

# Inspection Report

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

**Provider:** Threshold Services NI

**Date of Inspection:** 9 July 2026

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

## 1.0 Service information

|                                                                                                                                                                                                                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                                                                                                      | Threshold Services NI   |
| <b>Responsible Individual/Responsible Person:</b>                                                                                                                                                                                                                                                             | Mrs Fiona McCabe        |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                    | Mrs Anita Jane Scullion |
| <b>Service Profile:</b><br><br>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 was undertaken on 7 July 2026, between 10.10 am and 5.20 pm by a care Inspector.

The last care inspection of the service was undertaken on 18 July 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 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 monitoring and maintenance of specialised equipment.

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 Mews was a good experience. Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

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

### 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 Mews 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 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, and contact details of the care inspector.

#### 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.

The inspector had the opportunity to speak with one service user within their home. The service user commented positively about the quality and standard of their accommodation, advising it met all their needs. They were also highly complementary about staff, telling us that staff were kind, readily available and responsive to any changes in need. We were told how the service offered them the right level of support and independence. We were advised how family were able to freely visit and the importance of this to the service user. The service user expressed gratitude for the service that is offered to them by Threshold – Cheshire Mews.

Another service user who was utilising resources available to them within a communal living area told us that they enjoyed living in Threshold – Cheshire Mews. We were told how the service offers ample opportunity for peer socialisation and that they had formed meaningful friendships with other service users. They told us that they were confident in the staff's ability to support and assist them and felt safe within the service. The service user told the inspector about the various activities that they engage in both within the service, and within the local community.

Other service user feedback received saw care and support described as "very good" and demonstrated that service users felt able to discuss any concerns they may have with staff. One service user did indicate challenges relating to maintenance issues being addressed in a timely manner.

This matter, and elements of feedback received from two service user were discussed with the registered manager to take forward and resolve. These matters will be considered again at a future inspection.

One service user representative described staff as considerate. We were told how staff awareness as to individual needs, saw staff adapted their communication style accordingly.

Staff feedback was very positive, with several staff advising that they felt Threshold – Cheshire Mews was a good place to work; “I love working here”. Staff spoke highly of the support provided to them by the management within the service. We were told by staff how they felt their voice and opinions were valued by the management and that the staff team were committed to improving the experience of the service users they support. A suggestion made by staff for the service to acquire additional computers/laptops following transfer to electronic records was positively received by the registered manager who agreed to follow this up internally.

Professional feedback provided to the agency from a representative of the commissioning trust commissioner was positive, with one social worker commenting, “I have service users in Cheshire Mews, staff are always quick to report any issues or concerns and continue to have a good rapport with all the service users known to me. Their support, I feel, is holistic approach which promotes service users whole wellbeing. It continues to be a pleasure to work with Threshold staff”.

### **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.

Observations found there were enough staff on duty to support service users. Staff said there was good teamwork and that they felt well supported in their role. Staff were seen assisting service users in a caring and compassionate manner.

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. A conditional offer of employment reviewed did not contain a date to indicate when this was issued. This was brought to the attention of the registered manager who agreed to discuss this issue with relevant personnel.

There was a system in place for professional registrations, with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body to be monitored by the manager. It was however recognised that information pertaining to staff who worked in other services that the registered manager holds responsibility were contained. This was discussed with the registered manager who agreed to review this system and make necessary changes. This will be reviewed at a future inspection.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles. It was positive that additional training had been provided in response to service user need, for example diabetes awareness. Staff were complimentary of training provided, feeling it appropriately supported them in undertaking duties associated with their role.

Medication competency assessments were evident as having been completed in respects of all staff involved in the management of medication.

There was a robust system in place to monitor staff supervision and appraisal. This system provided overall compliance rates, populated dates for which supervision is expected to occur and alerted the service where action was required. An issue was identified in respects of records relating to one employee, when highlighted to the attention of the registered manager they agreed to take action to rectify this. Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. It was positive that staff advised they felt involved in discussions about their personal development and that their development was supported by the organisation.

### 3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff advised that there was good communication across the team and timely updates provided regarding any changes affecting service user's care and support.

Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences. Staff were found to promote service user autonomy and were respectful of their choices. Interactions observed between service users and staff were professional, friendly and warm.

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 told us how staff kept them advised as to events occurring within the local community for which they could participate. Service users advised they were encouraged to pursue their interests and develop new skills.

Threshold – Cheshire Mews also organised group events, such as a recent barbeque which service users enjoyed so much they requested a further barbeque to be planned, which was scheduled. Other events were organised at key calendar dates throughout the year.

It was positive to find evidence of regular service user meeting, which provide service users the opportunity to provide feedback upon the service they receive. There was evidence that feedback received from service users was appropriately responded to.

### 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.

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.

Care records reviewed were person centred and well maintained. A number of inconsistencies however were identified with information not triangulated across service user records. Issues identified were highlighted to the attention of the registered manager who agreed to take immediate action to address and also stated that they would review all service user records to assure no similar issues were apparent. This will be reviewed again at a future inspection.

Issues were identified in respects of records held pertaining to service users' mobility aids and equipment. Two service user records reviewed failed to appropriately advise upon aids and equipment prescribed as part of the service users' moving and handling risk assessment. Moreover, there was no record of identification of a fault with one service user's wheelchair or action taken to address this. This was discussed with the registered manager to immediately action. An area for improvement was identified.

Records reviewed demonstrated that any restrictive interventions applied were undertaken with the express consent of the service users.

Whilst there was a system in place to track the dates service user records were due to be renewed, these were not forthcoming when requested from the service users' Trust representative. The agency were able to demonstrate regular communication with Trust representatives and there was evidence that in the absence of this the service had themselves reviewed and updated service user's plans in response to changes in need.

The importance of commissioner involvement in the review process was emphasised and the registered manager agreed to take escalate concerns to a senior Trust representative to organise dates for outstanding reviews. This will be reviewed again at a future inspection.

#### **3.3.4 Quality of Management Systems**

There has been no change in the management of the service since the last inspection. Mrs Anita Scullion has been the manager in the agency since 24 June 2013. She is also the Registered Manager of another registered domiciliary care and holds responsibility for an unregulated floating support service.

Service users consulted spoke positive about the registered manager whilst staff also described them as supportive, approachable and able to provide guidance.

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.

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.

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 annual quality report was identified as an area of good practice. A robust analysis was undertaken to assess the performance of the service. The voices of service users and their representatives were included and contributed towards goals set by the service for the year ahead.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 0         |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs, Anita Jane Scullion, 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                                                                        |                                                                                                                                                                                                                                                                                                        |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 15 (8)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection | The Registered Person shall ensure suitable arrangements are in place to assure special equipment used in relation to lifting and moving service users is maintained appropriately. A record is to be maintained of faults identified, action taken and date resolution is achieved.<br><br>Ref: 3.3.3 |
|                                                                                                                                                                                    | <b>Response by registered person detailing the actions taken:</b><br>A log is now in place as required                                                                                                                                                                                                 |

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