

Endeavour Residential Services Ltd

# Endeavour Residential Home

## Inspection report

Chudleigh Road  
Alphington  
Exeter  
Devon  
EX2 8TS

Tel: 01392250148

Website: [www.endeavourcarehome.co.uk](http://www.endeavourcarehome.co.uk)

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## 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 ●

# Summary of findings

## Overall summary

Endeavour Residential Home provides accommodation to a maximum of 20 people who require support with personal care. The provider is Endeavour Residential Services Limited. At the time of this inspection there were 19 people living there.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

### Why the service is rated Good

People remained safe at the service. There were sufficient staff available to meet people's needs. Risk assessments had been completed and actions taken to minimise harm. People received their medicines safely. A relative told us "It absolutely is the best place for [person's name]. It couldn't be more homely. It's wonderful. She's happy. We don't have to worry anymore."

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run. Comments from people living in the home and their relatives included, "The one in charge is lovely!" and "They always seem well organised." A visitor told us "In my experience of homes in Exeter, this one is excellent! It is an absolutely lovely place to live. I've been very impressed."

People continued to receive care from a stable and consistent staff team who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs. Staff were well supervised and supported.

People received a varied and balanced diet to meet their individual nutritional needs and preferences. Each person's dietary needs were known and understood by all of the staff team, clearly documented in care plans. Staff made sure people were eating and drinking enough throughout the day, and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring and people had built good relationships with the staff. We observed staff being patient and kind, and they clearly understood how people liked to be cared for. People's privacy was respected. People and their families were involved in decisions about the care and support people needed. There was a strong emphasis on equality and diversity, and treating people as unique and much loved and cared-for individuals. A relative told us, "The staff are so wonderful. The most lovely care. They make it seem every person is so special. They seem to have so much time for everyone."

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as far as possible in their day to day lives. There had been no formal complaints since the last inspection and the complaint process ensured any complaints would be fully investigated and responded to. Each person's social needs, interests and preferences had been carefully assessed. Staff provided each person with the support they needed to enable them to lead interesting and fulfilling lives. People were offered a wide range of activities, outings and opportunities to participate in daily routines in the home. .

The service continued to be well led. People and staff told us the registered manager was approachable. The provider visited regularly and always spoke with people living in the home, visitors and staff. The registered manager/provider sought people's views to make sure people were at the heart of any changes within the home and regularly enabled them to have time to discuss any issues. The registered manager/provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 was an unannounced, comprehensive inspection and took place on 8 and 10 November 2017. It was carried out by one adult social care inspector. Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports and the Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. 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. At our last inspection of the service, in July 2015 we did not identify any concerns with the care provided to people.

During this inspection we spent time with all the people who lived at the service. Some people were unable to fully express themselves verbally about their experiences due to living with dementia, so we observed how staff interacted with people. The registered manager was available throughout the inspection, and the provider was also available on the second day of the inspection. We looked around the premises and spoke with nine people. We also spoke with seven visiting relatives and six members of staff. On the second day of the inspection we also spoke with a community nurse who was visiting the home.

We looked at a number of records relating to individuals' care and the running of the home. These included three care and support plans, two staff personnel files and records relating to medication administration, maintenance and repairs and the quality monitoring of the service.

## Is the service safe?

### Our findings

The service continues to provide safe care. People and their relatives told us people were safe. A relative told us, "It absolutely is the best place for [person's name]. It couldn't be more homely. It's wonderful. She's happy. We don't have to worry anymore." Another relative said, "She is in a lovely environment. Very safe. Well looked after."

Risks of abuse were minimised because all staff had received training in how to recognise and report abuse. There were posters on display around the home with large, easy to read text, explaining how to recognise and prevent abuse. Staff confirmed they would have no hesitation in reporting any concerns to the registered manager or provider and were confident that action would be taken to protect people. Risk of abuse was further reduced because safe recruitment process were followed before new staff began working in the service. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. There was a stable, happy and consistent staff team with a very low turnover rate.

There were sufficient numbers of staff to keep people safe and make sure their needs were met. Staffing levels were kept under review and increased when necessary to meet changes in dependency levels. The staffing levels during the day consisted of the registered manager, a senior care worker and four care workers. There was also a chef. No cleaning staff were employed – cleaning and laundry tasks were carried out by the care staff. At night there was one waking and one sleeping staff on duty. During the inspection staff were visible, and attentive to people's needs. People and staff told us they felt there were enough staff employed.

Risk assessments had been completed to make sure people received safe care and to promote their independence. Risk assessments explained the measures to be taken by staff to support people to remain as safe as possible. Where people had been assessed as being at risk of harm or injury, for example from pressure sores or falls, assessments documented the equipment provided and actions to promote people's independence and safety. No-one had any pressure damage to their skin at the time of this inspection. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices. Accurate records were kept to show when medicines including prescribed creams had been administered. Medicines were stored securely at all times. Where people were prescribed medicines on an 'as required' basis, there were instructions to show when these medicines should be offered to people. The provider is also a fully qualified pharmacist, and they used their skills and knowledge to ensure safe procedures were followed in all aspects of medicine storage and administration.

People were protected from the spread of infections. The laundry was well equipped, clean and tidy. There were safe systems in place to ensure any soiled items of laundry were washed carefully to avoid the risk of infection. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons, colour coded cleaning equipment and good hand hygiene to protect people.

Visitors were encouraged to follow good hygiene procedures and to use hand gel on entering the home. The premises were clean and tidy with no offensive odours. There were good cleaning routines in place and staff took a pride in ensuring all parts of the home including chairs, flooring, mattresses and equipment were thoroughly cleaned on a daily basis. A recent inspection of the kitchen by the Environmental Health department had awarded the highest rating of five which indicated the food hygiene standards were very good.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, There was a comprehensive induction for new staff and opportunity to complete the Care Certificate, a nationally recognised qualification for care workers. Staff received regular supervision on a one-to one basis, and were able to request advice, support and supervision at any time. There were handover sessions at the start of each shift. Staff told us they felt well supported. They were encouraged and supported to gain further relevant qualifications, for example diplomas or National Vocational Qualifications.

People's health was monitored and prompt action was taken to address any concerns or changes. People were supported to seek medical attention, and attend medical appointments when needed. People and relatives told us they were confident the staff would seek medical advice and treatment promptly if they noted any signs of a change in a person's health. Care plans contained information about each person's health needs and staff understood the support people needed to prevent health conditions developing. A visiting health professional told us the staff always followed their advice and said, "They are quite pro-active. They seek advice. They are very aware of potential problems." A relative told us, "They notice things immediately." They described how staff had noticed a small sign of illness and said, "They were on it immediately. They rang the GP immediately." They went on to say, "I get the feeling they know every person inside out!"

People were encouraged to make choices about the food they ate. A chef was employed who knew each person well, their likes and dislikes and dietary needs. Menus were drawn up and reviewed following feedback from people living in the home. When new meals were introduced to the menus these were carefully monitored to make sure people enjoyed them. Meals were individually plated for each person to ensure they were given only the foods they had requested, and portion size they preferred. People were offered two options for the main meal of the day, but could also request any other foods if they did not like the main meals on offer. On the first day of the inspection people were offered roast chicken with all the trimmings and we heard that roast meals were offered twice a week due to their popularity. A member of staff offered a person their meal saying, "I know you like your crunchy potatoes. Here you are, just as you like them." Some people had chosen alternative meals. Second helpings were offered. Where there were concerns about a person's weight staff monitored and sought advice from relevant professionals and followed any recommendations made, and high calorie foods were encouraged. People were offered snacks during the day including tempting home-made cakes. People told us they enjoyed the meals, comments included "The food is very good." A relative told us, "She always says it's good."

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Throughout the inspection we saw people were

encouraged to make decisions and choices and these were respected by staff. Where decisions had been made in a person's best interests these were fully recorded in care plans. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The environment was very homely and comfortable. The provider and registered manager had researched suitable decoration, furnishings and signage to ensure people living with dementia could find their way around safely. For example, there were large, easy to read signs around the home to help people find their way around safely, and to find their own bedrooms.

There was an on-going maintenance plan in place to maintain a safe, clean and comfortable home. A maintenance man was employed who ensure repairs were carried out promptly, and there was a plan in place for ongoing decoration, maintenance and repairs. People told us their bedrooms had been decorated before they moved in, and staff had helped them choose furnishings or bring in items of their own furniture and furnishings to make their rooms feel homely.

## Is the service caring?

### Our findings

The home continued to provide a caring service to people. People appeared comfortable with the staff working with them and there was a friendly, relaxed atmosphere in the service. A health professional told us, "The atmosphere here is really nice. They (staff) are all very pleasant and they seem very caring." We observed staff sitting and chatting with people, and giving each person the support they needed in a friendly and attentive manner.

Staff showed a genuine interest in each person, getting to know them and their past history. We heard examples of how staff had gone out of their way to help people settle in and feel at home. For example, they found out that one person had previously been a seamstress so they had obtained swatches of fabrics and an old sewing machine which gave the person a source of interest and brought back happy memories.

Staff understood people's individual needs and how to meet those needs. People said they were well cared for. We observed the staff taking time to assist people to move around the home. Staff were attentive and kind in all their interactions with people. Staff explained how they took care to find out as much as possible about each person, their likes and dislikes and their normal daily routines. A member of staff told us, "We try to make it a home-from-home. Keep to the routines they would do in their own home – what they are used to."

People told us staff were kind, caring and respectful and showed concern for people's wellbeing. A member of staff described how all the staff noticed little details, things that mattered to people, for example signs that a person might be feeling a bit low. They all worked closely together to make sure people received the care and attention they needed. A member of staff told us, "I think it is really important to treat them as if they are all special." A relative told us, "The staff are so wonderful. The most lovely care. They make it seem every person is so special. They seem to have so much time for everyone".

There was a strong emphasis on equality and diversity, treating each person with care and respect regardless of their disabilities, backgrounds or beliefs. All of the staff had received training on equality and diversity. The staff enjoyed sitting and talking with people about different faiths and cultures, and celebrating different religious festivals. For example, they had recently celebrated Diwali and St Patricks Day. Staff respected each person as a unique individual.

The registered manager was passionate about providing the right support and understanding for people living with dementia. They were in the process of completing a course with Exeter University which will lead to them becoming a 'dementia champion'. They held dementia workshops for people living in the local community and relatives to help them gain a better understanding of the condition.

People and relatives told us privacy and dignity were respected at all times. When people requested assistance with personal care staff were discreet and attentive. Staff knocked on people's doors and respected people's need for privacy and dignity. The registered manager said that all staff were told at the start of their employment, "We are their guests" and that staff must treat people with the same respect they

would receive if they were visiting them in their own home in the community. Staff talked about the importance of making sure people were comfortably and attractively dressed. Clothing was neatly laundered and care was taken to ensure clothing was returned to the correct person. A hairdresser visited the home regularly and staff took a pride in making sure people maintained their preferred standard of appearance. People were offered baths or showers as often as they wished, and at the time of day the person preferred.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions. People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Relatives told us they were involved with reviewing / planning their relative's care.

## Is the service responsive?

### Our findings

People continued to receive a service that was responsive to their needs.

Before people moved into the home an assessment was completed to ensure the home was suitable to meet their needs. This assessment formed the basis of a care plan that was reviewed after the person moved in. Care plans provided information on all aspects of each person's health and personal care needs, including their preferred daily routines. Staff had access to the care plans at all times. The care plans were kept under regular review, and any changes in care needs were updated promptly. The registered manager told us people and their relatives were involved and consulted as much as possible in the care planning and review process. When care plans were amended staff were informed of the changes and asked to read the amended care plan.

People's preferences, for example times of getting up and going to bed, were known by staff and always respected. Staff told us about people who liked to get up very early in the morning, and others who enjoyed a lie-in. A member of staff gave an example of a person who decided how many spoonfuls of sugar they wanted in their hot drink according to the colour of the cup they were offered. Staff always asked the person how many sugars they wanted, rather than assuming they knew how many sugars the person wanted. They told us, "We are a small team and everyone knows what each person likes." This showed that staff knew each person well and provided care in a highly personalised way.

People were able to make choices about how they spent their time. A full-time activities organiser was employed who was passionate about their role. They expressed a determination to ensure each person lead an active and interesting life according to their interests and preferences. They took care to find out as much as possible about each person's past interests and found out the things the person enjoyed doing each day. There was a large selection of games, arts and crafts, books, DVDs, quizzes and other activity equipment. People were encouraged to make suggestions for new activities. Throughout each day there was a range of group activities provided such as games, exercises and entertainments. Staff also spent time with people individually or in small groups to talk about things that happened in the past, as well as current affairs and news items.

People were encouraged to participate in daily routines in the home, for example cleaning, baking and gardening. Staff explained how one person sometimes became anxious, and through talking with the person they found that the person had previously worked in a laundry and had taken a pride in their work. The staff encouraged to person to help fold the laundry and they put up a washing line with items of washing pegged onto it in a corner of the lounge where the person sat. This had given the person a sense of happiness and fulfilment.

People were supported to go out and participate in the local community. People went to local garden centres, the cinema, clubs and shops. They had tickets for a forthcoming carol concert in the Cathedral, and there were plans for a Christmas meal and tea dance in a well-known seaside hotel. On the first day of the inspection a student from Exeter University visited the home to talk to people living in the home. There was

also a visit from an external professional who visited the home regularly to provide Music for Health sessions. People told us how much they enjoyed this activity. A health professional told us, "There are always activities going on." People and relatives told us there were "Lots of activities."

People knew how to raise a complaint and were confident any concerns or complaints would be listened to, taken seriously and acted upon. The provider had a complaints procedure displayed in the service for people and visitors to access. People and visitors told us they had no complaints. A visitor told us that in the past they had one slight concern, and they "just mentioned it to [registered manager]" and they found the registered manager was already aware of the problem and was in the process of addressing it.

People received compassionate care at the end of their lives. Care plans contained evidence of discussions with people and their relatives about their wishes for the care they wanted to receive at the end of their lives. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care.

## Is the service well-led?

### Our findings

People continued to receive a service that was well-led. Comments from people living in the home and their relatives included, "The one in charge is lovely!" and "They always seem well organised." A visitor told us "In my experience of homes in Exeter, this one is excellent! It is an absolutely lovely place to live. I've been very impressed."

The home's internet web site provides a range of information about the home including their aims and objectives. They stated, "Endeavour residential care home is "home from home" and our aim is to provide a homely atmosphere in which an individual can feel secure and contented in which he or she will be helped to lead as full a life as possible." During our inspection we found staff upheld these aims and demonstrated a determination to provide a good quality service that met people's needs and enhanced their well-being and independence.

Staff we spoke with were very positive and enthusiastic about their roles. Staff said they were listened to and felt supported as valued members of a team. Comments included, "I won't be going anywhere else. I am staying right here. I know a good boss when I find one!" A member of staff told us, "It's lovely here." Another member of staff told us the home was, "Definitely well-led. [Registered manager's name] knows all the members of staff individually. She knows their individual circumstances. She is very supportive." They told us the registered manager was friendly, approachable, and "Everyone respects her as manager. She makes time for everyone." A person living in the home told us, "The one in charge is lovely!"

Staff also told us the registered manager was determined to address any areas of poor performance. They told us they felt confident they could raise any concerns and these would be listened to and addressed. Staff received regular supervision and good training. There was a management structure with well-defined roles and responsibilities. The registered manager was visible in the service and knew each person living in the home, and maintained good relationships with people's friends and families, and professionals involved in their care.

The registered manager kept up up-to-date with current legislation and best practice in a variety of ways, including attending training and conferences and by carrying out research on the internet. They also worked closely with other professionals including the local pharmacy, GP surgery and community nursing team to ensure people received a service that met their needs and provided the best possible care and treatment.

People living in the home, staff and visitors praised the provider, who visited the home regularly, spoke with everyone, and was always supportive. The provider carefully checked every aspect of the service during their visits to ensure high standards of care and accommodation were maintained at all times. The provider worked closely with the registered manager to ensure all aspects of the service were continuously reviewed and improved. The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment. They also had plans in place for ongoing improvement and updates to the building, decorations, furnishings and equipment.

There were regular newsletters and resident and family support meetings. They also sought people's views on the service through regular questionnaires, and we saw that responses from the most recent survey were entirely positive. The registered manager told us, "We involve families a lot and we encourage them to stay in contact with us whenever they want."

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.