

Crawford House Care Home Service

BIGGAR

Type of inspection:
Unannounced

Completed on:
16 July 2025

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.

About the inspection

This was an unannounced inspection which took place on 8 July 2025 from 11:10 to 19:40 and 9 July 2025 from 09:00 to 17:30. 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 five members of staff including managers
- spoke to one external professional and a parent
- observed practice and daily life
- reviewed documents.

Key messages

- Young people were not always protected from harm.
- Young people were benefitting from some positive, strong, respectful and nurturing. relationships with particular staff members.
- Young people at Crawford House had valuable networks of support.
- The service recognised the importance of advocacy.
- Best practice was not always followed regarding restrictive practices.
- Risk assessments did not support staff to identify and respond to young people appropriately to keep them safe.
- Care plans were not always current or reviewed.
- Management governance, quality assurance and auditing were not consistently being undertaken.

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 concerns regarding risks to young people achieving positive outcomes, we made several requirements and areas for improvements. The organisation expressed their willingness to address the areas identified.

There were times at Crawford House when young people were not protected from harm, compromising their safety both within the house and in the wider community. The service was collaborating with relevant external partners to support the management of risk, however young people continued to be involved in some particularly unsafe circumstances. This resulted in less positive outcomes. Additionally, the response to risk was at times inappropriate, with risk assessments that were not effectively guiding staff practice.

Despite significant changes to the staff team, young people were benefitting from some positive, strong, respectful and nurturing relationships with particular staff members. Additionally, young people identified key staff that they felt safe to discuss worries and concerns with.

Young people at Crawford House had valuable networks of support, including a variety of external services that were engaging with young people on a regular basis; this ensured they had access to appropriate support as required. Additionally, the service recognised the importance of advocacy, and was supporting young people in terms of their legal and human rights, including in relation to continuing care.

The organisation was clear about striving towards a culture and focus of least restrictive practices, however the inspection highlighted occasions when best practice was not followed. All restrictive practices require to be appropriately recorded, have management oversight and notified to the Care Inspectorate (requirement 1).

Young people at Crawford House have experienced a number of crucial changes to the staff team. Many staff were undertaking their initial induction and some required to complete formal qualifications. This lack of stability will have impacted on young people being able to build trusting relationships and experiencing therapeutic and stable care.

Young people's health needs were being met at Crawford House, with specialist support services in place and appropriate health assessments being pursued; ensuring young people were receiving health care and guidance to make informed choices.

Although challenging at times, Crawford House encouraged young people's connections to family and friends where possible; recognising the importance of particular relationships and supporting young people to maintain their identities.

There were examples of young people being involved in activities and opportunities in the local area, but this varied considerably and healthy routines were not always in place. Life skills were being promoted at Crawford House, however, these were not being successfully recorded, evidenced and reviewed, with limited connection to overall care plans.

Crawford House was fully supporting young people to actively engage in education, with impressive links having been established between the service and education facilities; supporting young people to maximise their attainment and attendance.

Care planning documents were not SMART or sufficiently specific about how goals would be met, what intervention was required or how progress was being measured. This reduced the opportunity to maximise positive outcomes.

The service had risk assessments for the young people, however these were not specific, and did not support staff to identify and respond to young people appropriately to keep them safe. Additionally, they were not always current, reviewed in a timely manner or linked to the care plans or one-to-one key times; at times presenting contradictory information.

To be routinely used to inform staff practice and safeguard young people, the support plans and risk assessments must be accurate, particularly during this time of high staff turnover, for support to be delivered effectively and consistently (requirement 2).

Overall, staff were being supported by a management team who were visible and provided various opportunities to provide guidance and direction. Leadership at Crawford House has historically lacked stability and consistency, with management roles not always being used as effectively as required, resulting in a slow pace of change. Developing clear expectations for all staff roles would ensure the needs of the service were being prioritised whilst promoting accountability; maximising the experiences of young people using the services and supporting the growth of staff practice (area for improvement 1).

There were systems in place to support service improvement, however the development plan was not specific or aspirational and did not highlight the future direction of the service or how progress would be measured. The inspection highlighted that the service may benefit from use of the Care Inspectorate's self evaluation documents to identify areas of development and set goals (area for improvement 2).

Incident and child care concerns were being effectively recorded, with appropriate oversight from management to monitor the quality of young people's experiences. Additionally, the service had developed and improved their incident analysis to begin to support care planning and risk assessments more meaningfully.

The organisation was safely recruiting staff, and taking appropriate action to effectively manage staff misconduct matters to keep young people safe. Following a period when staffing levels had lacked consistency and continuity, the service had made progress in providing a more stable staff team. However, the majority of staff were in the probationary period, developing skills and undertaking mandatory training so it is important that the service strengthens their staffing assessment to ensure young people's needs are met fully at all times (area for improvement 3).

Management governance, quality assurance and auditing were not consistently being undertaken and the quality of auditing varied considerably. As a result, there were gaps in identifying incomplete care plans and risk assessments. It is important that all identified improvements to service delivery are acted upon promptly to support improvements. Additionally, the organisation may want to consider the regularity of external management auditing (requirement 3).

Requirements

1. By 28 November 2025, the provider must consistently adopt best practice in relation to restrictive practice interventions, including searches.

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

a. ensure these are appropriately recorded, have management oversight and are notified to the Care Inspectorate.

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)

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. By 28 November 2025, 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. implement regularly reviewed risk assessments which accurately identify risks to the young person and staff

c. ensure that all care planning processes, including care plans, risk assessments, pathway plans and ICSPs 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) and

'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).

3. By 28 November 2025, the provider must consistently adopt effective quality assurance and auditing processes to support improvement.

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

a. ensure internal quality assurance processes including regular audits are being undertaken, formally documented and actions reviewed by managers. This should include the external manager role.

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)

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)

Areas for improvement

1. To improve outcomes for young people, the organisation should ensure clarity of roles and responsibilities for all staff.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To develop and enhance the service for young people, the organisation should review and improve their development plan, including SMART objectives.

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).

3. To ensure young people are cared for by the right number of staff who have the required experience and skill mix to meet their changing needs, the provider should strengthen their staffing analysis process.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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

Requirements

Requirement 1

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).

This requirement was made on 27 August 2024.

Action taken on previous requirement

This inspection has identified further improvements required and the Requirement has been repeated.

Not met

Requirement 2

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).

This requirement was made on 27 August 2024.

Action taken on previous requirement

This inspection has identified further improvements required and the Requirement has been repeated.

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 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).

This area for improvement was made on 27 August 2024.

Action taken since then

The organisation now has this in place. This inspection stressed the importance of continuing care plan assessments, in keeping with the policy.

Previous area for improvement 2

To ensure young people achieve the best outcomes, the service should strengthen staff group learning and one-to-one 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).

This area for improvement was made on 27 August 2024.

Action taken since then

It was difficult to get a true picture of the frequency of formal one-to-one support; however, overall, staff felt supported and various development sessions had taken place regarding substance misuse, online safety and PACE. We are aware of the plans to continue with this approach as the new team establishes.

Previous area for improvement 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).

This area for improvement was made on 27 August 2024.

Action taken since then

The recruitment policy has now been updated to include a relationships at work document.

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?	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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