

## Talbot Association Housing Support Branch Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2003053964

## About the service

The Talbot Association Housing Support Branch is registered as a housing support service. The service is available to adults with alcohol problems and histories of homelessness and unsettled lifestyles and young people between the age of 16 and 25. The provider is Talbot Association Limited.

The service is provided over two locations and by two staff teams. The Govanhill service supports young people, many of whom are seeking asylum or are refugees. The Dalhousie service provides resettlement support.

## About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 January 2025. We requested additional information from the provider and were able to conclude the inspection on 14 February 2025. 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 seven people using the service
- spoke with five staff, two managers and the registered manager
- observed practice and daily life
- reviewed documents.

## Key messages

- People were supported by staff who are committed and caring.
- Quality assurance systems should be improved to help drive improvements.
- Recruitment processes need to improve to ensure that safer recruitment principles are being applied.
- Personal plans should be more recovery focused and identify the support people need to be able to move on from the service.

## 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?	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?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

An important strength was the commitment and positive values demonstrated by the staff team. The service benefitted from the experience of long-term staff as well as new staff bringing their experience to the role. People spoke positively about the staff and managers, comments included that 'staff go the extra mile'. People spoke about the positive relationship they had with staff, said they felt respected and that staff genuinely cared about them.

It was evident that staff understood the need to address health inequalities and encouraged people to engage with health services to address any physical and mental health concerns they had. People told us that staff would support them to attend these appointments if required. Links with health partners were evident within the personal plans we sampled. One example was that a gentleman had been referred to the falls team when changes in his mobility were noted.

People had a personal plan that was person-centred. However, this could benefit from being more recovery focused and measure outcomes to help people recognise their strengths and identify effective interventions to help them achieve their desired goals.

We saw instances where staff were having conversations with people about harm reduction in relation to their alcohol use. Some people were looking to access support from the local recovery community and this could help them develop supportive social networks. Some people had more structured routines and engaged well with their local community.

Since the previous inspection there was a clearer focus on resettlement with some people having successfully moved on from the service. We discussed potential opportunities for those individuals looking to access their own accommodation to practice skills to support independent living.

It was good that people had the opportunity to make suggestions about activities and things important to them and provide feedback about the quality of service they received. We suggested that a 'you said we did' notice board would illustrate to people that their feedback effects change. We also suggested reflecting in residents meeting minutes where their suggestions had been acted upon.

People should have confidence in staff supporting them because they are trained, competent and skilled. We suggested that a training needs analysis would help to identify any gaps in staff training and ensure that training is commensurate with the needs of people supported. It is important that staff are confident in their role and we identified that in one service some staff had not received trauma training. It is important that all staff have an understanding of trauma and its impact on people. Living through traumatic experiences has a broad range of possible impacts on health, mental health as well as social outcomes for people.

Staff had been trained to administer Naloxone, and this had been used with good effect. Naloxone is a medicine that rapidly reverses an opioid overdose.

Staff were able to identify different types of abuse and what action they would take if they became aware of abuse. This was consistent with the training they had received and contributed to them being able to protect people from harm.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Although quality assurance tools were used by each service there was a lack of a robust organisational approach in relation to quality assurance. This had resulted in managers having to develop their own quality assurance tools in isolation. We suggested that a standardised approach would be more effective. This will help ensure that managers are working in accordance with organisational standards and expectations, promote accountability and support senior management oversight. See area for improvement 1.

Whilst each service had an improvement plan, only one had been created using SMART principles. This approach helps make expectations clearer, making goals specific, measurable, achievable, realistic, and timely. See area for improvement 2.

Self-evaluation is central to continuous improvement enabling care settings to reflect on what they are doing well and identify where they need to improve. One of the managers had completed a self-evaluation and this had informed the service improvement plan. See area for improvement 2.

Each service had tools to support management overview, this was consistent with the individual needs of each manager. For instance, a supervision planner and review planner helped ensure that these planned activities remained on track. One service had a training overview. and meant that any gaps in training could be easily identified.

We discussed the benefits of carrying out a training needs analysis. This will help ensure that staff have the necessary knowledge and skills they need to work confidently within their role. This could also help each service identify training that is both essential and desirable to meet the needs of that particular client group. We noted there was no requirement for staff to access mental health or alcohol and drugs training despite these being significant issues for people being supported.

We saw that each service had continued to evaluate people's experience of the service they received to ensure that this was meeting their needs. This included residents meetings and surveys. And from surveys sampled, satisfaction levels were noted to be high.

Supervision and appraisal provided an opportunity for staff to receive feedback and reflect on their practice. It was also positive that managers had received supervision, although it was disappointing that this hadn't been seen as a priority.

We were pleased to see that managers meetings had taken place with further meetings planned. This had been an area for improvement identified at the previous inspection. We were advised that the care group meetings which will include managers from all services, will provide opportunities to share good practice and identify gaps in quality assurance systems.

Audits that could identify improvements, help drive change and support managers were not being carried out at senior management level. This meant that there was a lack of oversight by senior managers. Where audits were being carried out by service managers the findings from these did not always inform an action plan that would have ensured that improvements needed were followed up. See area for improvement 1.

We were encouraged to learn that the remit of senior managers was now more clearly defined with identified roles and responsibilities. We acknowledged the potential benefits of having appointed an external operations manager with a remit for improving care and quality assurance.

We discussed ways to promote people's rights by, raising their awareness of what they should expect from the services. Providing information about the Health and Social Care Standards would be one way to support this.

## Areas for improvement

1. The provider should improve senior management oversight to strengthen quality assurance systems, promote accountability and support managers.

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 use a service and organisation that are well led and managed' (HSCS 4.23).

2. The provider should ensure that systems and tools to monitor quality are effective and designed to support improvements that give people confidence in the service they use and improve outcomes for people.

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 use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

For care settings, the Health and Care (Staffing) (Scotland) Act 2019 places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff. This quality indicator takes account of this act.

It is acknowledged that improving the wellbeing of staff can improve the safety, quality of care and experience of people who use services and so the two are inextricably linked. It was therefore positive that staff we spoke with indicated that morale was good, and there was a strong sense of supportive teamwork with staff collaborating to try and ensure that each shift was managed effectively and people's needs were being met.

Regular supervision and appraisal opportunities meant staff felt listened to and valued and staff said that they felt supported by their line manager.

To support staff wellbeing an employee assistance service provided via an external company had just been introduced.

Staff we spoke with conveyed a genuine commitment to providing high standards of support to people and people being supported told us they liked having the continuity of a keyworker and the support of a consistent staff team.

Staffing arrangements remained relatively static and there was no evidence that staffing levels were being evaluated to determine that these were appropriate and meeting people's needs. Other factors to help determine staffing levels were not being considered, such as a review of people's outcomes, an analysis of incidents, feedback from residents and feedback from staff. It is important that staffing is kept under review to ensure that staffing levels are right and that there is an appropriate skill mix. See area for improvement 1.

During this inspection we observed a mix of skill and experience on each shift, with management available during weekdays and senior workers leading the shifts. There was opportunity for new staff to develop in their role with guidance from longer term experienced staff. Communication between teams was evident with opportunities to discuss how best to support people to improve outcomes.

Recruitment of new staff should be aligned to safer recruitment principles. When we sampled the recruitment files of most recently recruited staff we found that they had commenced employment prior to pre employment background checks being carried out. Protection of Vulnerable Groups (PVG) checks that help employers make safer decisions when they are recruiting people had not been processed prior to staff start dates. There was no evidence that right to work in the UK checks had been carried out prior to employment. This information was provided retrospectively and we were satisfied that the provider had not employed people who did not have the right to work in the UK, however, this should have been done prior to any job offer. See requirement 1.

## Requirements

1. By 18 April 2025 the provider must ensure that all staff recruitment is carried out safely taking account of safer recruitment principles.

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

- a) update their recruitment policy to reflect safer recruitment principles, detailing the expectation of the provider and outlining what staff involved in the recruitment process are required to do.
- b) ensure that right to work in the UK checks are completed prior to staff commencing in post.
- c) ensure that a PVG is obtained prior to staff commencing in post.

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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. The provider should continuously review staffing levels taking account of other factors including stakeholder feedback, outcomes and incidents to ensure that these are right and meeting people's needs.

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

'My needs are met by the right number of people' (HSCS 3.15).

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Personal planning can support the development of personal outcomes over time. These can be critical in promoting a sense of identity, establishing hope, and enabling people who experience care to actively shape their own support. Personal plans sampled contained relevant information to guide staff and it was evident that people had contributed to these, however, those sampled would benefit from being more recovery focused and capture personal outcomes, and personal plans could better capture the things that are important to people. See area for improvement 1.

An outcome focused approach supports better conversations with people, helps them to prioritise what is important to them and to identify actions to help achieve goals. Monitoring outcomes helps people to map their progress and identify what works well and what recovery capital and assets people possess. It was encouraging that the senior management team were keen to introduce outcome/recovery focused personal planning tools. See area for improvement 1.

There needed to be more of a focus on people's resettlement support needs in personal plans and how the service and other partners would help people to realise their goals in relation to this. This will help people to identify what they will need to sustain a tenancy, including practical skills, structure and opportunities to develop social networks to support them in their recovery. See area for improvement 1.

Personal plans were person-centred and regularly reviewed, however, some risk assessments needed to be reviewed to reflect changes in people's needs. We made this an area for improvement at the last inspection and as this has not been met it will be repeated. It was not always evident that risk assessments and risk management plans has been discussed with individuals to ensure transparency, collaboration and that actions to reduce risk were agreed. Risk assessments generally needed to be more detailed.

Monthly summaries provided a useful overview to inform the review of the effectiveness of the support being provided and whether the personal plan continued to meet people's needs. It was evident that where possible there was a multi-disciplinary approach to care reviews. Pre review evaluations were a good opportunity for people to reflect on the progress that they had made and set new goals, and people, whose first language was not English had the support of interpreter services at review meetings ensuring their full participation in the process.

## Areas for improvement

1. To help people achieve their goals, personal plans should be recovery focused and identify personal outcomes.



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

## 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 support service improvement, managers within the housing support branch should have the opportunity to meet with their peers to share good practice and develop support networks.

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 26 October 2023.**

#### Action taken since then

Since the previous inspection the managers from this service had met with each other and also with managers from all other services within the organisation, providing an opportunity to support their wellbeing, share good practice and identify future goals.

This area for improvement is met.

#### Previous area for improvement 2

To support people's wellbeing and safety risk assessments should be updated appropriately. This should include, but is not limited to, updating after any incident or significant health issue.

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 area for improvement was made on 26 October 2023.**

#### Action taken since then

Staff were recording that risk assessments had been reviewed and remained relevant, however, in the absence of robust quality assurance we could not be confident that this area for improvement has been met. We suggested including a review of risk assessments in the personal plan audit to ensure that where people's needs have changed that this is being reflected in the risk assessment, and similarly, it is important that where there have been changes that this is reflected in people's personal plans as well as risk management plans.

This area for improvement has not been met and will continue.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	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?	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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