

Seamab Care Home Service

Lendrick Muir
Rumbling Bridge
Kinross
KY13 0QA

Telephone: 01577 842 224

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Seamab

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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 five minutes drive away 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.

What people told us

During the inspection we met with and talked to a number of children. Comments included:

"I can ski really well now, I learned from (staff member) and we taught (another staff member)"

"I love being outside, its great fun"

"I've only been here a short time but I really like it"

"It's fun having other kids to play with"

"I get time on my x box and I like going to the library, I also like swimming and go quite often"

"It's rubbish here! I wish I was back at my last place, I got to do more there. Don't like the food. When I want something after supper I'm not allowed and I am hungry"

"I brought some toys from home and got some from here"

"I like living here, I go to Brownies, did you go to brownies?"

"Have you seen the chickens and ducks. Sometimes there are deer and they come really close"

"I love my room, it's really cool and I have two x boxes"

"Terrible food"(said in a humorous way)

"Staff boring - particularly the manager" (but gave him a nickname and lots of good natured banter observed)

"The kids decide what we are eating".

"I didn't pick [the decoration] in my room but I do like it".

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

5 - Very Good

We made an evaluation of overall very good for this key question as the performance demonstrates major strengths. There are few areas for improvement and those that do exist have minimal adverse impact on peoples experiences and outcomes. We evaluated some aspects of this key question as excellent where there was demonstrable track record of innovative practice and high quality performance across a wide range of activities from which others can learn.

The ethos and value base within Seamab focussed on relationships and love for the children they care for.

Children experienced very high quality relationships with the adults who cared for them with patience and fondness. Children were fully engaged in exciting and fun play opportunities, with staff playing alongside them and fully extending their play experiences. The staff demonstrated true regard for the children with lots of displays of affection, genuine praise and warmth. Children received extensive nurturing care from across the whole staff team where every member of staff knew the children from the neighbouring houses and knew how to make them feel valued.

Each child was treated as a respected individual by staff who were fully aware of their needs, plans and goals. Children were encouraged to achieve and extend their horizons whilst taking measured risks. Particular attention was paid to individual routines and recognition of each child's individual processing of their world and what that meant for them. This included particular attention to sensory sensitivity where staff fully understood how to help create environments specific to individual children.

We witnessed a sense of comfort and relaxation in all of the houses and a feeling that the staff had confidence in their approach to the children. All interactions were framed positively with emphasis on forming meaningful connections with the children.

There was a real sense of ambition for each of the children and motivation to ensure children achieved their potential. Staff were keen to know how children were doing after they had moved on showing true interest in the children who had left Seamab. Some staff had made further commitment to keeping in touch with children who had left and said this would be a lifetime commitment for as long as the child wanted it.

We heard about the commitment towards reduction of physical intervention. Staff were using strategies such as diversion, distraction, gentle and compassionate responses with safe holds as a last resort. We could see from analysis that there had been a reduction in safe holds or a lessening of the level of holds.

In the houses documents in the office provided reminders to staff about the principals of Seamab, using language that cares, being playful practitioners, new conversations around the dinner table being a therapeutic space and enjoying meals together. We saw that staff practiced these principals throughout their time with the children.

A working group had been established to promote the The Promise and whilst this was in the early stages we saw that Seamab had made some progress in working closely with parents and reduction in physical interventions. They had sought the views of children with regard to safe holds and had made changes

accordingly. Further focus groups with the children and their carers were planned in order to seek their views and carry forward the commitment of The Promise.

All admissions to Seamab are planned, which allowed all children to be prepared for new arrivals and the child being admitted having the added security of having met staff and other children and having visited the house they would be staying in. Children, parents and carers were fully involved in the admissions process.

Children had regular access to independent advocacy through a Who Cares worker. A number of children had successfully used the services of the Who Cares worker to present their views to care reviews and children's Hearings. The Who Cares worker also attended the Pupil Council Meetings and reflected the views of the children to Seamab staff.

We saw evidence of children making choices about the activities they were involved in. Staff were very open to children's suggestions and actively sought opportunities for them to extend their horizons. Activities such as horse riding, football, skiing, swimming, library, skatepark, trampolining and a variety of clubs such as Brownies and Beavers helped the children to feel part of the community and form new friendships whilst learning new skills. For some of the children this was significant progress and indicated substantial increase in confidence and self esteem. When children were reluctant to participate staff were alongside them providing support and encouragement. An example of this being a child who had been in a school play where everyone from his bungalow went to see him perform. Children were also well supported to continue with religious and cultural activities such as attending church.

All of the children led active and fulfilling lives and were having really good fun.

Staff and children fully embraced the therapeutic nature of outdoor play experiences. A member of staff said "Outdoor learning and experiences are important to the children here and help to ease the tension of the day". The major emphasis on outdoor play and environmental opportunities helped the children to explore their environment and take appropriate risks and enjoy challenges outdoors. They were actively encouraged to take part in activities such as den building, bikes (single and double), large playgrounds, trampoline, hide and seek, walking and camping.

Children also enjoyed time away from Seamab. Seamab had recently acquired a caravan at a coastal resort which had provided children with memorable holidays. In addition funds were made available for holidays chosen and planned by the children. Examples of this being one group of group of children holidaying in a lodge in Perthshire and another group going on a speed boat on Loch Lomond.

All of the houses had spaces which focused on sensory experiences and relaxation opportunities for children. A few of the children had learned to knit and had produced their own soft toys. Staff were fully encouraged to use their personal skills in this way to improve the lives of the children and give them a sense of achievement.

All of the children had a place at Seamab school and they were achieving high attendance. The school and care worked closely together to ensure consistency in approach and helping children reach potential.

Seamab had recognised that some children needed the security of continued care beyond primary age. To this end they were in the process of establishing a service to support these children through into adulthood.

The service had a very good system in place to respond to and record protection concerns. We made some suggestions of how this could be further improved, however we were very satisfied that child protection matters had been fully and appropriately managed.

The service had recently been involved in research alongside Stirling University looking at trauma responsive care within Seamab. It focused on good care and genuine relationships. The research provided a very positive view of practice at Seamab.

Seamab have consistently based their ethos on Dyadic Developmental Practice (DDP) They have in past years had significant training and support of a recognised DDP practitioner. They had made the recent decision to extend this support for children by introducing an integrating therapy team of Educational Psychologist, Play Therapist, Speech and Language Therapist and Theraplay specialist. The vision is for this team to fully develop individual assessment of needs and identify key areas for support, not only in therapy sessions but across the whole of Seamab.

All of the children had access to full medical services including mental health support. Medication was in the main stored and administered effectively. We provided some advice on how to further improve this.

The environment was used effectively to support children's health and well being. All of the houses had a focus on wellbeing, using things such as bean bags instead of formal chairs, vibrating cushions and weighted blankets to help children feel secure and paying particular attention to lighting appropriate to individual needs. There was a firm commitment to continuing development of the sensory environment.

The children enjoyed positive food experiences, good nutrition and learned about healthy eating. Menu planners displayed on a notice board in the dining room with pictures and attractive writing provided evidence of healthy meals. The children told us about the meals that staff prepared and who was the best cook. They told us that they choose the menus. One young person said that he would like more to eat after supper time. We discussed this with the manager at feedback and he committed to looking at this.

Established rhythms and routines of the day included tables all set ready for children to arrive. Staff recognised the importance of mealtimes being a social time where children and adults could have meaningful conversations and enjoy their meals. Meal times and bed time settling provided predictable routines for the children helping them to feel safe and calm.

How good is our leadership? **5 - Very Good**

We found significant strengths in aspects of leadership and how quality assurance supported positive outcomes for children and young people, therefore we evaluated this key question as very good.

The board of Trustees comprised of a good mixture of expertise over care, education and commerce. They met regularly to consider the governance of Seamab with a focus on improvement. They had worked hard to progress the development of Seamab, planning the build of a new school and development of a continued care service to provide continuity to children as they grow into adulthood. They had made changes to the processes between financing and resourcing to enable opportunities for the children, such as holidays throughout the year and providing each of the bungalows with a house budget.

The board had oversight of items such as child protection, incidents, physical intervention and education through a number of committees. The CEO, Head of care and head of education reported regularly to the board and sought their advice and expertise when necessary.

The board members kept up to date with best practice, participating in annual child protection training and

training in DDP. They had also experienced a session with Theraplay and a session on changes to practice to reduce physical restraint. Prior to the pandemic board members visited the bungalows regularly in order to get direct views from children and staff and to observe the care of the children. Over the past two years the board had been unable to carry out visits. They recognised this as a gap and were making plans to start visits again as soon as possible. However, in the past year trustees had attended a presentation of the history of Seamab led by the children which provided them with some opportunities to meet with children.

Both the CEO and Head of Care had a high profile around the care campus. Children know them well and they were described by them as fun and by the staff as very approachable.

Very good quality assurance systems were in place across the organisation. The management team led quality assurance through a number of meetings such as Senior leadership meetings, Operational Management meetings, Children and Young Peoples Committee meeting and Health and Safety meeting. From these individuals held a list of tasks and responsibilities for quality assurance activities, overseen by the CEO and Head of Care. This ensured that the senior team had a clear understanding of what they were doing well and areas for improvement. A clear plan for improvement was in place.

Team meetings both within each house and as a whole staff group ensured effective communication. The recent promotion of a secure WhatsApp page used by senior staff also aided staff communications. Team meetings minutes provided good evidence of identified issues and tensions and commitment to problem solving. In addition representative from HR and the therapy team visited the care camp at least once a week and were available for consultation to all staff in order to support them in their work with the children.

We saw outcomes which had improved children's lives such as decrease in physical restraint. Children had been fully consulted in relation to restraint and how it felt for them, resulting in the actions taken to reduce. The service had also improved recording of restraint resulting in better data analysis and therefore better understanding of incidents of restraint.

Any complaints were taken seriously, investigated thoroughly and responded to appropriately.

We saw evidence of high quality staff supervision and which identified individual support, developmental needs, and case work responsibilities. All staff including sessional staff received one to one supervision.

In the main the service provided appropriate notification information to the Care Inspectorate. At the time of the inspection they were familiarising with new notification guidance.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good as we observed major strengths in the staff team which supported positive outcomes for children and young people.

At the time of inspection, Seamab was fully staffed including one extra post. We heard how the organisation took a decision to 'over staff' the team to minimise the impact of staff absences during the Covid 19 pandemic. The result of this, meant that the rota was covered by core staff which allowed consistency in relationships for the children. There was a large pool of sessional staff which meant that no agency cover had been required. During time of high staff absences, core and senior staff covered the gaps with additional shifts to keep the consistency for the children. This evidenced the staff commitment to the children they cared for and would contribute to children feeling safe.

We saw evidence of regular assessment on staffing levels as well as daily discussion on how individual staff skills could be best suited to support different houses or individual children. We saw examples of this within the staff team, but also in the leadership team with a member of management moving house to manage challenging dynamics and set group values. The flexibility shown by individual workers, a strong sense of team and strong ethos was evidenced during our inspection and would be contributing to children feeling prioritised by those that care for them.

Staff told us they felt supported by their colleagues. They were encouraged to make their own choices and received regular feedback on approaches which encouraged growth and confidence. Where issues were identified within individual practice, a plan was developed of additional supports, for example, intensive debriefs following physical interventions and encouraging reflective thinking to move away from black and white thinking.

We heard from a number of sources, there had been a change in dynamic and ethos in recent years. The involvement of Dyadic Developmental Practice (DDP) within the service brought a change of focus for many staff. The staff appear to fully embrace trauma informed practice which was evidenced in the interactions between the children and adults during the inspection.

There was a team of therapists available to the children and also available to offer support to staff when required. We heard how the team were regular faces around the houses to allow relationships to build and to gain the children's trust which will support positive interactions and engagement. During our inspection we observed natural interaction between the therapy team and the children, as well as some focused areas of work.

We heard that the care, education and therapy staff all worked together as a cohesive group. We observed positive interactions between staff members and good communication using the diaries, handover discussions and regular meetings. Staff told us they felt included in discussions and communication was clear.

Training had been online due to Covid 19 restrictions. Staff told us that they did not enjoy the virtual learning as much as face to face training and they were happy that this had begun again. We heard it had been a challenge to deliver safe hold training due to the ongoing restrictions however half of the staff team were up to date with this training on the point of inspection. Although there was a focus on reducing the use physical intervention, the full staff team need to be trained so they are available to support the children safely if interventions are required. We heard that following the inspection, dates were secured for the remaining staff team to receive this training. Most of the staff had completed some form of child protection training and other essential training sessions.

During the inspection, we could see that a spreadsheet for documenting staff training was being developed and this should be regularly updated to assess training needs across the team.

We viewed staff files and observed a good recruitment policy and safe recruitment processes were followed. Some of the staff files were electronic and some paper copies which meant that information for one staff member was across the two systems. In one file, it was noted that verbal discussions would take place with referees but these were not recorded in the file viewed.

We heard about the monthly 'star worker' which was voted by the rest of the team. There was a sense that staff felt valued, which contributed to a positive working environment and retention of staff. This subsequently would contribute to positive outcomes for the children.

How good is our setting?

6 - Excellent

We found the setting at Seamab supported the experiences and outcomes for children. The service promoted innovative and effective practice to promote connection, therefore we have evaluated this key question as excellent.

We visited each of the three houses and found them to be warm and comfortable. Each house had a very individual feel and there was evidence that the children were wholly involved in planning how the houses should look. We saw personal items and attractive photos within the main areas of the houses. This fully promoted a sense of belonging for the children and encouraged them to consider the house their home. A number of children showed us their bedrooms which were attractive, decorated to individual taste and to a very high standard. We heard how the kitchens were being upgraded in the houses and saw that these were well equipped and of high quality. Health and safety processes were diligently followed and regular checks completed.

The grounds were very well maintained with a number of play areas including climbing frames, trampolines and half pipe available for the children to use. This allowed the children to safely explore the outdoors. The extensive wooded area was well used with the construction of a den which was designed and built by the children along with trained staff. A nurture cabin within the grounds was used specifically to involve children with therapeutic work which allowed them to have a safe space within the grounds to engage in this sensitive work away from other children and interruptions.

We heard how staff were trained in areas of outdoor activities such as kayaking which they used to support the children to connect with nature and the outdoors with adults they trusted. All the children had bikes and we heard that the children and staff would cycle together to explore the surrounding area.

The children were encouraged to attend local groups and clubs. We heard of a variety of activities that the children participate in which encourages engagement and connection to the local area, for example, football and dancing. One child told us they went skiing with two members of staff and felt proud that they had taught one of the staff members how to ski.

We heard that care plans around family time were individualised and family connections were supported by staff where possible and safe to do so. At the time of inspection, the children all had different levels of family time. Some of the children went home to their families at the weekends or for one child during the week while others were supported in shorter family time periods. We saw a flexible approach from the service to ensure that the children's needs and wishes were supported and an understanding from staff that family time was very complex for some of the children.

We heard of one situation where the close family member was not engaging with the social worker and therefore arranging family time was not possible for the child. However the staff at Seamab had been able to manage this communication to ensure that the family time occurred positively for the child.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good as we found significant strengths in the development of care plans and how they supported positive outcomes for children and young people.

A sample of care plans were viewed during the inspection. Most of the care plans were up to date and staff were fully aware of the plans and their implementation.

The language within the care plans was positive and caring, for example the use of positive framing of attention needing instead of attention seeking, and another where the desired outcome for the child was to be happy. Some of the plans were written from the child's perspective and children were fully involved through use of 'the outcome star' which was used to measure progress and set goals.

Whilst most of the care plans were of a high standard we found that one care plan did not appear to reflect the specific journey for the child as there was no reference to his transition to another care experience and how this would be managed. In addition, we found some of the outcome measures were non-specific and generic, for example, "I will have an understanding of Seamab and why I live here". We found there was not a date for review on all care plans and a lack of specific strategies in some to achieve the outcomes. For example, the care plan details what the outcome is and how we will know it has been achieved but not how it will be achieved. We could see that the care plans were linked to SHANARRI however these were not focused to specific indicators.

We then looked at daily observations for children and found that they expanded on the care plans providing missing information and strategies. The format of the daily observations provided a daily pen picture of the world of the child and also reflected the goals within the care plans. They were clear and detailed identifying progress or change to strategy. They provided attractive photographs of the children, magic moments and making memories. The observations are written to the child using positive language. They identified strategies to help children identify their feelings and how staff could help them manage difficult situations. They also evidenced effective working between care and education. The daily records demonstrate fun and 24 hour learning opportunities. We saw evidence within the daily observations where staff had worked closely with other professionals to find strategies to improve the lives of the children. For example, working with the occupational therapist to find approaches regarding skin desensitisation and alternative clothing to support this. The daily observations cross referenced with other documents such as incidents, accidents and child protection providing a full picture of the journey of the child.

We looked at a sample of risk assessments for children. These had all been recently updated. We found the risk assessments were clear to follow, with identified risks and protective factors. The colour coding made the risk level clear and the identified triggers were considered and evidenced the good level of understanding that the staff had for each child.

Within the risk assessments there was a strong focus on trauma informed practice, for example, positive redirection, de-escalation, positive framing, empathy and compassionate responses. We saw evidence of involvement from professional for example, CAMHS and enuresis nurse. We saw evidence of therapeutic involvement being taken forward by core staff with references to "volcano in my tummy" book or the "big bag of worries" book. Risk assessments evidenced the staff's high understanding of the children and their level of needs.

The service had made progress in carrying out individual risk assessments and permissions for the children with the internet use. These were changed according to individual risk in order to keep children safe.

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 wellbeing?	5 - Very Good
1.1 Children and young people experience compassion, dignity and respect	6 - Excellent
1.2 Children and young people get the most out of life	6 - Excellent
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How good is our setting?	6 - Excellent
4.3 Children and young people can be connected with and involved in the wider community	6 - Excellent
How well is our care planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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