The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Threshold – Cheshire Mews**

Provider: **Threshold Services NI**

Date of Inspection: **18 July 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Threshold Services NI
Responsible Individual:	Mrs Fiona McCabe
Registered Manager:	Mrs Anita Jane Scullion
Service Profile: Threshold - Cheshire Mews is a domiciliary care agency, supported living type. The agency's staff provide care and housing support to service users who have a range of disabilities. Service users live in individual flats and have use of shared indoor and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2025, between 9.50 am and 4.00 pm conducted by a care Inspector.

The last care inspection of the agency was undertaken on 29 November 2023 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

An intention to serve one Failure to Comply (FTC) Notice meeting was arranged with the Responsible Individual, on 1 September 2025; the FTC Notice was in respect of an identified breach under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely Regulation 13 (d) relating to safe and effective selection and recruitment of staff.

This meeting was attended by the Responsible Individual and Registered Manager for Threshold - Cheshire Mews. At the meeting, RQIA were provided with an action plan and assurances in relation to the concerns identified. On this basis, RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

It was evident that staff promoted the dignity, independence and well-being of service users.

Good practice was identified in relation to service user involvement, staff induction and training. There were good governance and management arrangements in place. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

We wish to thank the manager, service users and staff team for their support and co-operation during the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of living and working within the agency.

Service users indicated that they enjoyed their experience of living in Threshold - Cheshire Mews and they also spoke very highly of the staff and manager. Service users appeared relaxed and comfortable in their interactions with staff.

Service users told us that they were able to choose how they spend their day and support provided by staff was of a high standard. Service users' comments included: "this is a brilliant service" and "this is my home and I wouldn't want to live anywhere else."

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke very positively about training and management support in the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that an Enhanced AccessNI check had not been undertaken for a staff member who had transferred to Threshold – Cheshire Mews by way of an internal staff transfer from another care position within Threshold Services NI.

An intention to serve a Failure to Comply Notice meeting was held on 1 September 2025. The Responsible Individual was able to provide assurances that steps had been taken to prevent recurrence. On that basis, a decision was made not to issue the Failure to Comply Notice.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The Inspector spoke with a number of staff who confirmed they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, first aid and medicines management. It was positive to note that the agency provided training in regard to communicating effectively and dementia awareness.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going to the cinema, shopping and visiting restaurants.

Service users told us they enjoyed the independence that living in Threshold – Cheshire Mews affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included staffing arrangements and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. Records pertaining to consent were available.

3.3.4 Quality of Management Systems

Mrs Anita Scullion has been the manager in the agency since 24 June 2013. Those consulted with commented positively about the manager and described her as supportive, empathetic and approachable.

There were monitoring arrangements in place in compliance with Regulations and Standards.

A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The annual quality report was reviewed and noted to include stakeholder feedback.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed. One staff member commented: "the manager is always available and very supportive."

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings which they described in positive terms and found beneficial.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with Mrs Anita Scullion, Manager, as part of the inspection process.

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