

Annual Inspection Report 2022-2023

Marathon Court Nursing and Residential Home

Adult Care Home

4 & 5 January 2023



Isle of Man
Government
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DHSC

We carried out this announced inspection on 4 & 5 January 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Marathon Court Nursing and Residential Home is a care home based in Douglas. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were thirty-eight people using the service.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

People said they felt safe living at Marathon Court. Systems were in place to protect people from harm or abuse. Risks were assessed and guidelines were in place to manage these risks. Incidents were reviewed to reduce the risk of occurrence. People received their medication as prescribed. The premises were clean and hygienic, with policies and procedures in place to protect people from infections.

People, and their relatives, where appropriate, were involved with agreeing the care plans. People received person-centred care and made choices and decisions about what they wanted to do. Staff had received the appropriate training and supervision to meet people's individual needs. Staff worked alongside other professionals to ensure people's day-to-day health and wellbeing needs were met. Where people did not have capacity, the home worked with the family, and other professionals, to provide a level of care that is in the person's best interests.

Staff knew people and their needs well. People reported that staff treated them with dignity, respect and compassion. Staff ensure that the care they provide protects people's privacy and respects their choices and rights. Staff promoted people's independence, as much as possible and involved them with choices.

Care plans reflected the residents' physical, mental, emotional and social needs. People were supported with participating in social activities and maintain relationships that were important to them. Relatives spoke positively about the staff team, saying they were kind and caring. The provider had a complaints procedure, informing people how to make a complaint.

The manager understood their role and responsibilities to deliver what is required. There were enough staff on duty to meet people's needs. Formal supervisions and staff meetings were held, as required. Staff spoke positively about the manager and felt supported, respected and valued. The home shares appropriate information with relevant health care professionals, with consent, to benefit the people who reside at the home.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Marathon Court Nursing and Residential Home is registered as an adult care home.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 3 January 2023. We visited the service on 4 & 5 January 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to five people who used the service about their experience of the care provided and one relative of a person residing at Marathon Court. We also observed interactions between staff and people living at the home.

We spoke with five members of staff, including the registered manager and the chef.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke to the relatives of three people living at Marathon Court, to seek further views about the service and their experience of the care being provided to their family members.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires two improvements in this area.

We found this service was safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to safeguard people from abuse and harm. All staff had received training in adult safeguarding and refresher training every two years, thereafter. The home employed an in-house trainer, who produced a training schedule, identifying when staff members will receive future training.

The provider had policies and procedures regarding whistleblowing and safeguarding, which had both been reviewed in February 2021.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns. The service had notified the relevant authorities of all notifiable events within the specified timeframe.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management

A range of safety checks had been completed throughout the building. These checks included an inspection of the electrical safety, portable appliance testing (PAT) and fire safety measures. External specialists had carried out an annual examination of the passenger lifts within the building; an external agency had also tested the water system for Legionella bacteria and staff completed water temperature checks on a regular basis.

Marathon Court had an environmental risk assessment completed by an external agency and there was appropriate security checks conducted at night to ensure the building was safe; however, there was no documentation for this routine. We recommend that there is a written procedure for ensuring the building is secure at night, for the benefit of all staff members and the safety of the residents.

Qualified engineers serviced the lifting/hoisting equipment, in line with the manufacturers' guidance, and the home completed checks on a quarterly basis.

The Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held in their file.

Staff confirmed that there was a 20-minute hand-over by the nurse-in-charge, to all on-coming staff; time set aside to pass on relevant information concerning the residents care and support.

Care records were stored in a locked cabinet within a secure office.

Staffing and recruitment

The provider had recruited staff safely. The provider had completed appropriate checks prior to any staff member commencing employment.

Staffing rotas showed that, typically, two registered nurses and six health care assistants covered the early shift; two registered nurses and four health care assistants covered the late shift. Night staff consisted of one registered nurse on shift with two health care assistants.

A number of residents told us they felt there were enough staff available to meet their needs; however, we received mixed feedback from some of the family members. One family member told us, "Sometimes, when I visit at weekends, no-one seems to be around, but staff could be busy with residents in their rooms, I suppose". Another family member said, "There seems to be plenty of staff. They spend time with [my relative] and stay to have a chat when they are supporting [them] with having a drink".

Using medicines safely

A medication policy and procedures was up-to-date and gave clear guidance in ordering, storage, administration and the disposal of residents' medication; however, there was no information or guidance to support staff with the collection of a resident's medication from the pharmacy. This will be an area for improvement.

Pre-admission assessments, completed by the manager prior to a person moving into the home, had identified their health needs and their medication regime. Information from the assessments was used to develop a medication care plan, informing the staff of their responsibilities in supporting the service user with their medication, as necessary. Medication storage was secure and Medicines Administration Records (MARs) were fully completed.

A limited number of staff were responsible for the administration of medication. Only the registered nurses and senior health care assistants had received medication administration training. The senior health care assistants supported the nurses, but did not have the responsibility to administer medication to the residents.

Nursing staff had their competency in administering medication assessed every two years and senior health care assistants had their competency assessed on an annual basis.

Feedback from one resident had determined that medication had been left for them to self-administer, contrary to their care plan and risk assessment. Consequently, it could not be determined if the resident had taken their medication, as prescribed, prior to it being recorded on their MAR sheet. This will be an area for improvement.

Preventing and controlling infection

The provider had an infection, prevention and control policy and procedure, reviewed in February 2021. The manager also completed an 'overall' infection control audit on a regular basis, and audits on the kitchen, laundry room, sluice room, staff handwashing and use of Personal Protective Equipment (PPE).

All staff had completed training in infection control except two new staff members. The manager produced a training schedule, showing that these staff will complete all of their mandatory training during January 2023. We observed staff using Personal Protective Equipment appropriate to the tasks they were performing.

The home was clean and tidy and we observed the housekeeping staff undertaking their duties, following a cleaning schedule, which identifying the cleaning tasks and timeframes for each area of the building.

The management team had carried out a number of cleaning audits to the residents' bedrooms, communal areas, the kitchen, sluice room and laundry room, identifying that the housekeepers had cleaned those areas to an acceptable standard.

The temperatures of the fridges and freezers were taken and recorded on a daily basis.

Learning lessons when things go wrong

The responsible person and manager had completed audits of accidents, incidents and safeguarding concerns and there was evidence that the manager had reflected on information from these incidents, to establish areas of learning to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

Action we require the provider to take

Key areas for improvement

- Action is required to provide written guidance, within the Medication policy and procedure, to remove any possibility of mistakes when staff collect medication from the pharmacy, on behalf of the residents.
- Action is required to ensure that staff administering medication to residents, make the appropriate record on the MAR sheet only when they have witnessed the resident taking their medication.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

We found this service to be effective in accordance with the inspection framework.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

The manager had completed pre-admission assessments of people’s needs prior to them moving into the home. Information from the assessments then formed the basis of the care plans. The manager completed risk assessments to identify any additional needs and information was included in the care plans to remove or reduce the potential risk of harm to the resident.

The pre-admission assessments were thorough and comprehensive and, where applicable, included a discharge summary from the Hospital. Information on continuity of care from other health professionals and any additional information necessary for the continued care of the resident was also present within the resident’s files.

There was evidence within the pre-admission assessments that people, and their family members, were involved with their admission. The care plans had been signed, evidencing that the person moving into the home, and/or their family, had been included in the development of their care plans.

Staff support; induction, training, skills and experience

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received supervision every three months.

Induction records were complete and signed off by the in-house trainer and the member of staff. Feedback from staff indicated that their induction training gave them the additional skills to carry out their duties and support the people living in the home.

Staff training records showed that all of the staff have received training in a number of subjects, including safeguarding adults, moving and handling, infection control, health and safety and first aid. Other courses were available to staff, specifically to meet the individual needs of the residents.

A small number of staff had not received refresher training in some subjects; however, the manager had a training schedule, which showed that all of the staff would receive the appropriate refresher training during January 2023. We recommend that the provider maintains the training schedule and includes refresher training in all subjects, as necessary.

Supporting people to eat and drink enough to maintain a balanced diet

People had their nutritional needs assessed. Care plans and a nutritional risk assessment informed the staff of the level of support the person needed and if monitoring their nutritional intake was necessary.

The resident's welcome pack included information of meal times, which was 'protected', to ensure that residents were not disturbed or distracted by visitors at this time. A weekly menu was available, which showed alternatives to the main menu, offering residents a wide choice of alternative meals. The kitchen staff also confirmed that they would cater to all reasonable requests, on a daily basis.

Residents were very enthusiastic about the food provided by the home. One resident told us, 'We're well fed here, with good food'. Residents also told us they had a choice to have their breakfast in their room or the dining room, if they so wished. We observed a number of mealtimes, which were relaxed and informal.

The kitchen staff had a list of people's allergies and specific dietary requirements. The chef informed us that they knew all of the resident's food likes and preferences, however; there was no record of this information. We recommend that there is a record of residents' food likes and preferences stored in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

The pre-admission assessments had identified people's health needs and their care plans provided guidance for staff in meeting those needs.

If a resident was discharge from Hospital, the home sometimes received information, which included a review of their health and any other professionals involved in their continued care, following admission to the home.

Care plans and daily notes showed that the home had contacted other medical and health care professionals with any concerns regarding the residents. Staff also supported visits from health professionals to the home and followed any prescribed treatment plan, as necessary.

People's needs met by the adaptation, design and decoration of the premises

The design and adaptations to the building met people's needs. During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

Recently, a number of bedrooms had been redecorated and some of the communal areas had been refurbished, as part of an on-going programme. There were a number of lifts within the home, allowing access to all residential areas.

Ensuring consent to care and treat in line with law and guidance

If the new resident could not make informed decisions, due to a cognitive impairment, then the home completed a capacity assessment. The manager, in conjunction with the family members and others most significant to the resident, made decisions in the person's best interests. The manager informed us that the home did not use any form of restraint.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

We found this service to be to be caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

Staff knew people and their individual needs well and clearly explained how they supported people with dignity and respect. We observed warm and friendly interactions between people and members of staff throughout the inspection.

During feedback, people spoke positively about the care they received. One person told us, "All of the staff treat us very kindly and are very helpful". Another resident said, "The staff are absolutely delightful. Each and every member of staff is wonderful and very patient".

The family member of a resident said, "The staff are very kind to [my relative]. When I have visited, I've also heard staff with other residents speak respectfully and kindly".

One member of staff told us, "I think the support here is excellent. We are like a big family and the residents are part of that family. This is their home and the care is person-centred, in a way they want it".

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities, as necessary.

Supporting people to express their views and be involved in making decisions about their care

People and their relatives were involved in decisions about their care. Following the completion of the pre-admission assessments, there was clear consultation with the person, and their family, in developing the person's care plans.

The care plans we inspected showed that people were receiving regular reviews of their care and support; however, we received mixed feedback from people living at the home, and family members, about attending formal review meetings.

One resident said, "Yes, I have been involved in my review. I usually meet with the manager. My family can get involved if they want to". A family member of another resident told us, "I have not been invited to any meetings; however, I cannot fault the support we have received from the staff". Another said, "I have talked to the nurses but I have no recollection of attending a review meeting, but I do feel fully inclusive in [my relatives] care."

Residents' meetings were held monthly prior to the COVID outbreak. Since then, the meetings have been every two to three months. The minutes to residents' meetings showed discussions around activities, the home and staffing. One of the kitchen staff also attended to discuss with the residents their dining experience.

Respecting and promoting people's privacy, dignity and independence

Care plans identified the level of support for each person, allowing for as much independence and autonomy for the person, as possible.

Staff encouraged people to remain as independent as possible. Comments we received from people included, "The staff try to let me do as much as possible for myself", and "Staff encourage us to be independent. I like to do things for myself." Staff members shared with us their experiences of how they encourage people to maintain their skills and independence, on a daily basis.

People's privacy and dignity was also respected. People confirmed that staff always knock on the door before entering their room, were polite, called the person by their first name, and sought consent before offering any personal care. Staff confirmed they would always close the door and curtains to the room, before carrying out any personal care.

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

We found this service to be responsive in accordance with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

People received individualised support that met their needs. Person-centred plans identified people’s support needs and provided guidance for staff on how to meet these needs.

People’s records included important information and people confirmed they received support in a way they preferred. Comments from people included, “It’s wonderful here. I wouldn’t get a better service anywhere else”, “I can get myself up, the carers bring me my breakfast, and I can go to bed when I want.”

The initial assessments identified people’s preferences in the food they liked, their preferred daily routines, activities and pastimes.

The home had an activities coordinator, responsible for arranging daily activities specific to people’s interests. The activity coordinator stored information regarding peoples’ preferred activities and updated this on a regular basis.

Meeting people’s communication needs

The pre-admission assessments had identified the person’s communication needs and choices, which led to the manager developing person-centred care plans in communication, ensuring that people get information in a way they can understand.

The manager confirmed that information about Marathon Court was available in different formats, upon request.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and a copy of the complaints procedure was on display within the home. The provider had not received any complaints since the last inspection. The manager and staff dealt with most concerns informally, directly between people, their families and the support staff.

The home’s statement of purpose and the residents’ handbook also contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Residents, and family members of residents we spoke to, said they knew how to make a complaint and would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and take their concerns seriously.

End of life care and support

People’s personal wishes towards death, dying and end of life care had been ascertained when completing the pre-admission assessments. ‘Do Not Attempt Cardio Pulmonary Resuscitation’

(DNACPR) forms were in place for people choosing not to be resuscitated and a copy was stored in the resident's file, in the event of a medical emergency.

Staff members had received specific 'end of life' training, provided by Hospice Isle of Man, ensuring staff had the skills to care for the dying and provide support to their family.

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does not require any improvements in this area.

We found this service to be well led, in accordance with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

Staff felt well supported and able to speak with the manager whenever they needed to and believed their concerns would be taken seriously. Staff told us they were happy working at Marathon Court. One member of staff said, "The manager encourages and motivates me to do my work well", and another told us, "I feel both positive and proud to work here. I feel supported and the manager values what I do. Working here is like having a second family."

The provider had a philosophy of care, published in their statement of purpose and on display in the front entrance, promoting care with compassion, respect, kindness, privacy and dignity. The manager used supervisions and annual appraisals to underpin these principles with each member of staff.

Family members told us there was good communications with the staff team, and they were kept informed about any changes. One relative said, "Every time I go in, I can see the manager or the senior on shift. The manager's door is always open, or responds promptly to e-mails."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The manager was qualified to run the service. The manager was a qualified nurse and had completed the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. The manager also had a job description identifying their role and responsibilities.

Nurses, in charge of the home in the manager's absence, had completed the leadership element of their Nursing and Midwifery Council (NMC) training and all nurses follow the NMC Professional standards of practice and behaviour for nurses, midwives and nursing associates.

The provider had in place a system for monitoring and reviewing the quality of care provided by seeking feedback from residents and their families and staff members, twice-yearly.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

The manager provided new residents, and their family, with information about the service at the time of the person moved into the home. This information was in the residents' welcome pack and the statement of purpose.

The provider had given out quality assurance questionnaires to service users, their families and staff on an annual basis. Information gathered during this process also formed part of the annual plan and used to create a development action plan to improve services.

The home had an annual 'open evening', where family members were invited to the home for refreshments or a light meal and to meet the manager and staff within the home

Staff supervisions and annual appraisals were up-to-date. Staff meet collectively on a weekly basis, to share information and update all staff about the residents' individual care and support.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training in all mandatory subjects, including safeguarding adults, medication administration, health and safety, first aid and moving and handling. Staff also had their medication administration competency assessed annually. Staff members told us they received regular refresher training and specialist training to meet the individual needs of the residents.

The responsible person had systems in place to monitor accidents, incidents and safeguarding concerns. Information from these incidents was used to support learning and improving the services. Copies of the annual report were available and located at the front and rear entrances of the home.

Working in partnership with others

Information contained within people's care plans demonstrated the staff at Marathon Court worked in partnership with other agencies.