

Thomson Court Care Home Service

Townhead
Rothesay
Isle of Bute
PA20 9JH

Telephone: 01700 503 166

Type of inspection:
Unannounced

Completed on:
11 August 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000453

About the service

Thomson Court is a registered care home for older people situated in a residential area of Rothesay, close to local transport links, shops and community services. The provider is Argyll and Bute Council. The service provides residential care for up to eight people and one respite place. The building is shared with Thomson Court Day Centre. The service provides accommodation over one floor with nine single bedrooms. All rooms have en-suite shower facilities. There are two sitting rooms and one dining room. There are toilets and a bathroom available for communal use. There is a communal outdoor garden space which is accessible and situated at the side of the home. Some of the garden space has been covered to provide a sheltered seating area. There were eight people living in the home at the time of our inspection.

This was a virtual inspection where no physical site visit took place.

About the inspection

This was an unannounced follow up inspection which took place on 5, 7, 8 August 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service and three of their family/friends
- spoke with five staff and management
- reviewed documents
- spoke with one visiting professional.

Key messages

We followed up on two requirements made at the last inspection which were met.

Some environmental improvements required were addressed improving safety for people.

Floor coverings had been replaced and some areas had been freshly decorated; people told us this made a difference to them.

Staff training had been prioritised, and a training plan had been developed.

People benefitted from a stable staff team.

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 good is our setting?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

3 - Adequate

Two requirements were made under this key question at the previous inspection on 10 April 2025, both of which have been met.

We have regraded this quality indicator and key question from weak to adequate following this inspection.

Please see 'What the service has done to meet any requirements we made at or since the last inspection', for further information.

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

Requirements

Requirement 1

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) complete an environmental audit to identify where improvements are required and produce an action plan
- 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'.

This requirement was made on 10 April 2025.

Action taken on previous requirement

We used photographic evidence and sought the views of people supported, relatives and staff, as this was a virtual inspection.

- a) an environmental audit had been completed to identify where improvements were needed. Though there have been monetary challenges postponing some works, a plan has been produced with actions to be taken forward
- b) the worn and damaged flooring had been replaced. This is in keeping with 'the layout of the setting and quality of the furnishings and fixtures should meet people's needs and supports positive experiences and outcomes'
- c) people and their relatives were consulted and informed by a series of letters
- d) A letter was circulated to families to confirm the works were completed.

We concluded that people were able to experience a safe and better maintained environment.

Met - outwith timescales

Requirement 2

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 of acceptable standard
- 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).

This requirement was made on 10 April 2025.

Action taken on previous requirement

The provider, Argyll & Bute Council, have taken steps to ensure all electrical wiring throughout the building is safe and of acceptable standard. The building has an electrical safety certificate stating 'Satisfactory'.

People and their relatives have been informed by letter of the satisfactory electrical wiring certification.

We concluded that people were able to benefit from reassurance of a safer environment.

Met - within 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 ensure that people receive medications in line with best practice 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).

This area for improvement was made on 10 April 2025.

Action taken since then

Progress has been made in relation to addressing this area for improvement. The provider has taken responsibility and has been working closely with other professionals on the development of a draft medication policy.

Whilst it is taking some time to develop and implement, we were assured that staff were supported by having the information and guidance and that medication audits were in place as part of a quality assurance process. These measures helped to ensure people received medications safely, in line with best practice.

This area for improvement has not been met.

Previous area for improvement 2

To ensure that people benefit from robust processes to guide staff and uphold people's legal rights with their finances, the provider should implement a finance policy.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states, 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'(HSCS 2.5) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 10 April 2025.

Action taken since then

The finance policy is in draft form with the provider working on this. The service are following the guidance which has been issued. This was being used in conjunction with a managing money policy.

This assured us that people's interests were safeguarded in the meantime while waiting a ratified policy.

This area for improvement has not been met.

Previous area for improvement 3

To ensure people are supported by staff that are trained and competent to deliver safe care the provider should ensure the provision of a range of 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)

This area for improvement was made on 10 April 2025.

Action taken since then

People using the service should have confidence in staff members because they are trained, competent and skilled, are able to reflect on their practice and follow their professional codes.

The manager shared a report detailing the compliance of staff with mandatory training and is committed to maintaining an accurate record of all staff training, including refresher training.

The provider had been investing in a number of other training opportunities to upskill staff and the manager is using all of the information available to develop a training plan.

The manager shared that she spent time with a number of staff on protected training time which has given her a better overview of staff competency, training requirements and gaps as well as areas of good practice.

Staff who were contacted during the inspection advised they had a raft of recent training, including adult protection and stress and distress for people living with Dementia. All staff we spoke with confirmed they are up to date with mandatory training.

The provider was working on a training matrix to capture the different types of training staff have completed to give better oversight. We asked that this included bank staff to ensure they were trained to similar levels as permanent staff within the service.

This area for improvement has been met.

Previous area for improvement 4

To keep people safe and ensure that people's care and support needs are met, the provider should ensure staffing arrangements are adequate and effective and reflect the needs of 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).

This area for improvement was made on 10 April 2025.

Action taken since then

We sampled a number of staff rotas and noted that when for example, a person may be using respite, additional staff were sought to cover particular times. Professional judgment rather than tools were used to determine staffing levels with a clear rationale for decisions made.

We have shared the guidance around staffing methods with the manager. This would further improve their knowledge and understanding of the need for clear processes to assess and review people's needs and link clearly to staffing arrangements.

Staff we spoke with felt there was adequate levels of staff, including overnight. People and relatives told us that there were staff available when they needed them. This assured us that staffing arrangements were adequate.

This area for improvement is met.

Previous area for improvement 5

To ensure people benefit from continuous improvement within the service, robust quality assurance systems should 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).

This area for improvement was made on 10 April 2025.

Action taken since then

We were provided with a service improvement plan which detailed quality assurance completed and the schedule. We have noted the progress of these actions are being charted.

The senior team have taken on the responsibility for some of the quality assurance activity in the service. Development days are to be introduced to support the senior team.

Feedback from people was sought and we saw evidence which included the dining experience feedback and the questionnaires/surveys. These were sent giving people opportunity to feed into improvements to be made at Thomson Court.

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 good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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