

# Crawford House Care Home Service

BIGGAR

**Type of inspection:**  
Unannounced

**Completed on:**  
19 December 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. Additionally, a follow up inspection took place in September 2025 which identified a further requirement and area for improvement. A letter of serious concern was issued to the provider in October 2025, detailing a further requirement.

This inspection took place on 09 December 2025 from 11:00 to 16:00 and 10 December 2025 from 09:10 to 17:00. 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 staff including managers
- spent time with young people in the service
- reviewed documents
- spoke with an external professional and parents.

## Key messages

Despite some progress being made in relation to all five of the requirements set following the previous inspections, we assessed that three of these were not met and we have agreed an extension date.

In relation to the four areas for improvement, two of these will be followed up at the next inspection.

## 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 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).

**This requirement was made on 18 September 2025.**

### Action taken on previous requirement

Overall, there had been improvement in the service recognising and responding to indicators of concern in ways that were individualised towards young people. However, the inspection identified some critical areas of discrepancy within key documents. These must be addressed to ensure risks are consistently and safely managed.

There was positive collaboration with a variety of external partners to ensure key information was being shared and that risks were being managed in partnership.

Although we identified some progress, this requirement has not been met and we have agreed an extension until 27 March 2026.

### Not met

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## Requirement 2

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

Positively since the last inspection, there had been no documented use of restrictive practices, including restraint and searches. The service had developed search documentation to capture rationale for the practice, management oversight and young people's involvement. This will also support the analysis of any restrictive practice patterns.

The service intends to ensure their protocol relating to restrictive practice is updated to support a shared understanding for the staff team and ensuring multi agency agreement regarding restrictive practices.

Staff were clear that Crawford House had a culture of least restrictive practice.

### Met - within timescales

## Requirement 3

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**

Overall, there had been progress in ensuring young people's care plans were current and regularly reviewed. Additionally, young people's views were clearly represented. The inspection emphasised the importance of care plans being more specific regarding timescales, and including strategies for supporting young people to meet their goals.

It is essential that the service continues to improve the connection between care planning documents, ensuring risk assessments and care plans complement each other and accurately identify all relevant risks.

Although we identified some progress, this requirement has not been met and we have agreed an extension until 27 March 2026.

#### **Not met**

### **Requirement 4**

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, with a rolling programme to be undertaken by management at various levels. Additionally there was a safeguarding

incident process providing oversight of protection concerns, alongside regular managerial reporting mechanisms.

It was too soon to assess if the quality assurance programme will have the intended impact on improving outcomes so we have agreed an extension of this requirement until 27 March 2026.

## Not met

### Requirement 5

By 12 December 2025 the provider must demonstrate that the service has the capacity to safely meet children and young people's needs by undertaking a formal, written review of the standard of safe care provided to children and young people between 16 July 2025 and 18 September 2025. To do this the provider must, as a minimum:

- a. Ensure the review critically assesses the standards of safeguarding practice and outcomes for children and young people for the stated time period.
- b. Ensure that, for the stated time period, the review includes an evaluation of the impact of the following on safeguarding practice and outcomes for children and young people: matching and admission policies and implementation; the quality, and consistency of implementation, of staffing needs assessments; the management of risk; the quality and implementation of personal planning; multi agency working and communication; the standard of quality assurance and external management.
- c. Ensure the report of the review includes any learning identified for the service, and also any wider organisational learning.
- d. Produce an action plan, with timescales, based on any learning identified.
- e. Submit the report of the review and a copy of the action plan to the Care Inspectorate.

This is in order to comply with Regulation 4(1)(a) (welfare of users); Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

**This requirement was made on 21 October 2025.**

### Action taken on previous requirement

Overall, the review document completed by the provider reflected on the significant concerns that existed within Crawford House. This also constructively identified key practice across all roles and system processes that required to be addressed as a matter of priority. An action plan to support improvement had been established and we will continue to measure the progress at the next inspection.

### 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

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

The organisation had undertaken individual staffing assessments to identify training needs, alongside a review of job descriptions. An effective matrix had been established identifying the various tasks expected for each role.

It was also pleasing that the roles of manager and assistant manager were in place, beginning to provide a level of stability for the team.

#### 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 had successfully introduced a Crawford House Vision; reflecting the Promise and noting key areas to strengthen and build upon. Crawford House planned to revise their Development Plan to incorporate this Vision, making it SMART and relevant to the newly forming staff team.

As this continued to be developed, we will follow this up at the next inspection.

#### 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.

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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

Nurture One had a valuable document and process to provide an overview of staff skills and training. This also took account of young people's wishes and preferences in terms of staff they had strong connections with. The staffing analysis at the time of this inspection was not specific to Crawford House, so we will follow this up at the next inspection.

## Previous area for improvement 4

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).

**This area for improvement was made on 18 September 2025.**

## Action taken since then

There were no concerns regarding the standard of hygiene at Crawford House with some refurbishment and improvements having been made internally and externally.

## 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).

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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