

Crawford House Care Home Service

BIGGAR

Type of inspection:
Unannounced

Completed on:
31 March 2026

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 30 March 2026 from 11:00 to 18:30 and 31 March 2026 from 09:00 to 18:45. 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 seven members of staff including managers
- spoke to one external professional and a parent
- reviewed questionnaires from external professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Young people identified key staff they would discuss concerns or worries with.
- Young people's voices were at the forefront of decisions about their care and support.
- Indicators of concern and risk management measures require to be consistently identified and responded to.
- Staff responded sensitively to young people's distress.
- Young people's rights were promoted.
- Young people participated in fun activities and education was prioritised.
- Young people were creatively involved with their care and support.
- Effective quality assurance processes had been developed.
- Risk assessments should be strengthened and associated to care plans.

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?	4 - Good
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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?

4 - Good

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on young people's experiences.

Young people's safety was a priority at Crawford House, with any additional measures appropriately considered and reviewed as necessary. Overall, staff knew young people well, with young people identifying key staff they would discuss concerns or worries with. Staff were confident they could keep the young people physically and emotionally safe and had a good understanding of safeguarding procedures. The service was collaboratively working with a variety of external partners, supporting opportunities to explore risks and available resources through multi agency discussions. Importantly, young people were also actively taking part in many of these discussions. Although the service had made progress in relation to the health, welfare and safety of young people, this remained an outstanding requirement and is detailed in the next section of this report.

Warm and nurturing connections had been established between staff and young people, supported by a more stable core staff team. This provided consistency and greater stability of care, with staff having a good understanding of young people's strengths and how to sensitively respond to their distress.

Young people's rights were being promoted, with creative ways to encourage young people to access independent advocacy. Additionally, the service was meaningfully advocating on behalf of young people, in key areas such as education. This contributed to young people's voices being heard and their sense of wellbeing and worth being promoted.

Staff were alert to their responsibilities regarding safeguarding, with all staff having undertaken the required training. Established oversight by management of all safeguarding concerns continued to be effective. This inspection process highlighted opportunities for development relating to the current child and adult protection policy and the organisation was committed to making these improvements.

There was a clear culture and focus on least restrictive practices at Crawford House. This was supported by a staff group aware of the benefits of building trusting and nurturing relationships with young people, whilst prioritising individualised de escalation strategies. The importance of staff understanding the impact of trauma was recognised by the organisation who had strengthened learning opportunities for all staff to undertake attachment and trauma training; supporting them to have a greater understanding of young people's behaviour.

The environment at Crawford House continued to be prioritised. The house was personalised, with young people being engaged in providing their views and preferences on a wide range of day to day matters relating to their care and support.

Staff showed an understanding of young people's physical and emotional needs, demonstrating a focus on ensuring appropriate health assessments were undertaken. This also supported young people to engage with specialist intervention services to ensure needs were being met effectively.

The staff team recognised the importance of young people maintaining and developing family relationships. Young people had been supported to increase time with family in safe and meaningful ways.

Young people were encouraged to participate in a variety of fun activities, and this included supporting young people to make connections within their local community. Life skills were being developed whilst building on individual strengths and interests. Education was prioritised, with any barriers to learning being addressed to support young people to be fully involved.

Personal planning documents provided detailed and personalised information to support and direct staff practice. The service had remodelled some of these documents, supporting young people's views to be central, including creative ways to engage them in their care. Risk assessments provided greater clarity to support staff practice. These could continue to benefit from improved oversight to ensure all relevant risks are being identified and that risk assessments have clear links with care plans (see area for improvement 1).

Strong leadership at Crawford House had been inconsistent, however this inspection identified effective foundations to sustain progress to achieve more positive outcomes for young people. This was supported by a more focussed vision for the team, incorporated into the development plan with a greater shared understanding by staff through development days and team meetings. Additionally, staff felt supported by leaders who were visible and accessible, contributing to the monitoring and evaluation of young people's experiences.

Recent transitions to Crawford House had been well planned, taking account of the wishes and needs of young people to support successful outcomes. This included a commitment to ensuring that staff had the right skills and experience to meet the needs of the young people, supported by informative staffing assessments. As a result, young people were beginning to benefit from a more consistent staff team, whilst building trusting relationships.

Young people were increasingly benefitting from a staff team that were undertaking a variety of training and development opportunities for their role, including training specific to the needs of the young people. Additional development days and mentoring sessions had been introduced, alongside supervision and individual development plans to offer ongoing learning opportunities.

The service had created quality assurance systems with an audit schedule that incorporated a range of key areas of the service, with specific responsible individuals and frequency. These supported various layers of assurance with greater accountability across roles, offering opportunities for young people's experiences to be meaningfully evaluated. This will continue to be a focus of future inspections to ensure these are consistently undertaken.

Areas for improvement

1.

To support young people's wellbeing, the service should implement regularly reviewed risk assessments. These should accurately identify risks to young people and staff, whilst complementing other care planning documents.

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).

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 has been improvement in the service recognising and responding to indicators of concern, with positive collaboration with a variety of external partners. However, the service is required to demonstrate that indicators of concern and risk management measures will be consistently identified and responded to.

Although we identified some progress, this requirement has not been met and we have agreed an extension until 13 July 2026.

Not met

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

Overall there has been progress in ensuring care plans are current and regularly reviewed. Additionally, young people's views are represented with creative ways to engage them in their care and support.

Documents could continue to benefit from improved oversight to ensure all relevant risks are being identified and that risk assessments have clear links with care plans. Some parts of this requirement have been met and a new area for improvement has been made to address the outstanding matters.

Met - within timescales

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, with a rolling programme being undertaken by management at various levels. Additionally there is a safeguarding and incident process providing further oversight; offering opportunities for young people's experiences to be meaningfully evaluated.

This will continue to be a focus of future inspections to ensure these are consistently undertaken.

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 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

There is now a clear vision for the team, strengthened by the Crawford House Vision; consistent with the promise. The Development Plan has been strengthened with a shared understanding of this vision through team development days and team meetings. This inspection highlighted how the plan could be further enhanced.

Previous area for improvement 2

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 organisation had an effective method to provide an overview of staff skills and experience; also taking account of young people's wishes and preferences. This supported the team to meet young people's changing needs.

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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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