



Inspection Report

Name of Service: Threshold – The Meadows

Provider: Threshold Services NI

Date of Inspection: 24 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/Responsible Person:	Mrs Fiona McCabe
Registered Manager:	Mrs Anita Jane Scullion
<p>Service Profile Threshold – The Meadows is a domiciliary care agency, supported living type that provides care and housing support to six service users.</p> <p>Service users live in individual bungalows; staff provide them with support in a range of activities of daily living, such as budgeting, shopping, maintaining social activities and relationships, and meal preparation.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2025, between 11.00 am and 4.40 pm. A care inspector conducted the inspection.

The last care inspection of the agency was undertaken on 24 October 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.

The inspection established that the agency was well led, care delivery was safe and that effective and compassionate care was delivered to service users. One area for improvement was identified in relation to risk assessments.

Good practice was identified in relation to service user involvement and staff induction. 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.

Full details, including an area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the person in charge, 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 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 service users and staff to seek their views of living within and working within the agency.

Service users indicated that they enjoyed their experience of living in Threshold – The Meadows and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included "I like living here, I have my own front door and privacy." and "I can plan my own day and staff provide me with support when I need support."

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke very positively in regard to management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

Returned staff questionnaires indicated overall satisfaction that care is safe, effective and compassionate and the service is well led. An additional comment provided was shared with the manager following the inspection for further consideration and action, as appropriate.

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 all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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 induction programme which also included a period of shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and medicines management.

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 bocchia, gardening, visiting restaurants and coffee mornings.

Service users told us they enjoyed the independence that living in Threshold – The Meadows 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, safeguarding 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 plans were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

Review of a service user's care record confirmed that they had been assessed by the Speech and Language Therapist (SALT) in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. However, review of records identified that a risk assessment had not been developed to address the service users' dysphagia needs in line with SALT recommendations. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been made in this regard.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

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 users' 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 6 May 2016. Those consulted with commented positively about the manager and described her as supportive 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.

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 ASC was known to the staff team.

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: “There is good teamwork.”

Discussions with the person in charge 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.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

An area for improvement and details of the Quality Improvement Plan were discussed the Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 3.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the risk assessments are reflective of the International Dysphagia Diet Standardisation Initiative, as indicated on the Speech and Language Therapist care plan.</p> <p>Ref: 3.3.3</p> <p>Response by Registered Person detailing the actions taken: The risk assessment in question was completed on 31st July 2025. The person supported had been awaiting a community SALT assessment which has now taken place and the risk assessment reflects recommendations made at this assessment.</p>

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The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews