour.

There were systems in place to provide out of hours management support to staff working in people's homes. A member of staff said, "I always get a text every day to tell me who is on call." A project manager told us they had set up staff meetings so that their team could get together and discuss ideas and concerns.

The registered manager operated a quality monitoring audit where they regularly reviewed care plans and risk assessments to ensure they remained up to date and relevant to the needs of the individual. They also monitored training and supervision of staff which meant staff training was up to date and responded to the needs of the people who used the service. However, we did identify where some training was required, such as control of infection and Mental Capacity Act. The registered manager responded to this on the day of our inspection and arranged training events in these areas for all care staff. They were also aware of the need to look at competency based assessments for the administration of medicines and a project leader was developing a tool to do this.

The registered manager and head of care monitored the hours staff worked and looked at having staff who knew the people to work in a team of staff supporting individuals in their own home. One member of staff told us they had recently spoken to the registered manager about the amount of travel they had to do in one day. This led to a review of their daily list of visits and the removal of their furthest visit.

People, relatives and health and social care professionals were encouraged to provide feedback on the service. This was done through use of an annual questionnaire. One commissioner stated, "The way Sportfit have empowered these boys to take some responsibility for their own behaviour and encourage them to participate in practical activities has been most inspirational." A parent said, "You have gained his trust and respect, which he does not give out easily. Thank you for being there."