

# Direct Access Hostel Housing Support Service

Kingston Halls  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 October 2024

**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2004077334

## About the service

Direct Access Hostel is registered as a housing support service and provides emergency accommodation with capacity for up to 61 men aged 18 and over. The provider is Talbot Association Limited.

The service is building based and is located in a historically old building which has been upgraded to provide suitable short stay accommodation.

The service supports people who have become homeless for a variety of reasons, this could be as a result of addiction, fleeing violence, past trauma or relationship breakdown. Referrals to the service come directly from Glasgow Health and Social Care Partnership (HSCP).

The service is conveniently situated for all local amenities, as well as having easy access to Glasgow city centre with good access to public transport.

## About the inspection

This was a follow up inspection to follow up on the progress made in relation to meeting the two requirements made at the inspection which took place on 12 August 2024. This follow up inspection took place on 22 October 2024. 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 three people using the service
- spoke with six staff and management
- reviewed documents.

## Key messages

- People expressed satisfaction with the service they received.
- The provider should continue to improve quality assurance at the service to further drive improvements and sustain those already made.
- There was improved confidence within the staff team in relation to the completion of paperwork.
- A new system in place was helping ensure that information about the support people needed was available at the time people started being supported by the service.

## How good is our leadership?

This was a follow up inspection to assess the progress the service had made in relation to the two requirements made at the previous inspection which took place on 12 September 2024.

Both requirements have been met at this inspection (see the 'outstanding requirements' section of this report).

One new area for improvement has been made following our findings during this follow up inspection. There has been no change to the evaluation for this key question.

## Areas for improvement

1. The provider should ensure that the service's quality assurance system supports continuous and sustained improvement to contribute to better outcomes for people experiencing care.

This is to ensure that care and support is consistent 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).

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

## Requirements

### Requirement 1

By 18 October 2024, the provider must make proper provision for the health, welfare and safety of service users. To do this, the provider must, as a minimum:

- a) ensure that risk assessments are completed in collaboration with people being supported at the earliest opportunity, review these regularly and update after any incident or significant health issue.
- b) ensure that an initial support plan is created in collaboration with people being supported at the earliest opportunity, review these regularly and update to reflect people's needs.
- c) ensure that where it has not been possible to engage people in the development of risk assessments, care plans or key working meetings, that records reflect this.
- d) audit the quality of information within support plans, risk assessments and risk management plans to ensure that these are detailed and meet expected standards.
- e) liaise with care managers at the earliest opportunity to arrange a first review date.

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

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This requirement was made on 12 September 2024.**

### Action taken on previous requirement

We discussed the new system in place to ensure that an initial care plan and risk assessment was completed for people at the time of admission into the service. We corroborated this by sampling the care plans of people who had recently started being supported by the service. These early discussions with people contributed to ensuring that individuals were receiving the right level of support in line with their needs, and risks could be explored and plans to mitigate these identified and agreed.

We saw evidence that staff were contacting care managers to arrange a review as part of the admission process. This meant that the process of supporting people to explore move on options could begin at the earliest opportunity.

Simultaneously, to ensure that people had up to date risk assessments and care plans in place, the staff team were systematically working through the care plans of people who had been supported by the service for some time. We found that the information within the care plans we sampled had improved.

The management team still needed to implement a quality assurance process in relation to the quality of information within care plans, agree who would be responsible for this and ensure that staff with this responsibility had capacity to complete this. We were made aware of plans to take this forward and were reassured through our discussions with senior management that this action would be completed. Whilst we have concluded that sufficient progress had been made to meet this requirement, we will make an area for improvement in relation to quality assurance and assess this at the next inspection. See area for improvement 1 in the section 'How good is our leadership'.

**Met - within timescales**

## Requirement 2

By 18 October 2024, to support effective governance the provider must ensure that quality assurance for the service is responsive and is carried out effectively. To do this the provider must, at a minimum:

- a) review governance arrangements to ensure that senior management with operational responsibility and/or a remit for quality have oversight and are accountable for monitoring quality management and quality assurance at the service.
- b) ensure that there is practical assistance, guidance and support for the management team from senior managers to support robust and effective quality assurance that leads to and sustains improvements at the service.

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

This is to ensure that care and support is consistent 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 requirement was made on 12 September 2024.**

### Action taken on previous requirement

We were advised of recent changes within the senior management team. This had provided an opportunity to review the roles and responsibilities of senior managers, providing a clearer remit and contributing to the potential for improved accountability and improved support for managers and the wider staff team.

Whilst it was too early to assess the impact of these changes, we concluded that sufficient progress had been made to meet this requirement. To ensure sustained improvement we have made an area for improvement in relation to quality assurance. See area for improvement 1 in the section 'How good is our leadership'.

**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

The management team should improve infection prevention and control measures to ensure that systems in place are robust and provide people with sufficient protection from the risk of infection.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My environment is secure and safe' (HSCS 5.17).

**This area for improvement was made on 12 September 2024.**

### Action taken since then

Whilst we did not assess this area for improvement, we did note that the manager had an action plan to improve infection control and that actions had been taken to reduce risks to people living at the service.

### Previous area for improvement 2

Managers should evaluate staff competence and confidence in developing and updating risk assessments and care plans to help inform workforce development and contribute to effective practice.

This is to ensure that care and support is consistent 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), and '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 12 September 2024.**

### Action taken since then

We did not assess this area for improvement at this follow up inspection.

### Previous area for improvement 3

To support staff wellbeing and ongoing development, the management team should ensure that staff supervision provides an opportunity for staff to reflect on their practice, identify any development needs and receive feedback and guidance to enhance their practice.

This is to ensure that care and support is consistent 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), and '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 12 September 2024.**

### Action taken since then

We did not assess this area for improvement at this follow up inspection.

### Previous area for improvement 4

The management team should take account of additional factors when calculating staffing levels and evidence that this has informed staff rotas and the deployment of staff. This will help ensure that people are supported by appropriate staff numbers and skill mix.

This is to ensure that care and support is consistent 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 12 September 2024.**

#### Action taken since then

We did not assess this area for improvement at this follow up 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).

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