

Evolving Living Ltd

# Evolving Living Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Evolving Living Limited is a 24-hour supported living service which is registered to provide personal care and support to people in their own studio flat. There are five studio flats in the service operated by the provider, with a further two studio flats external to the main building where the provider's office is located. The service is registered to provide support to younger adults aged between 18 and 65 years who have a diagnosis of mental health support needs.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection the service was supporting 7 people, with 1 person receiving the regulated activity of personal care. As there was only 1 person receiving care at the time of the inspection and the fact we want to protect the person's right to a private life, the report will provide an overview rather than specific examples.

People's experience of using this service and what we found  
Quality checks were in place, but some were not always effective in identifying where improvements were needed.

Important information about a specific incident had not been shared with us as legally required.

Some pre-employment checks had been completed but references from staff's previous employment were not available for us to review or to the registered manager or provider who had not have oversight of them.

Risks of harm or injury were assessed, and care plans gave information to staff on how to reduce risks. Care plans were reviewed regularly and updated when people's needs changed. People were protected from the risks of abuse.

Staff completed an induction and training. Their skills and knowledge were assessed, and they felt they had the skills they needed. There were enough staff available to provide the agreed support to people.

Staff were kind and caring toward people and the service had a caring culture which was demonstrated by staff.

Staff felt supported in their job roles and able to raise any concerns with the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The registered manager had completed mental capacity assessments for people and staff worked within the remit of the Mental Capacity Act, when needed.

Systems were in place to gather people's feedback on the service, and this was analysed by the registered manager and provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 31.03.2023 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to the safe recruitment of staff and how the provider monitors the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Evolving Living Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This is a 24-hour supported living service. It provides personal care to people living in their own studio flat within a supported living service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2023 and ended on 20 October 2023. We visited the location's office on 20 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 1 person's care plan, risk assessments and medication administration records. We reviewed 3 staff files to review the recruitment methods in place. We looked at a range of policies, audits and systems in place that monitored the safety and quality of the service. We spoke with 3 care staff via telephone calls to gain their feedback on working at the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people were not consistently safe or protected from avoidable harm.

### Staffing and recruitment

- We were not assured staff were recruited in a safe way. We reviewed 3 staff employment records and identified concerns related to a lack of references and conflicting information related to start of employment dates.
- Staff had no previous employment references on their employment record. We discussed the lack of references on all 3 employment records with the registered manager and provider. They told us they had contracted out 'Human Resources' to a specialist company. The provider told us they believed references had been undertaken but agreed they had not had oversight of these or made any checks to ensure they had been sought and received.
- Whilst all 3 staff employment records had recent DBS (Disclosure and Barring Services) checks, these were dated after the staff's recorded start of employment date. There were no risk assessments in place to cover the time period of any work undertaken between the staff's start date and the date their DBS was received. This posed potential risks to people. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff employment records contained conflicting information related to their start of employment. For example, 1 staff's contract of employment was dated differently to their 'starter date form'. The registered manager told us this may be because when staff undertook an 'induction shadowing half day shift' they were not 'formally employed'. However, the registered manager was unable to be clear about staff start dates.

The provider had not recruited staff in a safe way by undertaking all pre-employment checks available to them.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were sufficient staff employed to undertake agreed care to people. One staff member told us, "If a staff member is off sick, the manager will help and then arrange for a bank care staff member to come in. It works well, we are never short staffed."
- The registered manager was based at the supported living service and available to support staff when needed. Staff told us both the registered manager and provider were on-call during evenings, nights and weekends and responded to calls when guidance was sought.

### Assessing risk, safety monitoring and management

- Staff knew people well and how to minimise risks. Staff were able to give us examples of identified risks

and how they managed these and outline actions they could take if a person's mental wellbeing deteriorated and risks to their, and others, safety was compromised.

- People had care plans and risk assessments in place. Overall, these gave staff the information they needed to support people safely. We discussed some identified risks where the registered manager and provider could add further detail so staff could refer to guidance when needed.
- The provider had recognised the importance of fire safety for people and identified risk factors that staff were informed about when providing support to people. The fire services had shared advice and guidance to people and staff about managing identified individual risks.

#### Using medicines safely

- People were supported by trained staff in the safe administration of their prescribed medicines. Medication Administration Records showed people received their medicines as directed.
- Staff ordered and securely stored people's medicines for them with the person's consent.
- Where people were prescribed a medicine to be taken at a local pharmacy, staff supported them on these visits.

#### Preventing and controlling infection

- People were given guidance from staff on how to reduce the risks of infection to themselves and were offered personal protective equipment (PPE) for their own use.
- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and used PPE when supporting people with personal care.
- The registered manager had undertaken infection prevention checks on staff to ensure good practices were followed.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding people from abuse. One staff member told us, "I have never had to report any abuse, but if needed I would tell the manager and provider. We also have posters about whistleblowing, to other agencies if needed."
- The registered manager and provider understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) about allegations of abuse. There had been no safeguarding incidents that needed to be investigated or reported.

#### Learning lessons when things go wrong

- The registered manager and provider told us they were still learning and willing to learn from feedback and when things went wrong. They told us they were committed to learning and hoped to grow their business. Systems and processes were in place so that lessons could be learned from, for example, accident and incident analysis.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff worked within the remit of the Mental Capacity Act. People were supported in their own studio flats and a shared kitchen / lounge area and they were not restricted by staff in how they lived their lives.
- Staff understood the importance of gaining consent. One staff member told us, "It is important people have control over their own lives and make their own decisions. We can guide them but not take over."
- People's plans of care recorded they had mental capacity. The registered manager and provider understood when a 'best interest' decision would be needed and when they would need to refer a person for an independent mental capacity assessment.

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

- People's needs were assessed in detail prior to care and support being provided. Initial assessments were completed with the person and their social worker to gain a good understanding of needs. Assessments included people's cultural, spiritual and communication needs.
- The registered manager undertook regular one to one meetings with people to gain their feedback on their day to day care and support. These were recorded in people's care plans to guide staff on how people liked support to be delivered.

Staff support: induction, training, skills and experience

- Staff received an induction and training. All staff spoken with were complimentary about the quality of the training they received. One staff member told us, "The training is good, it is more in depth than I have had in other care jobs. It goes into detail about mental health diagnoses."
- Some people had specific risk factors linked to their mental health support needs and staff demonstrated a good understanding of managing these.

- Staff received regular supervision and told us they felt very supported by the registered manager and provider who were based at the office on site.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. The person's care plan detailed preferences and staff were able to tell us how they supported the person.

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

- Staff were able to give examples to us of when they would seek help and support from other healthcare agencies, including mental health crisis intervention teams.
- The registered manager and provider worked with information and guidance given to them from healthcare professionals including community psychiatric nurses, occupational therapists and GPs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff enjoyed their role in supporting people. One staff member told us, "I prefer this caring role to others I have had, this is more about people's mental wellbeing." Another staff member said, "We are a good team here and work well together in supporting the people living here."
- Staff demonstrated a caring approach. Our observations of interactions between staff with people showed an empathising and respectful manner.
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. People had their own key to their studio flat and staff knocked and waited for the person to respond before supporting or interacting with the person.
- People's independence was promoted. A staff member told us the person had bathroom aides, such as grab rails, and they encouraged the use of these to promote independence.
- Staff told us the person directed them if they wanted staff support or not to go, for example, to the shops. Staff were aware of the importance of respecting the person's decision in this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to them receiving support. An initial assessment of need took place which was used to create a personalised care plan.
- People's day to day support was tailored to meet their individual needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and was documented in their plan of care.
- The registered manager told people did not currently need pictorial care plans, for example, but these would be provided if a future need arose in order to meet the Accessible Information Standard.
- Staff had a good understanding of the importance of clear communication. A staff member told us, "It is very important we are clear in what we are saying and what tone we use."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's plans of care gave details about their hobbies and interests. Where specific activities posed identified risks to people, they were advised of those and it was explained clearly to them why staff could not engage in supporting them.
- Staff could tell us about people's likes and dislikes and what they enjoyed to talk about.

Improving care quality in response to complaints or concerns

- There was a complaints policy available to people. The registered manager and provider told us complaints would be used as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative support was not provided. We have therefore not made a judgement on this part of this question during this inspection.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service was not consistently managed and well-led and some improvements were needed in quality checks. However, leaders and the culture did promote high-quality, person-centred care.

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

- The registered manager and provider had some systems and processes in place to assess the quality and safety of the service. However, these were not always effective in identifying where improvements were needed.
- No effective quality checks had taken place on staff employment records to ensure safe recruitment had taken place. The provider told us that they now recognised contracting out their 'human resources' function had not been effective and practices would be changed.

The provider had not consistently ensured systems and processes in place ensured a quality and safe service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and provider had identified fire safety as important for people and staff's safety in providing day to day support. However, whilst the registered manager told us fire scenario drills took place, logs shown to us had missing information. For example, staff participating were not recorded.
- The registered manager told us that if a person declined to respond to a fire alarm then, after the drill, they explained why it was important to respond. However, fire drill logs did not record who had failed to respond and the actions taken so understanding and improvement could be assessed at the next fire drill.
- During our visit to the provider's office, based at the supported living service, we observed a fire door propped open. This was not in line with the provider's policy and during our visit staff were reminded this was unsafe practice.
- Systems were in place to check staff's skills and competencies. The registered manager undertook spot checks on staff to ensure performance met their expectations.
- Medication competency assessments took place to ensure staff followed practices of safe handling of medicines.
- Quality checks took place on care plans and medication administration records to ensure these contained the information staff needed and records were completed as needed by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager and provider were aware of their legal responsibilities under the duty of candour. They worked in collaboration with other health care professionals in supporting people.
- Whilst the registered manager and provider could tell us when statutory notifications about specific events should be legally sent to us, we identified an incident from 2022 that we had not been informed about. Records showed a person's social worker had been told and guidance sought from the police. We requested a statutory notification be sent to us retrospectively about this incident, which it was.

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

- The registered manager and provider had systems in place for gaining feedback from people. These included individual meetings where care and support was discussed and written feedback forms. The feedback from people was positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider worked in partnership with other healthcare professionals involved in people's care.
- The provider recognised they were a relatively new service and wished to act on feedback from external stakeholders and regulators to improve the quality of their service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not always in place to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purposes of carrying on a regulated activity had not always had checks undertaken to ensure they were of good character.</p>