

# Inspection Report

2023-2024

## Marathon Court Nursing and Residential Home

Adult Care Home

16 January 2024 &

17 January 2024



**Under the Regulation of Care Act 2013 and  
Regulation of Care (Care Services) Regulations 2013**

**DHSC**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 16 January 2024 and 17 January 2024. The inspection was led by an inspector from the Registration and Inspection team who was supported by another inspector.

### **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 seventy-seven 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**

We identified an area for improvement in relation to the home developing a business continuity plan.

Systems were in place to protect the residents 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.

The resident's physical, social and mental health needs were holistically assessed. Care was delivered in line with evidence-based guidance and other professional bodies. Risks to the resident with complex needs were identified and managed in relation to their health and wellbeing.

The resident was treated with kindness, respect and compassion in their day-to-day care and support. Staff seek accessible ways to communicate with the resident to reduce or remove barriers.

The resident's support plans fully reflected their physical, mental, emotional and social needs. The resident's preferences, interests and aspirations were understood by staff so the resident had as much choice and control, as possible.

The provider had a clear vision and set of values that included person-centred care, involvement, independence, respect, wellbeing and safety.

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 an adult care home able to accommodate up to thirty-nine residents. Thirty bedrooms had en suite facilities; the home also had three self-contained bungalows. All residents had shared access to a dining room, one spacious lounge and two conservatories that lead onto a patio area. The home had recently redecorated a number of bedrooms and converted them to include en suite facilities.

### **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 inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 12 January 2024. We visited the service on 16 January 2024 and 17 January 2024.

### **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 contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspector also reviewed a number of policies and procedures.

### **During the inspection**

We reviewed a range of records. This included the resident's care records and a variety of records relating to the management of the service and a number of staff files. We spoke with three members of staff, two residents and two relatives of residents. We observed interactions between staff and the residents living at the home. We spoke with the manager throughout the inspection.

### **After the inspection**

We sought feedback from two family members of residents and gathered further information to support the inspection process.

**Our findings:**

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

This service was found to be safe.

**Assessing risk, safety monitoring and management**

The service had completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, electrical installations and portable appliance testing (PAT). Water safety checks were carried out for legionella bacteria.

An independent, qualified person had completed a fire risk assessment in July 2023. The service had addressed all areas identified within their report.

All staff had completed fire awareness training and attended refresher training, as necessary. Some staff members had also completed fire warden training. The home had conducted a number of fire drills throughout the year and records identified the names of staff attending the fire drills.

Qualified engineers had completed the inspection and maintenance of the lifting equipment used by the home. Staff had visually checked the lifting equipment on a regular basis. Engineers had also serviced and maintained the passenger lifts within the home.

Qualified engineers had completed the inspection and maintenance of the heating system in January 2023.

**Staffing and recruitment**

The provider had recruited staff safely, completing pre-employment checks prior to staff commencing their employment. All staff were up-to-date with their Disclosure and Barring Service (DBS) checks.

The home had completed a comprehensive assessment of needs to determine the dependency of the residents and the level of support to be provided by the home. The staffing rotas were clear and legible, identified the staff on duty and the nurse deputising in the manager's absence.

The home reported no staffing vacancies. At times of staff shortages, due to illness or annual leave, other members of staff would cover any vacant shifts by offering to come in during their day off, or extending their working hours to cover busier times of the day. This offered the residents some consistency and continuity in their care and support.

The home's Business Continuity Plan was only in draft form and required updating and completing. This will be an area for improvement.

**Preventing and controlling infection**

The provider had an infection, prevention control policy, reviewed in November 2023.

The home was clean and tidy throughout. Cleaning schedules identified the various cleaning tasks for the home, which housekeeping staff maintained. The inspector observed members of staff using the appropriate Personal Protective Equipment (PPE) to the task they were performing. All staff members had completed infection control training and food safety training.

The home had completed regular infection control audits.

The main kitchen was very clean and tidy and well organised. Staff had recorded fridge and freezer temperatures daily and opened food products had been labelled appropriately with the 'when opened' date.

Cleaning products hazardous to health were stored in a cupboard in the basement; an area not accessible to the residents. Safety information sheets were present for all hazardous products present.

The laundry was well organised and clothes belonging to the residents were stored in identifiable boxes, which were colour-coded to each of the wings.

### **Learning lessons when things go wrong**

The nurses kept the manager informed of accidents and incidents, involving the residents, via a phone call or a text message when the manager was away from the home. The manager also had access to an in-house WhatsApp messaging group, used by the nurses in the home to share information. Incidents and accidents were recorded onto an auditing log.

The manager identified trends in any accidents and incidents within the home using the audit log. Examples of areas of learning included lowering beds for residents with a history of falls, introducing pressure mats, increasing the regular checks, and monitoring, of residents.

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

The home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents.

## **Action we require the provider to take**

Key areas for improvement:

- Action is necessary to complete an up-to-date business continuity plan, to address any potential disruptions to the service.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

#### **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.

This service was found to be effective.

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

The home had completed a comprehensive pre-admission assessment prior to the resident moving into the home. The home used this assessment, supplemented by other information from the resident’s family, to develop person-centred support plans and risk assessments for the residents.

The nurses in the home re-evaluated the assessments every month, to identify any changes in the resident’s needs. A new assessment of needs were completed every four months, prior to a formal review of the person’s support plans and risk assessments, with the resident and their family, where possible.

Family members of the residents told us they had attended review meetings.

The home had consulted with medical professionals, to support maintaining the health and wellbeing of the residents. Support plans included information in meeting the resident’s needs, which contained guidance from health and social care professionals, where necessary.

#### **Staff support; induction, training, skills and experience**

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received a minimum of four supervisions per annum. The nurses had also completed an ‘Observation in Practice’ with each member of staff.

Staff meetings were held every Monday and minutes to these meetings were available to staff.

We were satisfied new staff had received an induction to the service and had opportunity to shadow more experienced members of the team prior to them working alone.

All staff were up-to-date with their mandatory training and refresher training.

The registered nurses had their competency in administering medication assessed every two years. The senior care practitioners responsible for administering medication were assessed every twelve months.

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

The residents’ pre-admission assessments and ‘eating and drinking’ care plans were clear and provided guidance for staff to meet the individual needs of the residents. The home had consulted with professionals, where necessary, to address any dietary requirements and concerns. Staff recorded the resident’s daily food and fluid intake within a ‘meal log’.

Supplementary drinks were entered on the Medication Administration Records (MAR).

We observed lunch with the residents, which was relaxed and informal. The staff responded to the individual needs of the residents with dignity and respect throughout, showing patience and understanding. There were sufficient staff to support all of the residents in the dining room.

The home had a menu on display in the dining room. Residents told us the food was very good, they had many choices and could change their mind if they did not want what was on the menu for that day.

The kitchen staff had the dietary requirements and allergies of the residents on display in the kitchen.

#### **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.

This service was found to be caring.

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

We observed warm and friendly interactions between the staff and the residents throughout the inspection. Family members visiting the residents also received a warm welcome.

Staff had received training in communication, showed an understanding of the residents' communication needs, and offered choices throughout. The home had also consulted with professionals to support the residents with their communication needs, when necessary.

One family member told us, "I think the staff here treat my [relative] with respect. We have a family name for my [relative]. The staff now call [them] by this name as a term of endearment."

We were assured throughout the inspection process, that the residents' initial assessments had identified their individual needs, and had developed appropriate care plans to support the planning of social events and activities, as necessary.

Staff members supported the residents to maintain important relationships with their family. Family members told us that the home kept them informed of any changes in their relative's health or wellbeing, or if there were other concerns.

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

Residents had received reviews of their care and support every four months and records showed that families were involved with the reviews. Family members of residents we spoke to told us they had attended their relative's reviews and had discussed their care and support.

Residents had their capacity assessed during the admission process, if there were any concerns, and their support plans identified any restrictive practices, ensuring the resident's safety and in their best interests.

The home conducted residents' meeting every two months. During these meetings, residents were consulted on the meals and activities within the home. The chef also attended the resident's meetings to receive feedback on the quality of the meals.



## Inspection Findings

### 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.

This service was found to be responsive.

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

The resident’s pre-admission assessments identified their physical, emotional communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes.

The residents received the support that met their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs. Support plans identified a person’s personal goals and objectives, designed to increase their independence.

Where there were concerns about a person’s lack of capacity, there was evidence that the home had followed best practice principles in relation to capacity assessments and best interests decision meetings regarding the residents’ admission to the home. The capacity assessments were ‘decision specific’; to meet the individual needs of the residents. Best interest decision making had involved the family members, if possible, and/or been in consultation with medical professionals.

The home employed activity coordinators, to ensure that residents had meaningful activities. The activity coordinators met with the residents individually and ascertained their hobbies, interests and pastimes. The home provided a number of communal activities throughout the week, taking into consideration the resident’s individual interests. Staff respected and supported the religious and cultural needs of the residents.

#### **Improving care quality in response to complaints and concerns**

The provider had a complaints procedure, which had been reviewed in October 2022. A copy of the complaints procedure was on display near both entrances to the home and also within the residents’ welcome pack. The provider had not received any complaints since the last inspection.

The home’s statement of purpose contained information on how to make a complaint, ensuring people knew what to expect from the complaints procedure. The home could also provide information in other formats, if necessary.

The manager assured us that, following any complaint, they would learn from the experience with a view to create positive changes. The home had developed a checklist for preparing a bedroom, prior to a new resident moving in. This was in response to the home receiving a previous complaint.

Residents and family members told us they knew of the complaints procedure and said if they had any concerns they would talk to the manager directly.

Staff members we spoke to said they felt they could raise any concerns with the manager, they would be listened to and their concerns would be taken seriously.

Reporting on complaints also formed part of the home’s annual plan.

### 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.

This service was found to be well-led.

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

The provider had a 'Philosophy of Care'; a set of principles and values staff were expected to apply in their daily work. These were published in the home's statement of purpose and a copy was in the foyer, near the front door.

Staff were informed of the providers' Philosophy of Care principles within their job description and the manager discussed these principles in staff appraisals. Staff demonstrated applying these principles during their annual 'Observation of Practice'.

Either the manager or the deputy manager were present on a daily basis, which provided an opportunity to gather informal feedback from the residents, staff members and family members of the residents.

The manager was qualified and attained the Qualifications and Credit Framework (QCF) level five diploma in leadership in health and social care. The manager informed us that they kept up-to-date with their skills and knowledge by completing their Continuous Professional Development (CPD) and revalidation in nursing, attending mandatory training and managers meetings.

The manager had an up-to-date job description and received regular supervision with their line manager. The manager had also received an annual appraisal of their performance.

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

The home employed a training officer and had a dedicated training room within the home. The home also had a QCF trainer and a trainee assessor to offer additional support for staff members.

Staff received formal one-to-one supervisions and an annual appraisal of their performance. The manager had received training specific to providing staff with one-to-one supervision as part of their QCF level five training.

The provider measured success in a number of ways. The manager conducted a number of audits on a regular basis, including the number of incidents, accidents, safeguarding incidents, complaints and compliments for the service. The manager collated information from the audits to identify trends and address and necessary improvements.

The provider also conducted two satisfaction surveys of the service, per annum. Service users, staff, family members and occasionally, visitors and health professionals, each received a

questionnaire, asking for their opinions and experiences of the services provided by Marathon Court Nursing and Residential Home.

The home produced an annual report, informing on the premises, staffing, resident and family satisfaction and records. The reports identified any achievements, areas for improvement and actions required to indicate progress.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.