

# Victoria Project Care Home Service

74 Batson Street  
Govanhill  
Glasgow  
G42 7HG

Telephone: 0141 423 0755

**Type of inspection:**  
Unannounced

**Completed on:**  
15 October 2024

**Service provided by:**  
The Mungo Foundation

**Service provider number:**  
SP2003000182

**Service no:**  
CS2003000898

## About the service

Victoria Project is a care home registered to provide support to 13 adults with mental health issues. The accommodation comprises of two multi-occupancy houses, one sited in Batson Street and the other in Govanhill Street area of Glasgow. Support staff are available over 24 hours.

The care service is provided by The Mungo Foundation and the accommodation is provided by Govanhill Housing Association.

People supported have their own en-suite bedrooms. There are shared showering facilities. There are communal lounges and kitchen areas that people can access, as well as accessible outdoor areas.

The aims of the service are to deliver quality services that positively impact on the lives of people they support. Supporting and preparing people to develop independent living skills to aid recovery. Ensure the service is sensitive to the needs of the individuals and recognises the differences in people, promoting equality and diversity. The service has good links with other supporting agencies such as, health and psychiatric services and social work services.

At the time of the inspection, there were 13 people being supported by the service.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 October 2024. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with eight people using the service and one of their family members.
- We also spoke with six members of staff and management.
- We observed practice and daily life, reviewed documents including support plans, quality assurance tools and the service improvement plan.
- We also spoke with two visiting professionals.

## Key messages

- People felt safe and received compassionate support from a committed staff team.
- Planned support should be reviewed to ensure it was aligned with people's recovery outcomes.
- Medication practice should be person centred and based on good practice guidance.
- Cleaning and maintenance of the environment must be improved.
- Personal planning should be developed.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	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?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

The service is delivered within a care home environment supporting adults living with mental health issues. As a recovery project the service aimed to help people develop new skills and self-management tools to move on and live more independently. As highlighted on the service website - "You will be in charge of your own recovery journey".

People were well supported with transitioning to the service. Good communication with wider care teams ensured moving in was at an appropriate pace for people. Feedback from external professionals confirmed this worked well with staff guiding people through the process, helping them feel comfortable and at ease in a new environment.

People's health and wellbeing benefitted because of the support they received. Interactions with staff were warm and respectful. People felt safe and feedback was overall positive about their experience living in the home. Comments included; "the staff here really help me a lot" and "I'm glad I live here now."

Staff demonstrated awareness of people's health needs and the necessary steps to follow in the event they noticed a change in someone's presentation. External agencies and health professionals were involved in discussions and decisions about people's health and wellbeing.

Feedback was positive and comments included; "we are well connected with the service... communication is really good" and "they play a big part in the multi-agency approach". This helped to keep people well.

People should be confident that they are supported according to best practice. Recent decisions to improve medication administration practice did not take into account each individual's expressed choices. The management team accepted this and implemented an appropriate plan to ensure medication was managed safely in accordance with people's preferences and needs. **(See Requirement 1)**

People should benefit from meaningful activity and socialisation opportunities. People who use a recovery service can expect to benefit from meaningful activity and socialisation opportunities and be supported to develop practical life skills, resilience and self-management. Some people attended organised activities within the local community including music events, car boot sales and visiting football grounds. Others accessed the community independently and attended appointments by themselves. This helped them feel connected and have a sense of belonging.

However, people also commented about a lack of meaningful activity in their day. Daily support schedules highlighted missed opportunities to engage meaningfully with people including support to cook and eat well. This demonstrated an inconsistent approach to ensuring daily activities promoted people's recovery.

In line with the stated aims and objectives of the service and to support people to move on successfully, people should be involved in staff led opportunities to develop independent living skills and resilience. **(See Requirement 2)**

## Requirements

1. By 8 November 2024, the provider, must be responsive to people's needs and support their health and wellbeing by ensuring they receive their prescribed medication as instructed by a medical practitioner.

To do this the provider must, at a minimum:

- a) Ensure all staff who administer medication have received updated training and are assessed as competent to do so.
- b) Ensure medication is managed in a person-centred way.
- c) Conduct regular audits and observations on the quality of recording and staff practice. Where issues are identified, actions are taken.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

And

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

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

And

"If I need help with my medication, I am able to have as much control as possible" (HSCS 2.23).

2. By 31 March 2025, the provider must improve the recovery focus of peoples planned support aligned with the services stated aims and objectives.

To do this the provider must at a minimum:

- a) Review all support schedules to ensure the content aligns with individuals identified recovery outcomes. This should be done in consultation with wider health/care teams where appropriate.
- b) Evaluate outcomes achieved through the programme regularly in consultation with service users.

This is in order to comply with Regulation 5(1)a Personal Planning of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

And

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).

And

"My care and support meet my needs and is right for me" (HSC 1.19).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2 Quality assurance and improvement is led well

People can expect to use a service that is well led and managed. The service had benefited from a period of management stability. The management team had a visible presence and staff confirmed managers had an open-door policy and were approachable.

Feedback from staff suggested, however, that the manager could be more available equally across both accommodation sites.

People benefit from a culture of continuous improvement.

Quality assurance systems help to identify where improvements are needed. The management team had a good awareness of the individuals supported and oversight of key areas of service delivery. Quality assurance tools were used including a safeguarding log, medication and environmental audits as well as reviews of support planning and daily recordings. However, these did not inform an improvement in service delivery. For example, environmental audits failed to address bedroom areas in need of a deep clean or redecoration. Support plan audits did not address deficits in recording of information or recovery focused content and discussion.

Learning from evaluating key areas will help improve outcomes for people.

The management team should develop a formal quality assurance framework to support a robust overview of areas such as, accidents/ incidents, environment, staff practice and development.

The management team should build upon existing methods in place to gather feedback from people who use or are involved with the service. This information, together with the outcome of quality audits should inform a service improvement plan. **(See Requirement 1)**

### Requirements

1. By 31 March 2025, the provider must ensure that people benefit fully from their support. To do this a robust quality assurance system should be implemented.

To do this the provider must, at a minimum:

- a) Ensure quality assurance is developed to take account of all key areas of service delivery. These should include, but are not limited to, support planning and the environment.
- b) Produce a service improvement plan that is informed by audit findings and service user's feedback and experiences.

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).

And

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

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?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Staffing arrangements were stable. The service had seen a reduction in the use of bank/agency staff. This offered greater consistency for people living in the service as staff were familiar to them. Staffing levels across the two accommodation sites could be adjusted according to needs. This meant people benefited from a flexible approach.

A strong sense of collaboration and supportive teamwork was evident. Keyworkers knew people well and advocated for them to overcome challenges.

Staff confirmed access to an induction and training programme comprising of online mandatory training and relevant face to face opportunities delivered by external colleagues.

Feedback highlighted that the content and style of training did not always equip people confidently to deliver their role in terms of supporting people to achieve recovery outcomes. Staff would benefit from a greater understanding of people's recovery journey and development sessions/group supervisions would give opportunities for reflection and sharing of strategies and approaches to supporting people's recovery.

Regular formal supervisions and team meetings meant staff had opportunities to raise issues of concern and share service developments. However, these could be developed to include reflections on training, strategies to support recovery and to inform the service improvement plan. This would help people achieve their desired outcomes and enhance their day-to-day experiences. **(See Area for Improvement 1)**

The provider planned to introduce a learning pathway which would incorporate training, learning and reflective opportunities for staff more aligned to the recovery needs of people living in the service. This would help ensure staff have the right skills and knowledge to support people towards their recovery outcomes.

## Areas for improvement

1. To maximise people's recovery opportunities the provider should:

Ensure staff have the skills and knowledge to direct recovery focused conversations/activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 4.1 People experience high quality facilities

People benefited from spacious single bedrooms, access to communal living spaces, shared bathing areas and a garden or outside area.

People should live in a comfortable, clean, well maintained and homely environment.

The service had plans in place to address the required refurbishment of some bedrooms and communal areas. Although the relevant agencies were involved in progressing this, we were concerned about the standard of cleanliness and presentation of some aspects of the environment. Some areas required a deep clean, and some people needed support with decluttering to allow effective cleaning of their personal space.

There was an agreed understanding about the potential anxiety this may cause some people and the service had committed to support staff to approach this sensitively. External colleagues had offered additional training to ensure this was carried out with minimum disruption. **(See Requirement 1 and Requirement 2)**

## Requirements

1. By 8 November 2024, the provider must ensure people experience an environment that is clean, tidy and well maintained.

To do this the provider must at a minimum:

a) Ensure all areas of the home are clean and best practice infection, prevention and control guidance is being followed.

b) Implement robust audits/checks to monitor cleanliness.

c) Work with external resources/agencies to ensure this is carried out with minimal disruption/anxiety caused to residents.



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:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

2. By 8 November 2024, to ensure that people are supported to live in an environment that is well looked after with clean, tidy and well-maintained premises furnishings and equipment: The provider must submit a detailed environmental improvement and maintenance plan.

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:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans had been completed and included identified goals. There was evidence of regular reviews with people supported and their keyworkers looking at progress made towards identified outcomes and goals. Personal plans would benefit from recording any actions agreed.

Where the service had received additional support from external health professionals, additional information was in place to guide and support staff. This meant that individuals could be assured that they were being supported by a staff team that were aware of their needs.

Support planning was transitioning to an online recording system. Inconsistencies meant locating relevant information was difficult. This meant we could not be confident information about peoples support arrangements was readily available. Staff would benefit from clearer guidance regarding the recording of information, reviewing goals with people and how this aligned with their identified outcomes. This would ensure a more consistent and auditable support planning process.

The organisation recognised improvements were needed and were developing a more outcome focused approach to personal planning more relevant to the needs of people living in the home. This will help support the delivery of more person led care for individuals. **(See Area for Improvement 1)**

## Areas for improvement

1. To ensure that the new system of personal planning/recording is used effectively to set out peoples support needs and how they will be met as well as their wishes and choices. The management team should ensure staff receive appropriate guidance and support.

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

“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

1. The service should ensure that systems of quality assurance and audits are consistently completed, and include, the actions taken to address the identified improvement, and an evaluation of progress made.

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

**This area for improvement was made on 1 June 2022.**

#### Action taken since then

The service had quality assurance audits covering key areas of service delivery. However, current processes did not always lead to improvements and this area will now form part of a requirement within KQ2 of the report.

### 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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 good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.