

Endeavour Residential Services Ltd

Endeavour Residential Home

Inspection report

Chudleigh Road
Alphington
Exeter
Devon

EX2 8TS

Tel: 01392250148

Website: www.endeavourcarehome.co.uk

Date of inspection visit: 14 and 15 July 2015

Date of publication: 12/10/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Endeavour Residential Home provides accommodation and personal care for up to 20 older people. The majority of people living at the home were living with some degree of dementia and so were not always able to tell us about their experiences directly. This service did not provide nursing care.

At the time of our inspection there were 18 people using the service. The service has a registered manager supported by a deputy manager. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were well cared for, relaxed and comfortable in the home. There was a lively feel to the home with staff finding time to sit and chat with people. Everyone we

Summary of findings

spoke with complimented and praised the staff who supported them. People's comments included, "The staff are brilliant, 100%." One relative said "It's a lovely place, they look after her very well."

Care records were very detailed and personalised, up to date and accurately reflected people's care and support needs. The care plans included information about people's likes, interests and background and provided staff with sufficient information to enable them to provide care effectively.

We observed people were cared for compassionately and with respect. People told us "They [the staff] treat you like human beings. They listen to what you say." People were cared for by an established, motivated and well trained staff team. The registered manager and provider provided effective leadership to the service. Regular residents' and relatives' meetings ensured people were involved in the running of the home. Staff were very visible and attentive, noticing when those who could not verbally ask for assistance required help. They responded to people with an understanding about their likes and dislikes, how they communicated and with reference to events such as bereavement or anxiety. Staff told us they felt the team was a family and clearly enjoyed their work and had detailed knowledge about individuals' needs. They told us "I love working here" and "We have a great manager, we all work well together."

The registered manager was well supported by the provider who lived outside the area. They visited the home regularly and there were many examples of investment. The provider was visiting during our inspection meeting with the manager and the staff. They were also very involved in discussing any complaints and responding quickly to any concerns.

People were able to go out with staff on organised trips or just to the shops or local eatery. Staff supported and encouraged people to engage with a wide variety of activities and entertainments available within the home. These were tailored to individual needs and capabilities and there were many examples of staff facilitating real friendships between people living at the home.

Professionals who worked regularly with the service told us, "It's a really good home as far as I'm concerned. They are really doing their job properly. We work well together." A GP said "I come weekly. They really know the people here and are very supportive. The manager is fantastic and can really see the humanity in people. They cope very well with some challenging situations." The GP particularly praised the care people received at the end of their lives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice and regularly reviewed by the local pharmacist. The provider was a practising pharmacist in another area and was using their skills to undertake a joint review of each person's medication.

Good



Is the service effective?

The service was effective. Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. The established staff team knew people very well and provided person centred support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A wide variety of activities were available within the home facilitated by an activity co-ordinator, involving care staff and external entertainers.

People were empowered to make meaningful decisions about how they lived their lives. People were supported and encouraged to maintain relationships that were important to people, including those within the home.

Good



Is the service well-led?

The service was well led. The provider and registered manager had provided staff with appropriate leadership and support and staff felt valued. They worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The manager and staff were open, willing to learn and worked collaboratively with other professionals to ensure people's health and care needs were met.

Good



Summary of findings

Staff were encouraged to continue their professional development and supported to ensure they had working arrangements that suited them to maintain a stable, happy team.

Endeavour Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 July 2015 and was unannounced. The inspection team consisted of two inspectors. The service was previously inspected on 12 September 2014 when it was found to be fully compliant with the regulations we inspected. We had not requested a Provider Information Record (PIR) as this inspection was brought forward due to a concern relating to the care of one person. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However,

this concern was not substantiated in any way. After discussion with the relevant health professional and the registered manager further communication with their family would happen to explain and reassure. We also reviewed the information we held about the service, previous reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who used the service, two relatives who were visiting, five members of care staff, the registered manager, deputy manager, the activities co-ordinator and two health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included four care plans, four staff files, 10 Medication Administration Records (MAR), training records, staff duty rotas, meeting minutes and the service's policies and procedures including quality assurance.

Is the service safe?

Our findings

People spoke fondly of the staff at Endeavour Residential Home and told us they felt very safe. One person said, "The staff are brilliant, 100%." One relative said "It's a lovely place, they look after her very well." Staff told us, "We love spending time with these people, it's like a family. Professionals who visited the service regularly told us, "It's a really good home as far as I'm concerned. They are really doing their job properly. We work well together." A GP said "I come weekly. They really know the people here and are very supportive. The manager is fantastic and can really see the humanity in people. They cope very well with some challenging situations."

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. Safeguarding information posters were displayed throughout the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished.

All of the staff we spoke with were able to explain the services available and the local authorities' procedures in relation to the safeguarding of adults. Records showed the service was actively involved in helping to ensure people who used the service were safe and protected from all forms of abuse. Where the home had previously had concerns in relation to one person these had been reported and appropriate actions taken to protect the individual concerned. For example, the service had recognised when they could not adequately manage a person due to their level of need. They had involved relevant health professionals and taken into account the experiences of other people living at the home. This had resulted in a more positive outcome for the person and the people living at the home.

People's care plans included very detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. For example, the registered manager looked at

which rooms would be more suitable for each person to maintain as much independence as possible. Any falls were looked at in detail and monitored using individual accident tracking forms and families were involved.

People lived in a well maintained, clean and tidy home. There were detailed cleaning schedules available within the home and in people's rooms and all staff had completed infection control training. Environmental risk assessments had been completed and there was a maintenance programme showing high levels of investment. For example, people living at the home had been involved in choosing new carpets and paint colours throughout. Thought had been given to the experiences of people living with dementia and good practice guidelines such as using prominent colours to indicate bathrooms. This enabled people living with dementia to maintain more independence in locating toilets and bathrooms. Pictorial signage was evident throughout the home to further assist people's orientation. Plain carpets had been chosen which were less stimulating for people living with dementia and again promoted independence and confidence.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been recently serviced. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation. Detailed emergency plans for each person was available in their care plans.

People were able to easily request support from staff using a call bell system in their rooms. For people who were unable to use a call bell due to their dementia, staff were very attentive to observe people for when they needed assistance. There were always staff visible in the communal areas and people were discreetly assisted to the bathroom for example. During the inspection staff were not rushed and responded promptly and compassionately to people's request for support. There were ample staff available in the home to meet people's care needs and throughout the day care staff and the managers had time to sit and chat meaningfully with people and their relatives. One person was in their room and sounded anxious. They asked the care worker if they would stay for a little while which she did. A bit later we heard the person calling, "Please help me!" The care worker responded immediately returning to their room and reassuring them.

Is the service safe?

The registered manager and deputy manager were on duty each morning with three care staff. The activity co-ordinator also worked 30 hours a week. Night time staffing levels were able to be flexible and we saw from the rotas this was usually one awake care worker and one sleeping care worker as well as an on-call system. When there were increased needs, such as someone receiving

end of life care or had behaviour which could be challenging to staff, this was changed to two awake care staff. Additional support was provided by a cook. Care staff managed the laundry and cleaning and staff told us this was well managed and all areas of the home were well maintained with an organised laundry room.

Is the service effective?

Our findings

Staff and managers knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. One relative said "They really know people well" and another relative had commented in a recent quality assurance summary saying "We have nothing but admiration for the work [the staff] do." A health professional had responded in the survey saying "Staff do a good job in hard circumstances. [The staff] remain very patient with clients' personal needs in a flexible way."

People were cared for by well trained staff. We inspected the home's training matrix used to manage the training needs of the staff team. This showed who had completed training and when a refresher was due. All staff were up to date or had a date booked. These records showed staff had completed training felt to be mandatory for all staff and included safeguarding of adults, manual handling, infection control, dementia awareness, first aid, the Mental Capacity Act (MCA) and food hygiene training. The service used an external training provider for all training. Staff told us, "We get a lot of training."

There was a formal procedure for the induction of new members of staff to Endeavour Residential Home. Each new member of care staff spent their first four days of work being shown round the service, undergoing an induction training programme and reviewing the home's policy documents. Staff then shadowed experienced staff for "As long as was needed for each staff member." We saw how one new staff member was having additional shadowing experience to build their confidence before providing care independently. This staff member said they were really enjoying their work and we saw them spend lots of time engaging with people in ways which they understood. During their 12 week probationary period new staff members completed training which reflected Skills for Care, a recognised national training tool.

Staff were well supported by the management structures within the home. Each member of care staff received regular supervision from the manager or deputy. Discussions were recorded in detail and enabled staff to have one to one sessions to discuss training needs, personal issues and competency. For example, one record discussed how some people living at the home had increased needs. The manager spoke to the provider and

staffing levels were increased. This showed how staff were valued and listened to. Another staff member had discussed their work/life balance and their role was changed to be more manageable for them. We saw how sickness levels were well managed and staff were supported to reduce absences and improve consistency for people living at the home. It was clear that the manager and provider worked together to ensure the staff team remained stable and happy in their work.

There were regular staff meetings and the minutes of these meetings demonstrated that issues raised by staff had been addressed and resolved. For example, a senior staff meeting had discussed staff responsibilities including a full walk around of the premises at regular intervals and the importance of ensuring each person living at the home had their hearing aid, glasses or dentures with them. Staff breaks were flexible depending on people's needs. Records focussed on the needs of people living at the home such as ensuring staff were always visible when people were mobilising or to check if people needed assistance.

The provider took over the running of the home in 2014 and visited the home weekly or fortnightly to support the managers. When there had been concerns raised they visited more regularly and spoke individually with staff, fully investigating and reporting on findings. Staff felt very supported. During our inspection the provider was visiting and had meetings with the manager to discuss issues and progress. The registered manager said they were very supported and were able to raise any issue with the provider who responded promptly. For example, there was a range of new equipment, discussions about staffing levels and any concerns.

People's consent to care and treatment was sought in line with legislation. Most people living at the home had some limitations relating to their capacity to make decisions. Care plans detailed these limitations and action had been taken and recorded showing family and health professional involvement in best interest decision making. The registered manager and staff had good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and the registered manager was aware of new legislation. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS

Is the service effective?

provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. Training records and notices within staff rooms demonstrated that additional staff training in relation to the MCA and DoLS was ongoing.

There were some restrictive practices within the home which had been fully discussed and recorded with the relevant people. For example, in relation to pressure mats and bed rails. We observed people moving freely around the building if able. People chose how to spend their time. We observed people chatting together and with staff and visitors in the dining room and lounges, spending time in their own rooms and engaged with various activities throughout the home.

People were well supported by staff during mealtimes. Meals were served promptly and where people required supported discreetly by staff who sat and chatted pleasantly while providing assistance. The atmosphere in the dining room was extremely positive and meals were delivered in the style of a good quality restaurant. People were able to choose what they ate and the cook had been provided with specific guidance on people's dietary requirements. Two people had special diets and these were accommodated with advice sought from the speech and language team. For example, one person required a lot of prompting to eat so the cook ensured there was constant finger food available as well as a high calorie diet. Everyone told us the food was "really good". Peoples' comments included, "Lovely thick gravy to die for!"

People were offered a choice of beverages at lunch which included alcoholic drinks if people wished. beer and wine.

We saw drinks were served regularly throughout the day and people told us drinks were left available in their rooms overnight. One care worker noticed a person had not drunk their tea so showed them alternatives from the drinks trolley to ensure they kept well hydrated.

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health professionals including GPs, district nurses, dentist, optician and speech and language therapists. The home had followed expert guidance when provided and had maintained detailed records in relation to the effects of treatment interventions at the request of clinical professionals. For example, how well antibiotics or medication for anxiety was working. Professionals who worked regularly with the service told us, "I have no problem with the home at all, they refer to us appropriately and I visit weekly so we all know what is happening." A district nurse said, "We all work very well together." One care plan recorded how the community psychiatric nurse and family had been involved in monitoring one person's sleepiness. Another person had been introduced to an advocate specialising in people who were born deaf and different types of communicating were in place.

The home had a secure outside space with pleasant seating and flowers. The lounge and activity room looked out over the garden and people had been involved in planting plants and tubs. The home was well maintained and there had recently been new bathrooms and a bath hoist as well as painting throughout.

Is the service caring?

Our findings

People and staff were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. Throughout the home staff acknowledged people as they passed and spoke to visitors saying “Good morning” and “Your hair looks lovely today.” Everyone we spoke with complimented and praised the staff who supported them. People’s comments included, “I’m very happy here, I love the girls” and “It’s all lovely, you couldn’t wish for better.”

During lunch time people were greeted warmly as friends, by enthusiastic staff and supported people to tables of their choice. Staff demonstrated clear concern for people’s comfort. One person was displaying some anxiety so a care worker sat with them and chatted about topics they knew they were interested in.

Staff sat with people they were supporting to eat, and chatted pleasantly together through the meal. For example, a person having finger food enjoyed the company of staff and eventually began to eat. The registered manager told us how one person’s speech was becoming much less muddled and as staff took time to enable this person to make their wishes known. They acknowledged that the person was having difficulty and made them feel comfortable so they all smiled and used humour to diffuse the situation.

Throughout the inspection it was notable that staff were not rushed in their interactions with people. Staff, including the managers, all spent time chatting with people individually and supporting them to engage with activities. Staff told us, “It’s lovely, we can make proper relationships.” One person had a chat with us and the manager and enjoyed telling us all about their plans for the weekend to reduce their anxiety about a topic they kept thinking about.

Where people requested support it was provided promptly and discreetly by staff. People who were unable to use call bells did not have to call out as staff noticed immediately they needed assistance. The registered manager sat with one person to have a cup of tea and chatted. When offering support staff spoke politely and made efforts to ensure they were at the person’s eye level. People in the home were smartly dressed and well cared for.

There was a strong person centred culture in the home that provided personalised compassionate care with kindness. The manager used innovative practices to encourage friendships within the home. One person told us how they enjoyed having tea or sherry with their friends in the home in their room. This was fully supported by the staff team. Relatives were encouraged to visit regularly and people were also encouraged to invite their friends and relatives to attend the activities and entertainment in the home such as a summer BBQ which they did. During our inspection we heard how a person planned to re-decorate their room and their family was coming to help. The activities co-ordinator had gathered a group of the person’s friends and they were all making art work for the new room with the person proudly showing us all the purple pictures which was their favourite colour. Other people liked to help with daily chores such as dusting and the manager also encouraged people to tidy and maintain their rooms how they liked them. One person liked to help another person tidy their room. Another person said “It’s taken a while to feel at home but I’m making nice friends and sharing laughs.” The registered manager told us how one person’s husband had been supported to move in a shared room with their wife and how they had monitored how they were settling in and dealing with the effects of their wife living with dementia.

The manager and staff knew people well and were able to explain people’s individual likes and preferences in relation to the way they were provided with care and support. The team enabled people to be fully involved in decisions about their care and the home for example, how they spent their day and who with. Care plans included a “This is Me” form which had been completed with the person and had family involvement. This is a national form provided by the Alzheimers Society to enable staff to find out about people and what their preferences and backgrounds were. This information was used to provide care. For example, there was good evidence of how the home had advocated for one person to choose their own glasses at the opticians as the family had not thought they were able. One person needed the TV to have subtitles and this was happening. Their “This is Me” form detailed how they had loved dominoes and this was provided and reflected in the activity records. Another person liked particular biscuits and staff when doing the tea round said to them “Let me tell you what we’ve got in the tin and you can choose.”

The manager and staff valued the input of relatives and enabled people to be involved in decisions about their care

Is the service caring?

and the home, as much as possible to achieve a holistic approach. For example, the care plans all contained numerous examples of where families had been consulted or kept informed of any changes or discussions. There was a separate care plan for family involvement which was very detailed. For example, families and the person as able, were involved in reviews, care planning and there were regular residents and relatives' meetings. Minutes showed these were well attended and people's opinions mattered. New residents were welcomed and people were kept up to date with the running of the home. For example, any building work or changes, the programme of events and a discussion about what care plans were and what was in them. One meeting has resulted in a new colour being chosen for the activity room.

During one meeting it had been felt to be important to discuss sensitively one person's behaviour, which could be challenging for staff, with other people individually so that the person was understood. During the inspection some people made noises regularly, another person came over to us and said "We know they can't help it." The manager supported them and encouraged people to move rather than make a comment which may upset the person. People were asked for a show of hands and comments about the quality of the service. Minutes showed comments such as "Grand job", "Definitely satisfied" and "Excellent." The manager used the show of hands to encourage participation for people living with dementia but at the end of the minutes a note added that each person was also spoken with individually to obtain feedback. This showed people were valued and included as much as possible.

Care records showed that people's wishes in relation to their end of life care had been discussed and preferences recorded. Care records included information about

people's views on resuscitation so that staff would know what to do. One care plan stated how the person wanted to be resuscitated in an event and this had been discussed with their relative as it was known to be their preference prior to them losing some capacity. Training records showed all staff had completed training in palliative and end of life care. The registered manager explained the home often received referrals to provide end of life care. The GP particularly praised the care people received at the end of their lives.

The registered manager said it was important to them to ensure people living with dementia were included in these discussions as able. For example, when someone passed away the staff felt it was important to acknowledge their loss and ensured that people knew what had happened so they did not wonder where someone had gone. This was included in resident's meetings so people could talk about the person. During our inspection we saw one person chatting with staff about some beautiful flowers which had been received following a death. Staff were aware how a recent bereavement was affecting one person and spent time with them. They listened to them and answered their questions to assure them the right actions had been taken and the funeral directors were taking good care of their loved one.

People were encouraged to talk about people who had died in appropriate ways that they understood. Some people, depending on how their dementia affected their understanding, were offered a chance to say goodbye or attend a funeral. The manager and staff always attended funerals and spoke about the event with people at the home. They hoped to enable people living at the home to remain until the end of life with nursing support as required from the district nurse team.

Is the service responsive?

Our findings

People's care plans were very detailed and informative. They included records of initial assessments completed by the manager prior to individuals moving into the home. During this assessment meeting details of the person's life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care needs. People were encouraged to visit Endeavour regularly before moving in. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated. One person had recently moved into the home but their abilities had improved during their time at the home and the manager had supported and enabled them to return home. This showed the manager assessed what the person wanted and how to meet their needs as they wished.

The care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. Staff signed plans to show they had read them. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required. For example, one care plan informed staff, "[The person] can lack insight into their capabilities and will wait until the last minute to go to the toilet. Ensure they are offered assistance and prompting regularly to avoid continence problems." A note had also been made that the person could become unpredictable if they got an infection and staff ensured they had regular drinks to avoid this. There was detailed information about how the person communicated depending on how they felt. For example, using sign language, communication flash cards and lip reading. Staff knew where the flash cards were and were able to communicate effectively. They also knew that another person was more likely to sit down without anxiety on a red chair rather than a black chair.

Care plans included photographs of the person and additional information about people's background and life history. The plan was arranged in different areas of need such as eating and drinking, pressure area care and night

time. Each had been reviewed with the person and/or their family and were up to date. For example, one plan stated how the person was more at risk of falls in the early hours and staff checked more often during this time. Falls had been an issue for this person and a full audit and investigation had taken place to try to minimise these without restricting the person's independence.

Records showed clear responses to any medication changes with on-going monitoring and discussion with the person's GP. For example, monitoring behaviour which could be challenging for staff and weight loss were clearly shown and appropriate actions taken. Advice from health professionals following a person's stay in hospital was easy for staff to follow including how to care for their plaster cast and bandage. Another person had become increasingly vocal and anxious and various meetings with health professionals had taken place. Staff had found the person enjoyed time with staff on a one to one basis and there were instructions how to reduce episodes of anxiety. We saw staff during the inspection carrying this out and minimising any distress, for example by walking with the person. The manager said the person loved to pop to the kitchen for a snack which staff were doing and the person was much calmer.

The care plans included clear informative daily records of the care provided which matched their plans and staff were able to monitor any progress or changes easily. Care plans were quite lengthy so the registered manager had included a summary of care for easy access. We discussed how these summaries may not include everything staff needed to see quickly and were undated. The registered manager was quick to respond and was dating and changing the summary to match the activity of daily living categories and include a background and medical history section. Therefore it would be easy for staff to quickly check people's needs.

Information about people was shared effectively between staff. There was a handover book which staff signed to say they had received a handover between shifts or could read to become up to date with important changes after absences.

Enabling people to be engaged in meaningful activities was important to staff at the home. There was an activity co-ordinator employed during the week for 30 hours. The manager and care staff were also involved in facilitating more informal activities such as chatting, walking, playing

Is the service responsive?

with an art game (Etch-a-sketch) and sitting with people whilst they did an organised activity. All staff had been trained in dementia care to further assist them with providing activities that were appropriate for people living in the home. There was a detailed calendar of activities available to advise people of what had been planned. Planned activities included a summer BBQ, external musicians such as Music for Health, choirs and church services. People were not able to comment directly about their experiences due to living with dementia but appeared engaged and happy doing activities and said they enjoyed living at the home and there was lots to do.

There was a designated, airy activity room. The room was colourful and decorated with the residents' art work. One person living with dementia had been an avid gardener but now unable to participate. The staff had enabled her friends living at the home to decorate the wall next to her chair with hand-made pictures of flowers for her "garden". She told us how much she enjoyed it.

People living at the home and the activity co-ordinator told us they did crosswords and quizzes, listened to music, made artificial flowers, iced cakes, did physical exercises, reminiscence and spent time in the garden. Some people had planted some flower tubs for the garden and tomato plants. They did a lot of arts and crafts as it's something that was more accessible for most people. The new provider had ensured they are well resourced with equipment and materials. During the inspection staff noticed one person squinting at a puzzle so went to find them a magnifying glass. The activities co-ordinator also went into town and to the pub with residents, and out walking. The home subscribed to a daily publication which provided interesting topics for discussion, for example poetry and puzzles. We saw a group talking about a newspaper article.

People were involved in the planning of activities with regular discussion on-going and during resident meetings. Comments included "We are happy with things, there's always something to do sometimes I need a rest" and "I like the games, there's quite enough to do." The manager said they always observed to check that an external entertainer was right for the residents. For example, they were changing one entertainer as the residents' didn't seem to be enjoying the session any more and this would also be discussed in residents' meetings.

The home received visitors throughout the day. Staff explained that people were encouraged to invite friends and relatives to the home for meals to help maintain their relationships. Endeavour Residential Home is situated on the edge of Exeter in the Alphington area. It is near to local shops and pubs with direct level access. Few people living at the home were able to go out unassisted but there was regular opportunity to go to local shops, pop out with staff and go to the local pub. An activity records file showed each individual spent time doing things they enjoyed or were of interest to them.

Staff told us how an idea for people living with dementia had been implemented. They had seen good practice on TV and started making "Twiddlers" which were tactile pieces of material or knitting with sensory objects attached. These were useful for people living with more advanced dementia and enabled them to be stimulated and spend time doing something they enjoyed. This idea was clearly working and people were enjoying "twiddling" them and discussing them with staff. Other people were holding items such as dolls or soft toys and staff were respectful about caring for them.

People were able to make choices and people told us the staff respected their wishes, "We can do what we want to do." On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and which of the activities they engaged with. People said, "I can choose the time I get up and go to bed". Some people preferred not to engage with activities and spent time in the quiet lounge. Although staff encouraged everyone to engage with activities they respected people's wishes when they chose not to join in.

None of the people we spoke with had any complaints about the quality of care they received at Endeavour. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. People's comments included, "I don't have any problems." Relatives told us they knew who to talk to and felt they could raise issues. Records showed any "small" issue was discussed and recorded to ensure people were happy with the provision of care. For example, concerns about one person's behaviour relating to advancing dementia was fully discussed in private with a family so they could understand how to respond and communicate more

Is the service responsive?

effectively. When people reported issues to staff these had been addressed and resolved promptly. Endeavour regularly received compliment cards and letters of thanks from people's friends and relatives.

Is the service well-led?

Our findings

People and their relatives consistently commented on how happy they were with the care provided at Endeavour. Staff were also happy working at the home. The culture of the service was open, honest and caring and fully focused on people's individual needs. The healthcare professionals we spoke with all complimented the service on the quality of care and support it provided.

The registered manager and staff felt well supported by the provider who although lived away from the area was very visible, visiting regularly and investing in the home. Staff said it was a new provider and a new start and felt very positive and listened to. For example, staff had requested a new uniform design and these had been provided. There were regular meetings with the registered manager to discuss how to drive forward improvement. For example, a resident's/relatives meeting in November 2014 had discussed various building improvements and each person living at the home was in the process of making a room identification sign. People living at the home had been very involved in choosing the new carpet throughout. The provider was sourcing fitters but was ensuring they were suitable to work around the needs of the people living at the home, such as working later in the evening to minimise disruption. The provider was also keen to use their experience as a practicing pharmacist to make further improvements to medication administration, working with the local GPs and pharmacy.

The registered manager and staff were actively encouraged to continue their professional development and flexible working arrangements were used to empower staff to expand and develop their skills. The home used a mixture of in-house training, external providers and staff were accessing assessors to complete various levels of a recognised national qualification. Knowledge gained through training was used in practice. For example, there had been a discussion about one person's decision making in their best interests. Records discussed whether their decision was due to reduced capacity or whether the person was choosing to make a decision against medical advice. This shows staff had people's best interests at the focus of their care delivery.

Staff had commissioned specialist advice where appropriate to ensure the service's systems and processes reflected current best practice. The provider had invested

in a quality compliance system (QCS) provided by an external company. They provided policies and procedures and a support service to the home as well as useful templates and management advice. These were updated regularly. For example, the provider was using the quality assurance documents for the service's annual survey and recently questionnaires had been sent to a wide range of people, residents, health professionals and staff. The provider was collating the results which were being received and we saw they were positive so far. People were able to respond anonymously if they wished. Health professionals expressed to us their confidence in the management of the service and praised the care provided.

The provider and registered manager kept up to date with wider social care issues and sought support from local meetings with other providers. The manager said they found these really useful and told us about a recent meeting where one provider discussed how their CQC inspection had gone. The registered manager said it was good learning. They had taken on board the new CQC methodology and were using the CQC key questions of safe, effective, responsive etc in the quality assurance surveys and throughout staff meetings to relate practice to regulations.

The registered manager recognised the vital role of well-motivated staff in ensuring people's care needs were met. The staff team was highly motivated and supported. Staff told us they felt valued and the importance of their contribution to the home was recognised and celebrated. For example, there were many areas where staff had been listened to and ideas followed through such as the "Twiddlers". Supervision sessions with staff were meaningful and discussed the best way to ensure people's needs were met whilst enabling staff to work flexibly to encourage a stable staff team. Staff progress was monitored on an individual basis to ensure the right support was available for staff such as a longer time shadowing or a support buddy. The manager described how they had gone through how to write good daily reports with one staff member and spent time with staff. Staff overall were extremely knowledgeable about people's individual needs. The support provided was highly personalised and designed to enable people to live the lives they chose. People living with dementia were enabled to have meaningful relationships with their friends and family and were very involved in what was happening at the home.

Is the service well-led?

The home's records were well organised although lengthy and staff were able to access information from within people's care notes. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.

People were encouraged to provide feedback and their views were actively sought by managers before changes were made to the service. Resident's meetings were held

regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meeting demonstrated that feedback provided was valued and acted upon so the service could work to constantly improve.

Records showed where people, volunteers or staff had raised concerns with managers these had been thoroughly investigated and appropriate actions taken to improve people's experiences.