

Seamab Care Home Service

Lendrick Muir
Rumbling Bridge
Kinross
KY13 0QA

Telephone: 01577 842 224

Type of inspection:
Unannounced

Completed on:
11 September 2024

Service provided by:
Seamab

Service provider number:
SP2003002135

Service no:
CS2016352925

About the service

Seamab is an independent charitable organisation, administered by the Board of Trustees of Seamab. The service provides care homes for a maximum of 15 children and young people, both male and female, aged five to 18 years, experiencing severe social, emotional and behavioural difficulties. Referrals are made from across Scotland. Children and young people live in three bungalows, each with five single bedrooms, two bathrooms, two public rooms and separate staff facilities, set in private woodland, a five minute drive from Seamab School. The bungalows are named:

- Whitewisp caring for a maximum of five children or young people
- Blairdenon caring for a maximum of five children or young people
- Dumyat caring for a maximum of five children or young people

Children who are accommodated in the homes attend or have attended Seamab School. On admission to the homes children are no older than 13 years of age.

About the inspection

This was an unannounced inspection which took place on 28 August 2024 between 10:30 and 19:00, 6 June 2024 between 08:00 and 17:30 and 30 September 2024 between 08:00 and 14:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- spoke with nine children and met 4 more;
- spoke with 22 staff, including managers, care staff, therapy staff and maintenance;
- spoke with a member of the Board of Trustees;
- spoke with social workers and considered responses to questionnaires
- observed practice, the environment and daily life; and
- reviewed documents.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

Key messages

- A holistic, therapeutic approach was resulting in positive outcomes for children
- Children were fully supported to be connected to their family and friends
- Children were fully engaged in an extensive variety of activities
- Children were well cared for by kind and compassionate staff
- The management team needs to develop a more systematic approach to overview of processes and quality assurance
- Staff training needs need to be reviewed and a plan made to address training needs
- Care plans need to be reviewed to identify SMART targets

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

3 - Adequate

We found a number of important strengths in aspects of the care provided supporting positive outcomes for children, therefore we evaluated key question 7.1 as good. In relation to key question 7.2 we found some strengths which just outweighed areas for improvement and evaluated this question as adequate. The overall evaluation for key question 7 is adequate.

Children were kept physically and emotionally safe by staff who were attuned to their needs and had developed practice to respond to them.

Children's voices were listened to in most circumstances, and they had access to advocacy services to support them to express their views.

Whilst staff presented as confident about their roles and responsibilities for keeping children safe we had concerns about the provision of child protection training. All child protection training was conducted on line which did not sufficiently equip staff and leaders to be robust in their management of child protection matters. Not all incidents were identified as child protection as they should have been. Those that were identified correctly, were dealt with in line with national guidance and child protection procedures. We also made some suggestions to improve the service child protection procedure to include timescales and identify the urgency of reporting. **See requirement 1**

Children experienced very positive therapeutic and stable care from services such as speech and language, play therapy and Thera play. Consultation with staff also ensured that the therapeutic approach continued within the bungalows. This combined to a holistic approach to children's wellbeing.

Staff were very committed to the children and made every effort to provide what they needed at any given time. There was a strong focus on recognition of the effects of early years trauma and helping children to manage big emotions. Most staff had completed PACE (Playfulness, Acceptance, Curiosity and Empathy) training providing some understanding of the trauma informed approach. However not all staff were up to date with PACE training, and this should be given priority.

It was clear that the provider had begun to develop its approach to reduction in restrictive practices and were in partnership with a number of agencies to support this move. It was also clear from practice that staff focused on de-escalation and distraction and physical interventions were last resort. Again, we had some concerns regarding consistency of processes including management sign off, identifying any issues and concerns, debrief and children's views being sought. We assessed that this had potential to impact outcomes for children.

We know that for many children the use of humour and fun is a really good way to establish relationships, and we saw this was effective for almost all children.

There was a high level of respect within the bungalows. Connections with families and those who are important to children was prioritised and well facilitated by staff.

High regard was given to children's interests. They attended clubs such as football swimming, cubs and had many opportunities to experience an impressive range of outdoor activities, fully supported by staff.

All children attended and were engaged with school. We liked the separation between school and care which meant that the pressures from school/house did not present tensions. Full consideration was given to the routines of individual children, mainly within a relaxed and comfortable atmosphere, with focus on the successful transition to school.

Whilst there had been some development in relation to care plans these were not consistently SMART, and the chances of outcomes being consistently met were compromised. We felt this was a training need. Risk assessments were largely positive and provided staff with awareness of triggers and strategies to minimise critical incidents. **See area for improvement 1**

Seamab had considered continued care with the opening of a sister service, Threemiletown, and were considering how to develop this further to support those young people who want to stay.

Leaders had a clear vision for the service and what they wanted to achieve for children. This had high importance as there had been a significant turnover in management and across the care staff group. However, we had concerns about some of the functions and attention to processes across the senior leadership team.

Individual roles in terms of data handling meant that it was often difficult to access information when required. There needs to be a sufficient number of personnel who can provide information when others are absent in order to promote the smooth running of the service. In addition, consideration should be given to who is best placed to handle and deal with the data such as sharing information with external agencies.

Existing quality assurance methods were not effectively identifying areas of concern and despite children having very positive outcomes there were inherent risks in the absence of management oversight **See Requirement 2**. Significant issues had been missed both within time frames and in totality. This meant that in some circumstances safety was compromised. The standard of reporting incidents was inconsistent and overview and analysis of incidents was missing. For some incidents there was no debrief and therefore the feelings of children and staff were not taken into account and opportunity was missed to ensure relationships were repaired. We identified issues around the frequency of supervision and significant gaps in management of some medication. There was a focus on giving the house managers autonomy. However, as some of the managers had been in post for a short time they needed support and direction and more scrutiny from senior managers.

Notifications to Care Inspectorate were, again, inconsistent and often late in submission and the correct processes from the providers policy and Care Inspectorate guidance had not been followed in relation to notifications.

The service had begun to consider self assessment, however had not achieved their aim of producing a service development plan targeted for September 2023. Which meant that there was reduced focus on improvement.

We found that serious consideration was given about matching children to bungalows. However, we also we heard that in some circumstances insufficient information from local authorities resulted in new admissions having impact on the current children. We suggest that the provider creates an admissions policy and process identifying the essential information that the service must have prior to making a decision about admission. **See area for improvement 2**

The service had been successful in recruiting staff and staff turnover was beginning to stabilise. However

many of these staff were in the early stages of their career and required the necessary training, role modelling and support to carry out their role. We identified an area for improvement at the last inspection in relation to a staffing needs analysis one aspect of which was training. At this inspection we identified gaps in core training and a need to provide a factual up to date training list for all staff, clearly identifying core training and frequency of updating training. **See requirement 3**

We were satisfied that staff were being recruited safely and processes were being followed.

Key strategic decisions are made around the promise for example in restraint reduction and it was pleasing to hear about the drive towards the key messages of the promise.

Requirements

1. By 27 October 2024 the provider must ensure that child protection processes are robust. This is to ensure that children and young people are kept safe and experience high quality, consistent care and support. In particular you must:

- a) Ensure all staff have appropriate training to equip them in their role
- b) Ensure child protection reporting procedures are followed
- c) Ensure the child protection policy and procedures are reviewed and identify expected timescales
- d) Ensure effective management oversight and identification of child protection matters.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Make proper provision for the health, welfare and safety of service users

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

2. By 27 October 2024 the provider must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support. In particular you must:

- a) Produce a service improvement plan
- b) Ensure there is effective oversight of all incidents including physical interventions, debrief and analysis
- c) Ensure there is effective observation of practice in all parts of the service recording areas for improvement and providing support.
- d) Ensure that all staff receive regular one to one supervision.
- e) Ensure effective recording of medication.

This is to comply with Regulation 3, Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210). Promoting quality and safety and make proper provision for the health, welfare and safety of service users

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and

transparent quality assurance processes". (HSCS 4.19)

3. By 27 October 2024 the provider must ensure that all staff have an identified training plan appropriate to their role This is to ensure that children and young people experience high quality, consistent care and support. In particular you must:

- a) Carry out a staff training needs analysis
- b) Identify core training with timescales for completion and reaccreditation
- c) Ensure that the staff training matrix is kept up to date and identifies gaps in training
- d) Produce a training plan to meet the identified staff training needs

This is to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS! 2011/210) Having the qualifications, skills and experience necessary for the work the person is to perform
and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

Areas for improvement

1. To ensure consistent positive outcomes the provider should review the care planning system and adopt a SMART approach to care planning. These care plans must be outcome focused and clearly express goals and strategies to help young people to achieve their potential.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

2. To support children's wellbeing, the provider should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. This should include but is not limited to:

- a) Ensure they consider the potential impact on existing young people within the service, including identifying specifically which house they will reside in.
- b) Ensure they have all the necessary information prior to making a decision regarding the new young person being referred to the service.
- c) Ensure they consider staffing levels, skills, mix and any current staff vacancies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want.' (HSCS 1.20)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 13 November 2023 the provider must ensure that the service has sufficient staff on each shift to meet the needs of each child/ young person To do this, the provider must, at a minimum:

- a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.
- b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.
- c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is to comply with Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

This requirement was made on 22 September 2023.

Action taken on previous requirement

The service had been successful in recruiting staff and had developed a system within the bungalows to ensure there were enough staff to meet children's needs at any given time.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to promote safety and reassurance the provider should develop robust audit and quality assurance processes, particularly, though not exclusively, focusing on:

- Reporting of incidents
- Overview of care plans and risk assessments

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19) 7. 7.

This area for improvement was made on 22 September 2023.

Action taken since then

We have made a requirement at this inspection in relation to quality assurance. **See requirement 2**

Previous area for improvement 2

In order to ensure that the service can consistently achieve positive outcomes for young people the provider should adopt a SMART approach to care planning that is integrated with robust risk assessment and risk management procedures. These care plans and risk assessments should be outcome focused and clearly express strategies to mitigate risk and help young people to progress.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

This area for improvement was made on 22 September 2023.

Action taken since then

The service had made some progress in relation to this area for improvement. We saw an improvement in risk assessments, however we have made a further area for improvement with regard to SMART objectives. **See area for improvement 1**

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

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