

Care Management Plan

Section 73 Operational Update

Proposed Use: Change of use from Residential Dwelling (Class C3) to Residential Children's Care Home (Class C2)

Address: 91, Wimborne Avenue, Hayes, UB4 0HJ

Date: May 2026

Prepared by:

Haus Planners

Suite Ra01, 195–197 Wood Street, London, E17 3NU

0116 456 0717 | info@hausplanners.com

1.0 Overview of the Home and Ethos

This Care Management Plan is submitted to accompany a Section 73 application which seeks to vary the approved operational conditions relating to maximum occupancy and staffing presence.

The home will operate as a small scale, Ofsted regulated residential children's home providing a safe, structured and nurturing family style environment for children and young people with Emotional and Behavioural Difficulties (EBD). The service will be delivered in accordance with the Children's Homes (England) Regulations 2015 and associated guidance, including Quality Standards and safeguarding requirements.

The ethos of the home is to provide stability, consistency and positive adult relationships. The approach is trauma informed and restorative, focusing on de escalation, routine, boundaries and outcomes based support. The home is intended to operate as a long term, planned placement setting wherever possible, promoting continuity and minimising avoidable disruption for residents and neighbours.

The home will accommodate a maximum of two children at any one time. This ensures the scale of the home remains domestic in character and enables a high level of supervision, safeguarding and meaningful engagement.

2.0 Regulatory Framework and Governance

The provider will operate the home in full compliance with all relevant statutory and regulatory requirements. The home will be registered with Ofsted and will maintain robust governance arrangements to ensure standards are embedded in daily practice.

This includes, but is not limited to, the following.

Safeguarding policies and procedures aligned to the local safeguarding partnership arrangements.

Safer recruitment and ongoing vetting of all staff.

Induction, supervision, appraisal and training pathways for all roles.

Quality assurance processes, management audits, and incident review mechanisms.
Clear recording systems, care planning, and risk management protocols.

The operational model is designed to be professionally managed while maintaining a calm, homely residential environment. The day to day operation will be overseen by the Registered Manager, supported by a Deputy Manager and a team of experienced residential care staff.

3.0 Staffing Structure and Management Hierarchy

The staffing structure is designed to ensure safe ratios, consistent care, and effective management oversight, while remaining proportionate to the small scale nature of the home.

The management hierarchy will typically comprise the following.

Registered Manager
Deputy Manager
Senior Residential Support Workers
Residential Support Workers

The Registered Manager will hold overall responsibility for compliance, safeguarding culture, quality of care, staff performance, and liaison with professionals. The Deputy Manager will support the Registered Manager in operational delivery, rota planning, supervision, and quality assurance. Senior staff will provide shift leadership, mentoring and oversight of daily routines, with residential support workers delivering direct care and day to day support.

4.0 Staffing Presence and Hours of Work

The staffing model is structured to support safe operation for up to two children, while maintaining control over activity, vehicle movements and changeovers.

At any one time, there will be no more than four residential support workers within the home. This reflects the proposed varied condition and provides a clear, enforceable operational limit. The Registered Manager and Deputy Manager are excluded from this residential staffing figure.

The Registered Manager and Deputy Manager will undertake primarily office based and supervisory roles and will typically attend during standard daytime hours, generally 9am to 5pm. They do not operate on overnight rotas and are not present overnight as part of routine staffing.

Care staff will operate on extended shift patterns, typically between 24 and 48 hours. This approach is used to reduce the frequency of staff changeovers, minimise staff rotation, and provide children with continuity of familiar adults. It also limits comings and goings associated with multiple short shifts, supporting residential amenity and reducing vehicle movements at peak times.

Shift structures and staffing deployment will always remain flexible to respond to assessed need, but within the maximum staffing parameters. Any change in staffing approach would be managed through internal governance and risk assessment to ensure continued compliance and neighbourhood stability.

5.0 Staff Recruitment, Training and Supervision

All staff will be recruited through safer recruitment processes including enhanced DBS checks, robust referencing, identity verification and suitability assessment. Staff will receive a structured induction and will not work unsupervised until assessed as competent.

Training will be appropriate to a children's EBD setting and will typically cover the following areas.

- Safeguarding and child protection
- Trauma informed practice and attachment aware care
- De escalation and conflict resolution
- Restorative approaches
- Behaviour support planning
- Risk assessment and incident reporting
- Missing child procedures and police liaison
- Health and safety, fire safety and first aid
- Information governance and confidentiality

Ongoing supervision will be provided through regular one to one sessions and reflective practice. Team meetings will be held routinely, with learning disseminated following incidents, near misses, complaints or safeguarding events. Performance and quality will be monitored through management checks, file audits and feedback from placing authorities.

6.0 Care Delivery Model

The home will provide structured daily routines, consistent boundaries, and individualised support. Each child will have a tailored placement plan informed by professional assessments, risk profiles and care planning requirements. Support will be focused on emotional regulation, positive relationships, education engagement and developing independence skills appropriate to the individual.

Daily living will reflect a normal home environment. Children will be supported to engage in school or education provision, attend appointments, participate in activities, and build positive community connections where appropriate. Staff will encourage respectful behaviour, shared household responsibilities, and healthy routines such as regular meals, sleep hygiene and constructive leisure.

The home will operate with clear expectations around conduct, and will emphasise early intervention and de escalation to prevent issues escalating into incidents that could affect the child, other residents or neighbours.

7.0 Admissions, Placement Matching and Transitions

Admissions will be carefully managed to ensure the home is an appropriate match for each child and that compatibility with the existing household can be maintained.

Prior to any admission, the provider will obtain and review full referral information, including risk history, behavioural presentation, education status, health needs and safeguarding considerations. A pre admission risk assessment will be completed and staffing arrangements will be reviewed to ensure safe operation.

Transitions will be planned and phased wherever possible. The provider will work closely with the placing authority, family where appropriate, and relevant professionals to develop a stable transition plan. This may include pre placement visits, gradual introductions and clear communication of house routines and expectations.

The home will not accept placements that cannot be safely supported within its staffing structure, care model, or within the small scale domestic setting.

8.0 Safeguarding, Missing Child and Police Liaison

Safeguarding is central to the home's operation. All staff will be trained to recognise and respond to safeguarding concerns and will follow statutory and local procedures.

The home will maintain clear protocols for responding to missing episodes, including escalation routes, liaison with police, prompt reporting, and post incident review. Preventative strategies will include relationship based care, structured routines, clear boundaries, and proactive engagement with children to reduce triggers and absconding risks.

Where a child goes missing, staff will respond proportionately and promptly, notify relevant agencies in accordance with policy, and implement debrief and learning processes to reduce recurrence.

9.0 Behaviour Support, Incidents and De escalation

The home's behaviour support approach will be grounded in trauma informed practice, consistency and positive relationships. Staff will focus on early identification of triggers, structured routines, clear communication and calm de escalation.

Individual behaviour support plans will be maintained and reviewed. Interventions will prioritise de escalation and restorative approaches. Physical intervention, if ever required, would only be used as a last resort in accordance with law, training, and policy, and would be recorded, reported and reviewed.

Incident management processes will include clear reporting, management oversight, post incident debriefing, and liaison with relevant professionals where necessary.

10.0 Visitors, Professionals and General Arrangements

Visits by professionals such as social workers, therapists and other stakeholders will be managed in a planned manner. Appointments will be scheduled to maintain calm routines and avoid unnecessary disruption. Staff will support children to attend external appointments as required and will plan travel to minimise avoidable impacts.

The home will operate with appropriate security, visitor management and safeguarding measures. Staff will maintain good housekeeping, respectful conduct, and neighbour awareness as part of the culture of the home.

11.0 Neighbour Considerations and Community Impact

The provider recognises the importance of maintaining a positive relationship with the local community. The home will be managed to ensure it remains quiet, respectful and consistent with the residential character of the area.

Operational measures which support this include extended shift patterns to reduce staff rotation, planned appointments, supervision of external activity, and clear expectations around behaviour and conduct. Staff will be trained to be mindful of neighbours, including during arrivals and departures, particularly at sensitive times.

Any issues raised by neighbours will be taken seriously and addressed promptly through internal management processes, with appropriate liaison where necessary.

12.0 Monitoring, Review and Continuous Improvement

The Registered Manager will maintain ongoing oversight of daily operation and will implement quality assurance measures to ensure standards remain high. This will include routine audits, supervision records, incident trend monitoring, safeguarding reviews and feedback from placing authorities.

The operational model will be reviewed regularly to ensure the home continues to function safely, effectively and in a manner that remains compatible with residential amenity.

13.0 Conclusion

This Care Management Plan demonstrates that the home will operate as a small scale, professionally managed children's residential care setting accommodating no more than two children at any one time.

The staffing model is controlled, proportionate and focused on stability, with no more than four residential support workers on site at any one time, including Registered Manager and Deputy Manager attendance typically limited to standard daytime hours. Extended shift patterns of 24 to 48 hours are intended to minimise rotation and reduce avoidable vehicle movements and changeovers.

The home will operate in accordance with Ofsted requirements and relevant regulations, with robust safeguarding, behaviour support and management oversight. The operational approach is designed to ensure high quality care while protecting the amenity of neighbouring residents and maintaining the domestic character of the area.