

Victoria House Care Home Care Home Service

16 Victoria Street
Blantyre
Glasgow
G72 0AS

Telephone: 01698 338 855

Type of inspection:
Unannounced

Completed on:
22 May 2025

Service provided by:
RAM 217 Limited

Service provider number:
SP2013012163

Service no:
CS2013320586

About the service

Victoria House is a care home for older people situated on the main street in Blantyre, close to transport links, shops and community services. The service provides nursing and residential care for up to 50 people.

The care home is purpose-built with all accommodation at ground level, which includes 50 single ensuite bedrooms and three communal lounge/dining rooms. There is access to an enclosed courtyard garden which many of the bedrooms look out onto.

The care staff team comprises of carers, senior carer, care co-ordinator and a nurse who are supported by a deputy manager and a manager.

At the time of our visit there were 48 people living in the care home.

About the inspection

This was an unannounced inspection which took place on 22 May 2025. 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 one member of care staff, one staff nurse and two members of the management team, and we reviewed documents.

Key messages

The care provider must ensure the ongoing monitoring and evaluation of people's skin integrity for signs of deterioration.

The care provider must ensure people's health, wellbeing, and safety needs are met.

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

Requirements

Requirement 1

By 16 May 2025, the care provider must ensure the ongoing monitoring and evaluation of people's skin integrity for signs of deterioration. To do this, the care provider must, at a minimum:

- a) Ensure staff accurately record wound information to allow an assessment and evaluation for signs of deterioration. The care provider must ensure external health professionals are contacted when deterioration is identified.

This requirement was made on 28 March 2025.

Action taken on previous requirement

Good progress had been made to ensure staff were familiar with and understood the wound management policy. During our inspection we spoke with the manager about the importance of having a wound photography policy and guidance in place for staff. We shared with the manager resources to support this. The manager assured us she would implement a policy and guidance for staff.

Staff had attended wound management training, the manager told us she had taken into consideration staff roles when considering the need for this training. One staff member had recently taken on the role of care home assistant practitioner. The manager felt it would be beneficial for her development to attend the training alongside nursing and senior staff members.

During our follow up inspection, we were told there was one resident with a moisture lesion. We viewed the care plan which confirmed the support required together with regular oversight and monitoring in place. Records confirmed there had been improvements to the individual's skin following the actions put in place.

We were satisfied progress had been made and this requirement was met.

Met - within timescales

Requirement 2

By 16 May 2025, to ensure people's health, wellbeing and safety needs are met, the care provider must ensure, at a minimum:

- a) There is a sufficient supply of nurse call bells in working order, and easily accessible to people using the service throughout the environment.

This requirement was made on 28 March 2025.

Action taken on previous requirement

The manager told us that following our previous inspection, it had been agreed to replace the current call bell system with a new system.

The manager shared with us a risk assessment and plan covering the works to be carried out. We discussed with the manager the need for a thorough risk assessment to be in place and a contingency plan for staff to follow to ensure clear communication with staff in order to ensure people's health and safety whilst essential equipment was being replaced.

The work is scheduled to commence 23 May 2025, which is out with the timescale to meet the requirement. We agreed to extend this requirement to 18 July 2025, to ensure the new system is fully installed and operational.

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**

Previous area for improvement 1

To support the health and wellbeing of all people living in the service, the management should review the dining experience of the residents and their access to drinks and snacks out with mealtimes. This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33) and "I can drink fresh water at all times" (HSCS 1.39). This area for improvement was made on 17 January 2024. Action taken since then People had good access to drinks and snacks between meals. However, there was a continued need to improve the dining experience to ensure that people's nutrition and hydration needs were fully supported.

This area for improvement is not met and will be continued, as detailed in Key Question 1 of this report.

This area for improvement was made on 17 January 2024.

Action taken since then

Not assessed as part of this inspection

Previous area for improvement 2

Previous area for improvement 2

In order to improve outcomes for people, the management should review and enhance their quality assurances systems.

This includes: - audit tools to be completed accurately in order to identify strengths and areas for improvement. - monitoring and improvement in person-centred and outcome focussed care plans. - develop the improvement plan and action plans to ensure that they are SMART (specific, measurable, achievable, relevant and time-bound). This is to ensure that care and support is consistent with the Health and Social Care Standards which states, "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 17 January 2024. Action taken since then There was a need to ensure that the providers quality assurance system was being used in a consistent way to assess the quality of service provision and was effectively informing service improvement.

This area for improvement is not met and will be continued, as detailed in Key Question 2 of this report.

This area for improvement was made on 17 January 2024.

Action taken since then

Not assessed as part of this inspection

Previous area for improvement 3

Previous Area for Improvement 3

The manager should improve personal plans and associated review documentation to ensure that they are person-centred, up-to-date and outcome focused. This will ensure that care and support is informed by plans that reflect each person's current and future needs, choices and wishes. This ensures care and support is consistent with the Health and Social Care Standards which state: "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 17 January 2024. Action taken since then The management team had been working with the staff team to develop the content of personal plans . However, there was a continued need to ensure that personal plans were consistently evaluated to determine their effectiveness. There was a need to ensure that plans were outcome focused and fully reflected peoples needs, choices and wishes.

This area for improvement is not met and will be continued, as detailed in Key Question 5 of this report.

This area for improvement was made on 17 January 2024.

Action taken since then

Not assessed as part of this inspection

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iartras.

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 ਵਿੱਚ 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.