2689061

Registered provider: Motherwell Care Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately owned home provides care for up to 4 children who have social or emotional difficulties.

The home was registered with Ofsted on 7 July 2023. The manager registered with Ofsted in March 2026. Ofsted is in the process of reviewing the suitability of the proposed new responsible individual.

At the time of this inspection, one child was living in the home.

Inspection dates: 12 and 13 May 2026

Overall experiences and progress of children and young people, taking into account	**inadequate**
How well children and young people are helped and protected	inadequate
The effectiveness of leaders and managers	inadequate

There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor, and they are not making progress.

Date of last inspection: 19 August 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/08/2025	Full	Good
07/05/2024	Full	Good
23/01/2024	Full	Requires improvement to be good

Summary of findings

Children are not being kept safe. Their experiences and progress are adversely affected because of serious and widespread shortfalls throughout the home's leadership and management, and a significant lack of staff.

Since the last inspection, three children have moved in and four have moved out. The four children who moved out lived in the home for periods of between six days and seven weeks. Leaders ended all their placements because staff were unable to keep the children safe.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children are not provided with individualised care when they move into the home. Leaders take a blanket approach that all children are supervised at all times by two staff members, regardless of their needs, risks, or level of independence. Leaders and managers decide when to reduce this level of supervision once they believe they understand the child's behaviours. This approach risks giving children a message of distrust at the outset. One social worker told leaders that a child moving into the home did not need to be accompanied in the community and that time out alone may be of benefit to them. Despite this, two staff members supervised the child when they went out. One staff member expressed their view that children do not enjoy living in the home due to the restrictions that leaders place on them.

Children have very poor experiences of leaving the home. One child had to be taken into police protection when the responsible individual, who is also the director, refused to allow them to return to the home following two serious incidents. Another child was collected six days after moving into the home after leaders gave immediate notice on their placement. A third child was taken to school without knowing that their placement had ended and that they would be collected by staff from a different children's home when their school day finished. This does not demonstrate a caring and child-focused approach, or an understanding that this may cause children who have already had multiple placements to feel further rejection.

Children experience disrupted relationships and inconsistent care. This is a result of some children having very short-term placements and many agency workers covering multiple shifts due to staff leaving. Since the last inspection, 30 different agency workers have covered 233 shifts. One deputy manager worked in the home for just two weeks. The turnover of staff and children has been detrimental to children's wellbeing and stability in the home. For example, when one child was missing, the police recorded that an agency worker who reported the child as missing was not very familiar with the child. One child shares a positive relationship with some staff members but says that they feel

that others are less interested in their wellbeing than they should be. The child has experienced upset because of staff that they got along well with leaving the home. Children's health needs are not adequately understood or prioritised. One child missed two medical appointments, and this has not been followed up despite the child experiencing ongoing symptoms. The child has a delayed hygienist appointment. The registered manager said that is because leaders have been waiting for the social worker to make the payment for the treatment in advance. Furthermore, the registered manager does not know what dental treatment the child needs. There are no clear plans to oversee and support children's health needs and ensure that their needs are adequately met.

Children who live in the home benefit from living in a spacious, tidy house. They have large bedrooms and the use of their own bathrooms. However, some work is needed to maintain a safe, family home environment. This includes fixing a stair banister, fresh paint on some marked walls and cleaning the dormer window on the top floor.

The child living in the home has stability in their education and attends school regularly. The school is satisfied with the child's progress and has a positive view of staff support for the child.

How well children and young people are helped and protected: inadequate

Leaders fail to carefully consider children's needs and risks before they move into the home. Their risks are not appropriately assessed, and there is no analysis of the potential impact upon children already living in the home. The registered manager inappropriately minimised a risk relating to a child who was awaiting trial for physical assault on a family member by stating it was 'just a push'. Staff training and experience is not considered when decisions are made about whether children's needs can be met. As a result, four children had placements that ended soon after they moved in because staff were unable to keep them safe.

Leaders do not demonstrate appropriate safeguarding practice when children make allegations about other children or staff. When one child made an allegation about another child, an email was sent to the first child's social worker stating that an investigation would take place. However, the social worker was on long-term sick leave, and nobody else from the placing authority was informed. Furthermore, there is no evidence that any investigation took place, and no safeguarding action was taken by leaders. Without such an investigation, this meant that leaders could not be assured of the safety of that child, or of other children in the home.

There are serious shortfalls in practice when children go missing from the home. Leaders and managers do not have clear oversight of incidents, and there is no strategy for reducing this risk. One child went missing every day of their six-day placement, including three times in quick succession over a two-day period. On another occasion, two children left the home together. Despite there being no other children in the home at the time, neither of the two staff members present, which included the registered manager,

attempted to follow them. Although independent return home interviews are usually requested after children have been missing from care, these rarely take place, and staff do not follow this up.

Risk management is not sufficient. For example, one child's suicidal ideation was managed by potentially harmful items being locked away and bedroom checks being undertaken. However, while that was a sensible precaution, it is not a sufficient strategy to effectively support and protect a child suffering from poor mental and emotional wellbeing, and staff did not know what to do when the child expressed such thoughts and did not identify any preventative work to support the child. On one occasion, the child had been missing and had expressed suicidal thoughts, yet neither leaders nor staff followed up on this concern to ensure that the child was safe or supported on their return, meaning that this risk was ongoing.

The effectiveness of leaders and managers: inadequate

The home's staffing arrangements are not adequate or safe for children and are not consistent with providing effective care or promoting children's wellbeing. Several staff members have left the home since the last inspection, and there are currently only three members of staff. The registered manager and responsible individual cover shifts. This arrangement reduces the registered manager's capacity for her other responsibilities, and there is no contingency plan for the home's management if, for example, they were off work due to ill health.

This situation means that staff work very long hours. A staff member wrote to leaders to raise their concern about a gap on the rota and about staffing sufficiency. The rota does not factor in the time needed for staff to have an effective handover. For example, one staff member was not made aware of the distress a child had experienced at school one day until the child told the staff member after an incident that took place the following day. There is frequently just one worker doing a waking night shift. This has not been risk assessed in relation to the child living in the home and their needs or previous experiences.

Leaders do not seek to identify any learning from serious incidents or to apply it to improving practice in the future. This is a missed opportunity to reduce the likelihood or severity of future incidents. Manager oversight is ineffective and does not evaluate how practice can be improved or guide staff on follow-up actions that should be taken to safeguard children. Leaders and managers do not provide staff with support following safeguarding concerns. They do not discuss incidents with the staff who were involved in their supervision, team meetings, or reflective practice sessions. Despite the repeated pattern of children's placements disrupting, there is no learning in relation to the home's practice or accountability taken by leaders and managers. This lack of reflection and evaluation prevents the development of safe and robust decision-making around children's admission to the home.

Leaders and managers do not work effectively with external professionals. They do not keep children's social workers well informed about their progress and experiences in the home. One local authority's placement officer sent repeated emails on the day after a child was involved in a serious incident, requesting an update and a placement stability meeting. Late the following morning, the responsible individual/director replied and stated that the child could not return to the home. This shortfall hinders partnership working and undermines children's safety and care.

Leaders and managers do not make proactive efforts to achieve best outcomes for children. Two requirements from the home's last inspection, related to the protection of children and the home's leadership and management, are restated because they were unmet. One child who is old enough does not have a bank account, because leaders and managers are waiting for a placing authority to provide a passport to be used as identification to do this. Consideration has not been given to alternative ways for staff to set up a bank account.

There are significant shortfalls in the home's independent visitor reports. The visitor does not proactively seek feedback from children or staff views on their experience of working in the home and their knowledge and understanding of the children living there. Over a period of four months, just one action was recommended for leaders and managers, despite two children's placements disrupting and serious safeguarding incidents taking place. Overall, the independent visitor does not gather or scrutinise the necessary information to evaluate children's quality of care and safety in the home. This in turn limits the regulator's oversight of the home.

There are shortfalls in the home's record-keeping. None of the registered manager's supervisions from the previous 10 months have been recorded. There is no record of a serious incident when the police were called to the home after a child threatened a staff member. Furthermore, the registered manager was unaware of the incident taking place until this was raised on this inspection.

The home's statement of purpose misrepresents the type of care that children are given. It states that it is a therapeutic home, but this approach is not role modelled by leaders or embedded in practice. Two children's social workers raised a question about the home being described as therapeutic. The statement of purpose does not explain the qualifications and experience of any staff other than the registered manager. This is despite a placements manager specifically requesting this information prior to one child's admission.

Due to the serious and widespread shortfalls identified at this inspection, a notice suspending the accommodation was issued with immediate effect. Ofsted will continue to monitor the home.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(b)) In particular, leaders and managers must ensure that: staff adhere to safeguarding procedures and fulfil their legal responsibilities at all times; all staff consistently follow best practice and model safe and professional behaviour; children's allegations are investigated and safeguarding actions are taken; staff have the training and support needed to have the skills to identify and act upon children's risk of harm; children have a	9 July 2026

document that sets out all known risks to the child that includes clear directions for staff to follow and practical measures to reduce risk; all safeguarding incidents are recorded.	
The leadership and management standard is that the registered person enables, inspires, and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications, and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child; understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(d)(e)(f)(h)) In particular, leaders and managers must ensure that: there are sufficient staff to safely care for children; staff are sufficiently skilled and experienced to promote the wellbeing and safety of children living in the home; children experience consistency in managers and staff; managers monitor all incidents and identify any areas for practice improvement and next steps, exercising professional curiosity.	9 July 2026

The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that arrangements are in place to— plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child's placing authority. (Regulation 14 (1)(a)(b) (2)(b)(iii)) In particular, when considering new children moving into the home, leaders and managers must fully consider the needs of children already living there and those moving into the home as well as whether the staff have the skills to meet the needs of all children in their care.	9 July 2026
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services, and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding;	9 July 2026

that each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment, and other services as the child may require. Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(c)) In particular, leaders and managers must ensure: that they have a clear understanding and oversight of children's health needs; that children are actively supported to attend their health appointments; that missed health appointments are rescheduled without delay; and that children's dental appointments are not delayed.	
The registered person must ensure that an independent person visits the children's home at least once each month. When the independent person is carrying out a visit, the registered person must help the independent person— if they consent, to interview in private such of the children, their parents, relatives, and persons working at the home as the independent person requires; and to inspect the premises of the home and such of the home's records (except for a child's case records unless the child and the child's placing authority consent) as the independent person requires. A visit by the independent person to the home may be unannounced. The independent person must produce a report about a visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether— children are effectively safeguarded; and the conduct of the home promotes children's well-being. The independent person's report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions. (Regulation 44 (1) (2)(a)(b) (3) (4)(a)(b) (5))	9 July 2026

In particular, the registered person must ensure that the independent person seeks children's views of their home and staff's understanding of children's needs and risks, and staff's experiences of working in the home, and that the independent person provides scrutiny of the home and recommends actions for areas of improvement.	
The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1. (Regulation 16 (1)) In particular, the registered person must ensure that the statement of purpose clearly states the qualifications and experience of the staff working in the home and that the home is providing the type of care set out in the statement of purpose.	9 July 2026

Recommendations

■ The registered person should ensure that they continue to improve all areas of the home's interior. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)

■ The registered person should ensure that notes of the content and outcomes of supervision sessions are kept and that both the person giving the supervision and staff member have a copy of the record. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.4)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the social care common inspection framework. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

Children's home details

Unique reference number: 2689061

Provision sub-type: Children's home

Registered provider: Motherwell Care Ltd

Registered provider address: 21-23 Croydon Road, Caterham, Surrey CR3 6PA

Responsible individual:

Registered manager: Crshawana Samuels

Inspector

Jo Mitchell, Social Care Inspector

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