

# Thomson Court Care Home Service

Townhead  
Rothesay  
Isle of Bute  
PA20 9JH

Telephone: 01700 503166

**Type of inspection:**

Unannounced

**Completed on:**

30 November 2018

**Service provided by:**

Argyll and Bute Council

**Service provider number:**

SP2003003373

**Service no:**

CS2003000453

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Thomson Court Care Home is located within Thomson Court Campus on the outskirts of Rothesay on the Isle of Bute. The service is owned and managed by Argyll and Bute Health and Social Care Partnership (HSCP).

The service provides residential care for up to 8 older people, including one respite place.

Each resident has their own room with ensuite facilities. Residents have access to two lounges and a spacious dining room.

The main objective of the service is aimed at designing support to encourage and help people they support to have rewarding lives. The service's aim is to provide residents/clients with a relaxed, amiable environment where staff are highly motivated and constantly endeavouring to ensure the highest possible quality of care.

## What people told us

There were 7 residents living in the home at the time of our inspection. During our visit, we spoke with 4 residents, 2 relatives and 2 visiting health professionals. We also received 5 completed questionnaires from relatives and 4 from staff. We spoke with staff throughout our inspection and as part of our general observations. We also observed a lunchtime and carried out a SOFI 2\* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave positive feedback about the standard of care at Thomson Court. When areas for improvement were identified we explored these further and communicated them anonymously to the manager with a view to supporting improvement if needed. Comments included:

- 'Overall I'm very happy'.
- 'The staff are wonderful. They are kind and caring. The home is extremely well looked after. Always clean and no smells'.
- 'Managers are very approachable'.
- 'I really think they provide excellent care'.
- 'It's good. I have a lot of freedom. I have a lot of carers that I get on really well with'.
- 'I am very satisfied here'.
- 'Staff are very patient and helpful'
- 'Residents have their choices fully respected'.

- 'They communicate well with us'.

\*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us

## 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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

**5 - Very Good**

We observed that staff at Thomson Court interacted with residents in a kind and nurturing way. Staff demonstrated that they had good knowledge of the individual residents and their abilities and preferences. A person-centred approach to care was supported by allocating a keyworker to each resident. During our inspection we found the atmosphere in the service settled and friendly. Feedback received from residents and families showed that people were happy with the service. A resident told us: 'It's important to have staff who are in the right job. People who really care and I think staff here do really care'. This meant that residents benefitted from good relationships with staff and a compassionate approach to care.

The service promoted people's abilities and independence. The service supported residents with access to independent advocacy. Staff supported residents to make choices. Managers had innovative plans to further enable people living with dementia to make choices and to remain meaningfully involved in making decisions and evaluating their care. A resident said: 'I have a lot of freedom and I get to do a lot by myself'. This approach meant that people's rights were respected and people felt listened to.

Mealtimes were settled, unhurried and well set up. We saw that staff supported residents appropriately and promoted a relaxed atmosphere by taking their time and chatting with residents about their day and local events. Staff were aware of how to make it easier for people living with dementia to make choices at mealtimes, for example by showing them what is on offer. The service's approach to mealtimes meant that people enjoyed their meal. A resident stated: 'If we don't like something we always get another choice. That's really good'. However, we found that practice could be made more consistent and discussed this with managers, who planned to use more observations of practice to work on this.

Managers and staff showed a very good understanding of the importance physical activity. The service supported an innovative movement and dance project together with a local college. It enabled residents to spend meaningful, joyful and health promoting time with younger people from the local community. This promoted engagement with life and the local community.

We found that the service worked well and effectively with external healthcare professionals. A community nurse told us: 'They contact us immediately if a resident needs medical or nursing attention. I really think they provide excellent care'. Staff managed medication robustly and proactively. We saw very good examples of practice. People living with dementia who experience stress and distress benefitted from support strategy plans, including a medication strategy if their symptoms were managed with medication. A relative said: 'Healthcare issues are managed very well. This meant that the management of people's healthcare was safe and effective.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**4 - Good**

We saw that the service had a care planning and risk assessment system that covered all relevant aspects of the residents' care. A good new addition to the documentation system was a useful one page summary document. This made important information about the person quickly accessible for staff and external professionals. We found that the documentation system needed more consistency to ensure that plans and risk assessments are always completed to the same standard. Managers acknowledged this and were able to show us their ongoing plans for improving the care planning systems. The improvement plans showed that managers had a very good understanding of what needed to be improved and they had some innovative ideas to achieve this. We

encouraged managers to progress with their improvement plans as quickly as possible and will follow this up at the next inspection.

The service had a clear overview system for managing regular care reviews. We found that people were involved meaningfully in reviews. Managers had introduced recent changes to the format of reviews and evaluations. A 'four plus one' questions approach combined with the use of pictures was designed to make the evaluation process easy to follow, effective and solution focussed. This meant that residents and families benefitted from an approach to reviews and quality assurance that was transparent and outcome focused.

We saw good evidence of good multi-disciplinary professional involvement in the care planning and review process where appropriate. We spoke to visiting community nurses who confirmed that staff worked well together with the community nursing and the GP services. The care plan system contained a section for anticipatory care planning to gather information to help people live well right to the end of life. This meant that staff could find out and document what is important to people and their wishes for the future. Managers were aware of the fact that some of the anticipatory plans still needed more detail and had plans to address this as part of their improvement project.

## 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

The service should review the processes it uses to monitor residents' health. Monitoring charts should only be used when appropriate for the individual resident. They should state the reason why they are being used and include clear guidance to staff on how to recognise when they should take action or seek further guidance.

National Care Standards 7, Care at Home - Keeping well - healthcare

**This area for improvement was made on 1 December 2017.**

#### Action taken since then

The service made sufficient progress on meeting this recommendation. The documentation and approach to monitoring had moved towards individual application, based on need. There was very good oversight and support by the local community nurse team.

**This recommendation was met and will not continue.**

### 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

## 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 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.