

Threshold Edinburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 March 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2008187003

About the service

Threshold Edinburgh is a combined housing support and care at home service registered to support adults with learning disabilities, physical disabilities and mental health conditions. At the time of the inspection 17 people were experiencing care and support in shared living and individual accommodation. The service provider is Church of Scotland trading as Crossreach.

About the inspection

This was an unannounced inspection which took place between 16 and 18 March 2026. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited seven people using the service
- telephoned two people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from two visiting professionals

This inspection was carried out specifically to follow up on the six requirements and six areas for improvement made in the inspection report dated 06 February 2026.

These related to people's health and wellbeing, care recording and care planning, health monitoring, supporting people with finance arrangements, staff training and people's staff arrangements.

Key messages

- People's medication arrangements were safer due to investment in staff training and regular medication audits being carried out.
 - People's personal plans, had been reviewed and contained improved detail about their care and support needs.
 - People's financial support arrangements, including shared living agreements had been reviewed with clear financial records being maintained.
 - People's risk assessments needed to be reviewed with further detail added into their health support plans and health monitoring forms, including stoma care and skin integrity.
 - Six monthly reviews were being held so that people and those important to them were involved in regular reviews and planning for individual goals.
 - Positive behaviour support plans needed further work to support minimising stressed behaviours.
 - Stoma care training had been sourced and some staff had received the required training.
- Practical first aid training to include choking risk had been organised but had not yet taken place.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

3 - Adequate

When we inspected Threshold Edinburgh in December 2025 we made three requirements and one area for improvement relating to the health and wellbeing of people experiencing care. During this inspection we found improvements in the quality of care as a result of the input from the senior management team. We have made a new requirement as certain aspects of requirements had been fully addressed but other areas needed further improvement (See requirement one).

As the improvements made had reduced the risk of harm to people and improved wellbeing we re-evaluated from "Weak" to "Adequate" in Key Question 1 - How well do we support people's wellbeing?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for further information.

Requirements

1. By 20 May 2026, to ensure that people's receive effective support with their health and wellbeing needs, the provider must at a minimum:

(a) ensure that health monitoring charts have a clear purpose and guidance for staff to follow as to when action is required and reported to management.

(b) ensure that risk assessments are in place to guide staff effectively when providing support to people. This is to include minimising potential risks to people who are risk of choking, those with stoma support needs and those at risk of skin damage.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

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

How good is our leadership?

3 - Adequate

When we inspected Threshold Edinburgh in December 2025 we made a requirement and three areas for improvement in relation to aspects of this key question. The provider had taken action to meet the requirement with improved support to people who needed assistance with their finances and budgeting. The provider demonstrated that clear service improvement/ action plans were in place and continued to quality assure and improve outcomes for people they support. The provider was also making progress with areas for improvement and two areas of improvement had been met and one relating to developing Positive Behaviour Support (PBS) plans and corresponding documentation having been continued as further progress was needed in this area. This meant that people could be assured that their care provider was committed to continuous improvement and leadership of the service had improved.

As the improvements had reduced the risk of harm to people and improved wellbeing, we re-evaluated from "Weak" to "Adequate" in Key Question 2 - How good is our leadership.

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our staff team?

3 - Adequate

When we inspected Threshold Edinburgh in December 2025 we made two requirements and one area for improvement in relation to aspects of this key question. The provider had taken action to address one requirement relating to people's staffing arrangements and delivering epilepsy training in full. The provider had taken action to address most of the elements of the second requirement in relation to staff training but not all staff had received training in promoting people's skin health and reducing risks of pressure damage. Staff had not undertaken practical first aid training to include how to support people at risk of choking and we have made a new requirement to include this. We have made a new requirement detailing any elements relating to staff learning and development that require further progress (See requirement one).

As the improvements made had reduced the risk of harm to people and the provider continued to deliver learning and development opportunities for staff we re-evaluated from "Weak" to "Adequate" in Key Question 3 - How good is our staff team.

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for further information.

Requirements

1. By 20 May 2026 to ensure that staff have the right skills and knowledge to meet people's assessed needs the provider must at minimum:

(a) ensure that all staff have an understanding of promoting people's skin health and factors which contribute to skin damage.

(b) ensure that all staff have practical first aid training including choking.

This is in order to comply with section 8 (1)(a) 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 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).

How well is our care and support planned?

3 - Adequate

When we inspected Threshold Edinburgh in December 2025 we made an area for improvement in relation to pain management being better detailed in plans. We saw that communication sections in people's plans had been improved though we noted that there was still some work to be done in relation to detailing how people might communicate that they are experiencing pain or discomfort.

The provider had developed a new tool for pain management for people who had limited capacity to express their needs verbally. These plans were in the process of being further developed at the time of the

inspection. The provider was also in the process of reviewing the quality of information in relation to supporting people in ways that would minimise stress and distress and further training sessions with staff were planned for to support improvement in positive behaviour support.

Progress had been made in improving the quality of care planning and ensuring the six monthly reviews of support were held and planned for. This meant that people could be assured that their care provider was continuing to make improvements to how their care and support needs were documented and ensuring that these were regularly reviewed.

As the improvements made had reduced the risk of harm to people and improved wellbeing we re-evaluated from "Weak" to "Adequate" in Key Question 5 - How well is our care and support planned?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for further information.

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

Requirements

Requirement 1

By 23 February 2026, to ensure people receive safe and effective care and support with their medication, the provider must, at a minimum:

- (a) ensure that people's medication is stored safely.
- (b) ensure that people receive their medication as prescribed with medication administration records being completed consistently and accurately.
- (c) ensure that any discrepancies in recording of people's prescribed medication, including 'when required' medication are picked up promptly and addressed through a system of regular planned quality assurance and monitoring.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

This is to comply with the 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 16 February 2026.

Action taken on previous requirement

The provider had taken action to ensure that people's medication storage arrangements were secure. The recording of medication had improved and regular audits were carried out to ensure that any risks to people were minimised. Staff were clear about reporting any discrepancies with people's medication promptly to management.

Staff had received refresher medication training and two observations of staff practice were carried out before staff were deemed competent to support people with their medication needs. Team meetings had been well attended. These had included discussions about how to complete medication administration records accurately. There were regular observations and spot checks being carried out by senior staff to monitor people's support with their medication.

People's 'when required' medication protocols had been reviewed to ensure that these were clear for staff to follow. Additional management resources from other parts of the organisation had supported staff training and mentoring. A new medication audit tool had been developed to improve the quality of information gathered during medication audits. This meant that people could be assured that their medication arrangements were well managed and regularly reviewed.

This requirement has been met in full.

Met - within timescales

Requirement 2

By 23 February 2026, to ensure that people receive effective support with their health and wellbeing needs, the provider must at a minimum:

- (a) ensure that seizure monitoring charts are being completed effectively and detail of the type and length of seizure activity is recorded.
- (b) ensure that oral care, bowel monitoring, stoma care and continence care records are completed consistently.
- (c) ensure that health monitoring charts have a clear purpose and guidance for staff to follow as to when action is required and reported to management.
- (d) Ensured standards are maintained through regular quality and monitoring.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

This is to comply with the 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 requirement was made on 16 February 2026.

Action taken on previous requirement

The provider had reviewed of people's epilepsy support plans and epilepsy specialists had been involved in supporting the development of clear protocols for staff to follow including guidance on the recording of seizure activity and allowing appropriate rest time post seizure activity. People's epilepsy medication had been reviewed and there were clear protocols for staff to follow. A copy of updated protocol were taken along with any prescribed 'as required' medication when people were going out in the community. We found improvements to the detail in people's continence support plans and support with oral care was being recorded. These measures had supported improvements to people's health outcomes.

Where people's fluid intake was being monitored staff were recording amount of fluid taken but there was no tally over a 24 hour period to evidence that people were getting the required amounts of fluids as advised by visiting professionals. There was no direction for staff as to what actions to take if a person's fluid intake was not in line with the advised intake.

Staff were recording people's bowel movements where required but there was nothing to guide them as to when to report a lack of bowel movement over a set period. Health monitoring charts needed to be reviewed so that there was clear direction for staff as to the purpose of recording. This meant documentation was not being used to its full potential to support people's health and wellbeing.

We have closed this requirement and made a new requirement detailing the elements that have not been fully addressed. See requirement one under 'How well do we support people's wellbeing?' section of this report.

Met - within timescales

Requirement 3

By 23 February 2026, to ensure that people's personal plans are right for them, the provider must at minimum:

- a) ensure that personal plans 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 and when people's needs or circumstances change. 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.
- (c) ensure that risk assessments are in place to guide staff effectively when providing support to people. This is to include minimising potential risks to people who are risk of choking, those with continence and stoma support needs and those at risk of skin damage.
- (d) ensure that all equipment in use to promote people's skin health is detailed in their plans.

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 requirement was made on 16 February 2026.

Action taken on previous requirement

The provider had taken action to audit and review people's personal plans. These contained good detail about people's health and wellbeing needs and gave a good sense of people's individuality and what was important to them.

Six monthly reviews of support had been held and there was a care review matrix in place detailing dates of reviews held and those planned for. Review minutes evidenced that people's care and support needs were being discussed in detail and future needs planned for. This meant that people and those important to them were more fully involved in their support planning and had opportunities to expressing their views and wishes.

The service maintained contact with a range of health and social care professionals and people's mobility needs and pressure relief equipment had been reviewed and Speech and Language Therapists (SALT) had been involved in reviewing people's eating and drinking and communication support plans. People's equipment was serviced and checked and was now detailed in their personal plans. These improvements meant that people's health and support needs were now being fully assessed and reviewed in collaboration with relevant health professionals.

Further work was needed to ensure that risk assessments were reviewed and updated when there were any changes to people's needs. There was some conflicting information in a plan about whether a person was at choking risk and this needed to be reviewed. The service had included increased detail about a person's stoma care in plans but there was no corresponding risk assessment to alert staff as to when to seek support from health professionals. This meant that risks to people were not detailed enough to guide staff in promoting their health and wellbeing and reporting any issues promptly.

We have closed this requirement and made a new requirement detailing the elements that have not been fully addressed. See requirement one under 'How well do we support people's wellbeing?' section of this report.

Met - within timescales

Requirement 4

By 23 February 2026 order to ensure that people's who require support with manage their finances are being supported effectively, the provider must at a minimum:

- (a) Ensure that all transactions are clearly documented with an explanation of the reason for monies being paid out of people's funds.
- (b) Ensure that a full audit of people's financial support plans is carried out and people's arrangements for accessing their monies are clear.
- (c) Ensure that all shared living financial arrangements are reviewed.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

This is to comply 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 requirement was made on 16 February 2026.

Action taken on previous requirement

The provider had taken action to review shared living financial arrangements. Previous arrangements included people to paying monies into other supported people's accounts or giving them cash. These arrangements have now stopped with measures put in place so that payment of shared bills was individualised. The provider had reviewed people's financial support plans. We asked the provider to ensure that the information in one person's plan accurately reflected how they accessed their monies and the support required from staff and they agreed to address this promptly. Where staff supported people with shopping or on outings transactions were well documented and regularly audited. This meant that people benefitted from having improved arrangements to support them with their finances.

Some people had had their capacity to make decisions reviewed and this included ability to manage their own finances. Where people experienced difficulties with budgeting the provider had been giving them support and advice regarding this. People were also being supported to plan for holidays and budget appropriately to help them to fulfil their expressed wishes and goals. This meant that people were now better supported with budgeting and planning their finances.

This requirement has been met in full.

Met - within timescales

Requirement 5

By 23 February 2026 to ensure that staff have the right skills and knowledge to meet people's assessed needs the provider must at minimum:

- (a) ensure that stoma and continence care training is organised for staff supporting people with their stoma and continence needs.
- (b) ensure that all staff are following best practice guidance when using hair pull release techniques.
- (c) ensure that all staff have an understanding of promoting people's skin health and factors which contribute to skin damage.
- (d) ensure that staff are trained in safe wheelchair practice.

This is in order to comply with section 8 (1)(a) 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 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 requirement was made on 16 February 2026.

Action taken on previous requirement

The provider had invested in staff training and development and had an improved overview of staff learning and development needs. Staff had been involved in a range of workshops and meetings to develop their knowledge and skills.

The provider had taken action to source NHS stoma care training. Two staff could attend these sessions at a time and a number of staff had already attended the training. Other dates were planned for to increase the pool of staff with knowledge of stoma care.

Staff also had access to a stoma and continence care modules to support their learning and development in these areas. Staff had attended training relating to supporting effective and safe interventions to support people who experience stress. This had included training in hair pull release techniques which minimised risks to the person experiencing stress. We advised that where a person may pull people's hair when stressed that further detail of the techniques taught should be added to their support plan. Staff had

received practical moving and handling training and this had included supporting people who used wheelchairs. This meant that people could be assured that their care provider were continually improving staff learning and development to support them well and in line with their individual needs.

Training in prevention of skin damage and factors contributing to pressure ulcers was being sourced at the time of the inspection. Practical first aid training to include choking was being organised for staff at the time of the inspection. There were people at risk of choking. Staff needed training and guidance in how best to support people in the event of choking and plans needed updating to ensure that techniques to be used for those in seated positions such as comfy chairs or wheelchairs were individualised to them.

We have closed this requirement and made a new requirement detailing the elements that had not been fully addressed along with practical first aid training to include choking being delivered to staff. Please refer to 'How good is our staff team' section of this report.

Met - within timescales

Requirement 6

By 23 February 2026, to ensure that people's staffing arrangements are right for them, the provider must:

(a) ensure that all staff providing support to people living with epilepsy have the required training to support them safely.

(b) ensure that staffing arrangements are regularly checked so that all people supported have staff with the right skills and knowledge to promote their wellbeing.

This is in order to comply with section 8 (1)(a) 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 that:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 16 February 2026.

Action taken on previous requirement

Staff had received training in epilepsy and safe administration of midazolam and this was documented well on the staff training plan. The provider had reviewed systems to ensure that staff assigned to people's support had the right skills and knowledge to support them safely and effectively. People's staffing rotas were now marked with codes linked with the training staff had. This system made it easier to plan for people's care and evidence that people had staff with the right training and knowledge to support them well.

This requirement is met in full.

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 promote people's safety and wellbeing staff should consistently follow safe food storage practice. The provider should ensure that all staff have had appropriate training and instruction in food hygiene and safe storage of food and that staff practice is regularly monitored.

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

This area for improvement was made on 16 February 2026.

Action taken since then

There were regular checks of food safety and storage arrangements and we found that improvements had been made in labelling food stuffs and disposing of any out of date foods. We found that at one part of the service there were foodstuffs and condiments that lacked labelling and opening dates. As there remained inconsistencies in practice we have continued this this area for improvement.

This area for improvement is not met.

Previous area for improvement 2

To promote people's safety and wellbeing and minimise stressed behaviours the provider should ensure that incidents are analysed. This is so that factors which may have contributed to people experiencing stress are identified and used to improve the quality of people's support.

This is to comply with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 16 February 2026.

Action taken since then

Incidents were recorded and analysed but staff required further training to complete documentation related to stressed behaviours well and in a way that identified any factors which may have contributed to behaviours of concern. The provider was reviewing people's Positive Behaviour Support (PBS) support plans and had further training organised for the staff team in this area.

This area for improvement is not met.

Previous area for improvement 3

To improve the quality of support people experience, the provider should complete recorded observations of staff practice. This is to include observations of how people are supported with their mobility equipment.

This is to comply with the 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 16 February 2026.

Action taken since then

Observations of staff practice had been carried out and the service had the support of a moving and handling assessor to ensure that staff competencies were checked. This meant that people could be assured that those supporting them with their mobility needs had the right training to support them safely. The provider demonstrated commitment to continuing with progress made to the level of recorded observations of staff practice.

This area for improvement has been met.

Previous area for improvement 4

To promote positive outcomes for people experiencing care the provider should develop a comprehensive service improvement plan which includes learning from adverse events and details actions to be completed with timescales for review.

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 16 February 2026.

Action taken since then

The provider had detailed action plans in place demonstrating to commitment to continuous improvement planning. The provider had been focussed on addressing the requirements made at the previous inspection of the service. We have advised to include the views of people supported and feedback from staff in future service improvement planning as well as using the Care Inspectorate's self evaluation tools. This meant people could be assured that their care provider was committed to continually improving the quality of the service.

This area for improvement has been met.

Previous area for improvement 5

To promote staff learning and development the provider should review the quality of staff supervision and support leaders in further developing their skills in this area.

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 16 February 2026.

Action taken since then

The provider had taken action to review the quality and frequency of staff supervision. Observations of staff practice and spot checks were being used to support reflective practice and ongoing learning and development. While some supervision documentation was completed in more depth than others and some lacked signatures and dates we were satisfied that improvements were ongoing and continued to affect positive change to the quality of people's staffing.

This area for improvement has been met.

Previous area for improvement 6

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 February 2026.

Action taken since then

The provider had developed a pain management tool to support improved understanding of how people with limited capacity to express themselves verbally express pain and discomfort. The pain documentation was still to be completed and we have therefore continued this area for improvement.

This area for improvement is not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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