

SC396186

Registered provider: Living Life (UK) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and can provide care for up to five children who may have social and emotional difficulties.

This home is led by two registered managers. One is on extended leave. The other has been registered with Ofsted since November 2024.

There were two children living at the home at the time of this inspection and their views were obtained.

Inspection dates: 1 and 2 April 2025

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor, and they are not making progress.

Date of last inspection: 22 October 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/10/2024	Full	Good
23/01/2024	Full	Good
14/02/2023	Full	Good
02/03/2022	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Since the last inspection, one child has moved out of the home in an unplanned way. No children have moved into the home.

The processes for identifying and managing children's risks and vulnerabilities are ineffective. Risk management documents relating to children are of poor quality and do not reflect the children's complex needs. The children's risk assessments and behaviour management plans are not regularly reviewed and updated. Consequently, they do not fully consider children's emerging risks and how these should be managed. Staff are not provided with clear direction about how to manage risks safely, and they rely on outdated information and safety plans. This has resulted in children being exposed to the risk of harm for a prolonged period.

Staff lack the appropriate skills and experience to provide safe and consistent care to the children. They have completed training in child protection and safeguarding. However, they do not consistently implement the learning from this training. Staff lack the necessary understanding of the impact of trauma on children and how this may present in children's behaviour. This means the children do not receive care and support that is tailored to meet their needs or considers the impact of previous trauma and life experiences. The acting responsible individual has recognised this shortfall and has commissioned further training to increase staff knowledge and support in this area.

The capturing of children's views and feelings is poor. Staff do not regularly seek children's opinions and views about the care they receive. When children have shared their feelings, they have not felt listened to or been provided with feedback from staff or managers.

Children's educational experiences are variable. One child is in education on a part-time basis, and staff encourage their participation in activities outside of the home. The staff are supporting the child to consider their next steps, potentially into further education. One child is not in education but has expressed their wish to be in full-time education. While they have been out of education, a home tutor has been supporting them, but the child has only sporadically engaged with this. The manager and staff have advocated for the child to attend a provision and worked collaboratively with education partners to achieve this. The manager has a plan for the child to go back to school full-time next term.

The children are registered with local health services. One child has a sensory diagnosis, however, their needs are not outlined in their care plan. Staff lack knowledge of the diagnosis and have not completed specific training to give them the skills to understand and support the child's additional needs. One child is experiencing a potential health issue relating to food. Staff have not responded to this concern or accessed specialist medical intervention or support to address this concern appropriately.

Some parts of the house are worn and require attention. The children's bedrooms are sparsely furnished and not personalised to reflect the children's interests and hobbies. The bedrooms need cleaning and some repairs. Staff do not consider the children's individual risks and ensure that their bedrooms are always free from hazards.

How well children and young people are helped and protected: inadequate

The staff have not always adequately safeguarded children. When allegations have been made, safeguarding procedures have not been followed. Information has not always been shared with external professionals who are involved with the child. When information has been shared, at times it has been significantly delayed, which impacts the safety of children.

The practice of physical intervention does not promote the safety and welfare of children. Records do not demonstrate in sufficient detail the reasons for the physical intervention. Additionally, debriefs with the child and staff are not regularly taking place. When the registered manager has had oversight, she has failed to identify shortfalls in practice or considered any alternative methods that could be used to support the child and prevent the need for restraint, or recognised the need for its use to be proportionate.

Physical intervention plans are not reviewed or updated following incidents. This prevents staff from managing children's behaviour effectively as they do not have accurate information. Staff have used physical intervention with one child when they have been advised by external safeguarding agencies not to do so. This resulted in further harm to the child, due to unapproved interventions being used. This was not recognised by the manager and there was a further delay in sharing information with other relevant agencies.

Following incidents of physical intervention, staff implement additional consequences for the child. Staff were not able to recognise the child's emotional needs because they do not have a sufficient understanding of trauma-informed practice. Staff were not aware of the child's individual needs and were punitive in their approach to managing behaviours that challenge.

The effectiveness of leaders and managers: inadequate

Management oversight of the home has not been effective. Since the last inspection, the home has been taken over by another organisation. At times, there has been no oversight by a responsible individual and there have been changes in the management team over the last year. These significant changes to the senior management structure have not always been notified to Ofsted. There was no responsible individual for a period. Sufficient support has not been provided by senior managers for the registered manager. This has resulted in information not being shared, having an impact on the safety of children.

A lack of professional supervision for the registered manager and staff limits opportunities to develop and improve care practice. There are missed opportunities to reflect and learn, particularly following significant incidents and challenging periods. When staff raise complaints with the manager, there are no records to demonstrate what action has been taken. This has the potential to negatively impact on the care provided to children.

Procedures to ensure the safe recruitment of staff are not yet fully effective. The required background checks on new staff are not always completed. For one member of staff, there has been insufficient scrutiny of their disciplinary record with the current organisation. Therefore, leaders and managers cannot be satisfied that this member of staff has the right support and monitoring in place, or if they are suitable to work with children.

Senior managers report that despite staff having been provided with training in the home's preferred therapeutic model of care, this has not been embedded in practice. This means that staff are not providing the service described in the statement of purpose. This is misleading for commissioners and other external agencies and for parents and carers.

The partnership working arrangements between the manager and safeguarding professionals have been ineffective. The manager has established relationships with the local authorities, particularly the children's individual social workers and local authority designated officer. However, crucially, when a significant incident occurred, the manager did not share information in a detailed and timely way. This means that partner agencies have considered each incident in isolation and have failed to view emerging patterns cumulatively. This has resulted in opportunities being missed by the wider safeguarding networks to address the children's exposure to significant harm.

Despite the shortfalls, staff say that they feel supported by the manager. Additional support has been put in place from a senior manager and the interim responsible individual. Both individuals are experienced and knowledgeable and have acknowledged the shortfalls that have been identified. An action plan has been developed to address the areas for development.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>*The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure— that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare;</p> <p>are familiar with, and act in accordance with, the home's child protection policies;</p> <p>that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;</p> <p>that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(b)(e))</p> <p>In particular, risk management and behaviour support documents are not robust and do not support staff to keep children safe. Staff responses to children's risks and vulnerabilities are not effective to safeguard children and keep them safe.</p>	16 May 2025

<p>*The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home's workforce provides continuity of care to each child.</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(c)(e)(f)(h))</p> <p>In particular, the oversight and monitoring from the manager is not yet sufficiently robust. The manager has not identified when physical intervention has not been required or ensured the appropriate procedures are followed. The oversight of staff care practice is not yet effective.</p>	<p>16 May 2025</p>
<p>*The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the name of the child;</p> <p>details of the child's behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p>	<p>16 May 2025</p>

<p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))</p> <p>In particular, in relation to when behaviour management practices are implemented, including physical intervention. The current practice of staff and managers does not yet meet this statutory requirement.</p>	
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being;</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p>	<p>16 May 2025</p>

<p>achieve the health and well-being outcomes that are recorded in the child's relevant plans;</p> <p>understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding.</p> <p>(Regulation 10 (1)(a)(b)(c) (2)(a))</p> <p>In particular, that the children's health needs are fully understood and the correct services are in place to meet those needs.</p>	
<p>The children's views, wishes and feelings standard is that children receive care from staff who—</p> <p>develop positive relationships with them;</p> <p>engage with them; and</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare;</p> <p>help each child to express views, wishes and feelings;</p> <p>help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child;</p> <p>regularly consult children, and seek their feedback, about the quality of the home's care.</p> <p>(Regulation 7 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv))</p> <p>In particular, that children's complaints, comments and feedback on the care they receive are responded to by the manager and leaders.</p>	<p>16 May 2025</p>

<p>In meeting the quality standards, the registered person must, and must ensure that staff—</p> <p>seek to involve each child’s placing authority effectively in the child’s care, in accordance with the child’s relevant plans;</p> <p>seek to secure the input and services required to meet each child’s needs;</p> <p>if the registered person considers, or staff consider, a placing authority’s or a relevant person’s performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child’s needs are met in accordance with the child’s relevant plans; and</p> <p>seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children’s home is to provide care and accommodation. (Regulation 5 (a)(b)(c)(d))</p> <p>In particular, that when the manager and leaders are not satisfied with responses from external agencies that these are escalated to that agency and resolution is sought.</p>	<p>16 May 2025</p>
<p>The quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child; and</p> <p>enable each child to participate in the daily life of the home. (Regulation 6 (1)(a)(b) (2)(c)(i)(ii))</p>	<p>16 May 2025</p>

In particular, that the care of children and their progress is promoted in all aspects of their care.	
<p>A responsible individual must—</p> <p>have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated. (Regulation 26 (7)(b))</p> <p>In particular, that the responsible individual completes the process to be assessed as a responsible individual for the home.</p>	16 May 2025

*These requirements are subject to a compliance notice.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the social care common inspection framework. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

Children's home details

Unique reference number: SC396186

Provision sub-type: Children's home

Registered provider: Living Life (UK) Limited

Registered provider address: 212 Ballards Lane, London N3 2LX

Responsible individual:

Registered managers: Rebecca Dalton and Lucy Campion

Inspectors

Eleanor Quanbrough, Social Care Inspector
Caroline Coop, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

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