



Inspection Report on

Highbury Support Services LTD

**Highbury Support Services Ltd
212 High Street
Prestatyn
LL19 9BP**

Date Inspection Completed

18/04/2024

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About Highbury Support Services LTD

Type of care provided	Domiciliary Support Service
Registered Provider	Highbury Support Services LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	15 December 2021
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the support they receive from Highbury Support Services LTD. People are supported by highly dedicated and highly trained staff who know them very well. We saw care staff provide positive reassurance and interaction through skilled use of active support models of care. People are supported to make choices about their daily lives and are actively involved in all aspects of their care. Personal plans are highly person-centred, detailed, accurately reflect people's needs and reviewed and changed accordingly. People are supported to engage in activities that are meaningful to them.

Staff feel well supported by Management and are provided with training to meet people's needs. Governance arrangements in place are over and above what is expected. The Responsible Individual (RI) has a continual presence so has exemplary oversight of management of the service. Understanding of the opinions of people and relatives to help to improve and develop the service is ensured through quality control questionnaires and the responses to these are reflected in quality of care review reports completed every six months. People are supported to look after their home and to budget and plan for their future. The service is operating in line with their statement of purpose.

Well-being

People have control over their day-to-day lives and feel they are listened to and their views are considered. The service has a thorough understanding of the mental capacity and best interest process which means they are able to support people inclusively and appropriately to contribute to decisions that affect their life. Care staff work from high quality personal plans that are written collaboratively with the person or their relatives. Additional supplementary information accompanies personal plans which adds to the quality of paperwork, ensuring people's preferences are continually considered. People, relatives and staff are involved with the improvement and development of the service. Care staff and management listen to people's wishes, advocacy is proactively used and threaded throughout service policies and procedures. People are supported to live in their own homes and achieve their well-being outcomes, they choose how to decorate and maintain their own homes and are involved in discussions about who they live with and their compatibility. Care records give care staff the instruction required to support people in minute detail, with specific person-centred routines in place. Well-being audits are completed by a quality assurance officer before quarterly reviews take place. Staff know residents very well and are matched to them to ensure compatibility, involvement from family is encouraged and people who share a home are supported to maintain positive relationships with each other. Well-being events are arranged for people and staff, staff members take it in turn to organise these. The service is working towards the Welsh language 'Active Offer'.

People are protected from abuse and neglect as care staff receive training in safeguarding and safeguarding policies and procedures are in place and followed. A thorough understanding of the Mental Capacity Act 2005 enables the service to work collaboratively with partner agencies to minimise risk to people. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it, people feel involved in and part of their local communities. Educational needs are considered as part of provider assessments and clearly recorded and supported in personal plans. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. People are encouraged to be independent with a strength based, active support approach adopted throughout the service. Risk assessments are in place in order to identify potential hazards in people's lives and steps are taken to minimise risks to people as much as possible.

Care and Support

The quality of personal plans are outstanding so people can feel confident the service provider has an accurate and up-to-date plan for how their care and support needs should be met. Outcomes identified as part of the pre-assessment process are underpinned by national well-being outcomes ensuring all aspects of people's well-being are considered and addressed in a person-centred way. Documents completed tell staff about people's history, important routines and places. Robust risk assessments are in place, regularly reviewed and reflected in personal plans. Documents completed are purposeful and reflect professional advice, and PBS (positive behavioural support) plans contain extremely detailed information to ensure staff support people appropriately. Personal plans are personalised, co-produced, up-to-date, accurate and regularly reviewed. Well-being audits are completed with people prior to their quarterly review, this is a positive process which discusses how independence can be increased, what current skills people have and how they can be utilised and what more the service can be doing to support them to achieve their personal outcomes. People receive care in line with their personal plans and risk assessments. People say, *'The staff are great, the support makes me happy and there is nothing they could do better.'* We observed warm, humorous and engaging relationships between people and staff supporting them, it was clear staff are consistently looking to drive improvement in the skills and lives of people they support. The use of the active support model within the service is exemplary, it underpins all aspects of care and support and is championed by staff at all levels, with every activity viewed as a joint effort between people and the staff supporting them. The service has a manager working towards becoming a BILD (British Institute of Learning Disabilities) accredited trainer and is consulting with them to continually develop their use of the active support model.

Records show people have access to specialist advice and support from health and social care professionals and personal plans and risk assessments are updated to reflect professional advice. Professionals told us, *'I am impressed by their commitment to person-centred care'* and *'I would always go to them when looking for a package of care.'* Manual handling care plans are extremely detailed but easy to read for staff, these are strengths based and always consider how people can contribute to the task or how they can continually develop strength and skill and therefore increase independence.

People can be satisfied the service promotes hygienic practices and manages risk of infection. The service has safe systems for medicines management in place which keep people safe. Trained staff administer medication and their competency to do so is assessed on a regular basis, regular medication audits are carried out in supported living settings.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place over and above what is required as numerous meetings take place throughout the month in relation to HR issues, training, citizen well-being, and quality and continuous improvement. The RI has a regular presence at the service and checks records and gathers the views of people and staff, these discussions are in depth, valued and reflected in reports relating to the day-to-day running of the service. Actions and outcomes from previous visits are continually reviewed and updated outside of quarterly RI visits. We saw evidence of monthly management audits and actions identified as a result are also discussed at quality and continuous improvement meetings. A quality of care survey is conducted by the service every six months, a summary of the outcome of the survey is completed and actions are taken as a result, the service is making plans to ensure people and staff are informed of what actions have been taken in response to the surveys. Regular team meetings are held in supported living houses and people say they can speak to the manager and staff in the office about issues with their care and action is taken. It is clear there is a positive and strengths-based culture throughout the service, at all levels, underpinned by the Social Care Workers Code of Practice, national well-being outcomes and relevant legislation, with an exceptional desire to improve the lives of people the service supports.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of complex care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs and staff undergo thorough vetting checks prior to starting work with people. Staff receive an induction specific to their role and have annual appraisals and one-to-one supervision with the manager. Care staff state they feel well supported by the manager and have access to the training required to meet people's needs, *'I am encouraged to own my personal development and also supported to develop skills in areas of special interest.'* Training is provided to staff through a combination of online and face-to-face courses and training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and to achieve their personal outcomes.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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