

## Bob McTaggart House Housing Support Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
8 August 2025

**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2004064076

## About the service

Bob McTaggart House is a large integrated service providing Housing Support for up to 49 people who have had a previous history of homelessness and unsettled lifestyles. At the time of the inspection there were 46 people living in the service. The provider is Talbot Association Limited.

The property is owned by West of Scotland Housing Association, and people living at the service have an occupancy agreement. The accommodation is regulated by Houses of Multiple Occupancy (HMO) Licensing.

Meals and laundry services are provided, and there is 24 hour staff cover available. The service is located in Glasgow City Centre and has good access to transport links and local amenities.

## About the inspection

This was an unannounced inspection which took place between 5 and 8 August 2025 between 09:30 and 17:00. 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 seven people using the service.
- Spoke with seven members of staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Received online survey responses from 11 people who used the services, four visiting professionals and four members of staff.

## Key messages

People felt respected and supported, and there was evidence of support that reflected individuals' needs, wishes, and goals.

Staff supported individuals to attend appointments and liaised with external professionals, including welfare rights officers, nurses, dentists, and opticians. This ensured people's health needs were met.

Despite staffing challenges, the service demonstrated a renewed commitment to improvement through strengthened auditing and plans for a more robust service improvement strategy. Feedback from staff, people using the service, and external professionals was being gathered to inform future developments.

While some personal plans reflected individuals' goals and preferences, others lacked detail or engagement records. Documentation standards needed improvement, particularly around dating reviews and evidencing engagement efforts.

## 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?	4 - Good
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.

People living in the service were responsible for their own personal care and medication. Staff provided a laundry service for people and meals were provided.

Staff provided support to contact other relevant agencies and to attend appointments. Including reminding people of appointments and providing support when needed. We observed staff advocating for people with other professionals and ensuring that people were accessing the support they were entitled to. Some people told us they felt they would never manage to live independently and were well supported and happy in the service.

Meals were provided in the canteen and most people said these were tasty and plentiful. Healthy options were offered daily. Some comments were made that meals could be varied more, this had been raised and discussed in the service at meetings. The dining experience was unhurried and the dining room quiet. People were able to collect food and take to their rooms if they chose and if people knew they would be late, meals could be kept aside for them. This ensured that people had their nutritional needs met.

We observed that staff were patient, attentive and engaged naturally with people living at the service. This helped demonstrate that people were respected and valued. Overall feedback about staff, from people in the service and from visiting professionals, was positive. This meant that people felt respected by the people who were supporting them. There was evidence of good person centred support for people to meet their outcomes based on their individual needs, abilities and wishes.

We saw that the service linked with other agencies to provide the best support for people. This included welfare rights officers, an in house nurse clinic and visits from other health professionals such as dentists and opticians when there was an expressed demand for this. This meant that people had access to what they needed to meet their health needs. The service also sought advice from other professionals to ensure that staff knew how best to support people. The service provided an injection equipment provision site and had received good feedback from the NHS on the success of this. Providing this service supported people to reduce the harm caused by intravenous drug use.

There was a pool table within the service which was well used and tournaments were organised regularly and enjoyed. Days out and activities were arranged when people were interested in attending and staff numbers allowed. Feedback gathered after these outings showed that people enjoyed the opportunity to visit new places.

Some areas of the building needed maintenance and the generally cleanliness could be improved in particular in the areas where maintenance was needed. We discussed this at the inspection and were informed that the landlord was involved in discussions with the service about the areas which needed most attention.

## How good is our leadership?

3 - Adequate

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

The long-term absence of the deputy manager had impacted noticeably on the time available to carry out key quality assurance and improvement activities. This had particularly affected the ability to use feedback effectively to drive service improvements. We saw that information was gathered from staff and people using the service as well as from external professionals. This information should be incorporated into improvement plans. The management were focussed on day to day running of the service and acknowledged that there were some gaps due to the lack of a full management team. This also meant that some auditing activity was not being carried out as regularly as intended.

Changes in senior management had led to more support for auditing being put in place. This was recent development leading to in depth audits being completed by the senior management team. This demonstrated a renewed commitment to maintaining oversight and standards. There were plans to develop a more robust service improvement plan using the information gathered from these audits. However, as these had been recently completed there was not, yet evidence of actions taken. An existing area for improvement focussed on the service improvement plan had only partially been addressed and has been amended to address the progress made. ( see area for improvement one)

There was clear evidence that meetings had taken place with both people who used the service and staff members. From the minutes sampled, it was evident that staff meetings were taking place on a regular basis. These helped to inform the team about any changes to procedures and practices. Staff members said it was easy to catch up on meetings if they had missed them. This ensured that staff were kept up to date on changes within the service. Views of people were gathered through meetings and surveys, and we saw that there was feedback received, in particular around meals and activities. These were used to inform menus, and the activities plans.

### Areas for improvement

1. To ensure that supported individuals and other interested parties can have greater confidence that people are benefiting from the service and from a culture of continuous improvement, the provider should ensure that:

1. The service improvement plan evidences the involvement of people who experience care, staff and external agencies as well as information gathered from audits. And;
2. The service improvement plan is provided to everyone in a format consistent with people's needs and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

### How good is our staff team?

**4 - Good**

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

Staff told us that there was usually enough staff on duty. However, there were vacancies which meant that staff were often required to work overtime and while they were happy to do so, in the long term this would

be unsustainable. When agency staff were used, the same staff were requested so they knew the service and were able to be an effective part of the team.

Staffing numbers allowed for flexibility in the staff team to support individuals when needed. Staff members told us they often had time to engage in meaningful conversations and interactions with people. Although there were no issues raised during our inspection. The provider was still developing an effective methodology to ensure the service is compliant with the Health and Care (Staffing) (Scotland) Act 2019. This requires the provider to evidence that staff numbers and skill mix meet the needs of the service. (See area for improvement 1)

Staff communicated well with each other in the interests of the people they supported and praised each other for how they worked together as a team. Staff had good working relationships and people benefited from the warm atmosphere that was created by this. We sampled supervision minutes and found that staff were receiving formal supervision on a regular basis in line with the organisational policy. These provided both staff and management with an opportunity to discuss concerns and progress. Reflective discussions were incorporated into these as was discussion about staff wellbeing. This ensured that supervision was an effective tool for supporting and managing staff.

Staff were up to date with their mandatory training as well as all of the training that had been approved by the provider. Requests had been made for additional training by staff through surveys. The manager had requested these on the behalf of staff. In order to ensure that staff feel confident and well trained the provider should give consideration to this request. (see area for improvement 2)

## Areas for improvement

1. The provider should develop a methodology to evidence that staffing numbers and skill mix are sufficient to meet the needs of the service. This should be completed using feedback from staff, management and analysis of data including daily logs and accident and incident reports. This is to ensure that sufficient staff are always on duty to keep people and staff safe. This is to ensure the service is compliant with 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 needs are met by the right number of people" (HSCS 3.15).
- "People have time to support and care for me and to speak with me" (HSCS 3.16)

And

- "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

2. In order to ensure that staff feel confident and well trained the provider should give consideration to the training requests made by staff. If a decision is made not to provide any of the training requested there should be evidence of the decision making process and this clearly communicated to staff.

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

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

Support plans reviewed during the visit varied in their quality. Several of the plans reflected individuals' personal goals and preferences, such as aspirations to volunteer, move into a tenancy, or attend a rehabilitation programme. Plans for how staff would support individuals to achieve these outcomes were included in plans, for example some people needed support with their English literacy. However, one support plan had been blank due to the individual's unwillingness to engage. While this was understandable, it had still been important to record all attempts to involve the person, as well as any known information. Such as their daily routine or employment status. This would ensure that attempts at engagement were evident.

Documentation standards had also required improvement. While review paperwork had generally been well completed, many documents lacked dates. This made it difficult to track when reviews had been completed and if the service was meeting the statutory requirement to do so every six months.

The quality assurance visit, completed by senior management, had identified the need for a comprehensive audit of all personal plans. This was being added to the service improvement plan. This audit will support the service to identify specific plans which are in need of improvement. A previous area for improvement was made which has not been met and will remain in place. ( see section on outstanding areas for improvement)

## 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

In order to reduce social isolation and feelings of boredom. The service should ensure that people are provided with regular opportunities to participate in activities and meaningful social interactions. In order to do this the service should ensure that:

- A plan of activities for the upcoming period is available where it can be seen by everybody.
- Staff are encouraged to engage people in activities and conversation.
- Staff offer opportunities for social interaction to people who choose to spend time away from others.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state; " I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

**This area for improvement was made on 25 April 2024.**

#### Action taken since then

There are regular changes to the people living within the service and as a result the level of interest in organised activities varies . For a while there was a weekly activity list posted and people were keen to attend but the people in the home at the time of the inspection were not keen to attend as many activities so the frequency had been reduced. A pool table had been donated and was played daily. People had worked together to restore it and regular tournaments were enjoyed.

When staff numbers allowed there were outings which were enjoyed by those in attendance.

Staff regularly spent time engaging in conversation with people and we observed that they knew people well and were able to have meaningful conversations with them.

This has been met.

## Previous area for improvement 2

To ensure that supported individuals and other interested parties can have greater confidence that people are benefiting from the service and from a culture of continuous improvement, the manager should ensure that:

- a) the service improvement plan evidences the involvement of people who experience care, staff and external agencies;
- b) the service improvement plan is provided to everyone in a format consistent with people's needs and preferences; and
- c) the service workforce development plan is provided in part from the results of the staff training analysis, and responsive to any other needs that may arise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.1).

**This area for improvement was made on 25 April 2024.**

## Action taken since then

There was good evidence of information having been gathered through surveys, meetings, and the quality assurance visits. They had not been added to the service improvement plan, however. This was in part due to the long term absence of the deputy manager. It was agreed with the service that the workforce development plan would be incorporated into the service improvement plan, therefore we have removed this and reissued this amended area for improvement under key question two.

## Previous area for improvement 3

The provider should complete a full and thorough analysis of numbers of staff on duty at night. This should be completed using feedback from staff, management and analysis of data including daily logs and accident and incident reports. This is to ensure that sufficient staff are always on duty to keep people and staff safe. Consideration could be given to making a change to shift times if required, in line with safer staffing legislation.

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).
  - "People have time to support and care for me and to speak with me" (HSCS 3.16)
- And
- "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

**This area for improvement was made on 25 April 2024.**



**Action taken since then**

The provider had agreed to change staff numbers on the night shift, though this was still awaiting final approval. The provider identified they were working to develop a staffing method for the organisation to meet the legislative requirements. We have reworded this and reissued the area for improvement under key question three.

**Previous area for improvement 4**

Management should agree, with staff, a debrief procedure following from stressful situations. This should be followed by management or senior support workers on shift to ensure that members of staff have the wellbeing support they need to decompress and debrief.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued" (HSCS 4.3).

**This area for improvement was made on 25 April 2024.**

**Action taken since then**

Staff and management reported they had opportunities to debrief, reflect or rest as required after a stressful event. The staff team reported they felt well supported by management. We discussed that some staff may feel they need to be supported in specific ways and that this will be agreed with them individually.

This has been met.

**Previous area for improvement 5**

In order to ensure that personal plans and associated documents are current, person centred and outcomes focussed and that information from risk assessments are incorporated into plans. The provider should ensure that all staff involved in care planning and assessment have the correct skills, knowledge, and access to the necessary equipment and resources to do this effectively.

This includes, but is not limited to;

- Access to a laptop or PC.
- Training on planning for personal outcomes.
- Training on completing risk assessments.

This will contribute to care and support informed by plans that reflect each person's current and future needs, choices, and wishes and risk assessments that keep people and staff safe.

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 25 April 2024.**

**Action taken since then**

There had been some improvement in the quality of care plans. A quality assurance visit had been undertaken and identified several issues with care plans that were to be addressed. Additional hardware had been requested by management. However, this remains an area in progress and as yet incomplete.

This has not 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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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