

Victoria House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
4 September 2025

Service provided by:
RAM 217 Limited

Service provider number:
SP2013012163

Service no:
CS2013320586

About the service

Victoria House is registered to provide a care service to a maximum of 50 older people which includes up to three respite places. The provider is RAM 217 Limited.

The care home is situated in Blantyre and close to local shops, amenities and public transport facilities. There is a car park to the front of the building.

The home is purpose-built with all of the accommodation at ground level which includes single en suite bedrooms, communal lounge/dining rooms and access to an enclosed garden area.

During this inspection, there were 48 people living in the service.

About the inspection

This was an unannounced inspection which took place between 1 and 4 September 2025. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with 15 people using the service and seven of their friends and family members
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from one visiting professional
- reviewed questionnaires returned to us by; three people using the service, four relatives, seven staff and three visiting professionals.

Key messages

- People and relatives were satisfied with the care and support provided.
- There were increased opportunities for people to join activities they enjoyed.
- People could be confident that their health and care needs were being met and that external health professional input would be sought as needed.
- A new call button system had been installed to promote people's safety in the service.
- The management team had worked hard to recruit staff and develop a stable staff group.
- Improvements had been made to the environment including the outdoor space meaning that people could access this independently.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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 were consistently observed being treated with dignity and respect throughout the inspection. People benefited from positive, genuine and warm relationships with staff. Staff were familiar with the wishes and preferences of each person with staff taking time to engage meaningfully with individuals.

People supported, overall, spoke positively to us about staying at the care home. Comments included.

"My wellbeing is great."

"The staff here are all lovely."

"I am always well looked after, staff are very helpful."

Families were, on the whole, positive about the care their loved ones received. One family member told us: "The staff are always lovely and welcoming. They care for all residents really well and seem very kind to them." Another told us: "My relative is cared for extremely well so is able to join in with all the activities they are able to."

Relatives spoke positively about communication from the service, particularly about being kept informed about any changes in their relative's health or wellbeing. This meant families felt reassured and involved which supported continuity of care and strengthened relationships.

Appointing a relative as the family liaison officer was a clear strength. Their approachable and effective support helped build trust, improve communication and strengthen relationships, ensuring people and their families felt respected, heard and supported.

Food and fluids were readily available and encouraged throughout the day, with visible fruit bowls and hydration options. We observed the mealtime experience and found staff to be overall attentive. Staff provided good levels of support which enhanced people's experience. We suggested that the management team continues to monitor this area to ensure a more consistent approach is achieved by staff in the areas people have their meals.

An activity programme was in place, led by a very dedicated and enthusiastic staff member. A wide range of activities, special events and family connections were being supported. These included reminiscence sessions, trips and outings, entertainers visiting, cooking, quizzes and cultural celebrations. This meant people had opportunities to participate in meaningful activities and maintain important relationships which supports their sense of identity and enjoyment. However, not all people supported appeared to have access to meaningful stimulation throughout the day which could impact on their engagement and overall quality of life. The management team agreed to review this.

A range of recognised assessment tools were being used to monitor and identify changes to each person's health and wellbeing. When appropriate, referrals for the input from external professionals were made. Feedback we received from one professional reported that they had confidence in the healthcare and support provided.

A new call system had recently been installed and was fully operational throughout the home. People could easily access it in both communal areas and their bedrooms and we observed staff responding to this consistently. This meant individuals could reliably request assistance, supporting their safety, dignity and independence.

Support was provided for people to attend health appointments when family were unavailable. People benefited from the weekly GP visits that were in place. This meant people had consistent access to healthcare, supporting early intervention and ongoing health monitoring.

Having the right medication at the right time is important for helping to keep well. Medication was being managed using an electronic system (EMAR). People's rights were being promoted through the use of covert medication pathways and protocols in place when medication had been prescribed on an "as required" basis. Some issues were identified with the covert medication documentation, and we were assured the actions agreed by the management team would address these.

Infection prevention and control (IPC) guidance was clearly displayed, and staff were observed following good practice in personal protective equipment (PPE) use and disposal. This meant people were protected from the risk of infection through robust IPC measures.

How good is our leadership?

4 – Good

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

The service benefited from a stable and well-regarded management team, with consistently positive feedback from people supported, families, staff and professionals.

The management team was familiar with the current needs of people living within the service and what interventions were in place to help keep people safe and well. This helped support continuity, trust and a positive culture across the service.

Daily handovers between shifts were being used effectively by the management and staff team to identify and communicate any individual's changing needs and adjust support accordingly. This helped to promote responsive care and risk reduction to people being supported.

The management team used a range of monitoring tools to evaluate the quality of care and support. These systems were applied effectively, with prompt action taken to address any issues. This ensured a good oversight of care delivery and alignment with best practice, supporting positive outcomes for people's wellbeing.

A range of audits was in place covering key areas such as medication, nutrition, infection prevention and control (IPC) and the environment. Audit outcomes were clearly documented, with defined actions, responsibilities and timescales. This reflected a proactive and accountable approach to maintaining and improving the quality of care and support.

Accidents and incidents had been recorded with trends identified on a month by month basis. Appropriate reporting had been completed post event.

The service engaged well in multi-disciplinary partnership working with external agencies to support placements and reviews of people in the service. Feedback we received from professionals was positive about the communication that took place. This helped with the care planning and outcomes for individuals.

Regular resident and relative meetings and stakeholder surveys were taking place to get stakeholders' views on the service. We discussed that it was not always clear how this feedback informed the overall service improvement plan. We suggested that this would be an opportunity to strengthen collaboration and transparency with stakeholders.

The manager had carried out a self-evaluation of the service and had several short-term improvement plans, often in response to any concerns, complaints or external quality assurance visits. We suggested that the service improvement plan should be a live document with defined timescales that is regularly reviewed and communicated to stakeholders. This should help to focus the identified improvements and track progress.

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.

We heard a number of positive comments about the staff who provided support.

"The staff are nice and they help me."

"The staff are exceptional, the care and time they give has allowed my relative to again have a fulfilling meaningful life."

"The staff are very good at communicating if there have been changes to the health of my relative."

The management team had successfully recruited permanent care, nursing and ancillary staff, resulting in a stable team that supported consistent, person-centred care. Their focus on continuity meant people were cared for by staff who knew them well which helped build trusting relationships and improved outcomes.

Staff recruitment followed good practice with robust pre-employment checks in place and competency-based interviews. This helped to ensure people with a good value base were recruited into the service.

The service used a dependency assessment tool to determine appropriate staffing levels. Staffing rotas were sampled and we observed support provided by the staff. We found appropriate levels and skill mix of staff on duty to meet the needs of people living within the service. The management team should continue to monitor the changing needs of people and ensure staffing levels meet their needs whilst taking into account the layout of the environment.

Staff were motivated and came across as kind and considerate in their interactions. They spoke positively about the management team, describing them as supportive and providing good leadership. This contributed to a positive working culture and helped ensure consistency in care delivery.

Training was delivered through a blended approach of face-to-face and online training with records showing high completion rates. Staff valued the learning opportunities. However, while dementia awareness training was completed, the Promoting Excellence in Dementia Skilled Practice had not been undertaken. Implementing this would strengthen staff capability in supporting people with dementia and cognitive impairments.

Staff supervision was taking place regularly and was consistently described by staff as reflective and supportive. Direct observations of staff practice had been completed. These helped reinforce good practice and helped staff understand their role.

The availability of a specific room for staff was appreciated by staff and we were told supported their wellbeing. We could see staff wellbeing was discussed during supervision, although this was not consistently recorded. We suggested that the supervision pro forma be updated to include a dedicated section for wellbeing discussions to ensure this was routinely discussed.

How good is our setting?

4 - Good

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

The standard of cleanliness throughout the home was overall good. The environment was bright, comfortable and spacious for people.

There had been environmental improvements and refurbishment of specific areas within the home including new flooring and carpets, decoration and refurbishment of bedrooms and a new call system. The Hastie's lounge had been redecorated and furnished, since the last inspection, to a high standard and this offered people an alternative space to spend time. We consistently heard positive feedback about recent environmental improvements which had enhanced the overall feel of the home.

Bedrooms were personalised and residents, and their families, had been involved in choosing the colours for decoration. Each bedroom had en suite toilet facilities. This helped staff to promote the privacy and dignity of each person when assisting with personal care.

People benefit from having access to a secure garden area, although we did not observe regular use during the inspection, likely due to the weather conditions. We were informed that some people actively participated in tending the garden which supported their wellbeing and engagement.

It was encouraging to see the management team's use of The Kings Fund environmental assessment tool to evaluate and improve the setting. Signage and visual aids were in place to support orientation and promote independence for people living with a cognitive impairment.

Malodours were being well-managed and cleaning schedules were in place for both communal areas and individual bedrooms. Housekeeping staff demonstrated good knowledge of appropriate cleaning products in line with best practice in infection prevention and control (IPC) procedures.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good IPC guidance. Laundry staff were familiar with IPC good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection. Plans were in place to improve the safer storage of items in the laundry area.

Environmental checks were consistently carried out by the maintenance staff. Contracts were in place and equipment had been serviced and maintained aligned to manufacturers' recommendations. The manager maintained oversight of these arrangements.

Some areas of the environment, including communal bathrooms and some sampled bedrooms, did not meet expected standards. The service acknowledged this and we were reassured that the ongoing commitment to the refurbishment programme aimed at improving bedrooms, en suites and furnishings will enhance the overall living experience for people receiving care.

How well is our care and support planned?

4 - Good

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

The service adopted a strengths-based approach that supported people's independence, identity and personal outcomes. One-page profiles effectively captured what mattered most to each person and the support they required.

The service used an electronic system for care planning which was generally easy to navigate; though some staff found it lengthy.

Personal plans sampled were person-centred and reflected individuals' interests, helping staff to tailor meaningful activities.

Care practices were informed by assessments and recognised tools such as Waterlow and MUST (Malnutrition Universal Screening Tool), helping to ensure care was tailored to people's health needs. Personal plans were regularly evaluated, with referrals made to external professionals when required. This meant people experienced care that was responsive, informed and aligned with their changing needs.

There was evidence of mental health input and specialist advice being incorporated into care planning including for stress and distress. Detailed protocols for managing stress and distress were in place for some people, with further development ongoing.

Planned care reviews had been completed with input from families or representatives. Relatives spoken with confirmed that they felt involved in developing support plans through attendance at care reviews. We received the following comment from a relative: "Last month we attended a review and we were encouraged to share our views."

Care reviews were stored separately from the electronic system. We suggested that key details such as dates, attendees and decisions should be consistently recorded in the electronic system to support the continuity of care.

Legal documentation including Adults with Incapacity (Scotland) Act 2000, Section 47 forms, Do not attempt cardiopulmonary resuscitation (DNACPR) decisions, Welfare guardians and Power of Attorneys were clearly recorded.

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

Requirements

Requirement 1

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.

To be completed by: 16 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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

On our 22 May 2025 inspection visit, we were told of plans to replace the call system. We agreed to extend this requirement to 18 July 2025, to ensure the new system was fully installed and operational.

This requirement was made on 28 March 2025.

Action taken on previous requirement

Since the requirement was made, a new call system had been installed across the home, significantly improving staff response times to individual requests for assistance.

We could see that people consistently had access to call buttons in their rooms, and during the inspection, staff were observed responding promptly.

This has reduced delays and helped ensure people felt safe, respected and valued. The improvement addressed the previously outstanding requirement and reflects the service's commitment to maintaining dignity and delivering compassionate, person-centred care.

Met - outwith timescales

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 people's healthcare needs safely and effectively, the provider should ensure that the protocols in place to direct staff administering medication prescribed to be given 'as needed' are more detailed and regularly reviewed.

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 "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 area for improvement was made on 17 October 2024.

Action taken since then

Improvements had been made in relation to the practices and management of prescribed medication. Appropriate protocols were in place when required and these were subject to regular review and audit.

We have reported on this further under How well do we support people's health and wellbeing?

This area for improvement has been met.

Previous area for improvement 2

To support people's nutrition and hydration needs, the provider should improve the mealtime experience. This includes reducing noise at mealtimes and supporting people to eat at their own pace. The provider should consult with people regarding food choices and menu planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

This area for improvement was made on 17 October 2024.

Action taken since then

Improvements had been made in relation to the mealtime experiences. Three lounges were available for people to eat in. Consultations had taken place with residents, relatives and kitchen staff around menu planning and food choices.

We have reported on this further under How well do we support people's health and wellbeing?

This area for improvement has been met.

Previous area for improvement 3

To further develop a culture of continuous improvement, promote a spirit of genuine partnership with stakeholders and improve outcomes for people, the provider should review and enhance the quality assurance systems.

This includes but is not limited to:

- using comments and suggestions gathered from stakeholders to inform the service improvement plan
- demonstrating learning from adverse events
- supporting staff skills with the understanding and completion of audit tools
- using the outcomes of quality audits to fully inform the service improvement plan.

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).

This area for improvement was made on 17 October 2024.

Action taken since then

Quality assurance improvements had been made around learning from adverse events, the completion of audits and getting feedback from stakeholders through meetings, surveys, care reviews and in the family liaison officer role. However, this had not been clearly reflected in the service improvement plan. Further development is needed to ensure feedback leads to meaningful change. Strengthening this process will help ensure people experience care shaped by their voices and priorities.

We have continued this area for improvement and this will be assessed at the next inspection.

This area for improvement has not been met.

Previous area for improvement 4

The provider should support people's wellbeing by improving communal sitting rooms in consultation with the people living in the home. This should include making sitting rooms more homely and implementing measures to reduce noise levels.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax" (HSCS 5.6).

This area for improvement was made on 17 October 2024.

Action taken since then

Investment had been made by the provider across the environment, in particular the Hastie's lounge with new furniture, decorations and soft furnishings. Feedback we received was positive about the reduction in the noise levels and the more homely feel of the lounge areas.

We have reported on this further under How good is our setting?

This area for improvement has been met.

Previous area for improvement 5

The provider should improve and develop personal plans to ensure that staff are effectively directed to support the individual taking a consistent and agreed approach.

This should include the following:

- develop personal plans to be person-centred, outcome-focused and fully reflect each person's current and future needs, choices and wishes
- ensure that evaluations are outcome-focused and reflective of how effective the planned care had been in promoting positive choices
- improve the records of six monthly reviews to fully reflect discussions and actions for future care
- improve record keeping and care planning for people on respite stays in the service.

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 17 October 2024.

Action taken since then

Improvements had been made in relation to personal plans. Plans sampled were found to be person-centred, up-to-date and outcome-focused, and were subject to regular evaluations and reviews. No respite clients had been supported recently, but new paperwork and personal plans were in place to help improve the record keeping should this be required.

We have reported on this further under How well is our care and support planned?

This area for improvement has 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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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