

Threshold Edinburgh Housing Support Service

20 Westfield Avenue
Unit 3 (2nd Floor)
Edinburgh
EH11 2TT

Telephone: 01314 436 844

Type of inspection:
Unannounced

Completed on:
4 March 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2008187003

About the service

Threshold Edinburgh provides care and support for adults with learning disabilities, physical disabilities and mental health conditions. At the time of the inspection, the service was offering care and support to 17 adults across Edinburgh in supported accommodation and in people's homes. The service was registered with the Care Inspectorate on 5 January 2009 and the provider is Church of Scotland trading as Crossreach.

About the inspection

This was an unannounced inspection that took place from 25 to 27 February 2025. The inspection was conducted by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service, intelligence gathered and complaints received.

We evaluated how well people's health and wellbeing was supported and their personal plans, as well as the quality of staffing and management.

To inform our evaluation we:

- spoke with five supported people and four relatives and received three care questionnaires
- spoke with eight staff and two managers
- spoke with five professionals working with the service
- observed how well care staff supported people
- visited the office to see how it was run
- reviewed documents and electronic records.

Key messages

- People were satisfied with the quality of the care and support received in their homes.
- Staff interacted warmly and respectfully with people.
- People experienced a consistent support team who knew them well.
- Staff were supported in an informal way, though face-to-face supervision and team meetings needed to happen regularly.
- Some people said that managers were not easy to contact. If people had updated information regarding the health and wellbeing of supported people, this was slow to be communicated to all in the staff team.
- Some personal plans had not been updated when the person's needs had changed and some had missing information.
- Half of supported people had not had a recent review to make sure that people had the opportunity for their views to be heard.

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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 the service as operating at a good level for this key question. There were several strengths with the care and support provided and how this supported positive outcomes for people.

The staff interactions were warm, kind and patient. People did not feel rushed by staff when being supported. People were supported to communicate in a way that was right for them, at their own pace, by people who knew them well. Care and support were carried out in a dignified way with personal preferences respected. Techniques used to assist people to mobilise and assist people to eat were undertaken in a safe and reassuring way.

Relatives' comments included:

"I am really happy with the way things are running right now, I could not fault anyone at all."

"They are getting more proper staff now, before were using too much agency staff."

"When my relative got back from hospital I cannot criticise the care, they were careful about what he ate and had a speech therapist out to see him as well."

People were involved with managing money, personal affairs, shopping, cooking and domestic tasks. This allowed a more inclusive approach for people to make decisions and choices. People were supported to access social, leisure and educational opportunities in the community. Staff supported people to clean and tidy their accommodation or if appropriate, staff cleaned and tidied themselves.

Medication training was of good quality and included a practical session. Medication administration was organised, though the frequency of medication audits needed to increase to assist with identifying and acting upon the occasional errors. Records for topical medication (to be applied on a person's skin) were not consistently completed, therefore we had concerns whether the medication had been applied. As required medication did not always have clear documentation of when and why medication should be administered and if it was effective. This is to ensure that people experienced safe and effective medication (see previous area for improvement two).

How good is our leadership?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the leadership and quality assurance.

Some people said that managers were not easy to contact. If people had updated information regarding the health and wellbeing of supported people, this was slow to be communicated to all in the staff team. Regarding adult protection concerns, though the service was working with social workers, the Care Inspectorate also needed to be notified of all adult protection concerns (see previous area for improvement four).

The service sought feedback from people experiencing support through a regular meeting though half of people's care reviews were overdue. Complaints were responded to in a timely manner with appropriate actions when necessary.

There needed to be a service improvement plan in place to assist the service to plan, make and measure improvement. This ensures that there is a culture of continuous improvement for people experiencing

support. The service has more learning and improvement work to be implemented (see previous area for improvement one).

How good is our staff team?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the staff training and support.

Training was of good quality with an acceptable level of completion. Informal support of staff by managers was taking place, though face-to-face supervision and staff meetings needed to happen more regularly. There were regular quality checks by management regarding observing staff competence. This ensures people experienced good quality care and support based on relevant guidance and best practice.

The planning of the support visits was organised and significantly late or missed visits were not an issue. However, some people wanted to know who was coming to support them at each visit and this information was not being provided. People experienced a consistent support team visiting them at home who knew them well. This ensured people benefited from a warm atmosphere because there were good working relationships.

Comments included:

"He is happy and comfortable with support workers."

"He likes to know who is supporting him and we have asked for a copy of the rota numerous times and this has not been provided."

"They are supporting her very well, really good rapport with support worker just now."

How well is our care and support planned?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with personal planning.

People's personal plans need to detail each area of care, for example, mobility, and set out any needs for support. There was detailed and personalised information regarding how best to support someone in the personal plans. However, some personal plans had not been updated when the person's needs had changed and some had missing information (see requirement one). This was the same regarding how to support people to manage their pain effectively (see previous area for improvement three).

Six monthly reviews of personal plans, as required by legislation, needed to take place with supported people and involve people who are important to them. Reviews had taken place for half of supported people. Reviews are important to ensure that personal plans remain right for people as their needs change and to make sure that everyone has the opportunity for their views to be heard (see requirement one).

Requirements

1. By 4 June 2025, to support people's health and wellbeing, the provider must ensure that all service users have an up to date personal plan.

In order to achieve this the provider must adhere to the following:

a) Personal plans to accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported.

b) Undertake reviews of personal plans every six months. The service should ensure that supported people are meaningfully involved in developing and reviewing their personal plans and involve people who are important to them.

This is in order to comply with regulation 4(1)(a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure that people are receiving support that is safe and has taken account of their capacity and the relevant legislation.

By 21 October 2024, the provider must improve the management of support for individuals who have any impaired capacity. In order to achieve this provider must:

a) provide training that results in all staff recognising when the Adults With Incapacity (Scotland) Act 2000 (AWI) should be used or is in use.

b) provide training for all staff regarding AWI. This includes Powers of Attorney, Consent to Treatment, and Guardianship Orders. This must include Managers at all levels.

c) ensure that all managers undertake training as referred to in (b) and additionally Part 3 Access to Funds and Part 4 Management of Funds.

d) develop clear policies and procedures relating to AWI, and evidence that all staff are aware of the relevant legislation and able to demonstrate this in practice.

e) identify a system and the people responsible within it to oversee any decisions have the involvement of the people with relevant authority for those that have limited capacity. This must include oversight and audit

until assured that key people with management responsibility have achieved competency.

f) review all personal plans to ensure that they make reference to AWI and the individual's legal representatives and their powers. This must include decisions about place of residence, medical interventions, financial decisions and welfare decisions.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 18 June 2024.

Action taken on previous requirement

NHS training had taken place regarding the Adults with Incapacity (Scotland) Act 2000. Crossreach had developed a clear draft policy relating to the act and there were local procedures in place with good practice principles.

Significant decision making was taking place with supported people and involved people who were important to them. Personal plans included details of people's legal representatives. The legal powers, such as place of residence, medical interventions, financial decisions and welfare decisions were kept on file.

Met - outwith timescales

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

To ensure positive outcomes for people experiencing care, the provider should consider systems that ensure that any learning and improvement work recommended as a result of regulatory interventions are shared across the organisation.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 18 June 2024.

Action taken since then

The service has implemented the learning and improvement work we recommended regarding the Adults with Incapacity (Scotland) Act 2000. Although this inspection has made a new requirement regarding personal plans (see requirement one in 'How well is our care and support planned?' section). This requirement needs to be met before we can be reassured that learning and improvement work has taken

place because of regulatory interventions.

This area for improvement has not been met.

Previous area for improvement 2

In order to ensure good outcomes for people, the provider should ensure medication support systems are robust and consistent. This should include, but is not limited to, ensuring the care plan reflects the support required, listing the dates medication checks are undertaken, ensuring discrepancies are noted and explained.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 16 July 2024.

Action taken since then

Medication training was of good quality and included a practical session. Medication administration was organised, though the frequency of medication audits needed to increase to assist with identifying and acting upon the occasional errors. Records for topical medication (to be applied on a person's skin) were not consistently completed, therefore we had concerns whether the medication had been applied. As required medication did not always have clear documentation of when and why medication should be administered and if it was effective.

This area for improvement has not been met.

Previous area for improvement 3

In order to ensure positive outcomes for people, the provider should ensure that care plans reflect how to support people to manage their pain effectively. This should include, but is not limited to, clearly identifying as required medication, what advice may be required, and supporting the person to identify the level of pain they are experiencing.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 16 July 2024.

Action taken since then

There was detailed and personalised information regarding how to support people to manage their pain effectively. However, some personal plans had not been updated when the person's needs had changed and some had missing information.

This area for improvement has not been met.

Previous area for improvement 4

To promote positive outcomes for people experiencing care, the provider should include focused oversight and detailed recorded review of recently introduced improvements in communication strategies and adult protection processes in their quality assurance systems.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 26 September 2024.

Action taken since then

There had been some improvement with the service now using communication applications on mobile phone to assist with communicating effectively with staff. However, some people said that managers were not easy to contact. If people had updated information regarding the health and wellbeing of supported people, this was slow to be communicated through the staff team. Regarding adult protection concerns, though the service was working with social workers, the Care Inspectorate also needed to be notified of all adult protection concerns.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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