82 Main Street
Care Home Service

Biggar

Type of inspection:
Unannounced

Completed on:
12 August 2026

Service provided by:
Greenleaf House Co Ltd

Service provider number:
SP2018013227

Service no:
CS2024000404

About the service

82 Main Street (Clay Cottage) is a care home service provided by Greenleaf House Co Ltd. The service is registered to provide a care service to a maximum of one young person. The service has been registered with the Care Inspectorate since October 2024. The house is spacious, with a large living room, dining kitchen and garden. The house is in a small village in a rural setting with proximity to amenities.

About the inspection

This was an unannounced inspection which took place on 6 August 2026, 10:00-18:00 and 7 August 2026, 10:00-17:00.
The inspection was carried out by one inspector from the Care Inspectorate.
To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- spoke with one young person using the service and one family member
- spoke with staff, the house manager and senior management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Young people were safe
- Young people's mental health needs were quickly assessed and met
- Transitions were well managed
- Care plans and risk assessments were SMART (Specific, Measurable , Achievable, Realistic, Timely)
- A consistent stable staff team had yet to be established.

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

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

Quality Indicator 7.1: Children and Young People are safe feel loved and get the most out of life.

We made an evaluation of good for this key question. We could see important strengths, with some areas of improvement. The strengths identified had a significant impact on young people's experiences and outcomes.

Young people were physically and emotionally safe. The team collaborated closely with partner agencies ensuring young people were kept safe.

Young people had access to independent advocacy this meant that their rights were promoted and safeguarded.

The service followed best practice in child protection in line with national guidance.
Young people experienced therapeutic care, any restrictive practice interventions followed best practice. All staff had received appropriate training in Safe Crisis Management and prioritised using humour, nurture and relationships to support young people in crisis.

Due to some staffing changes and a young person recently moving in, relationships were still being established. Young people required consistent support to enable them to develop trusting, nurturing relationships and feel valued. (See Area for Improvement 1)

Staff were trauma informed this was evidenced in recordings and reports. This helped young people feel valued.

The team prioritised supporting young people to build resilience and manage risk, informed by clear risk assessments and care plans. We saw that young people were encouraged to participate in activities that were of interest to them, with a young person being supported to take up playing guitar.

The house was maintained to a good standard; the location of the office had been moved to be more central within the house and easily accessible for young people. A young person told us they liked their room and enjoyed the space they had.

Young people were fully engaged in their care and support. There was consistent championing of children and young people's legal and human rights. Their sense of wellbeing, worth and identity was protected and nurtured. This meant that young people felt empowered and actively contributed to planning their own outcomes making them more achievable.

Young people's physical and mental health needs were prioritised. The team had strongly advocated on behalf of a young person to ensure that they received the necessary service to support their emotional wellbeing. Young people also had the opportunity to engage with
inhouse psychological services.

Meaningful connections to family and friends were promoted, ensuring that young people felt a sense of identity and belonging.

Young people were supported to identify interests and activities that would support their development and provide them with new experiences. We look forward to seeing the impact of this at our next inspection.

Young people were encouraged to participate in education. We saw young people had education packages tailored to their individual need, minimising disruption in their learning.
There was a commitment to young people remaining in the service into adulthood, however cross-border placements in the service meant that this was often not sustainable.
Plans and risk assessments were detailed and SMART with the young people's contribution evident. This ensured that staff were knowledgeable about the needs of the young people and were confident in how to offer consistent safe care.

Quality Indicator 7.2: Leaders and staff have the capacity and resources to meet and champion children and young people's needs and right.

Leadership in the house was empowering, staff felt supported and confident in the leadership.
External managers were clear in their roles and performed these effectively. They had oversight of outcomes for young people and were regular visitors to the house. This allowed young people to develop trusting relationships with them.

Transitions were managed effectively we saw that in recent months a young person had successfully moved home and another was supported to move into the service. Young people had been supported through this with trauma informed, person centred practice ensuring successful outcomes.

There had been recent changes made to the team a new manager was in place, and some vacancies were in the process of being filled. To ensure continuity for the young people and enable them to develop trusting nurturing relationships with carers they know well a consistent stable team needed to be established. (See Area for Improvement 1)

Staff were supported to meet the needs of the young people providing therapeutic trauma informed care. Moving forward management would need to ensure the provision of consistent supervision and team meetings to ensure that the newly established team are confident in the roles and work effectively as a team to meet the needs of the young people.

Staff were safely recruited and registered with the relevant bodies. Recruitment was values based, we saw no evidence of young people's involvement in the recruitment process this is best practice as it allows young people to participate in their care provision. This is something the service is looking to address.

The principles of The Promise underpinned practice in planning that was child centred and trauma informed.

Areas for improvement

1. The service must ensure that there is an established consistent staff that form enduring, trusting, and genuine relationships who know the young people and have in depth understanding of their needs, interests and vulnerabilities.

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, even if there are changes in the service or organisation.' (HCSC 4.15)

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

Requirements

Requirement 1

By 31 August 2025, the service must ensure that there is an established consistent staff team.

To do this the provider must, as a minimum:
a) Establish a consistent staff team who know the young people and have in depth understanding of their needs, interests and vulnerabilities.
b) Establish a staff team whose skills knowledge and values reflect the needs of the young people being supported by the service.
c) Establish a staff team that form enduring, trusting, and genuine relationships with young people being supported by the service.

This is to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 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 stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HCSC 4.15)

This requirement was made on 10 June 2025.

Action taken on previous requirement
The initial requirement has been met. However prior to inspection there were significant changes within the team.

Met - within timescales

Requirement 2

By 31 August 2025 the service must ensure that care plans are accurate, analytical, and SMART and that Risk assessments are consistent and accurately identify and address risk. Plans must be current, accurate, consistent and analytical, reflecting and adapting to changing circumstances and risk.

This is to comply with Regulation 5(2)(b) (ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210) which state: 'a provider of a care service must review the personal plan when there is a significant change in a service user's health, welfare or safety needs.'

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 10 June 2025.

Action taken on previous requirement
Plans and risk assessments were detailed and consistent.

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 support children's wellbeing and safety, the provider should ensure staff training and refreshers that is appropriate to their role is fully up-to-date. This should include, but is not limited to in Crisis, Aggression, Limitation and Management (CALM).

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.' (HSCS 3.14)

This area for improvement was made on 10 June 2025.

Action taken since then
Staff are fully trained in Safe Crisis Management, therefore this Area for Improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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
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