

Talbot Association Housing Support Branch Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 February 2026

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 to 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. The Dalhousie Street service supports adults with a history of alcohol and substance use and homelessness.

At the time of this inspection the service was supporting 35 people.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 20 February 2026 between 0900 and 1700 hours. 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 nine people using the service
- spoke with eight staff and management including the registered manager and senior management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- People experience support from staff who are caring and committed.
- Quality assurance systems should be improved to guide oversight and improvement.
- The provider should demonstrate that staffing levels are sufficient to meet people's needs safely and consistently.
- Personal plans should provide clear, proportionate information to support consistent, person-centred care.

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, as several significant strengths had a clear and positive impact on outcomes for people using the service, and these outweighed the areas identified for improvement.

Staff consistently demonstrated a strong and sustained commitment to delivering high-quality support. Their person-centred approaches enabled the development of positive, trusting relationships, which directly contributed to people feeling well supported, valued and satisfied with the service they received. People told us they felt listened to and respected, indicating that staff practice had a positive impact on their wellbeing and confidence.

The service took proactive steps to promote positive health and wellbeing. People new to the service were supported to register with a GP promptly and to attend health appointments as required. This meant health needs were identified early and responded to in a timely way, improving health outcomes and reducing the risk of unmet needs. Appointment reminders were used effectively to promote independence and reduce missed healthcare opportunities.

There was provision of food across both settings. In Dalhousie Street, meals were provided, ensuring people had access to nutritious food supporting their overall health and wellbeing, particularly where nutrition may not otherwise have been a priority. In the Govanhill service, items such as cereal, milk, bottled water and snacks were consistently available, which supported people to manage their own nutritional routines in a way that promoted independence.

The young people in the Govanhill service were generally more independent and capable of cooking for themselves, requiring minimal support. Most people being supported here had established structured daily routines, including attending college, engaging in work opportunities. This reflected positive progress in developing life skills and increasing independence in other areas.

Staff demonstrated insight into the complex experiences of people being supported in each of the services. This informed approach enabled them to deliver compassionate and non judgemental care that promoted dignity, trust and emotional safety.

Inviting recovery communities into Dalhousie Street to offer in-house meetings had the potential to further strengthen people's support networks. This could contribute to increasing opportunities for regular, accessible peer support, help reduce barriers to engagement and promote more sustained recovery-focused outcomes.

In Dalhousie Street, recreational in house activities provided opportunities for people to develop social connections, build confidence and feel included in their community.

Across both settings, effective partnership working with external agencies helped ensure that people could access specialist support when needed. Comments received from visiting professionals reflected positive, constructive relationships that supported improved outcomes for people using the service.

Staff demonstrated knowledge and confidence in supporting people with complex and varied needs showing insight into people's individual circumstances and past experiences. They were able to respond effectively in situations where people were at risk, offering informed and compassionate support that helped keep people safe. Staff were also confident in recognising and addressing the risks associated with substance use, and were equipped to take appropriate, timely action to reduce harm and promote wellbeing.

Staff were motivated to deliver more resettlement focused support, including spending additional time with people in the community to build independence and prepare them for move on. However they felt that staffing levels limited their ability to fully progress this work. As a result, opportunities to strengthen people's community skills and support longer term outcomes were not fully realised.

How good is our leadership?

3 - Adequate

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

Recent positive developments included more stability in the senior management team with key leadership appointments. However this had not yet led to sufficient improvement in the overall quality assurance and oversight arrangements.

Strengthening the senior management team increased leadership capacity and visibility, and there were positive signs of more open communication and staff engagement. However, these changes were still in the early stages and had not yet demonstrated clear impact on practice or outcomes.

Proposed measures such as the introduction of key performance indicators (KPI's) that help support progress towards key goals and a more structured approach to learning and development had the potential to improve consistency.

Self-assessment and improvement planning did not reflect areas for improvement identified through inspection. As a result, these remained unmet at this inspection, indicating a need for clearer and more focused improvement priorities. In addition, the most recent senior management quality assurance audit had not been followed up, leading to reduced oversight and missed opportunities to progress required actions.

The improvement plan was not written in a way that supported effective monitoring or evaluation. It also contained outdated information, reducing confidence in its use as a live improvement tool.

Although audits, meetings and supervision took place regularly, there was limited evidence of how these processes contributed to meaningful change or improved people's experiences. As a result, quality assurance activities lacked the evaluative depth needed to drive sustained improvement or demonstrate clear impact on outcomes.

How good is our staff team?

3 - Adequate

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

The provider was responsible for ensuring that staffing levels and skill mix met people's needs, however we could not see clear evidence of how this was being assessed or reviewed in practice. A needs-dependency tool had been introduced, however it was too early to determine how effectively it informed staffing decisions. Involving staff and people using the service in the development and review of such a tool would help increase its relevance and demonstrate a more inclusive approach.

We also suggested that the tool could be strengthened by recording tasks that could not be completed due to staffing constraints, as this would support a clearer understanding of unmet need and better inform future improvements.

Staff told us they did not feel staffing levels were sufficient to support more community-based and resettlement-focused work. As a result, opportunities to build people's independence and readiness for move-on may not be being fully realised.

There were some positive developments in workforce support. For instance, a training needs analysis was creating an opportunity for staff feedback to shape future learning plans. A focus on developing staff skills could help staff feel more confident in their roles and support their wellbeing, contributing to a more positive and resilient team environment. And opportunities for face-to-face training had the potential for staff to feel more connected to their wider peer group and to the organisation.

Staff described strong teamwork and felt confident seeking advice and raising concerns through day-to-day discussions, supervision, and team meetings. Access to wellbeing initiatives had the potential to further enhance staff resilience, supporting sustained capacity to deliver good-quality care. In addition, the use of consistent agency staff helped promote continuity for people, reducing disruption.

How well is our care and support planned?

3 - Adequate

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

Where people required only minimal support, personal plans were proportionate and provided sufficient detail to guide staff. However, for those needing more structured support to develop independent living skills, personal plans did not reflect these needs well. Although this issue had been identified through a senior management audit, it had not been addressed, meaning opportunities to improve planning and outcomes for people were missed.

Aims and outcomes for people were not consistently framed around the difference support was intended to make, and the steps required to achieve these outcomes were often unclear. For example, goals did not always include sufficient analysis of underlying needs, clear plans to support change, or recognition of strengths that could be built on.

Personal plans tended to focus on deficits rather than highlighting people's abilities and protective factors, which limited their potential to support a strengths-focused and empowering approach. Where people made positive changes, these were acknowledged in reviews but not consistently incorporated into personal plans to help consolidate progress and guide next steps. Exploring with people what had helped them make progress could further strengthen future support planning by building on what worked well.

Risk assessment and risk management could be improved by ensuring that changes in people's needs noted in reviews are consistently updated in plans and linked to appropriate actions.

Positive elements noted included review notes that were generally detailed and provided a clear overview of each person's circumstances and aspirations.

Pre-review tools also supported reflection on progress for both people and staff, helping individuals recognise what they had achieved and where further support might be helpful.

There was evidence that appropriate referrals to additional support services were made when needed, demonstrating good involvement and helping ensure people had access to the support they needed to work towards their desired outcomes.

Future plans to move to a digital personal planning system had the potential to improve clarity, consistency, and the overall quality of recording.

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

Whilst there had been a recent appointment to a key senior management role, there was not yet evidence of measurable impact on quality assurance. Increased managers' meetings, which provided a forum for shared discussion, reflection, and oversight, alongside plans to introduce key performance indicators for managers and staff, were positive developments. These had the potential to strengthen governance arrangements, improve consistency, and support clearer accountability across the service.

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

There was limited evidence of how the provider ensured that systems and tools used to monitor quality were effective. There had been no senior management oversight of these processes, and limited indication that they had led to improvements or positive changes for people. As a result, the impact of quality-assurance activity was not consistently demonstrated.

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

There was no evidence that staffing levels were informed by key factors such as people's assessed needs, recent incidents, or feedback from residents and staff. There was also no clear staffing methodology in place to demonstrate how the service ensured that the right number of staff, with the right skills, were available at the right times.

A dependency tool had been introduced; however, it was too early to determine what impact this would have on staffing levels or how effectively it would support future staffing decisions.

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

Whilst the organisation was still exploring alternative formats for personal plans, more outcome-focused and person-centred content could still have been achieved within the existing paperwork rather than waiting for new formats. Some staff were already demonstrating this in their practice, but this was not consistent. Personal-plan audit tools could also be improved by assessing the quality and clarity of recorded information, rather than focusing solely on whether documents have been completed.

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.

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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