

BMBC Services Limited

BMBC Night Service

Inspection report

Mount Osbourne Business Centre
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14 December 2022

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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

BMBC Night Service is a domiciliary care service which provides personal care to people living in their own homes. The service supports adults with a range of needs who require care during the night. At the time of our inspection there were 4 people using the service.

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

People were supported by staff who were kind and caring. Staff knew people well and this supported them to provide personalised care to each person. People's preferences were respected, and their needs were met.

Most risks to people were assessed and managed well. People's relatives had no concerns about people's safety whilst using the service. Staff knew how to safeguard people from the risk of abuse and people were protected from the spread of infection.

People were supported by a small number of regular staff members. This supported good continuity of care for people. The provider had suitable systems in place to ensure new staff were recruited safely. Staff received suitable training and supervision, to ensure they had the right skills to care for people.

Staff recognised when people needed support from other services, and they sought advice and assistance if they were concerned about people's health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service was managed well, and staff were supported to provide a good quality service. There were systems in place to monitor the quality and safety of the service. People, their relatives and staff had regular opportunities to provide feedback about the service and there was an effective complaints process in place.

Everyone we spoke with provided complimentary feedback about the service. Staff morale was positive, and people's relatives confirmed the service provided effective care to people.

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

Rating at last inspection

This service was registered with us on 27 July 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

BMBC Night Service

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 Act.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 13 December 2022 and ended on 14 December 2022. We spoke to relatives of people using the service and staff on 13 December 2022. We visited the service's office on 14 December 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought

feedback from professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives of people who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment, supervision and training. 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.

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people had been assessed and their care plans contained guidance for staff to follow, so they could reduce risks to people. This included risks associated with people's mobility, skin integrity and exposure to infections.
- Risks associated with the use of bed rails had not been thoroughly assessed. The provider agreed to implement a more comprehensive assessment for any person using bed rails.
- There was a suitable system in place to report, monitor and learn from accidents and incidents. Staff were aware of how and when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Systems and processes to safeguard people from the risk of abuse

- People's relatives had no concerns about their family member's safety. A relative commented, "It's a big relief for [my relative] to have such a good service at night."
- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately, so action could be taken to ensure people were made safe. Staff were confident the registered manager would act on any concerns they raised.

Staffing and recruitment

- There were enough staff employed to meet people's needs and provide safe care. Staff were allocated enough time during each visit, to provide personalised care in an unrushed manner.
- People received support from a consistent staff team which promoted good continuity of care. A relative told us, "It's a small staff team that supports [my relative] and this makes them feel comfortable."
- The provider had a suitable system in place to recruit staff safely. This included obtaining Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE). People's relatives confirmed staff consistently wore PPE appropriately.

Using medicines safely

- The service was not supporting anyone with their medicines at the time of this inspection. However, the provider had a suitable medicines management policy in place and staff had received training about how to

manage medicines safely.

Is the service effective?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started to provide care to them. A personalised care plan was created so staff knew what care each person needed and when.
- People and their relatives were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.
- People's relatives told us they were very happy with the standard of care delivered by the service. A relative commented, "It's been an excellent service for [my relative]. It's been a very positive experience."

Staff support: induction, training, skills and experience

- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received. People's relatives told us they thought staff had the right skills to support their family member effectively. A relative told us, "The staff are very professional. They are well trained."
- Staff were well supported in their roles. Staff had regular supervision discussions with their line managers and received feedback about their performance.

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

- Staff proactively supported people to access healthcare services when people needed additional support. They made referrals to other organisations and requested immediate support if people experienced an issue with their health.
- People's relatives told us staff were good at recognising when people were unwell. A relative commented, "They are good at spotting if [my relative] is not well. They will ask us to call a doctor if they are worried or they get in touch with emergency services and will wait with them whilst the ambulance comes."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

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

- The provider had suitable systems in place to work within the principles of the MCA. They asked whether people had appointed anyone else to make decisions on their behalf, for example by making a power of attorney. This information was recorded on each person's care plan. We advised the provider to keep a copy of these documents to ensure they had clear information about the decisions each person was authorised to make.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered.

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

- As this was a service provided at night, staff did not usually support people with meals. However, people's nutritional needs were assessed so staff knew how to support people with food and fluids, if they needed to.

Is the service caring?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their relatives told us staff were kind and caring. Everyone we spoke with was complimentary about the staff. A relative commented, "It's regular staff who go to see [my relative]. They know [my relative] well and are really kind and caring towards them."
- As people were usually supported by a small number of regular staff, this had enabled the staff to develop positive, supportive relationships with people using the service. A relative commented, "They treat [my relative] with care and dignity."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment and care planning process ensured people remained actively involved in decisions about how and when they were supported by staff.
- People found it easy to communicate with the staff. This helped to ensure people could express their views and ask for things to be done differently, when necessary. A relative commented, "They talk to [my relative] and make sure they're ok whilst they're providing care. They make [my relative] feel comfortable."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff were aware of the need to ensure their personal information was protected.
- People were treated with dignity and respect. A relative commented, "The staff come in very respectfully; they don't just charge in and turn the light on. They come in and say hello and tell [my relative] they are going to put the light on. They are very considerate."

Is the service responsive?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs. People's care plans contained enough information to support staff to get to know people and deliver personalised care to each person. A relative commented, "The staff are really good with [my relative]. They've got to know [my relative] well."
- The service was flexible and responsive to any changes in people's needs. This helped to ensure people received the care they needed, when they needed it.
- Staff worked in partnership with people and their families to ensure people received care which met their needs and preferences. People's relatives told us staff were very good at getting in touch to discuss any issues or concerns, to ensure they were quickly addressed. A relative commented, "The staff will phone us, but they are careful not to disturb us in the night unless they really need to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. People's care records contained information to support staff to communicate effectively with people.
- People's relatives told us staff knew how to communicate with their family member and they tailored their approach to suit each person's needs. A relative commented, "The staff are very good at talking and interacting with [my relative]."

Improving care quality in response to complaints or concerns

- The provider had a suitable policy and procedure in place about how and when people could complain about the service.
- People's relatives knew how they or their family member could complain about the service. They told us they felt able to raise any issues or concerns with the staff and provider. However, everyone we spoke with told us they had never needed to complain.

End of life care and support

- The provider had suitable systems in place to ensure they could support people at the end of their life to have a comfortable, dignified and pain-free death. However, at the time of this inspection the service was

not supporting anyone who needed end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This was the first inspection of this newly registered service. This key question has been rated good. 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; 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 service had a person-centred, caring culture and the care people received met their needs and outcomes. We received consistently positive feedback about people's experience of the service.
- Staff morale was positive. They told us they were treated well, and they enjoyed their jobs. Comments from staff included, "We're committed to the service. We want it to do well. I really enjoy my job" and "I love the night service. It's a good team to work in."
- The provider, registered manager and staff were open, honest and transparent, in accordance with the duty of candour.

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

- The registered manager and staff were motivated about their roles and understood their responsibilities. Staff displayed a clear desire to achieve good outcomes for people.
- Staff received enough support from the management team to deliver a good quality service. A staff member commented, "I really feel I am listened to. The management do change things if we raise a concern."
- Everyone we spoke with told us the service was well-organised and managed effectively. A relative commented, "It's really well run. They are very polite if you contact them about anything."
- There were systems in place to monitor how the service was being delivered, to help ensure people were receiving safe, good quality care. This included monitoring the timeliness of care visits, the duration of those visits and whether people were receiving the care they needed.

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

- People using the service and their relatives had opportunities to give feedback about the service. They were actively encouraged to do this via surveys and the complaints and compliments process. When feedback had been provided by people using the service or their relatives, this had been shared with relevant staff members and acted on.
- Staff had regular opportunities to share their ideas about how to improve the service, via staff meetings and supervision sessions. Staff told us they were listened to and they were confident any concerns or issues they raised would be dealt with appropriately by the management team.

Working in partnership with others

- The registered manager and staff were knowledgeable about working in partnership with other agencies involved in people's care and support, to ensure good outcomes were achieved for people. A staff member commented, "We've got good links with all the community organisations we need access to."