The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Threshold – The Maples**

Provider: **Threshold Services NI**

Date of Inspection: **28 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:	Ms Wendy McCoy

Service Profile

Threshold - The Maples is a supported living type domiciliary care agency, which provides care and housing support services for up to 17 service users with physical/sensory disabilities. Service users live in their own flats and have the use of a number of shared areas.

The service is commissioned by the Belfast Health and Social Care Trust (BHSCT).

2.0 Inspection summary

An unannounced inspection was conducted on 28 July 2025 between 8.55 a.m. and 4.35 p.m. by a care Inspector.

The last care inspection of the agency was undertaken on 11 December 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. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Threshold – The Maples was a good experience.

No areas for improvement were identified during this 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.

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

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience of service users is reflected in our inspection reports and quality improvement plans.

Service users told us about how important having their own home is to them, and invited the inspector to see where they lived. Service users' homes were decorated according to their own personal preferences and clearly reflected their personalities, interests and the things/people important to them. In addition, they expressed how meaningful the communal spaces were to them both in terms of general enjoyment as well as offering opportunity for socialisation with others which some described as friends.

Service users told us that they "like everything about here, especially the staff" who constantly help. They expressed that they felt staff listened to them and took their preferences into consideration. Service users advised that they felt safe within the service and that they can readily discuss concerns they may have with staff.

Staff told us that there is effective communication amongst the team. They spoke about how supportive colleagues were, confirmed that they received regular supervision and advised as to the benefit of engagement in team meetings that were frequently scheduled.

Staff spoke positively about the standard of induction received and advised they felt it appropriately prepared them for duties and responsibilities associated with their role. They spoke knowledgably about the needs of the people supported by the service, as well as the aspects of care planning for service users which actively sought to prevent harm. Staff understood their role with respect to incident management and safeguarding processes.

One staff member stated, "The Maples is a lovely place to work! Wendy is very approachable and provides so much support to all the staff. The service users are provided with a high level of care and support".

3.3 Inspection findings

3.3.1 Staff Recruitment, Induction and Training Arrangements

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. There was evidence of robust systems in place to manage staffing.

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

The interview process was reviewed and found to be robust. 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 Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Written records were retained by the agency of the person's capability and competency in relation to their job role.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the 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. The induction programme also included shadowing of a more experienced staff member.

Training records of all staff are held electronically; a review of the records identified that some staff required refresher training in Adult Safeguarding, Deprivation of Liberty Safeguards (DoLS), continence care and tissue viability. This was discussed with the person in charge who has later confirmed in writing that staff had either completed this training or arrangements had been made to do so when training was available. A review of staff training and how this was monitored will be reviewed at the next care inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

Competency assessments were undertaken for staff to ensure that they were proficient in administration of medications.

It was apparent that staff received regular supervision. Procedures were in place for appraising staff performance and staff confirmed that annual appraisals had taken place.

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 user care which the staff needed to assist them in their roles. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff interactions with service users were observed to be friendly. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. They demonstrated patience with those with communication difficulties and permitted time needed for responses to questions posed.

It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering. Choice and individual preference was promoted and respected; this was evident within service user care plans that detailed preferences regarding support with personal care.

Good nutrition is important to the health and social wellbeing of service users. Service users may need a range of support with meals, from simple encouragement through to full assistance from staff and modified diets. Where service users required support with meal preparation, this was clearly stated and meals were prepared in accordance with SALT recommendations.

Where service users require medicine on an as needed basis, there was a system in place that enabled timely monitoring of the frequency of administration; this is good practice which aids assessment of chronic conditions that can prompt review of medications when needed.

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.

Service users' care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

Care records were person centred, well maintained and 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 users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users, as appropriate.

Where service users had been assessed by a Speech and Language Therapist, the recommendations made were clearly recorded in the service users' care plans. There was clear direction provided to staff as to how to respond to choking incidents.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of specialised equipment, directions for use were included in the care plan.

3.3.4 Adult Safeguarding and Incident Management

The agency's provision for the welfare, care and protection of service users was reviewed. The Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 was available and staff were aware as to the procedure for reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any suspected or actual incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. Review of safeguarding records evidenced that these were managed appropriately.

The agency's governance arrangements for the management of accidents/incidents were reviewed and confirmed that an effective incident/accident reporting system was in place. Staff are required to record any incidents and accidents in a centralised electronic record which is then reviewed and audited by the manager and during monthly monitoring of the agency. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

3.3.5 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The person in charge reported that none of the service users were subject to Deprivation of Liberty Safeguards (DoLS).

It was evident from care records that some restrictive practices were implemented as part of the care and support given to service users by the agency, for example, locked medication boxes, use of bed rails, and these were recorded on a separate register. Each restrictive intervention was documented within the service user's care records and reviewed regularly.

3.3.6 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Wendy McCoy has been the manager in this agency since 10 September 2023.

The agency's registration certificate was up to date and displayed appropriately.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail, and examined care records, accident/incidents, safeguarding matters and training.

There was a system in place to ensure that complaints were managed appropriately. 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.

Where an incident had occurred within the agency or elsewhere within the provider group which required investigation under the Serious Adverse Incidents (SAI) procedure, recommendations had been implemented, where appropriate.

The annual quality report was reviewed and noted to include stakeholder feedback obtained, all of which was positive in nature.

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

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 Thelma Gillespie, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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