

## Talbot Association Housing Support Branch Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 August 2023

**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2003053964

## About the service

The Talbot Association Housing Support Branch is a registered housing support service that provides accommodation and support to vulnerable, homeless people throughout Glasgow.

There are three projects in this service:

1. The Dalhousie Street Project supports up to 21 people aged over 25 with a history of homelessness and addiction related problems. The service accepts both male and female, but at the time of inspection there were 21 people using the service and all were male. People who use the service need to show a willingness to move onto either independent living or alternative long-term supported accommodation.
2. The Govanhill Project supports up to 15 people aged between 16 and 25. The service accepts both male and female, but had 15 male service users living there at the time of inspection. A significant feature of their work is supporting asylum seekers and refugees to progress to housing.
3. The Eskdale Project supports up to 40 males aged 16 and over and accommodation is offered on an emergency basis, with support. Thirty nine people were living there at the time of the inspection. The service is commissioned to assist individuals to use other external services and for staff to adopt a more enabling role with people who live there. This should lead to greater levels of personal independence for individuals.

## About the inspection

This was an unannounced follow up inspection which took place on 11 and 15 August. 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 four people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- Two of the three services covered in the registration have worked hard to meet the outstanding requirements.
- The remaining service has not been able to achieve outstanding requirements.
- One service has been identified for closure in October 2023.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to the health and well being of people living in the service.

This requirement was not met and an extension of the timescale has been agreed to 20 October 2023

Please see the section of this report entitled "What the service has done to meet requirements" for further information.

### Requirements

1. By 20 October 2023, the provider must ensure that people can access health, social care, and leisure appointments in the community.

To do this, the provider must, at a minimum, ensure there is an appropriate staffing plan in place that allows workers to support people with appointments in the community.

This is to comply with Regulation 4(1)(a) and (d) (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 needs are met by the right number of people' (HSCS 3.15).

## How good is our leadership?

2 - Weak

We completed a follow up inspection to measure the action taken in response to an outstanding requirement, and area for improvement, relating to leadership and oversight within the service.

This requirement was not met and we have therefore restated this requirement with a new timescale of 20 October 2023.

The area for improvement has been repeated.

Please see the section of this report entitled "What the service has done to meet requirements" and "What the service has done to areas for improvements" for further information.

### Requirements

1. By 20 October 2023, the provider must ensure that people have a personal plan that details their needs and wishes.

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

- a) Plans are person-centred and include information about people's likes, dislikes, and what is important to them.
- b) Plans are outcome-focused and highlight what people want to achieve from their support.
- c) Plans include the assessment of people's health and social needs and ways to meet them.
- d) Plans consider risk and highlight ways to ensure people have meaningful life experiences safely.
- e) Plans are reviewed at least once in every six-month period.

This is to comply with Regulation 5 (Personal plans) 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 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).

## Areas 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).

## How good is our staff team?

**2 - Weak**

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staff competence, as well as supervision and support

This requirement was not met. We have therefore restated this requirement with a new timescale of 20 October 2023.

Please see the section of this report entitled "What the service has done to meet requirements" for further information.

## Requirements

1. By 20 October 2023, the provider must promote staff competence, skill and development, by ensuring that there are formal opportunities for staff to be able to discuss and reflect on their practice.

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?

2 - Weak

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to the health and well being of people living in the service.

This requirement was not met. We have therefore restated this requirement with a new timescale of 20 October 2023.

Please see the section of this report entitled "What the service has done to meet requirements" for further information.

### Requirements

1. By 20 October 2023, the provider must ensure that each service has effective systems in place for people to have the opportunity to comment on the service they receive in ways that are proportionate to their needs and preferences.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(a) 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 supported to give regular feedback on how I experience my care and support and the organisations uses learning from this to improve' (HSCS 4.8).

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

### Requirements

#### Requirement 1

By 31 July 2023, the provider must ensure that people can access health, social care, and leisure appointments in the community.

To do this, the provider must, at a minimum, ensure there is an appropriate staffing plan in place that allows workers to support people with appointments in the community.

This is to comply with Regulation 4(1)(a) and (d) (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 needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 26 April 2023.

**Action taken on previous requirement**

Some parts of the service had achieved this, though others had not.

This requirement was not met and an extension of the timescale has been agreed to 20 October 2023.

**Not met****Requirement 2**

By 31 July 2023, the provider must ensure that people have a personal plan that details their needs and wishes.

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

- a) Plans are person-centred and include information about people's likes, dislikes, and what is important to them.
- b) Plans are outcome-focused and highlight what people want to achieve from their support.
- c) Plans include the assessment of people's health and social needs and ways to meet them.
- d) Plans consider risk and highlight ways to ensure people have meaningful life experiences safely.
- e) Plans are reviewed at least once in every six-month period.

This is to comply with Regulation 5 (Personal plans) 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 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 requirement was made on 26 April 2023.**

**Action taken on previous requirement**

Plans in some parts of the service were outcome focused and person-centred. They also included assessment, timely reviews and risk levels for people. In other parts of the service this had not been completed.

This requirement was not met and an extension of the timescale has been agreed to 20 October 2023.

**Not met****Requirement 3**

By 31 July 2023, the provider must promote staff competence, skill and development, by ensuring that there are formal opportunities for staff to be able to discuss and reflect on their practice.

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 26 April 2023.**

## Action taken on previous requirement

In parts of the service staff were given appropriate formal opportunities to discuss and reflect on their practice. In other parts of the service they had not.

This requirement was not met and an extension of the timescale has been agreed to 20 October 2023.

**Not met**

## Requirement 4

By 31 July 2023, the provider must ensure that each service has effective systems in place for people to have the opportunity to comment on the service they receive in ways that are proportionate to their needs and preferences.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(a) 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 supported to give regular feedback on how I experience my care and support and the organisations uses learning from this to improve' (HSCS 4.8).

**This requirement was made on 26 April 2023.**

## Action taken on previous requirement

In some parts of the service group opportunities, and individual support meetings were being offered. In other parts of the service these opportunities were not on offer to people.

This requirement was not met and an extension of the timescale has been agreed to 20 October 2023.

**Not met**

## 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 April 2023.

## Action taken since then

There have been no opportunities given for managers to meet with their peers or share good practice.

This area for improvement has not been met and has been repeated.

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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