



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Clearwater House
Provider: Threshold (Richmond Fellowship NI Ltd)
Date of Inspection: 9 September 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 (Richmond Fellowship NI Ltd)
Responsible Individual/Responsible Person:	Ms Fiona McCabe
Registered Manager:	Mr John Calvert
Service Profile Clearwater House, located in Belfast, is a supported living type domiciliary care agency provided by Threshold (Richmond Fellowship NI Ltd). The agency supports service users to live independently in the community.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025, between 9.20 am and 3.50 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 November 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment, risk assessment and monthly quality monitoring.

Service users said that the care and support provided in Clearwater House was a good experience. Refer to Section 3.2 for more details.

The manager and staff consistently demonstrated the values of the service and put service users at the heart of everything they did. Staff were clear they worked as a team and for the benefit of everyone who lived in the setting. There was an open, honest, caring and positive culture across the setting and staff demonstrated a high value base.

As a result of this inspection one of the two areas for improvement previously identified was assessed as having been addressed by the provider. Full details, including new areas 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 manager, service users and staff 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 the previous areas for improvement issued, 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, agency staff and Health and Social Care (HSC) staff to seek their views of the agency.

Service users spoke positively about their experience of life in Clearwater House; they said they felt well supported by the staff who were friendly and approachable. Service users' comments included; "This is a great place to live", "I love it here" and "All good and I feel comfortable talking to staff".

Staff spoke positively in regard to the care and support provided and management support within the agency. Staff comments included; "Support is very much person centred and independence and choice are promoted", "Management are very supportive and always available" and "Very good training provided and relevant to the service users' needs".

Two HSC staff members who provided feedback about the service commented that the agency was professional and that service users' needs were met safely. HSC staff members comments included; "All information shared with staff is acted upon" and "In my view service users are well supported by agency".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.4 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

A recently recruited staff member's recruitment record did not contain a full employment history or reasons for leaving. Gaps in employment were not explored. This was previously identified as an area for improvement and has been stated for a second time.

It was identified that an ancillary staff member working within the agency commenced work without an enhanced AccessNI check having been completed. This area for improvement is subsumed into a previous area for improvement pertaining to recruitment that has been stated for a second time.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to Northern Ireland Social Care Council's (NISCC) 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 shadowing of a more experienced staff member.

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. The agency maintained an electronic record of all training and development activities undertaken. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid and safeguarding. It was positive to note that the agency provided training in regard to suicide awareness and basic concepts of mental health.

Checks were made to ensure that staff were appropriately registered with NISCC there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Procedures were in place for appraising staff performance on an annual basis and review of records confirmed that supervision had been undertaken with staff.

Service users said that there was enough staff on duty to support them. Staff said there was good teamwork and that they felt supported in their role and that they were satisfied with the staffing levels.

3.3.2 Care Delivery and 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

Review of risk assessments evidenced that risks were not clearly identified or evaluated. An area for improvement has been identified.

There was a system in place to ensure that activities offered were geared towards service users' individual needs and preferences. There was evidence of a wide range of activities which included visiting cafes, shopping and visiting the cinema.

3.3.3 Quality of Management Systems

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to 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 identified ASC for the agency. The agency's annual adult safeguarding position report was reviewed and found to be satisfactory.

Discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the previous 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.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. However, the quality monitoring visits, which are meant to be undertaken on a monthly basis, were not undertaken consistently. A quality monitoring visit had not been completed for August 2025. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Deputy Manager, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: Second time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in shedule 3</p>
Area for improvement 2 Ref: Regulation 15 (2)(a)(b)(c) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that risk assessments clearly identify, assess and manage risks.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager shall ensure that risk assessments clearly identify, assess and manage risks.</p>
Area for improvement 3 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that monthly quality monitoring visits are undertaken on a monthly basis.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: the registered manager shall ensure that monthly monitoring visits are undertaken on a monthly basis</p>

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