

Threshold Glasgow Housing Support Service

Unit 5
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Unannounced

Completed on:
23 January 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
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Service no:
CS2008182309

About the service

Threshold Glasgow is a combined housing support and care at home service for adults. They are registered to provide a service to adults and older people with a learning disability, to adults with physical disabilities, and to adults with mental health and addiction issues living in their own homes and 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 38 people using the service at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 21 January 2026 from 10:00 to 18:00 and 22 January 2026 from 10:00 to 16:00. The inspection was carried out by one inspector 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 ten people using the service and two of their family/friends/representatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- A well supported staff team meant people benefited from care that felt consistent, kind and respectful.
- People were being supported and encouraged to maintain a healthy lifestyle.
- Medication management had improved.
- The service should further develop links with the wider community to explore a wider range of opportunities for people.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced kind, respectful, and pleasant interactions between themselves and the staff supporting them. Individuals told us they felt respected, listened to, and well known by staff.

Personal plans were person-centred and contained detailed information about each individual's health, wellbeing, preferences, and routines. The plans were outcome focused, with clear descriptions of how people's desired outcomes could be achieved. There was evidence that people had been actively involved in developing their personal plans.

All personal plans included appointment diaries. This evidenced that people were being encouraged and supported to attend regular health appointments to maintain and promote a healthy lifestyle.

Specific health related plans were in place. These plans were detailed and ensured that people's individual health needs were being appropriately managed and monitored. When intervention from external health professionals was required, this was arranged timeously and managed effectively.

End of life personal plans were in place to support people's final wishes. Comprehensive risk assessments were also completed to promote people's safety and wellbeing.

Personal plan reviews were carried out regularly and in line with legislative requirements. There was clear evidence that people had been involved in reviewing their planned care, with pictorial formats used if needed. Family members and legal guardians were also included in the review process.

Medication management had improved. Systems were more robust, and management had strengthened oversight of medication monitoring. This reduced the incidence of people not receiving the correct medication at the correct time. However, there remained further opportunities to improve consistency across the whole staff team to ensure all aspects of medication administration and recording were in keeping with best practice guidance.

Personal plans contained information about people's weekly activities, supporting meaningful engagement and helping individuals maintain connections with their families and the wider community. People told us they felt connected to their family, friends, and the wider community.

The service had begun to develop strong community partnerships, including links with local colleges and lifestyle groups. This promoted and supported people's involvement in community activities. However, we encouraged this to be further developed to enable people to broaden their social networks, explore a wider range of community opportunities, and take an even more active role in shaping and leading local initiatives.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

Staff were observed working in a collaborative and supportive way with each other, demonstrating effective teamwork.

The service had a lone working policy that aimed to protect staff from hazards and ensure their safety. It required staff to be trained in fire safety, emergency procedures, and risk assessment, ensuring they were prepared and supported when working alone.

The staff rota showed when staff were scheduled to work and also set aside dedicated time within each shift for essential non direct support tasks. This included completing audits, attending supervision sessions, participating in meetings, and carrying out reviews of people's care and support. This approach helped ensure that important responsibilities were built into the working day rather than added on top of direct care duties.

Importantly, people told us they felt staff had enough time to support them properly. This contributed to satisfaction and consistency in their care. People also commented on staff's skills and abilities. One person told us, "staff are trained well."

When rotas were created, consideration was given to ensuring each person received support from a regular and familiar group of staff. Individuals had a calendar in their home showing which staff member they could expect at each support session. However, some people reported that changes to the rota did occur and that these were not always communicated clearly to them. This occasionally affected their sense of consistency in their support.

Staff allocation also took account of people's choices regarding their preferences for male or female staff. These preferences were clearly recorded within personal plans, helping ensure support was arranged in a way that met people's needs.

The service had a wellbeing champion in place who was also a mental health first aider. Staff had access to a range of wellbeing supports, including an employee assistance programme, counselling, health plan benefits, and advice on topics that could affect their health and wellbeing.

Staff meetings took place regularly and attendance was consistently good. These meetings provided an effective way to share important updates. They also gave staff a dedicated space to raise questions or concerns about their role or employment. This helped maintain open communication and a well informed team.

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 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 the 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)

This area for improvement was made on 30 September 2024.

Action taken since then

The provider's policy required staff to receive supervision at least every three months, and the service aimed to offer it more frequently. The supervision matrix showed that staff generally received supervision more often than the minimum requirement. This demonstrated the service's strong commitment to staff development, wellbeing, and effective oversight.

The service also held separate wellbeing-only supervision meetings, which focused specifically on staff health, wellbeing, and the support the organisation could offer. Staff were allocated to specific senior carers, with each senior responsible for a manageable group of supervisees. This structure strengthened oversight, ensured continuity of support, and prevented any senior from becoming overloaded.

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 30 September 2024.

Action taken since then

The service had reviewed its medication ordering and management protocol. This ensured that people's medications were ordered timely, checked thoroughly on delivery, and that medication administration records (MAR) accurately reflected prescribed medications. With support from pharmacy colleagues, MAR charts had been redesigned and colour-coded to improve clarity and reduce the risk of medications being omitted or not recorded as administered.

Senior care staff were completing regular medication audits, and these were being monitored by the management team. In addition, the management team had established a robust process for responding to any medication errors. This approach enabled staff to reflect on incidents and improve their practice.

Medication administration training had been completed by 91% of staff. Medication competency assessments had begun to be implemented to monitor the effectiveness of this training. We encouraged the continuation of these assessments on a regular basis for all staff involved in medication administration to ensure consistent and safe practice.

This area for improvement has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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