

Sportfit Short Break Care Ltd

Sportfit

Inspection report

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

Tel: 07702082794

Date of inspection visit:
13 April 2017
03 May 2017
11 May 2017

Date of publication:
19 June 2017

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

Sportfit provide 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. Sportfit were providing services to three people at the time of inspection. Eight other people used the service for support to access the community, however these people did not receive support with their personal care. Sportfit also runs a 'short break activity holiday' and 'immediate response service' from the same building. A different staff team runs these services and the services provided do not come under The Care Quality Commissions regulatory remit. We asked the provider to update their statement of purpose, website and any commissioning authorities to reflect this distinction.

There was a registered manager at 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 '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's relatives and staff told us that the registered manager and management team were approachable and dedicated in their role. The registered manager strongly promoted the provider's values and had invested time in their staff to ensure that they reflected this ethos. Staff we spoke to were committed and dedicated in their role and told us about the importance of providing good quality care. People's relative's told us staff embodied these values in their working practice. The management team took an active role in the day to day running of the service. They were familiar with the people who received care and were readily available to advise and assist staff who required support.

The provider had invested in additional resources since the last inspection to improve its training resources for staff. New staff received training in line with the Care Certificate, which is a nationally recognised set of competencies for care workers. The provider had also enrolled existing staff into this training programme to help ensure all staff received a consistent and high quality training programme. Many staff were also following additional qualifications in health and social care.

Improvements had been made to develop policies and procedures around safe recruitment of staff. The registered manager had identified some shortfalls in the service's recruitment processes and had employed additional staff to review and manage recruitment for the service. This had resulted in improvements being made to the provider's recruitment processes. This helped to ensure that suitably qualified and skilled people were employed to work with people.

The service monitored the quality of the care being delivered by observing staff during their working practice and reviewing care documentation to ensure its accuracy and quality. Feedback and learning was shared with staff through supervision and team meetings.

The service worked in partnership with people's families to ensure that their care plans reflected people's choice and preferences around their personal routines. Care plans were regularly reviewed and the service participated in periodic meetings with families and professionals associated with people's education and care to help ensure a consistent approach between different agencies. The service also sought feedback from people and their relatives through questionnaires, phone calls and visits. This helped ensure that the care being delivered met the expectations of people using the service. A complaints policy was in place and people's relative's told us they felt comfortable in raising concerns.

Risks to people during care delivery were identified and assessed. The service ensured that these risks were minimised to help maintain a safe environment for both people and staff. The service also had support systems to support staff outside of office hours if they required advice or support. Staff were knowledgeable about their responsibilities around safeguarding and protecting people from harm.

Where people required support with their medicines or eating and drinking, guidance was available to staff to meet people's needs. People's relatives told us that Sportfit was responsive and adaptable, which helped enable people using the service to access healthcare services.

Staff understood the need to gain people's consent before providing care. People were treated with dignity and respect. The service made consideration to ensure that their preferences around their care staff were respected. People's relatives told us that staff were reliable and dedicated in their roles.

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.

Staff received training in safeguarding and understood their responsibilities in keeping people safe from harm.

Improvements had been made to the provider's recruitment policy and processes to ensure that skilled and suitably qualified staff worked with people.

People were supported to take their medicines as prescribed.

Risks to individuals were assessed with measures put in place to avoid risk of harm to people.

The service had systems in place to give support and advice to people outside of office hours.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, induction and ongoing supervision to be effective in their role.

Staff understood the need to gain consent before providing care.

People were supported to access healthcare services.

People's dietary needs and preferences were detailed in their care plans, so staff could support them with their meals in their parents absence.

Is the service caring?

Good ●

The service was caring

People's relatives were involved in developing care plans.

Staff had a good understanding of the people they worked with and tried to encourage their independence.

Staff promoted people's choice, privacy and dignity during care.

Is the service responsive?

Good ●

The service was responsive

Care plans detailed people's preferred routines around their personal care.

The service sought feedback from people's relatives about the quality of care provided and looked to make improvements in response

People's relatives knew how to make a complaint told us the provider was responsive to feedback.

Is the service well-led?

Good ●

The service was well led

There was a clear management structure in place which had made improvements to the running of the service since our last inspection.

Management and care staff understood and promoted the providers values and presented a positive ethos.

Staff felt supported in their role by the registered manager.

Quality assurance systems in place helped to monitor the quality of the care people received.

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 which took place on 13 April, May 3 and 11 was completed by one inspector and was unannounced.

Before the inspection we reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. Before the inspection, we did not request 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. However, the provider was able to give us this information during the inspection.

We spoke with three relatives of people who used the service. 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 also spoke with the registered manager, the operations manager, a project manager, the human resources advisor, the trainer and five care staff.

We also spoke to three social workers and one representative from the police, who had experience working with the service.

We looked at care plans and associated records for three people and records relating to the management of the service. These included fourteen staff recruitment files, records of complaints, accidents and incidents, and quality assurance records.

The home was last inspected in April 2015, where they received an overall rating of good.

Is the service safe?

Our findings

People felt safe receiving care from Sportfit. People's relatives told us that Sportfit provided a reliable service to their family members. One relative commented, "Sportfit have never let us down." Another relative reflected, "They [Sportfit] provide a super service, very accommodating."

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "It's massively important that you report everything and do not hide anything. This is what helps keep people safe." Another member of staff commented, "I had safeguarding training in my induction and it's regularly updated. That's good because it is all fresh in your mind and you cannot forget it." A third member of staff commented, "Sometimes when you work with someone one to one you have to concentrate on making sure you record everything accurately, so it can be shared with others to learn from. Whenever an incident occurs, your first responsibility is to ensure that people are safe and then analyse if you would change anything you did to make it better."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were knowledgeable about people's individual needs and the steps required to keep people safe. People had risk assessments in place in relation to moving and handling, medicines, anxiety and behaviour, epilepsy and diabetes. Where specific risks were identified as being high, risk assessments set out the steps staff could take to reduce the risk of harm to people and staff. For example, where people used moving and handling equipment such as hoists, risk assessments detailed that two staff needed to be present to safely use this equipment. The project manager also kept servicing records of moving and handling equipment. This helped them to ensure that staff were using equipment that was serviced regularly by professionals and was in safe working order. Where people had medical conditions such as epilepsy, risk assessments detailed background information about their condition, the way in which the condition affected the person and the action staff needed to take in the event people's health condition changed.

People were kept safe from risks associated with emergencies outside of office hours, such as changes required at short notice through staff sickness or absence. The service had an 'out of hours' service available via phone. Operating outside of office hours, senior staff took turns in staffing this service. The 'out of hours' service enabled staff or relatives to phone for advice, report concerns or request assistance if additional support was required. One staff member told us, "The office has a 24/7 (24 hours a day seven days a week) on call service. They will come out to help you if you need anything." Another member of staff said, "If I am not comfortable with anything, then I can call the on call service for help." The project manager used a computer based system to schedule people's care visits. The computer identified when care visits were unallocated and required allocation to another member of staff. The system also sent staff rota's to their mobile phone and alerted them to changes. This helped ensure that staff had access to their most up to date rota and people's care visits were correctly allocated.

People's relative's told us there were sufficient staff to meet their needs. People's relatives told us that they had consistent staffing teams, who were reliable and arrived to support their family members at agreed

times. One relative said, "I have one regular carer that comes, when they are away there are another couple who [my relative] knows well." Another relative commented, "We have a team of about six regular carers, if there are any staff shortages then the project manager will come out to cover [the carers absence]." The project manager told us, "We are lucky that we don't have a high turnover of staff, which means we are able to provide a consistent team [for people]." The retention of staff helped to create stability and consistency for people's staff teams, which benefitted the quality of care provided.

Safe recruitment practices were followed before new staff were employed to work with people. The registered manager told us how the provider had employed a human resources advisor, whose role it was to ensure that all newly recruited staff had all undergone robust pre-employment checks to ensure suitable staff were employed by the service. The registered manager showed us how the service had developed its policies and processes regarding safe recruitment after it was identified in an audit that previously, some applicants' recruitment documentation was incomplete. They said, "Over the last 12 months [the training manager] and [the human resources advisor] have opened our eyes and brought in the standards we need going forward." All the recruitment files from the past 12 months we viewed contained the information and evidence necessary to show they had been subject to the correct recruitment checks. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults. The registered manager completed a risk assessment for applicants who had historical offences detailed on their DBS. This allowed the registered manager to make an informed decision about the suitability of the candidate to work with vulnerable people. The human resources advisor had audited old recruitment documentation to ensure that all required documentation was in place for existing staff members.

There were safe medication administration systems in place and people received their medicines when required. All people's medicines were managed by their relatives who they lived with. Relatives told us that staff only administered medicines if relatives were not present or if it was on a 'when required' (PRN) basis. Where people required these medicines, risk assessments and guidance was in place for staff to follow in order for them to help ensure that people received medicines when prescribed.

Is the service effective?

Our findings

People's relatives spoke positively about staff and told us they were skilled in meeting their needs. One relative told us, "First class staff, I have a small team who come and they are all very good."

Staff received training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to support and maintain their health and wellbeing. All new staff received training that was in line with the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. The training manager told us they had introduced this training programme in 2016 and that all pre-existing staff were completing the programme to help ensure that everybody had received consistent and comprehensive training..

Staff were supported to increase their skills and knowledge through additional training and qualifications relevant to their role. Some staff had completed training in care involving, percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. This training helped people receive effective care and support in managing their PEG. Other staff had received training in; specialist medicines administration, training to support people who displayed behaviour that may injure themselves or others and also diabetes. The majority of staff were pursuing additional qualifications in health and social care. The training manager had established a working relationship with a local college which offered these courses. They told us the service had 16 staff currently working towards a qualification.

New staff were supported to complete an induction programme before working on their own. This included the opportunity to familiarise themselves with people's care plans, an introduction to people and time working alongside experienced staff. Staff told us that the induction was comprehensive and gave them all the information required to effectively support people. One member of staff said, "You get lots of information about people before you work with them."

Staff were supported in their role through supervision and appraisal. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "Management are very supportive. In my supervisions, they are very interested in your point of view." Another member of staff said, "Whenever you go into the office it is like a mini supervision, management ask how you are, you share updates and there is someone on hand to talk to." A third member of staff reflected, "If they [management] have any issues, then they tell you so you can improve."

Staff received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The 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. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not

able to make certain decisions, such as the decision to consent to personal care. Where necessary, the provider consulted the person's power of attorney for their health to make decisions in people's best interests. An appointed power of attorney is somebody with legal authority to make decisions on your behalf, if either you are unable to in the future or you no longer wish to make decisions for yourself. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2005. Where children were receiving services, the project manager confirmed that their parents acted as their child's representatives in the decision making process.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. The project manager told us, "[Person] is non verbal. We try to get their consent by looking for smiles and nods to acknowledge they are happy to receive care." A member of staff commented, "Sometimes a change of face can help if you are struggling with someone and they can get a better response from people and they can let you know if they are happy to receive care."

Most people's meals were prepared by family members. People's specific dietary requirements were detailed in their care plans as a reference for staff if they were required to support people with their meals in their parent's absence.

People's relatives told us that staff supported people to access healthcare services. One relative said, "I just tell the staff a couple of weeks in advance when health appointments come up and they always make the arrangements for the care, 100% I have never had any issues." People's relatives told us they would co-ordinate their family member's health appointments, but Sportfit provided a flexible service that fitted around their family member's needs to ensure care was in place to help facilitate these appointments.

Is the service caring?

Our findings

People's relatives were consulted about important matters in relation to their family members care. On the service's initial assessment, times of visits were agreed and people and their relatives identified the areas in which they required support. One relative told us, "The project manager comes out frequently to give updates or when there are changes and sometimes she will phone as well." People told us that once completed, people's care plans were amended as required and the service listened and honoured their requests for changes. Another relative said, "Sportfit definitely fit into how we like things done, it makes it easier."

There was a strong emphasis on staff developing positive and caring relationships with people. People's relatives told us that Sportfit provided small staff teams to promote consistency in care and encouraged positive working relationships between people and staff. One relative said, "We have a set team of about six carers who come in. It's good as they have got to know [my relative] very well. One staff member told us, "You definitely end up caring about the people you support." The project manager reflected, "We try to keep people's staff teams as small as possible whilst ensuring there are enough people to cover if somebody is off." The registered manager told us, "Sportfit do not use agency staff. We feel this would work against promoting valuable attachments, so important in the encouragement of positive life decisions for the young people we work with."

Staff were knowledgeable about how changes in daily routines affected people. Many of the staff had worked with the same people since they started with the service and told us it was important to keep a consistent approach when supporting them. One member of staff told us, "When you are working with children, it's especially important that we as staff are consistent and reliable as they come to rely on us and see us as part of their family."

Staff promoted people's dignity and privacy. Some people used Makaton to communicate their needs. Makaton is a language programme using signs and symbols to help people to communicate. Staff had received training in Makaton in order to enable people to communicate their needs to staff. People's relatives told us that their family members could choose their preference for male or female carers to support them with their personal care. This promoted their choice and dignity. Staff told us they were very aware of the need to respect people's privacy and dignity, especially in light of the ages and communication needs of the people they supported. One member of staff told us, "I always knock before entering their room and try to go through what we are doing when we help people with bathing, showering or dressing."

Staff told us they ensured that all care documentation was discreetly stored away from view. They told us this was because they wanted to avoid people's homes looking like a care environment. One member of staff told us, "We put daily notes and things away in people's homes; we do it as it is their house not a hospital."

Staff sought to promote people's independence during their personal care routines. Areas where people assist in their care were documented and staff told us they tried to encourage people to develop their skills if

possible. One member of staff told us, "It is difficult as some of the people we support fully rely on us with all their personal care, but even things like encouraging people to hold a flannel or by giving people a choice, it is promoting their independence."

Is the service responsive?

Our findings

People's relatives told us that Sportfit was responsive to their needs. They said that the service was flexible in arranging their relatives care visits to fit in with their appointments, daily schedules. One person's relative told us, "The arrangements we have with the office work well."

People's relatives were involved in developing and reviewing people's care plans. One relative told us, "I am fully involved with [developing] the care plan." The project manager told us that care plans were formally reviewed at least every three months, but would be amended sooner if people's needs changed. They told us, "I like to get a lot of input and have lots of contact with people's parents. It is important to make sure they are happy and we are doing things how they want us to do them." A member of staff said, "We help to develop the care plans from the feedback people give us about what they like and how their routines are working."

People's relatives told us management staff from Sportfit also attended reviews co-ordinated by people's schools or social workers. One person's relative said, "The project manager attends all the reviews we have at [my relatives] school. It's useful to get their feedback as it helps for everyone involved to get together to review how things are going". The project manager reflected, "Getting people's circle of support together is always beneficial to the person as it promotes different agencies doing things in the same way, which benefits the person."

People had care plans that clearly explained how they would like to receive their care, treatment and support. One member of staff told us, "The care plans give you a comprehensive outline of people's needs." Care plans detailed people's preferences around their personal routines, giving staff detailed information which helped to keep people comfortable during support. Where some people were not able to communicate verbally, the non-verbal cues such as body language the person used to communicate their wishes were identified. This helped to ensure that staff could recognise if people were happy and comfortable during their personal care.

People's relatives told us that Sportfit provided a flexible service that was willing to adapt to meet the changing needs of the people using the service. Some people had complex health needs which required regular medical input. People's relatives told us that Sportfit supported their family member to some appointments and were able to change care visits at relatives request to attend these appointments. One relative said, "It works out pretty well. Sportfit are flexible. If our regular carers are not available, then the project manager will come out and help out herself."

The provider sought feedback about the service through questionnaires sent out to people and their relatives on a six monthly basis. These questionnaires asked for feedback about the quality of the service and people's satisfaction with the care they received. In responses from questionnaires from January 2017, all responders expressed that they were involved in their care planning, were happy with how complaints were handled, were happy with their staffing arrangements and were extremely likely to recommend the service. The project manager told they planned to adapt the questionnaire format to make it more

accessible to people who used the service. This would incorporate simplified language and symbols to help prompt people's feedback more effectively.

People's relatives told us they were confident in raising complaints to the registered manager, who would take their concerns seriously. One person said, "If I had any issues or problems I would go straight to the project manager. In my experience they have been very good at listening to our point of view."

Is the service well-led?

Our findings

There was a clear management structure in place which included the registered manager, an operations manager and a project manager. The project manager oversaw the day to day running of the domiciliary service and directly supervised the care staff. Staff told us that they felt the whole management team was supportive and that they were given guidance and support to carry out their roles effectively. One member of staff said, "There is now more of a structure in place office and management wise, I think they are more organised then before." The registered manager told us how since the last inspection, the service had employed additional staff trainers and human resources. They had reviewed and developed the services induction training, staff's access to further learning and development and also many of the provider's policies and processes. The registered manager said, "We worked very hard to build things at the time of last inspection. Since then we have invested very heavily in our training, our human resources, our staff recruitment, and ensuring all our policies and record keeping are spot on."

The registered manager promoted a clear vision of the provider's values which staff also understood. The registered manager told us, "We will and must always strive for better, in every department." One staff member said, "We are a smaller team here and can focus on the people, they are the most important thing." Another member of staff commented, "Sportfit provide active and considerate care, I think we fit into this ethos well." A third member of staff echoed, "The best thing about our team is that we are a team and work together. This helps us do the best for people we support; this is why we are here."

The registered manager and project manager took an active role in the running of the service. This included carrying out care calls if there was staff sickness or changes in people's care arrangements. They also were regularly available to support staff outside of office hours if they required advice or support. One member of staff told us, "The management are very involved and understand the people we are supporting." Another member of staff added, "We are quite lucky that we can call the registered manager at any time and they make time to listen." A third member of staff commented, "If there is an issue at 10 at night, the registered manager will be available at the other end of the phone. He makes an effort to introduce himself to new staff and get to know them." The project manager said, "I am more than happy to help out with the care. I would much rather this then people go without care."

People's relatives and staff told us the registered manager was approachable, dedicated and committed to their role. One relative said, "They have never let me down. They understand how to work with people. They take on board what you say if they don't get it right and I think they actually care."

Staff felt valued and that their opinion mattered. One staff member told us, "They are the most supportive company I have worked for. I have previously worked for other care companies, but here I actually feel valued and part of the team." Another member of staff said, "I think people enjoy coming to work, if there are any issues then the support is there." A third member of staff reflected, "[Sportfit are] Pretty good to be fair, I have enjoyed working for them, they listen to what you say."

Team meetings were regularly held where staff were asked for feedback and ideas to improve the service.

The project manager told us these meetings were held monthly and minutes were sent to staff that were not able to attend. This helped to ensure that absent staff could be kept informed of changes or updates. Minutes of recent meetings detailed how the project manager reiterated to staff expectations around making clear and concise notes in people's daily logs to improve communication between staff. The project manager had identified whilst auditing people's care logs that some staff were not recording details of their visits clearly. This meant it could be difficult for subsequent members of staff to review details of previous visits and pick up messages from other staff. The project manager had also focused on staff's wellbeing and asked staff to feedback ideas to promote wellbeing and morale of staff.

Quality assurance systems were in place to monitor the quality of service. The project manager told us how they regularly collected daily notes staff made during their care visits. These were checked to help monitor, time of care visits provided, any missing entries or care visits that were not accounted for and also to check the quality and clarity of staff's written recordings. Feedback from this auditing was discussed in staff's supervisions. The project manager also carried out work base observation on their staff. This included checks to assess their competency in administering medicines and also supporting people with their moving and handling needs. This helped the project manager monitor the competency of their staff.