

2537375

Registered provider: First Blue Healthcare Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is registered to provide care and accommodation for up to three children who have social and/or emotional difficulties.

This is the home's first inspection since registration on the 9 August 2019.

Inspection dates: 4 to 5 March 2020

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 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: not applicable

Overall judgement at last inspection: Not applicable

Enforcement action since last inspection:

None.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
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None		
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Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children who smoke receive little help to understand the dangers that smoking can have on their physical health. Staff do not refer the children to services that can help them to stop smoking. There is a culture in the home of children routinely rolling up cigarettes in the house and collecting a cigarette lighter from the desk in the office. Children smoking around the home has become normalised and accepted. This failure to act as a good parent would means that children are not being cared for within the limits of what is legally and societally acceptable.

Staff do not help children to understand about the importance of healthy eating. The absence of support means that children develop habits such as routinely eating unhealthy snacks in their bedrooms at night.

Staff fail to effectively support children to re-engage in learning and education. For example, staff do not actively help children to arrive at school on time. When children are waiting for a new school placement or are on a reduced timetable, staff do not implement daily routines that help children become accustomed to a structured day of learning. As a result, children are ill-prepared and do not always achieve academic success as early as they might.

Staff do not ensure that internal care plans are kept up to date and include details of children's progress. This means that staff do not always have all the essential information that they need to help children to develop and achieve to their full potential.

Children's memory books are left empty. This failure is significant and means that children do not have a record of their time living in the home. Further, it demonstrates that staff are not doing all they can to ensure that each child is helped to understand their life experiences.

When planning children's care, staff do not encourage children to contribute to setting their own personal goals and targets. This means that staff do not enable children to take ownership of their plans and invest in their own progress. When children meet with staff in planned meetings, staff do not encourage children to contribute their views and reflect on their day-to-day care. This represents a missed opportunity to explore and take account of children's views.

Some areas of the home have an institutional feel. The front garden is a large area of block paving which looks stark and uninviting. The home lacks personalisation and children say that the pictures on the walls in the communal lounge look 'like you would find in a care home'. This environment is not having a positive impact on children's comfort and their self-esteem.

Staff actively support children to maintain links with people who are important to them.

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

Staff are not vigilant regarding fire safety. For example, one child has been able to hold a cigarette lighter and use this to set fire to a wooden ornament and a plastic wrapper from a cigarette carton. Despite the seriousness of this incident, staff have failed to consider the incident as part of an assessment of the child's vulnerability and the risk they pose to others.

One child's bedroom has a strong smell of smoke. Despite this being a clear risk to the child and to other children and adults in the home, strategies for managing the risk have not been identified. This represents a significant lack of attention to children's safety and physical well-being.

Staff are ineffective at keeping children safe. For example, staff are aware that one child uses social media such as Snapchat to contact people who are known to use illegal substances. Staff are aware that the child is at risk of child sexual exploitation and has a history of substance misuse. Despite staff having this knowledge, they have taken little action to try and counter this risk.

Some children consistently use inappropriate language when talking with staff and when meeting visitors. Staff do not challenge children when they swear and use unkind words. This means that staff have become desensitised to children's use of inappropriate language in the home, and are not guiding children to use more appropriate language as a good parent would.

Children occasionally receive rewards for positive behaviour. However, staff do not use creative ways to help children to understand what socially acceptable behaviour is. For example, staff allow children to damage property and then fail to explain to them, or model, what is acceptable and what is not.

The children's guide does not include information that helps children to understand the routines and boundaries in the home.

When it is necessary to physically restrain a child, the manager does not ensure that staff are debriefed and have the opportunity to reflect and explore any learning from the incident. Children are not offered an opportunity to talk to someone with regard to their feelings about being physically held. This represents a missed opportunity to review staff practice, and a missed chance for children to know that someone listens to them.

The staircase carpet is not securely fitted, and this creates a potential tripping hazard. Despite this risk being identified by staff, action to fully remedy the situation has not been taken.

The effectiveness of leaders and managers: inadequate

A new manager has recently been appointed. Ofsted acknowledges that the manager has had limited opportunity to establish himself in his role. During the inspection, the responsible individual, who is also relatively new in post, recognised the need for additional senior management support for the home. As a result, the potential capacity of leaders to improve and remedy concerns is established. Despite this, Ofsted believes that it is unsafe for any new children to be admitted to the home at this time and a notice restricting accommodation in the home has been issued.

Since the home opened, five children have moved in and three children have moved out. Some of the children who moved out needed to leave because the staff were unable to meet their assessed needs. As yet, managers have not used these experiences to capture any learning that could inform future practice and management. This is a missed opportunity to better understand how matching can be improved and placement disruptions avoided.

Managers do not use monitoring systems to evaluate and assess the quality of care effectively. When incidents occur, managers do not always have enough oversight of these to ensure that they have been dealt with appropriately.

When children go missing from the home, staff follow the appropriate protocol for each child. Managers do not ensure that information collected during children's return home interviews is requested from the children's social workers and is made available to the staff. This means that staff are without valuable information that would enable them to support children and more effectively minimise risks.

Staff do not receive regular supervision and as a result they do not have their performance and practice regularly appraised. This is a missed opportunity for staff to discuss the care of children, how best to meet their needs and how to improve their own practice.

Managers have developed positive links with some professionals, such as the headteacher of the virtual school. Communication with other professionals who work with the children is positive, and social workers told inspectors that staff keep them regularly updated.

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, 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
The children's views, wishes and feelings standard is that children receive care from staff who— develop positive relationships with them; engage with them; and take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— help each child to express views, wishes and feelings. (Regulation 7(1)(a)(b)(c)(2)(a)(ii))	17/04/2020
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers; promote opportunities for each child to learn informally. (Regulation 8(1)(2)(a)(iii)(v))	17/04/2020
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and	17/04/2020

children are helped to lead healthy lifestyles. (Regulation 10(1)(a)(b)(c))	
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— help each child to develop socially aware behaviour; encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding. (Regulation 11(1)(a)(b)(c)(2)(a)(ii)(v))	17/04/2020
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— 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. (Regulation 12(1)(2)(a)(i))	17/04/2020
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— 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.	05/04/2020*

(Regulation 12(1)(2)(b)) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff have the experience, qualifications and skills to meet the needs of each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(b)(2)(a)(c)(h))	17/04/2020
The registered person must ensure that all employees receive practice-related supervision from a person with appropriate experience. (Regulation 33(4)(b))	17/04/2020
The registered person must ensure that— 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— the effectiveness and any consequences of the use of the measure; and 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")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and 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)(vii)(b)(i)(ii)(c))	17/04/2020
The registered person must maintain records ("case records") for each child which are kept up to date. (Regulation 36(1)(b))	17/04/2020

*These requirements are subject to a compliance notice.

Recommendations

- For children's homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. Children's homes must comply with relevant health and safety legislations. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.9)
- The children's guide should to help children to understand what the day-to-day routines of the home are ("what happens in the home"). ('Guide to the children's homes regulations including the quality standards', page 24, paragraph 4.22)
- When a child returns to the home after being missing from care or away from the home without permission, the responsible local authority must provide an opportunity for the child to have an independent return home interview. Homes should take account of information provided by such interviews when assessing risks and putting arrangements in place to protect each child. ('Guide to the children's homes regulations including the quality standards', page 45, paragraph 9.30)

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: 2537375

Provision sub-type: Children's home

Registered provider: First Blue Healthcare Limited

Registered provider address: Eagles Nest, Dunston Business Village, Dunston
ST18 9AB

Responsible individual: Kristie Dimaro

Registered manager: Martin Hodgson

Inspector

Karen Gillingwater, Social Care Inspector

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