

Talbot Association Housing Support Branch Housing Support Service

Kingston Halls
344 Paisley Road
Glasgow
G5 8RE

Telephone: 01414 294 541

Type of inspection:
Unannounced

Completed on:
29 April 2025

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 under 25 years of age. 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 short stay accommodation with resettlement support.

About the inspection

This was an unannounced follow up inspection which took place on 25 and 29 April 2025. The inspection was carried out by one inspector from the Care Inspectorate. This inspection was to follow up on a requirement and areas for improvements that were made at the inspection which took place on 14 February 2025.

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 two people using the service
- spoke with three staff, the deputy manager, manager and director
- reviewed documents.

Key messages

- People indicated that they were satisfied with the service they received.
- People spoke highly of staff providing support.
- Recruitment processes had been improved in line with with safer recruitment principles.
- Further progress was needed to meet improvement areas identified at the last inspection.

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

Requirements

Requirement 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).

This requirement was made on 14 February 2025.

Action taken on previous requirement

The provider had updated their recruitment policy. This included reference to legislative frameworks related to the recruitment of staff. The policy was now aligned to safer recruitment principles providing guidance for staff involved in the recruitment process.

Whilst there had not been any new staff recruited at the Talbot Association Housing Support Branch since this requirement was made, a robust system had been put in place to ensure that right to work in the U.K. checks were completed prior to staff commencing in post. The recruitment policy also made clear that all successful candidates must have a completed PVG prior to commencing in post.

We concluded that this requirement had 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

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).

This area for improvement was made on 14 February 2025.

Action taken since then

We noted that there had been some improvements in this area. For instance there was now clarity on the remit of each senior manager. This was helping drive improvement and promoted senior management accountability.

Whilst service visits by senior management had taken place it was unclear what other systems were in place to promote senior management oversight. This could have included key performance indicators that provide updates to senior management on a number of performance areas and audits carried out by senior managers to ensure that expected standards were being met. We suggested that it would be helpful to introduce an auditing frequency schedule for audits carried out locally by the service manager and deputy manager.

We were pleased to see that senior management continued to facilitate managers meetings. These provided a forum for managers to discuss areas linked to the provider's plans to drive forward service improvements.

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

Previous area for improvement 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).

This area for improvement was made on 14 February 2025.

Action taken since then

The new registered manager for the housing support branch planned to introduce audits at the Dalhousie Street service already in place and effective at the Govanhill service. There was no evidence that audits had taken place in the Dalhousie Street service since our inspection visit or evidence of senior management oversight of this position. And there was no evidence of an organisational approach towards developing quality assurance tools to support managers, with managers continuing to create their own local audit tools to meet their needs.

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

Previous area for improvement 3

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).

This area for improvement was made on 14 February 2025.

Action taken since then

We noted from management meeting minutes that discussions in relation to safe staffing legislation had taken place with service managers. However, a systematic approach to demonstrate that staffing levels were appropriate to meet people's needs, such as feedback from people being supported and staff had not yet been introduced.

It is the intention of the new registered manager to complete a self evaluation of the Dalhousie Street service. They anticipate that this will help to identify how best to provide assurance that people are supported by the right number of staff, with the right skills, at the right time.

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

Previous area for improvement 4

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).

This area for improvement was made on 14 February 2025.

Action taken since then

A review by senior management of a range of recovery and outcome monitoring tools used by the sector and their potential application across the organisation was ongoing.

Since our last visit a new role with a remit for raising standards and outcomes of care across the organisation had been introduced. Whilst the successful candidate had been appointed it was too early to assess the impact of this role on improvements in this area.

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.

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