

# Threshold Support Services - Residential Care Home Service

15 Mill Road  
Hamilton  
ML3 8AA

**Type of inspection:**  
Unannounced

**Completed on:**  
17 December 2025

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

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003001401

## About the service

Threshold Support Services - Residential is registered to provide care and support to a maximum of eight adults with learning disabilities. The service is operated by the Church of Scotland, trading as Crossreach.

Support is provided across two houses. One located in Hamilton and the other in Kirkmuirhill. Each house accommodates four people.

People using the service have their own bedrooms and share communal spaces including living rooms, dining rooms, kitchens, and bathrooms with either a bath or shower. Both houses have enclosed, accessible gardens, parking areas, and office space. The service does not employ nurses. Nursing and other healthcare needs are met through referrals to district nurses or other health professionals as required.

At the time of inspection, eight adults were using the service.

## About the inspection

This was an unannounced follow up inspection which took place on 17 December 2025 between 08:45 and 15:15 hours. Feedback was provided on 17 December 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 one person using the service, for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with seven staff and management
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Staff delivered kind, person-centred care that contributed to a warm and homely atmosphere where people felt safe.
- Evidence of staff training compliance had progressed.
- Medication processes and recording had improved.
- Occupancy agreements had been introduced.
- Quality assurance processes should be refined.
- Service specific training and stress and distress plans should be improved.
- The service had met one requirement and three areas for improvement made at previous inspections.
- We have reinstated six areas for improvement not met as a result of this inspection.

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

### Requirements

#### Requirement 1

By 14 December 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and that training records are accurate and up to date.

To do this, the provider must, at a minimum:

- a) Implement a cohesive and well-monitored system for recording all staff training, including mandatory and service-specific courses.
- b) Ensure all staff complete overdue refresher training, including first aid, within appropriate timescales.
- c) Maintain a centralised and accessible training matrix that clearly identifies training status for all staff.
- d) Introduce quality assurance processes to regularly review training compliance and take action where gaps are identified.

This is in order to comply with section 8 (1)(a)(b) of the Health and Care (Staffing) (Scotland) Act 2019.

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

**This requirement was made on 4 November 2025.**

#### Action taken on previous requirement

The service had taken steps to meet the training compliance requirements. An updated training matrix was in place and used to monitor staff training status. While a fully centralised system was not yet operational, discussions had been underway to implement a solution that would collate all training data and allow single-report generation. In the meantime, information was gathered from multiple systems and manually updated to maintain accuracy.

Staff knowledge had been reinforced through Infection Prevention and Control (IPC) quizzes, which confirmed understanding of IPC guidance. The training review showed stronger compliance in most areas such as manual handling, medication, safeguarding, and moving and assisting, with only a small number of staff requiring refresher or induction training. First Aid information was sourced separately and showed ongoing compliance. However, it was important that managers were able to have accessible oversight of all training needs in the service. SVQ qualifications were progressing as required for registration.

The provider had been reviewing systems to improve accessibility and planned to implement a centralised solution. Quality assurance processes were in place, with quarterly reviews conducted by the manager and Employee Development Officer to identify training needs and arrange bookings, although written evidence of these reviews and audits was not currently maintained.

Overall, enough action had been taken to demonstrate compliance with the requirement, supported by an updated matrix, interim measures such as IPC quizzes, and ongoing reviews. While some gaps remained, the service had plans and processes in place to address these, including discussions about centralised information and oversight for managers. With the forthcoming centralised system and formal documentation of quality assurance reviews, this would support the service manager's overview and assurance that training needs were being met.

This requirement has been met.

#### Met - within 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 reduce risk and improve safety for people and staff, the provider should strengthen its medication support systems by ensuring body maps are consistently used for topical creams and that a returns book is maintained to record medicines sent back to the pharmacy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

**This area for improvement was made on 4 November 2025.**

#### Action taken since then

Body maps were introduced alongside medication recording sheets for topical medication, clearly indicating the areas where creams were to be applied. A returns book had previously been observed in one home; however, it was not present in another service. Immediate action was taken to source and provide a returns book to ensure availability.

This area for improvement has been met.

#### Previous area for improvement 2

To support staff development and accountability, the provider should implement a reliable and well monitored system to ensure staff receive timely and recorded supervision, observations of practice, and appraisal in line with the service's own policy.

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)

**This area for improvement was made on 4 November 2025.**

## Action taken since then

A manager's audit folder with a supervision planner has been introduced, and competency assessments for medication have been developed to run alongside refresher training, showing initial steps towards a structured approach. However, only one staff member out of 15 received supervision in the last quarter, and updated samples of supervision, appraisal, or observation of practice were not provided, as this remains a work in progress. Implementation has been delayed due to staffing vacancies and absences and competency assessments have not yet been carried out. While progress has begun in planning more effectively further action is needed to ensure staff receive supervision and appraisal as per the services policy.

This area for improvement has not been met.

## Previous area for improvement 3

To promote safety and ensure compliance with fire safety guidance, the provider should improve oversight of fire safety checks, staff participation in fire drills, and completion of actions from the Scottish Fire and Rescue Service report.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My environment is secure and safe." (HSCS 5.17)

**This area for improvement was made on 4 November 2025.**

## Action taken since then

Some actions from the Scottish Fire and Rescue Service report had been completed, such as replacing fire doors. However, gaps remain, with no evidence of night-time fire drills as well as daytime fire drills that have taken place, unclear staff participation with the last fire drill that took place, and inconsistent weekly fire safety checks. A tracker for drills and recording staff participation alongside a structured schedule for weekly checks are needed to ensure all staff participate and checks are completed.

This area for improvement has not been met.

## Previous area for improvement 4

To support people to live in a safe, comfortable, and dignified environment, the provider should strengthen oversight of environmental needs through a Specific, Measurable, Achievable, Realistic, and Timely (SMART) environmental plan.

This should include, but not be limited to, identifying required actions, setting clear timescales, and ensuring environmental needs are addressed promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

This area for improvement was made on 4 November 2025.

#### Action taken since then

An environmental plan had recently been created, outlining initial actions required for the environment. The plan had used the SMART approach to ensure goals were specific, measurable, achievable, realistic, and timely. Although it was not fully up to date, the manager had introduced the plan and intended to review and incorporate all environmental needs for both homes.

This area for improvement has been met.

#### Previous area for improvement 5

To promote consistent and person-centred responses to stress and distress, the provider should ensure personal plans include clear information about individual potential triggers, presentation, and strategies that support a person during times of stress or distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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) and "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect." (HSCS 1.29)

This area for improvement was made on 4 November 2025.

#### Action taken since then

Personal plans sampled show some progress in identifying triggers and responses for stress and distress, with one plan providing clear strategies such as environment considerations and sensory support. However, gaps remain in other plans. Samples reviewed lacked specific strategies beyond medication protocols, and staff knowledge of effective approaches is not reflected in the written plan. One plan included useful information but omitted key actions and examples for staff to follow to support the individual during a period of stress or distress. In several cases, plans note what may cause stress or distress but fail to outline consistent strategies for staff to follow, risking inconsistent support.

This area for improvement has not been met.

#### Previous area for improvement 6

To ensure people are safe and where restrictions are required the provider should ensure there are relevant risk assessments in place.

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

**This area for improvement was made on 15 January 2025.**

## Action taken since then

Sampling of three personal plans showed no risk assessments in place for required restrictions in place to keep people safe. Restrictions in place had been planned and agreed with appropriate people to support each individual however this was not clearly documented. This creates a gap in ensuring people are safe while maintaining access where possible.

This area for improvement has not been met.

## Previous area for improvement 7

People experiencing care should have confidence the service received by them has a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This includes a schedule of audits, effective action plans, feedback from people living in the service and their representatives and other stakeholders and developing an improvement plan which is regularly reviewed.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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 15 January 2025.**

## Action taken since then

Quality assurance processes remained limited and lacked robustness. A manager's monthly audit sheet had been in place, mainly covering environmental checks, and had started to be completed regularly. While actions were noted, there were no timescales, responsible persons, or evidence of completion. Medication checks had been recorded only as good or bad without detail on what had been reviewed, areas of good practice, or areas for improvement with actions needed. Financial audit documentation had existed, but there was no evidence of recent use. Although there had been good oversight in the service, with staff and managers knowing people well and understanding the needs of the service, action was required to implement a comprehensive quality assurance system with clear schedules, detailed audits, action plans, and regular review to promote continuous improvement.

This area for improvement has not been met.

## Previous area for improvement 8

So people's personal affairs are safeguarded, the service provider should introduce an occupancy agreement which sets out the terms, conditions and any additional costs or charges.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I use a service and organisation that are well led and managed." (HSCS 4.23)



This area for improvement was made on 15 January 2025.

#### Action taken since then

Occupancy agreements had been created, setting out clear terms and conditions, including aims and objectives, assessment and personal plan, rights and responsibilities, independence, privacy and dignity, personal care/support plan policy, costs, service agreement, ending service agreement, and variation. Although these agreements were still to be signed by the relevant individuals, they were in place and ready for implementation, ensuring people's personal affairs were safeguarded and meeting the requirement for transparency and compliance with the Health and Social Care Standards.

This area for improvement has been met.

#### Previous area for improvement 9

To support high quality care and support, the provider should ensure staff have training to support people with specific needs. This should include but not limited to:

- communication aids such as talking mats/use of Makaton,
- understanding dementia/promoting excellence training and,
- autism awareness and positive behaviour support.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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)

This area for improvement was made on 15 January 2025.

#### Action taken since then

Due to staffing vacancies and absences, no further service-specific training had taken place. While one personal plan included a printout of Makaton signs for staff to familiarise themselves with, there was no evidence of formal training in communication aids, dementia awareness, autism awareness, or positive behaviour support. With new staff joining, it remained essential that service-specific training was delivered to ensure people's needs were supported in the best way suited to them.

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](http://www.careinspectorate.com).

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