

Thomson Court Day Care Support Service

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Type of inspection:
Unannounced

Completed on:
10 April 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000458

About the service

Thomson Court Day Care is registered to provide a day support service for up to twelve older people. The service provides day care and support for older people living with dementia from across the Isle of Bute. The service operates from suitably accessible premises on the edge of Rothesay, on Bute. The provider is Argyll and Bute council. At the time of inspection ten people were using the service, with five attending during the inspection.

About the inspection

This was an unannounced inspection which took place on 9, 10 April between 11:15 and 17:30. 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 five people using the service and two of their family/friends
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

People were supported by a small staff team who were kind, compassionate and worked well together.

People's health and wellbeing needs were managed well.

People benefitted from a stable staff team though staffing levels needed to be reviewed.

Improved oversight of staff training is required.

Care was reviewed and support plans reflected people's needs and wishes well.

Environmental improvements are required urgently to keep people safe.

The floor coverings require urgent repair or replacement.

The service required improved management oversight.

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 good is our setting?	2 - Weak
How well is our care and support planned?	5 - Very 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 told us 'The staff are great; I look forward to coming.' Staff assisted people with activities to meet their social and recreational needs. People using the service had access to a minibus, to be collected each day and for outings. People took part in light exercise activities helping them to remain active, and one relative told us that their relative benefitted when staff read to them. Relatives we spoke with said they were 'happy to get a break from caring responsibilities' and 'the service was such a lifeline'. The service helped people to get more out of life.

There was access to advocacy services where required, to support with people's decision making. There was a wide range of group activities on offer throughout the week to promote physical and mental wellbeing, with joint projects with the local nursery children ongoing. People told us this intergenerational work was 'great'. A person-centred approach was evident within the service, staff knew people and their individual preferences well.

Mealtimes were well organised, and staff knew people's choices and favourites. People's nutritional needs were supported with a good range of food and beverages available on the menu and any specific dietary requirements were also identified, assessed and provided for. The standard of the food on offer was of a good quality. There was a relaxed atmosphere at mealtimes and staff encouraged interactions adding to people's sense of enjoyment and wellbeing.

People can expect their medications to be administered safely and in line with prescribed instruction. There was a clear system for administering medication and regular audits. This ensured safe medication practices and gave assurance to people using the service. We were confident people were getting their medication safely and in line with prescribed instructions. Whilst there was medication guidance for staff, there was not a current medication policy in place. The provider should ensure policies and procedures are in place which are appropriate for the service type. This includes an appropriate medication policy. Policies should be regularly reviewed and updated as required. See area for improvement 1.

People can expect their health needs to be identified and well supported. Professionals we spoke with had confidence in the staff team 'people are very well looked after, all the staff flag things quickly'. Professional advice was followed, and this was recorded well within people's personal plans. Risk assessments, where needed were well written, clear, useful, and appropriate. We concluded people's health and wellbeing needs were managed well.

Environmental improvements were urgently required because these may impact on people's safety and wellbeing. People were not able to freely wander round and required staff assistance, see how good is our setting?

Areas for improvement

1. To ensure that people receive medications safely and benefit from robust processes to guide staff, the provider should implement a medication policy.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. The registered manager of this service was also the registered manager of the care home attached to the service and spent their time overseeing the care home service.

People can expect leaders to have the skills, capacity and systems in place to identify risks, plan appropriate actions and drive improvements. There was little time for the manager to dedicate to the running or improvement of the day service due mainly to capacity issues in both services such as staffing levels. However, leaders were clear where the risks lie and where improvements are needed. Acting on improvement plans had stalled due to the proposed refurbishment and change of location of the service.

The provider was implementing a review of day service provision, which provides an opportunity to gain the views of people, relatives, staff and professionals to determine the aims of the service moving forward. People and their relatives should be well informed about any proposed changes and ensure their views are heard. A service user meeting to discuss changes to proposed and delayed service developments was planned. Relatives' views had been canvassed last year and overwhelmingly they were happy with the care and support provided to their loved ones. Relatives felt that people's outcomes were being met and when asked, told us the environment should be upgraded to improve people's overall experience of using the service. Relatives were confident to approach the management team should they need to make a complaint.

People can expect to benefit from a culture of continuous improvement. There were some systems in place to monitor aspects of service delivery like good review processes where everyone's views were heard and recorded well. Other areas had not been subject to rigorous quality assurance including the environment where there were outstanding actions waiting to be addressed. Quality assurance work required overall improvement to ensure effective management oversight and leadership to improve outcomes and maintain safety for people. See area for improvement 1.

It is essential that the manager and senior staff communicate about the running of the service. We spoke with the management team about sharing information and about completing walkarounds regularly ensuring identified actions are added to a live development plan as an aspect of the quality assurance processes. This would help to monitor the quality of care provided to ensure it was of the expected standard. We also asked the provider to produce an updated environmental action plan and share this to give assurance work will be undertaken to ensure the safety of people using the service. See requirement 2 under How good is our setting?

We shared guidance with the management team on reporting incidents to relevant agencies, including the care inspectorate as these, whilst managed well had not always been reported to the relevant agencies. See area for improvement 2.

Areas for improvement

1. To ensure people benefit from continuous improvement robust quality assurance systems should be implemented and used to inform a service improvement plan. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

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

2. To ensure information about peoples safety and wellbeing is shared with the right people the provider should ensure notifications to the regulator are made in line with the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Staff were compassionate, caring and knowledgeable and developed meaningful relationships with people.

People can expect staff to be recruited safely. The recruitment procedures the service had implemented were effective. People employed within the service were suitably vetted and checked prior to working with vulnerable adults. This gave assurances to people using the service and their relatives that care staff were suitable and safe to work in care.

People benefited from a small, consistent staff team. This meant that people received support from the same group of staff who got to know them, their needs and how they liked their care to be given. However, staffing the service was challenging. The service had vacancies and were making efforts to recruit people to fill these positions.

People can expect to be supported by the right number and skill mix of staff. Whilst staff told us they felt valued and supported, there were three core staff and insufficient staff contingency to cover for when these core staff were on leave, absent or at training. This meant that on some occasions staff from the care home helped to cover or people were not offered all of their support hours or their hours could be cancelled. The provider should review the staffing arrangements and develop a contingency plan to ensure they can deliver the service consistently to meet peoples support hours. See area for improvement 1.

Staffing numbers, skills, and deployment should reflect the needs of the people using the service. The service did not use a dependency assessment tool to assess the support each individual required and to identify the hours required to staff the service. A mechanism for assessing staff hours should be implemented to inform the daily staffing hours needed. Whilst the management team and staff had worked hard to minimise the impact of staffing levels on people's care, consistent staffing numbers would improve people's experience.

Staff were flexible, worked well together and were responsive to any changing needs of people. Relatives told us they were confident in the staff and that they were good at communicating with them. Staff meetings were held weekly where people's care plans were updated and senior staff communicated any changes to the manager. Supervision was offered regularly and staff told us this allowed for reflection which helped them to develop their practice.

People can expect to be supported by well trained and skilled staff. Staff had access to ongoing training, which was delivered both face-to-face and online, though this was limited due in part to the island location. Attendance at training promoted staff understanding of people's needs. Staff required further access to training relevant to their role. There was limited evidence of staff training or identification of development needs. We had difficulty tracking all of the training staff had completed or when refresher training was due. This included mandatory training such as Adult Support and Protection (ASP). The provider was aware of this and was working to develop systems to capture staff training and development needs more accurately. These systems needed time to be fully implemented and embedded. The provider should continue with this work and ensuring training opportunities available for staff so that people using the service continue to benefit from a trained, skilled staff team. See area for improvement 2.

Areas for improvement

1. To keep people safe and deliver a consistent service, the provider should ensure that staffing numbers are reviewed. The provider should ensure that staff skills and deployment reflect the needs of the people using the service. Decisions about staffing should be transparent and based on the principles of the Health and Care Staffing (Scotland) Act 2019.

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).

2. To ensure people benefit from staff that are well trained and skilled, the provider should provide staff with training relevant to their role, including expected mandatory training.

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 good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. We had significant concerns around the safety of the environment for people and made two requirements. The environment may not be safe and the building had not been well maintained over a period of years. The provider should make significant improvements to ensure people are safe and experience a comfortable environment to live in.

People can expect to live in a clean, safe and well maintained environment. The Scottish Fire and Rescue Service in 2022 had identified risks in relation to electrical wiring in the building. There had been a planned refurbishment of the service which included rewiring of the building, however this had been paused by the provider due to provider financial constraints. Building and environmental improvements are required urgently to keep people safe. See requirement 1.

Whilst there were safety concerns about the environment of the service there were operational systems in place for safety. Routine maintenance tasks were carried out regularly and most safety certificates were available, fire training was current and staff and people supported knew what to do in the event of a fire and had practiced this in a recent drill.

Flooring throughout the building was worn and some areas including the toilets were out of use due to dangerous flooring. People were at risk of increased falls because the flooring was uneven and patched. People were also unable to independently mobilise around the service due to risks with flooring and bathrooms. An environmental audit completed some time ago with the manager had highlighted these areas. To improve the safety of the flooring and to allow people to move independently urgent work is required to the flooring. See requirement 2.

A service improvement plan which included environmental improvements is required to identify and track areas of work. We have asked the provider to produce an improvement plan including an environmental action plan to address the risks identified. This action plan must identify a realistic timescale for completing these urgent environmental improvements. See requirement 2.

The manager and senior management representatives gave assurances they would not delay in actioning the improvements required.

The grounds and garden areas were kept well and there was access to outside space for people with beautiful views. The service planned on introducing raised beds with opportunities for people to partake further in gardening activities.

Requirements

1. By 30 June 2025 the provider must ensure that people experience a safe and well maintained environment. The provider must:

- a) take steps to ensure all electrical wiring throughout the building is safe and meets relevant safety standards
- b) ensure actions and timescales for improvements are communicated with people using the service and their representatives

This is to comply with Regulation 10(2)(d) (Fitness of Premises) 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 environment is secure and safe.' (HSCS 5.19).

2. By 16 June 2025 the provider must ensure that people experience a safe and well-maintained environment. To do this the provider must at a minimum:

- a) develop an environmental audit to identify where improvements are required and produce an action plan based on SMART principles (Specific, Measurable, Achievable, Realistic, and Time-based) with realistic timeframes for addressing outstanding environmental actions
- b) assess and replace the damaged and worn flooring throughout the building

c) ensure people who use the service and their representatives have been consulted about environmental improvements and include their views in the action plan

d) ensure timescales for improvements are communicated with people using the service and their representatives

This is to comply with Regulation 10(2)(d) (Fitness of Premises) 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 environment is secure and safe' (HSCS 5.19) and '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?

5 - Very Good

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

Personal plans were detailed, outcome focused and person-centred. The plans that we sampled contained important information about the person and how they can be supported to achieve the best possible outcomes. Good personal information, life history and medical information was apparent. There was a clear guiding document 'how best to support xxxx'. This was personalised and each individual's needs and the assistance that they required were detailed including strengths-based information such as what people could do for themselves. There were specific care plans for example to support with diabetic care, which promoted people's health and wellbeing.

Daily notes were completed that gave a picture of how the person's day had been with a focus on their wellbeing. People and their relatives or representatives were involved initially with developing and then reviewing the plans. Staff spoke with relatives daily to maintain good communication. The personal plan was updated regularly so that staff delivered effective and current care which reflected people's wishes.

Supporting legal documentation was in place to ensure people's rights were protected and upheld. External professionals were confident that advice and guidance was followed, and staff were proactive in being responsive to people's needs. We concluded that through the personal plans, people's health and wellbeing needs were met well.

People can expect that personal plans are reviewed and updated regularly. These plans accurately reflected people's needs and wishes however future care plans should be developed further to ensure people's wishes were known and respected should people not be able to express them. The manager recognised this and was taking steps to address it.

We noted that reviews were six monthly and recorded well, though not always involving the care manager. There was access to advocacy where appropriate. Personal plans were not quality assured by the manager, improved oversight may support staff competence in developing the plans further. See How good is our leadership.

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

Management should consider developing a quality assurance system that is specific to Thomson Court Day Service.

National Care Standards Support Services - Standard 2 - Management and Staffing Arrangements.

This area for improvement was made on 28 September 2017.

Action taken since then

There is no specific quality assurance system for the day service. This area for improvement is not met, and has been superseded by a new area for improvement under 'How good is our leadership?'

This area for improvement is not met.

Previous area for improvement 2

The manager should review policies, procedures and practice with regard to medication to ensure safe and best practice.

National Care Standards Support Services - Standard 2 - Management and Staffing Arrangements.

This area for improvement was made on 28 September 2017.

Action taken since then

We were confident people were getting their medication safely and in line with prescribed instructions. There were medication procedures in place to guide staff.

Whilst there was guidance, there was not a current organisational medication policy in place. The provider should ensure policies and procedures are in place which are appropriate for the service type. This includes a suitable medication policy. A new area for improvement has been made to reflect this. See 'How well do we support people's wellbeing?'

This area for improvement is met.

Previous area for improvement 3

All staff should receive training on outcomes using sources such as those found on the Care Inspectorate's Hub and on the Institute for Research and Innovation in Social Services (IRISS) website.

National Care Standards Support Services - Standard 2 - Management and Staffing Arrangements.

This area for improvement was made on 28 September 2017.

Action taken since then

Though staff have not received this specific training, there is reference to outcomes throughout peoples' personal plans. Further improvements relating to staff training are included in a new area for improvement, under 'How good is our staff team?'.

This area for improvement is met.

Previous area for improvement 4

Good practice examples of service improvement planning, including those found on the Care Inspectorate's Hub, should be used develop the service's future.

National Care Standards Support Services - Standard 2 - Management and Staffing Arrangements.

This area for improvement was made on 28 September 2017.

Action taken since then

Improvement planning remains an outstanding piece of work for this service. This area for improvement has been replaced by a new area for improvement under 'How good is our leadership?'

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 good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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