

Crawford House Care Home Service

BIGGAR

Type of inspection:
Unannounced

Completed on:
18 September 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 a follow up inspection to examine progress made in relation to requirements and areas for improvement made at a full inspection in July 2025. This inspection took place on 09 September 2025 from 11:30 to 17:45 and 11 September 2025 from 12:30 to 16:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. To inform the inspection we:

- spoke with three members of staff including managers
- reviewed documents
- spoke with two external professionals.

Key messages

The last inspection of Crawford House in July 2025 made three requirements and three areas for improvement. The timescale for these requirements is ongoing and this inspection will detail the progress to date. A further follow up inspection will formally assess progress once the target date has been met.

There continue to be concerns regarding the capacity of the provider to both identify risks and establish appropriate safeguarding processes. As a result, this inspection identified an additional requirement and area for improvement.

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 |
|--|----------|

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

This was a follow up inspection to review progress made in relation to requirements and areas for improvement made at a full inspection in July 2025. The last inspection of Crawford House in July 2025 made three requirements and three areas for improvement. The timescale for these requirements is ongoing and this inspection will detail the progress to date. A further follow up inspection will formally assess progress once the target date has been met. This inspection is not reporting on the full key question, and the evaluation of weak remains reflective of our findings. This inspection identified an additional requirement and area for improvement.

There continue to be concerns regarding the capacity of the provider to both identify risks and establish appropriate safeguarding processes. We found the service was not consistently responsive to the needs of young people to support them to maintain their safety (requirement 1).

The overall environment at Crawford House presented as comfortable, homely and individualised by young people. However, the standards of hygiene within young people's bedrooms did not provide the required levels of safety to promote positive physical and emotional wellbeing (area for improvement 1).

Requirements

1.
By 28 November 2025, the provider must improve the provision for the health, welfare and safety of young people, being responsive to changes in risk at all times. In particular you must:
 - a. ensure indicators of concern are promptly recognised and effectively responded to
 - b. ensure risk management measures are established and consistently applied
 - c. collaboratively agree risk management measures along with relevant other agencies.

This is in order to comply with Regulation 3 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).

Areas for improvement

1. To support young people's wellbeing, the provider should ensure all areas of the household are maintained to an appropriate standard of hygiene.

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).

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

Requirements

Requirement 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).

This requirement was made on 16 July 2025.

Action taken on previous requirement

As part of their action plan, the service intends to develop a restrictive practice log to capture recording, rationale for practice and management oversight. This inspection highlighted the need for this to be accompanied by a clear protocol to support staff understanding regarding when particular restrictive practices may be required.

Since the last inspection, there had been no documented use of restrictive practices, including restraint and searches. We found risk assessments, safety plans and individual care and support plans contained clear support to safeguard young people. However, we identified numerous occasions where these safeguarding actions were not being undertaken. As a result, there continues to be concern regarding the capacity of the provider to both identify risks and establish appropriate safeguarding processes. This will continue to be a focus of future inspections.

Not assessed at this inspection

Requirement 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).

This requirement was made on 16 July 2025.

Action taken on previous requirement

The quality of care planning documents had improved and there was greater clarity regarding the goals being pursued. Some staff had completed training on SMART goals and care plan mentoring. The service continues to work towards being more specific regarding the support and actions required to ensure young people reach their goals.

Risk assessments and ICSPs were identifying relevant and current risks, however the identified strategies and practices were not being undertaken by staff. As a result, these documents are ineffective in guiding staff practice, with quality assurance and oversight not recognising this.

With regard to quality assurance of these documents, an auditing framework has been established. We provided guidance to improve this process and our next inspection will assess if this is being undertaken consistently and having the intended impact on improving outcomes.

Not assessed at this inspection

Requirement 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).

This requirement was made on 16 July 2025.

Action taken on previous requirement

The service had greater clarity regarding the expectations of quality assurance and auditing across various management roles. We provided guidance to improve this process and our next inspection will assess if this is being undertaken consistently and having the intended impact on improving outcomes.

Not assessed at this inspection

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 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).

This area for improvement was made on 16 July 2025.

Action taken since then

As an organisation, Nurture One has undertaken a review of job descriptions, particularly for child care staff. Since the last inspection, there has been further staffing changes, including at managerial level. The impact of these changes will be evaluated at our next inspection.

Previous area for improvement 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).

This area for improvement was made on 16 July 2025.

Action taken since then

The service has established an action plan and service development plan which continue to be progressed and refined. This inspection made suggestions regarding further improvements regarding these plans.

Previous area for improvement 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).

This area for improvement was made on 16 July 2025.

Action taken since then

The service continues to have a staffing and training needs assessment, providing an effective overview of staff skills and development needs. There were times, however, that staffing ratios were not at the assessed level, with lack of clarity regarding decision making in relation to this. This resulted in staff and young people being in high risk situations which could have been managed more effectively.

We will evaluate this further at our next inspection.

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 |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.