

Inspection Report

Name of Service: Threshold - Cheshire House

Provider: Threshold Services NI

Date of Inspection: 18 June 2026

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 Hannah Louise Horner
Service Profile: Cheshire House is a supported living type domiciliary care agency which provides care and housing support services to service users with a range of diagnosis, including acquired brain injuries. Service users live in their own flats and have the use of a number of indoor and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 June 2026 between 9.55 am and 3.50 pm by a care Inspector.

The last care inspection of the service was undertaken on 25 April 2025 by a care Inspector, no areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 - Cheshire House was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

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 Threshold - Cheshire House 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 service. 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 being supported by, and those working for the agency; and examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

3.2 What people told us about the service

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

Upon arriving at the service the Inspector was greeted by a service user who was accompanying the registered manager. The service user told us that the service had offered them a level of independence that they had never before had. The service user was complimentary about the registered manager and also indicated that they had developed positive relationships with other staff.

The service user invited the Inspector to view their home which included an open plan living room and kitchen, bedroom and bathroom which had been adapted to appropriately meet their needs. The service user showed and spoke about the décor they had chosen, reflective of their own interests and preferences. They spoke about their hobbies and interests and advised about additional support they received, which enabled the use of their vehicle in order to access and fully engage within the community. The service user indicated that they were very happy within Threshold - Cheshire House.

Another service user spoken with advised us that they "love it here" and stated that the staff were "brilliant". When asked about compatibility with others, they advised that they have never had any issues with other service users.

One service user who came to speak with the Inspector expressed gratitude for support received from staff regarding a recent bereavement.

It was positive to hear the service user speak about hopes and aspirations for the future which included the possibility of engaging in further education for which staff were assisting them to explore. The service user spoke positively about their home and the staff team.

A further service user invited the Inspector to speak with them within their home. They explained how effective the service was in promoting independence whilst offering care and support to meet their needs. The service user held a strong conviction that additional services of this nature should be more readily available. They shared their feeling that the service offers everything that they need. They spoke about a positive culture within the service describing staff as compassionate, friendly and professional.

One service user's representative who spoke with the Inspector, advised that the service offered the family reassurance in that their loved one had support available to them as and when needed. They spoke about the level of independence their loved one has whilst living within the service and the vast amount of personal goals which they had achieved. The service user's representative stated that in their experience they had always found staff to be welcoming and felt good communication was maintained however emphasised the privacy of their loved one was respected and upheld.

Staff spoken with throughout the inspection commented positively about their experience of working within Threshold - Cheshire House. Staff passionately expressed their commitment to ensuring the service users they support receive the best possible care and support. They spoke compassionately about the experiences of service users and demonstrated understanding.

3.3 Inspection findings

3.3.1 Staffing 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 and they expressed confidence in staff's ability to meet their needs. Service users told us that the staff knew them well and were always readily available. Staff also expressed satisfaction with current staffing levels and felt that there was effective team work.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI) are completed and verified before staff members commenced employment and have direct engagement with service users. An area of good practice was found with the service regularly updating criminal record checks (AccessNI).

There was a process in place to ensure that newly appointed staff completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. This was found to include shadowing of more experienced staff members.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. All mandatory training was found to be in date with sufficient proactive planning occurring for training to be undertaken prior to expiry dates. Training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. It was positive to find additional training provided to staff in respects of tissue viability, epilepsy awareness, mental health and continence care.

Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

There were competency assessments undertaken in respects of all staff involved in the management and administration of medication, which was reviewed on an annual basis. In discussions with staff they illustrated an awareness of specific protocols relating to management of controlled drugs.

Competency assessments were also evident for those staff expected to act up in the absence of the manager.

An area of good practice was identified with regards to the system utilised by the agency to monitor supervision and appraisal compliance. The system provided a comprehensive overview, which ensured time was appropriately allocated for supervision and appraisal supporting staff wellbeing.

Evidence illustrated active participation in regular supervision. Whilst records demonstrated procedures in place for appraising staff performance.

3.3.2 Care Delivery

There was evidence of systems in place to ensure the effective and timely communication of information, including any changes to the service users' care amongst the staff team. Service users' needs and presenting risks were also found to be a set agenda item for team meetings. Staff were provided opportunity to add to the agenda for team meetings and those unable to attend had access to minutes retained.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Staff were respectful of service users' privacy, with one advising, "we are mindful that we are working within their home and we act accordingly". Care and support required was provided within the comfort and privacy of the service users' homes, delivered in a flexible manner in response to the needs and preferences of the service user.

Where service users required support with domestic tasks, the level of support required was included in their support plan. It was positive to find that medication assessments had also been completed to determine the level of support required in the safe management of medications. During discussions with the registered manager they advised that medications were stored within service user's own homes.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations. The records management system utilised by the service was highly efficient, permitting ease of accessibility to records required for inspection purposes. In discussion with the registered manager they also advised that the records management system has improved analytics and reporting capabilities improving managerial oversight and ultimately service compliance.

Referrals received by the service are considered alongside representatives of the Northern Ireland Housing Executive who sit on the admission panel. These processes ensures that the complex needs of individuals can be appropriately met by the service. Each service user was found to hold their own tenancy agreement.

It was positive to find robust consent forms in place which gave consideration as to the level of support desired from the individual in respects of personal care, meal preparation, medication management etc. It was also positive to find that where restrictive practice interventions had been deemed necessary to minimise and reduce potential harm that consultation had occurred with service users to obtain their thoughts and opinions in relation to implementation of such interventions as part of the development of their care plans. Review of records also identified that service users consent was sought in relation to the information sharing and use of their image.

Care records reviewed were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A number of inconsistencies were identified in respect of one service user records, which when brought to the attention of the registered manager were addressed. 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.

An area of good practice was noted in respect of one service user's care and risk management plan in respect of seizure activity. The plan was robust and took into consideration alternations in staffs first aid response should a seizure occur whilst the service user was within their wheelchair.

Additionally, it was good to find service users plans explicitly detailing Speech and Language Therapy (SALT) Care Plan recommendations in relation the specific level of diet relating to eating and drinking.

Moving and Handling risk assessments are crucial for ensuring the safety of service users and staff, identifying potential hazards and any equipment and aids to be utilised to mitigate against risks. A variety of specialised equipment and aids were regularly used within the service, which were provided by the local HSC Trust. The plans in place were found to be comprehensive and kept under regular review.

Records reviewed demonstrated that any restrictive interventions applied were undertaken with the express consent of the service users, reviewed regularly alongside the support plan and included multidisciplinary input for the safety and well-being of the individual.

3.3.4 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs Hannah Louise Horner has been the manager in this service since 28 March 2025. Service users spoke very fondly of the registered manager, describing her as very approachable and easy to speak with. Staff described Mrs Horner as a strong leader, with exceptional oversight. They described her as compassionate and understanding, attributes which were extended beyond the service users but their families as well as staff.

There was a policy and procedure in place to ensure any complaints received by the service were managed appropriately. It was also positive to find information as to how to make a complaint available within communal areas of the service. Additionally, complaint information was shared with service users during service user meetings.

There was a process in place to ensure accidents and incidents were managed appropriately. During monthly quality monitoring visits these were also audited to establish any patterns and/or trends.

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 setting's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been reviewed and found to have been completed to a satisfactory standard.

It was positive to find that during bimonthly service user meetings safeguarding was a set agenda item. Reminders were provided to service users as to the ASC contact details as well as means to keep themselves safe.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The service 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 it was reassuring to see the comprehensive feedback contained, illustrating meaningful time spent with those in receipt of support.

The annual quality report was identified as an area of good practice. It offered an in-depth analysis of feedback received, considered independently to drive service improvement as well as comparison made against wider organisational perspective. It was positive to find that the organisation provided opportunity within the surveys distributed, for service user to highlight what is important to them and how they would like the organisation to utilise resources to shape the future of services. It was positive to find that 100% of respondents felt empowered to make choices about their own lives and felt a sense of control over their own homes. Some comments included; "Manager is very supportive", "I know I can talk to staff" and "I am happy in Cheshire House, it's made me independent".

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 Hannah Louise Horner, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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