

# Threshold Glasgow Housing Support Service

Unit 5  
Building 5 - The Doge's  
Templeton Business Centre, Bridgeton  
Glasgow  
G40 1DA

Telephone: 01415 519 204

**Type of inspection:**  
Unannounced

**Completed on:**  
30 September 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2008182309

## About the service

Threshold Glasgow is a combined housing support and care at home service for adults with learning disabilities living in the community. The office base is located in the east end of Glasgow.

The provider is Church of Scotland trading as Crossreach, an organisation that employs more than 2000 staff to support some of the most vulnerable people in Scotland.

The aims of the service include:

- to help you think what a good life looks like for you
- to plan with you how you can get this good life
- to support you in ways that are respectful of your wishes and choices and not to over support you with things you can do yourself.

Threshold Glasgow's ethos is that service users lead and manage their service along with the rest of the management team.

There were 31 adults being supported by the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 24 September 2024 from 09:00 - 18:00 and 25 September 2024 from 09:00 - 17:45. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and six of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were supported by a kind and caring staff team.
- The service assessed and monitored people's health and wellbeing needs effectively.
- People were supported and encouraged to pursue their hobbies and interests.
- Formal supervision of staff should improve to ensure staff are adequately supported.
- Oversight of medication management needs improvement.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as **good** where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support by staff who were kind and compassionate in their interactions. Staff promoted choice and they encouraged people to do things for themselves where they could. This is important in terms of people maintaining skills and to help people achieve individual outcomes.

Personal plans were outcome focused and contained good detail of people's needs and wishes. Information in personal plans was pictorial as well as written. This enabled people to easily read and understand the care and support detailed in their individual plans. People were familiar with the information contained in their personal plans and had input to the details these contained.

Making sure people are kept well is an essential part of social care. All personal plans contained an individual appointment diary detailing when people had last visited dentists, GPs, had district nurse visits, podiatrist visits and other multi-disciplinary professionals. This demonstrated a holistic approach to maintaining people's wellbeing.

Many people being supported in their homes were also attending the day service, managed by the provider. This was a busy service where people could engage in many activities and were able to interact and socialise with other people. For people who did not attend the day service, we saw and people told us they had full lives and were encouraged to pursue their interests and hobbies. Examples of this were people attending hair and beauty appointments, regularly going out for coffee and meals with their family members, attending concerts, the theatre and the local karaoke weekly. This ensured people were able to choose to have an active life and were able to participate in social and recreational activities regularly with their friends, families and the wider community.

Ordering and administration of medication lacked oversight. We saw that people were receiving their medication as prescribed but this was not being accurately or consistently recorded in the medication administration record. We also saw as and when prescribed medications were being given routinely. Best practice would be that when this is the case, PRN medication should be reviewed to assess if this medication needs to become a regular prescription. This would help manage people's symptoms to better effect. People's routine medication was not being regularly reviewed. Best practice is that this is an annual event. This ensures people are getting the best from the medication they are prescribed. **(See reinstated area for improvement 2, in the outstanding area for improvement section of this report).**

The management team should increase their overview of medication to ensure accurate recording and timeous ordering of people's medications. This will ensure people get the right medication at the right time. It will ensure where staff need support and training this is quickly identified and can be put in place.

## How good is our staff team?

4 - Good

We evaluated this key question as **good** where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing levels were appropriate and supported people's outcomes. The management team provided examples of where arrangements had been reviewed as needs had changed, to ensure the right care and support was provided at the right time for people. The service continued to monitor staff allocations and staff rotas manually. They told us of plans to replace the manual system with an electronic system to monitor visits and manage staff rotas. This would provide the service with more accurate information in relation to staff allocation and time required to ensure they meet the needs of each person. Agency usage was low. This meant people could be confident they were being supported by a consistent staff team who know their needs well.

Obtaining the views of people the service supports, and their families is crucial to ensuring the service can be certain they are providing the correct level of staff support. The service had in place an annual survey to collate the overall views about the service provided, from people, staff and families. We discussed with the management team the need to include questions within the survey to gain everyone's views on staffing levels and staffing arrangements. This will identify where improvement can be made. This will ensure staffing levels and arrangement provide people with the support that meets their needs, wishes and rights.

Staff were clear about their roles, worked well together and had a flexible approach to changing support needs to ensure care was consistent and stable.

Observations of staff practice were being completed to assess staff's learning and competency. This ensures the service is aware of areas for development and training needs to ensure staff are providing the support people want and need.

The service had recently identified both a wellbeing committee and a wellbeing champion. This gave staff access to information, guidance and resources to support their mental, physical and emotional health. The provider offered an employee assistance programme. This provided staff and their immediate family members with free, independent and confidential support to help balance the pressures of work and home life. This ensures staff have the right support and are motivated to do their job well. This enables safe and high quality care and improved outcomes for people through the provision of a well supported staff team.

The management team told us they were conducting staff supervision in line with the providers policy. However, they were unable to provide evidence of the frequency of staff supervisions having been completed. Some staff told us they were not receiving supervision on a regular basis. Staff supervision is important to ascertain staff development, allow staff the opportunity to reflect on their practice and to establish staff's wellbeing and the support they may need. **(see Area for Improvement 1)**

## Areas for improvement

1. To ensure people's outcomes benefit from staff who regularly reflect on and discuss their practice, the provider should:

a) ensure they have in place a robust and regular staff supervisions process in line with provider's policy, meaning staff can provide a good level of care to people they support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order that people can always have confidence in receiving a reliable service, staff work schedules and operational systems should ensure that no one is disadvantaged, for instance, by missed visits or staff turning up early or late beyond a reasonable time

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support meets my needs and is right for me" (HSCS 1.19).

**This area for improvement was made on 24 September 2019.**

#### Action taken since then

The service continued to monitor staff allocations and staff rotas manually. Staff rotas are put in place two weeks in advance. One of the management team diligently reviews and monitors this system to ensure people get regular, expected and timeous support. The provider had plans to introduce an electronic systems to manage staff location, detail time staff spent in each service and to record in real time the support people received. An electronic rota management system will be introduced at the same time. These systems were due to begin being introduced in October 2024

Clients who chose to could have a copy of the rota outlining the details of staff allocated to provide their support. Rotas were made available two weeks in advance. Many people told us they knew they could have this but chose not to as they knew their support team well. People were confident the person arriving to provide support knew them well and could meet their needs. People and their families told us staff teams were consistent.

The service provided a 24 hour on-call service for people and staff. This meant that clients and staff had a point of contact to report issues such as lateness and that the on-call service could provide a satisfactory solution to ensure people received the support they needed and wanted. People told us they rarely had an issue about undelivered support but that this was managed satisfactorily on the rare occasion it occurred.

**This area for improvement has been met.**

#### Previous area for improvement 2

In order that people always receive their medication as prescribed, managers should ensure that medication audits and daily checks are robust enough, and that appropriate lessons are learnt from the root cause of any error.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**This area for improvement was made on 24 September 2019.**

### Action taken since then

Medication audits were not being conducted with enough regularity to ensure people were always receiving their medication as prescribed. Concerns we had included medication, although given, had not been recorded accurately and medication had not been ordered timeously. As and when required medications (PRN) were seen to be administered regularly. Best practice would be to complete a review of this medication to establish if it should become a regular prescription. PRN medication protocols were not in place. This meant that staff had no clear plan of when to administer PRN medications. When PRN medication had been administered, the effectiveness of this medication was not being recorded. This meant there was no system in place to ascertain if the correct PRN medication had been prescribed.

Although there was a broad overview of medication governance, the management team should review how they will audit medications more closely to identify where improvement is needed and ensure this is actioned.

**This area for improvement has not been met. It will remain and be monitored for progress at the next inspection**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.