

Sportfit Short Break Care Ltd

Sportfit

Inspection report

Suite C, Portman House
53 Millbrook Road East
Southampton
Hampshire
SO15 1HN

Tel: 07702082794

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sportfit provide personal care services to young people within their family homes. People they support include children aged 13 to 18. People supported include those with learning disabilities, autism spectrum disorders and sensory impairment. The number of people who used the service fluctuated. At the time of inspection, one person was receiving support with their personal care.

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.

Sportfit also runs a 'supported living service' from the same building. A different staff team run this service and it does not come under The Care Quality Commissions regulatory remit, as they do not provide personal care to people.

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

One relative told us they were happy with the care their family members received. They said that the service was reliable and tailored to their family member's needs.

There were enough staff in place who had received appropriate training and support in their role. Staff were caring, knowledgeable and dedicated to providing good quality care. A Relative told us staff treated their family members with respect.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced.

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

There were systems in place to monitor the quality and safety of the care. The management team had effective oversight of the service and were practically involved in the day to day organisation of people's care packages.

There were systems in place to deal appropriately with complaints and feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sportfit

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

One inspector carried out this inspection.

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. A registered manager 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 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 23 January and ended on 27 January 2020. We visited the office location on 23 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and received feedback from one social worker. 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 this

information to plan our inspection.

During the inspection

We spoke with one relative of a person who used the service. We spoke with the registered manager, the operations manager, the project manager, the head of education and training, and one member of care staff.

We reviewed one person's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One relative told us they felt their family members were safe receiving support from staff. They told us they trusted staff to provide good quality care.
- Staff received training in safeguarding vulnerable children and adults. This training helped provide them with the skills to recognise and act to protect people from the risk of suffering abuse or avoidable harm.
- The provider had a safeguarding policy in place, which identified the provider's responsibility in keeping people safe. The policy detailed the local authorities respective safeguarding procedures for both children and adults. This helped to ensure staff followed the correct procedures in line with this guidance.

Assessing risk, safety monitoring and management

- People had risk assessments in place to enable them to access the community safely with staff. For example, one person had a risk assessment in place when travelling in staff's cars. The risk assessment identified measures needed to ensure the person's safety and comfort.
- Risk assessments were in place to help ensure people's safety in relation to their health or medical conditions. In one example, one person had a risk assessment around the management of a health condition, which identified how staff needed to monitor the person to help keep them safe.

Staffing and recruitment

- One relative told us they had reliable and consistent staff teams. they said, "They always come when they are meant too."
- The provider had a telephone based 'on call service', which was active outside of office hours. Senior staff rotated 'on call' duties, which helped ensure they were always available to respond to issues and requests from people, relatives and staff.
- The provider had safe recruitment processes in place. The appropriate recruitment checks were in place to help determine candidates' character, experience and conduct in previous employment. These checks helped to determine staffs' suitability for the role.

Using medicines safely

- The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.
- Nobody using the service required support with their medicines at the time of the inspection.

Preventing and controlling infection

- There were systems in place to protect people from the spread of infections. Staff had received training in

infection control. This helped them to follow good hygiene practices during care and support.

- Staff used personal protective equipment such as gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.

Learning lessons when things go wrong

- The project manager investigated incidents, looking for causes and trends to help promote practice to reduce the risk of incidents reoccurring. This included incidents where people become anxious in social situations.
- There had been very few incidents since our last inspection, where incidents had occurred, these were followed up quickly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

- People's needs were assessed prior to their care commencing. These assessments included, meeting people and families to identify their care preferences and reviewing assessments from health and social care professionals.

Staff support: induction, training, skills and experience

- One relative told us staff were skilled in their role. They said, "Our regular carer is absolutely brilliant."
- Staff received training in line with The Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. Staff attended regular training updates to help ensure they were following best practice guidance.
- Staff received ongoing support and supervision in their role. This included, supervision meetings with senior staff, observations of working practice and competency checks in key areas of their role. Staff were positive about the quality of the training available and told us they felt well supported by the provider. One staff member commented, "The training is good and in depth."

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking, such as food allergies or special dietary advice.
- Where people had specific needs around eating and drinking, staff we spoke to were knowledgeable about how to provide appropriate support in line with guidance in people's care plan.

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

- The provider participated in reviews of people's care with other stakeholders to help ensure suitable packages of care were in place. This included when people's needs changed, and they required increases or decreases in their care.

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

- People's healthcare needs were documented in their care plans. Where people had ongoing healthcare conditions, staff were knowledgeable about how to provide appropriate support in the management these conditions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where children were receiving services, the project manager confirmed that where children were receiving services, parents and those with parental responsibility acted as the child's representative in the decision-making process.

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. Where children and young people under the age of 16 were living with their parents, these safeguards were not applicable.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- One Relative told us that staff were caring and had formed a positive bond with their family members. One relative told us, "[Staff member] gets on very well [with my relative]."
- Staff promoted people's wellbeing by providing encouragement and support. Staff we spoke to had worked with people for a long period of time. They told us about how they were flexible in their approach to maximise the positive impact of support. For example, they knew how to motivate and encourage people and how to offer reassurance and support when people became anxious or upset.

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

- People were given a choice about their staff and how their care was organised. One Relative told us that care was arranged around their family's timetables, which meant that care complimented their regular routines and commitments.
- People's relatives told us that they were kept informed about important aspects of their family members care. One relative commented, "If there are changes, we are told in advance."
- People's needs were regularly reviewed, to help ensure appropriate care was in place. Management staff from Sportfit attended reviews co-ordinated by people's schools or social workers. This helped to ensure families, professionals and the provider had a shared understanding of people's care needs.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people had consistent teams of staff, which promoted the development of positive relationships with people. One Relative told us they appreciated staff's contribution to their family member's wellbeing.
- People's confidential information was stored securely in the provider's office. Staff were aware of their responsibilities around appropriate information sharing and how this promoted people's privacy.

Is the service responsive?

Our findings

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

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

- One relative told us that staff were responsive to their needs. They commented, "They [the provider] are very responsive and have a flexible approach."
- People received personalised care that reflected their preferred outcomes. People's specific care tasks were identified in their care plans. These detailed the routines and preferences which people wished to follow.
- Care plans were clearly laid out and contained accurate information, which reflected people's needs. The provider ensured staff had time to read and review people's care plans, which helped to promote a personalised approach to how care was delivered.

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

- Where commissioned to do so, people were supported to access leisure activities in line with their interests. Activities were planned with people and parents to help ensure they reflected people's interests.

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.

- People's communication needs were assessed prior to their care starting. This helped to ensure staff had the knowledge and skills to meet people's individual communication needs. Where people used body language to help them communicate their needs, staff understood people's non-verbal cues and how they should appropriately respond.

Improving care quality in response to complaints or concerns

- One relative told us they knew how to make a complaint and were confident their concerns would be listened too. They said, "The office staff are very helpful in resolving any issues."
- The provider had a complaints policy in place. This outlined how complaints would be investigated and responded too. The provider had not received any complaints since our last inspection.

End of life care and support

- Nobody using the service was receiving end of life care at the time of inspection. Due to the age and circumstances of people using the service, discussions around this subject were not 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.

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

- One relative told us management staff were friendly and approachable. They said, "The project manager is very helpful. Everyone we speak to are very friendly."
- Staff told us there was a positive culture at the service, which had been fostered by the management team. One member of staff commented, "It's a good company to work for."
- The project manager had a good understanding of people's needs. They maintained regular contact with people and were happy to assist with care duties when required.
- The provider understood the importance of promoting staff wellbeing. They had an open-door policy, where staff were encouraged to visit the office and give feedback to the registered manager. The provider had also introduced an employee assistance programme. This included a range of support and benefits for staff.

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 understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a clear management structure in place. The project manager oversaw the day to day running of the domiciliary service and directly supervised care staff. The registered manager and operations manager supervised and supported the project manager in their role. All staff were very clear about their role and relatives told us they felt the service was well organised.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider had systems to gain people's feedback about their experience of the care provided. This included surveys, visits and telephone calls. This gave people the opportunity to feedback about the quality of the care they received.

Continuous learning and improving care

- There were effective audits in place to monitor quality and promote improvements. The project manager regularly reviewed people's care records. This helped to assess the quality and accuracy of staff's recording of care calls. The project manager also regularly observed staff whilst they were working with people. This helped them to assess where staff's strengths were and the areas they needed additional support in. This had been effective in improving the quality of daily care records that staff kept.
- The provider had made improvements to staff training arrangements since our last inspection. They had identified areas where staff required specialist training to meet people's needs and commissioned external trainers to deliver training in line with these requirements. They had also made improvements to their own internal training arrangements, so training was tailored to people's individual care packages. One member of staff told us, "Training has improved dramatically in the time I have been here."

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The provider kept professionals informed about people's behaviour and health where required. This helped professionals involved plan for people's future care and support needs.