

# Crawford House Care Home Service

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Telephone: 01414420087

**Type of inspection:**  
Unannounced

**Completed on:**  
27 August 2024

**Service provided by:**  
Nurture One Ltd

**Service provider number:**  
SP2020013539

**Service no:**  
CS2021000285

## About the service

Crawford House is a care home for children and young people, registered to care for a maximum of two children and young people. The service has been registered with the Care Inspectorate since October 2021, and the provider is Nurture One.

The property is a large, detached house with a substantial outdoor area in a rural setting within the village of Crawford in South Lanarkshire.

The house is a two storey property with each young person having their own bedroom and bathroom. There are large communal areas and staff space for an office and sleep over room.

At the time of inspection, there were two young people living at Crawford House.

## About the inspection

This was an unannounced inspection which took place on 19 August 2024 from 11:00 to 19:00 and 20 August 2024 from 09:10 to 18:40. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information from the service. This included registration information, information submitted by the service, and intelligence. To inform the inspection, we:

- spent time with the young people living at Crawford House
- spoke with six members of staff including managers
- observed practice and daily life
- reviewed documents
- spoke with three external professionals.

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.

Given the level of concern identified during this inspection, we have taken enforcement action against the service and issued an Improvement Notice.

**Key messages**

- Following this inspection an Improvement Notice was issued to the provider due to significant concerns regarding poor outcomes for young people at Crawford House.
- The service was not implementing best practice to keep young people safe.
- Young people were being supported to access independent advocacy.
- Young people experienced a lack of stability in care due to significant staff changes.
- Restrictive practices did not follow safe or best practice, posing a risk to young people.
- Connections to family and friends were supported and facilitated where safe.
- Personal care planning did not support or inform staff practice to ensure best outcomes for young people at all times.
- Staff had not completed key areas of training to ensure best practice and meet the needs of young people.

**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?	2 - Weak
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As a result of serious concerns regarding safety and risks to young people achieving positive outcomes, we made several requirements and areas for improvements and issued an Improvement Notice to the provider.

The extent to which young people at Crawford House were protected from harm was seriously compromised, despite young people reporting they felt safe. The inspection identified unsafe practices, and as a result we were not confident that the service was implementing best practice to consistently recognise and manage risk effectively. Consequently, staff at Crawford House were not keeping young people safe, placing them in particularly vulnerable situations (requirement 1).

The service did have connections with some external partners, however this did not support them to manage risk effectively, resulting in young people being involved in unsafe circumstances, leading to unacceptable outcomes for young people.

There were examples of the service advocating on behalf of young people, and some additional external networks of support had been established for the young people including access to independent advocacy.

Crawford House had undergone significant changes to the staff team, including a new manager and a considerable turnover of staff. There were some positive examples of young people identifying trusted individuals to approach for support and discuss concerns, however overall, young people experienced a lack of stability and predictability at times from those caring for them. This impacted on the likelihood of young people being able to experience truly therapeutic and stable care.

The inspection identified examples of restrictive practices that were dangerous and did not follow safe or best practice; raising further serious concerns regarding the safety of young people. Restrictive practices were not consistent; they lacked clear assessment and review processes, with staff not always fully qualified to use restraint. Additionally, recognised techniques were not always recorded (requirement 2).

Incident reports were missing crucial details of strategies and techniques used, preventing effective future learning and analysis. Management within the organisation and key professionals were not consistently being informed of incidents, placing young people at increased risk and delaying appropriate action being taken to safeguard them (requirement 3).

Young people were comfortable in their environment and involved in expressing their views to make their wishes known; including at multiagency meetings. The service had both formal and informal ways of gathering young people's views and had plans to ensure these opportunities were being maximised to support the development of the service.

Young people's health needs were being met by the service, and staff were alert to any changes in the young people's physical and mental health. Specialist assessments had been supported and additional health training was being sought to enhance staff knowledge regarding specific needs of young people. The inspection highlighted that the service should become more knowledgeable regarding substance misuse, to ensure staff were vigilant to indicators of concern.

Although challenging at times, connections to family and friends were being supported and facilitated where safe; encouraging young people to maintain their identities. Young people were involved in activities and opportunities in the local area, however this varied considerably for each young person.

Education was promoted for all young people. Young people's experiences varied, with some maximising their attainment and attendance and others being less engaged. However, the inspection recognised the support by the service to establish individually tailored opportunities, including vocational training and some life skills for young people.

To ensure young people's rights, and the organisation's commitment to continuing care, the inspection highlighted the importance of establishing and clearly reflecting this in planning and relevant policies as this was not present (area for improvement 1).

The opportunities to meet young people's needs were particularly limited as personal care planning and risk assessment strategies did not fully inform practice. Information was not specific enough to guide staff practice and the inspection identified the absence of key areas of risk within care planning, reducing the likelihood of young people being kept safe (requirement 4).

The service had a desire to provide safe, therapeutic care to young people, however several critical improvements are required for the organisation to achieve this. Leadership had been absent at Crawford House until more recently, with young people experiencing extended periods of inconsistent care. The new staff team were generally positive regarding the support they were receiving, but support and supervision was not individualised or in accordance with policy. To support learning, the service should consider increased opportunities for staff one to one time with management and within group settings (area for improvement 2).

There were a number of quality assurance processes in place at various management levels but these were not being routinely undertaken and were ineffective in identifying specific safeguarding matters. As a result, young people did not experience the best possible outcomes, safety was compromised and important actions delayed. The oversight of significant incidents was also inadequate, resulting in minimal reflection, learning and analysis to support improved outcomes for young people (requirement 5).

Although the service and organisation recognised the importance of a stable staff team, consistent and safe practice still required to be embedded. It was identified that the staff mix did not routinely have the right skills and experience to effectively meet the needs and complexities of the young people at all times; this had potentially left young people at risk due to extremely poor decision making (requirement 6). Additionally, we identified a number of training needs for the staff team; particularly in key areas that were especially relevant for the young people being cared for at Crawford House. Consequently, staff were not individually equipped to meet all the needs of the young people (requirement 7).

The inspection highlighted recruitment practice that could be strengthened within the organisation, including enhancing the existing recruitment policy. This will support the service to further safeguard and promote the welfare of young people (area for improvement 3).

## Requirements

1. By 30 September 2024, you must protect the safety of the young people receiving care. In particular you must:

- a. ensure that comprehensive risk assessments and ICSPs are in place which accurately assess risks for all young people
- b. ensure that safeguarding measures are implemented, recorded in risk management plans, and are routinely reviewed in accordance with organisational policies and procedures
- c. ensure effective collaboration, and recording, with all relevant external agencies who have responsibilities for safeguarding
- d. ensure independent legal advice is sought regarding any restrictions of liberty for individual placements; both prior to and during placements.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing , that I may be unhappy or may be at risk of harm (HSCS 3.21).

2. By 4 November 2024, you must ensure that the use of restraint is solely used to secure the welfare and safety of young people or others. In particular you must:

- a. ensure that all staff have up-to-date relevant training in relation to restrictive practices, including the use of restraint
- b. demonstrate that restraint and restrictive practices are overseen by management to ensure that there is staff compliance with training standards
- c. ensure that the use of restraint and restrictive practices is documented and includes sufficiently detailed information to support effective analysis and restraint reduction.

This is in order to comply with Regulation 4(1)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

Any treatment or intervention that I experience is safe and effective (HSCS 1.24),

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).

3.

By 30 September 2024, you must ensure quality care, support and protection through the effective management of incidents. In particular you must:

- a. implement an incident notification and recording process which ensures that management within the organisation, and key professionals, are informed of incidents in a timely manner
- b. ensure that the response to, and analysis of, incidents (including restrictive practices) results in actions which minimise risks to young people. This includes identifying learning following an incident to ensure consistent, safe and best practice
- c. ensure that external management of the service has effective oversight of staff practice which safeguards young people's safety
- d. notify the Care Inspectorate of incidents in the service in accordance with the Care Inspectorate's guidance entitled 'Records that all registered children and young people's care services must keep and guidance on notification reporting' document.

This is in order 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) and section 53(6) of the Act.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

4.

By 7 October 2024, the provider must ensure that young people's needs and wishes are maximised through high quality person centred planning. In particular you must:

- a. implement SMART care plans which are regularly reviewed, quality assured and used consistently to plan and direct safe care, taking young people's views into consideration
- b. ensure that all care planning processes correspond and complement each other rather than being independent documents.

This is in order to comply with Regulation 5 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 (HSCS) which state 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).

5.

By 7 October 2024 the provider must ensure they consistently adopt their quality assurance processes to support improvement and meet young people's changing needs. To do this, the provider must, at a minimum:

- a. ensure internal quality assurance processes, including regular audits, are being undertaken by management to promote wellbeing and positive outcomes for young people
- b. ensure external management have effective oversight of the service in all areas to support young people to achieve the best possible outcomes.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

6. By 7 October 2024 you must ensure that there are suitably qualified and competent staff working in the care service to meet the safety and wellbeing needs of young people. In particular you must:

- a. implement a comprehensive system for assessing staffing levels, knowledge and skill mix at all times, matched to the needs of young people using the service.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I experience stability in my care and support from people who know my needs, choices and wishes (HSCS 4.15).

7. By 4 November 2024, you must ensure that all staff have undertaken training that is specific to and meets the needs of young people at Crawford House. In particular you must:

- a. ensure that all staff have undertaken child protection training so that they recognise, respond to and report child protection concerns
- b. ensure that all staff have adequate training to meet the needs of the young people which includes, but need not be limited to training within the areas of CSE, mental health, drugs and alcohol, medication and trauma and attachment.

This is in order 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) and section 8(1)(a) of the Health and Care (Staffing)



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 support young people's progress into adulthood, the provider and service should ensure all relevant policies reflect their commitment to providing continuing care. This should include, but is not limited to policies, aims and objectives, admissions guidance and placement agreements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

My human rights are central to the organisations that support and care for me (HSCS 4.1).

2. To ensure young people achieve the best outcomes, the service should strengthen staff group learning and 1:1 reflective opportunities.

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 of their practice and follow their professional and organisational codes (HSCS 3.14).

3.  
To support young people's wellbeing, the provider should ensure the recruitment policy is strengthened to specifically document how whistleblowing, staff investigations, performance and misconduct matters will be managed when family and friends are employed in the organisation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24).

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

### Requirements

#### Requirement 1

By 1 January 2024, the provider must ensure they have the appropriate placement consent, documents and advice to protect young people's rights. To do this, the provider must, at a minimum:

- a) ensure the service has the current legal orders for each young person, including agreement for the placement
- b) ensure independent legal advice is sought regarding any restrictions of liberty for individual placements; both prior to and during placements.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

I experience high quality care and support because people have the necessary information and resources (HSCS 4.27).

**This requirement was made on 12 October 2023.**

#### Action taken on previous requirement

This inspection saw evidence of the young people's legal orders, however we have included within one of the requirements for this inspection that the service must ensure independent legal advice is sought regarding any restrictions of liberty for individual placements.

#### Not met

#### Requirement 2

By 1 January 2024, the provider must ensure there is a consistent and robust oversight of incidents to support staff reflection and promote best practice. To do this, the provider must, at a minimum:

- a) ensure that management at all levels are addressing incident reports in a timely manner
- b) ensure that the response to, and analysis of, incidents results in actions which minimise risks to young people's and staff wellbeing.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This requirement was made on 12 October 2023.**

#### Action taken on previous requirement

This inspection identified that analysis was not robust and did not always result in actions to minimise risk. Oversight of incidents has been included again in the requirements for this inspection.

**Not met**

### Requirement 3

By 1 January 2024, the provider must ensure they consistently adopt their quality assurance processes to support improvement and meet young people's changing needs.

To do this, the provider must, at a minimum:

- a) ensure internal quality assurance processes including regular audits are being undertaken by managers to promote wellbeing and positive outcomes for young people
- b) ensure external management have effective oversight of the service.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This requirement was made on 12 October 2023.**

#### Action taken on previous requirement

This is an area that continues to require improvement and is a requirement from this inspection.

**Not met**

### Requirement 4

By 1 January 2024, the provider must ensure young people and staff are continually safeguarded, with their changing needs being continually assessed.

To do this, the provider must, at a minimum:

- a) implement care plans and risks assessments which are SMART and are used consistently to plan and direct safe care
- b) implement regularly reviewed risk assessments which accurately identify risks to the young person and staff, encompassing measures and strategies to protect people from harm
- c) regularly review and record care planning documents.

This is in order to comply with Regulations 3 and 4(1)(a) 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 (HSCS) which state that:

My care and support meets my needs and is right for me (HSCS 1.19).

**This requirement was made on 12 October 2023.**

### Action taken on previous requirement

This is an area that is again reflected in this recent inspection, as it was established that organisational oversight and review was not effectively identifying issues.

**Not met**

## 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

To support young people's safety and wellbeing, the service should ensure that young people live in a consistently high quality environment with maintenance being prioritised.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.22).

**This area for improvement was made on 12 October 2023.**

#### Action taken since then

The environment had improved, with repairs being carried out and a programme of maintenance underway.

### Previous area for improvement 2

To support young people's wellbeing, the service should provide greater opportunities for reflective practice to ensure staff are consistently working in a trauma responsive and therapeutic way. This should include, but is not limited to, internal supervision and group learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

**This area for improvement was made on 12 October 2023.**

#### Action taken since then

This inspection identified that this is an area that should continue to be strengthened, so a further area for improvement was made.

### Previous area for improvement 3

To support young people's development and ongoing wellbeing, the provider should ensure that training expectations are being consistently recorded and analysed to ensure staff are undertaking the required training for their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

**This area for improvement was made on 12 October 2023.**

#### Action taken since then

This inspection identified gaps in training and included this within a requirement.

### Previous area for improvement 4

To support young people's wellbeing, the provider should ensure a consistent approach to reporting notifiable incidents to the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

**This area for improvement was made on 12 October 2023.**

## Action taken since then

Not all relevant matters were being notified to the Care Inspectorate, so this inspection included this within a requirement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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