

Airmid Staffing Ltd

# Airmid Staffing

## Inspection report

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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

Airmid Staffing Limited is a domiciliary home care service, providing regulated activity personal care. The service provides support to people who require short- and long-term support. At the time of our inspection there were 6 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. 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. Staff enabled people to access specialist health and social care support in the community.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs, and rights at the heart of everything they did. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11 January 2022, and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this 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?

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 details below.

### Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

# Airmid Staffing

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### 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 the Care Quality Commission 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

This inspection was announced. 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.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we had about the service to plan our inspection.

During the inspection

We spoke with 2 people and 4 relatives. We spoke with 8 staff altogether including, 2 care workers, 1 care coordinator, 1 field supervisor, 1 nurse, 1 candidate liaison officer, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including medicine, care plans, audits, accidents and incidents and complaints.

# Is the service safe?

## Our findings

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

This is 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear process in place to safeguard people from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This meant they had a good understanding of how to protect people from risk of harm. There was a safeguarding policy in place to provide staff with guidance if they needed it.
- All safeguarding alerts had been sent to the local authority and CQC. Investigations into concerns were recorded, including actions and outcomes.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were identified and monitored by the provider.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.
- Guidance about people's health conditions was available for staff. This meant they had up to date information to follow should they need it. Staff were able to explain to us what risks people may face and how to offer support, so risks were reduced as much as possible.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. Staffing levels were based on people's needs. The provider had a rota and call system in place. This was monitored by the registered manager for late or missed calls. People told us staff were punctual and stayed for the allocated time. Staff and the provider told us travel time was planned and given to staff. Some of the locations were in rural or remote areas.
- Every person's record contained a clear profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Medicines were managed safely.
- Medicine records reviewed showed there were no gaps. Audits of medicines were done monthly. This meant issues or concerns could be picked up and addressed quickly.
- Staff had training in medicine administration and competency checks were carried out regularly. This meant staff had the skills and competence to administer medicine safely.

Preventing and controlling infection

- There was a clear protocol in place to prevent the spread of infection and keep people safe.
- People and relatives told us staff used personal protective equipment when providing care. This meant people were protected from the risk of infection. There was an infection, prevention and control policy in place which gave staff guidance to follow when needed. Staff also had training in this area.

#### Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong. For example, a complaint was raised about call timings as the hospital discharge team had given people incorrect information leading to some confusion. This was picked up by the provider and additional information was provided to the teams, so communication was clearer. This resulted in a more effective service overall.
- As a result of the action described above, there had been fewer issues regarding the communication between the provider and the hospital team. The provider also added a late alert into the system which helped with call timings.



# 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 is the first inspection for 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

- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to starting the care package. Care plans were put in place using information obtained in these initial assessments.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to perform their duties well. Staff completed an induction into the service including shadowing experienced staff. Staff had training in a range of areas to help them do their job. Training considered mandatory by the provider included, safeguarding, first aid, autism, learning disabilities, fire safety, infection control, medicine and health and safety.
- The service had clear procedures for team working and peer support that promoted good quality care and support. Staff received support in the form of continual supervision, appraisal, and recognition of good practice.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Most of the people we spoke with told us they did not need any support to prepare meals. Families told us they would do the shopping and cook meals for people. Staff were only ever asked to warm up food or make a drink for people.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Care plans outlined eating and drinking guidance for staff to follow where needs were identified.

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

- People had hospital passports which were used by health and social care professionals to support them in the way they needed.
- Multi-disciplinary team professionals were involved in support plans to improve people's care. People were referred to health care professionals such as the occupation therapist and speech and language therapist to support their wellbeing and help them to live healthy lives.
- Care records showed the involvement of a range of health care professionals. This meant people had the relevant support when needed to meet their needs.

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 was working within the principles of the Mental Capacity Act. People's consent was obtained in line with legislation. Staff told us they would ask people's permission before offering them care or support.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

# 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 is the first inspection for 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People and relatives told us staff were caring and compassionate, one person said, "The staff are caring, kind and compassionate and on time." A relative told us, "My [relative] had the care he needed and was safe, the staff treated him with respect dignity, they were caring, kind and compassionate."
- Staff had training in equality and diversity. This meant they had a clear understanding of people's diverse needs and could offer support to meet these.

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

- Staff supported people to express their views using their preferred method of communication. For example, staff used gestures and body language to communicate with people who may not use words. Staff were able to pick up on people's changes through observing their body language.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- People and relatives told us they had the opportunity to give feedback through reviews, meetings, and questionnaires. One relative said, "They [staff] do their job and they call me for information when they need to. I can give feedback by e-mail, phone call or face to face anytime."
- People were involved in making decisions about their care. Everyone we spoke with told us they could always call the office and speak to staff at any time about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff encouraged people to be as independent as possible.
- People told us staff were respectful of them and their home. One person said, "My dignity and privacy were respect and valued by the staff, the registered manager was very approachable there are no complaints."
- Staff told us they respected people's dignity and privacy. One staff member said, "To promote people's dignity and respect their privacy you make sure the door is closed, cover the person up, ask the person first before doing anything."
- Care records reviewed, outlined what support was needed in detail. References were made about always promoting people's independence. Staff guidance also referred to any assisted technology which could aid a person's independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for 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's care and support was delivered in a personalised way. Care plans contained details about how people wanted to be supported. Staff understood people's needs and how to meet them.
- Care records showed staff had spent time getting to know people. People and relatives told us staff were attentive and met their needs or their relative's needs.
- People had choice and control over their care and support. Staff respected people's choices. One person told us, "Yes, my care needs were met, I had a care call in the evening for 30 minutes. I had a care needs assessment to discuss my needs in detail with staff and I had a clear care plan, which was followed."

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.
- Technologies were used in a way which enhanced communication for some people. Staff were able to support people with electronic devices and learn how to use them. Clear guidance was in place for staff around people's preferred methods of communication.
- Care plans included clear communication plans. Staff followed these plans and ensured people's needs were met. Different communication systems were used for example the use of body language, a range of devices to help with communication as well as pictures, words, and symbols. Information could be provided in easy read formats if needed.

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; Improving care quality in response to complaints or concerns

- The provider had a clear complaints system in place. Records of complaints showed they had been recorded and dealt with in a timely manner. Everyone we spoke with told us they knew how to complain and who to speak with. People and relatives told us when they had raised any concerns with the provider they had been addressed and resolved swiftly.
- The provider did offer an escort service to enable people to access the community for example to attend a medical appointment. Everyone we spoke with had arrangements in place to meet their social needs.

# 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 is the first inspection for 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

- Managers promoted a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Staff told us they were valued and listened to, staff said the management team were supportive and approachable. One staff member said, "We have meetings, we can raise anything with the manager they listen and value what we say, very good as leaders and very approachable." Another staff member said, "Management team, yes they are good, they will move the rota around, we asked if we could go to the same person each day and they listened to this and were helpful."
- Staff told us they had no problems with raising concerns or suggesting better ways of working. Staff said the culture was open and honest.
- People and their relatives told us the manager was good and communicated well. Comments included, "They [staff] communicate well from the office, good managers, good care." And "The manager was supportive and a good communicator."
- Outcomes for people were recorded in their care records. Staff understood how to support people to achieve goals.

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 registered manager had a good understanding of the duty of candour, the need to be open and transparent when things went wrong. They explained the need to make an apology to people for failings on their part. Complaints made about the service were viewed to make improvements.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a range of audits in place to check the quality of care.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. This demonstrated that they were knowledgeable about the needs and personalities of the people they were supporting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Compliments made by people, relatives and health care professionals were received on a regular basis. Staff were highly praised for their work and how much dedication they showed, one person stated that staff went above and beyond their role to provide care for their relative.
- The provider had an improvement plan in place. This meant any actions could be monitored and used to make improvements in the service. Regular clinical meetings took place to discuss people's clinical outcomes and actions were recorded. The provider was continually looking for ways to improve the service.

Working in partnership with others

- The provider worked with the local authority, health care professionals and hospital discharge teams. This meant people received care and support in a seamless way.