



## **Management Plan**

### **Introduction**

Our vision in providing this care home is to achieve the best possible outcome for all children regardless of their background, providing them with opportunities, feeling loved and valued as key members of the community and preparing them for adulthood, nurturing them with life skills. The environment will be created by a qualified and experienced staff team that align with our core values and belief in the unlimited potential of all children and young people and a strong foundational knowledge of current issues that vulnerable young people face in today's society.

Orchid Care focus on building working relationships with each child/young person in residence to enable them to make informed choices and build a life of their own that they want to partake in and take ownership of in a positive way.

### **Scale of the Home**

66 Rudgwick Drive is a detached property, located in an established residential area. The home has a kitchen, with a large separate lounge and a sun room to the ground floor. The existing garage, albeit there remains a garage door at present, is used internally as an office space; it is proposed to retain this space and remove the garage door and replace with a window. A downstairs shower room is also proposed within this space. The home has a bathroom on the first floor and four bedrooms, one of which will provide accommodation for staff overnight.

### **Operational Information/Staffing**

There will be a maximum of 3 young people residing at 66 Rudgwick Drive at any one time.

In the interests of enabling the LPA to determine this planning application, shift patterns are proposed on the 'most intense case scenario' for this home. On this basis shifts will be operated as 12 hour shifts with 2no. staff arriving to begin their shift at 8:00am these staff will then finish at 20:00pm and the next 2no. staff will arrive at 20:00pm, clocking off at 08:00am.

Therefore, in a 24 hour period there will be 2 change overs.

The applicant is however flexible on the start and finish times of the 12 hour shifts if there is a preference from the Council (i.e. shifts could start at 7:00am and finish at 19:00pm and vice versa if that is considered preferable by the Council).

In addition to the shift care workers, the Care Home Manager will attend the property, however their visits are between the hours of 9:00-17:30 and therefore avoid the 'peak' times. Any other attendance to the property would be by appointment only at a scheduled time.

It is stated that vehicular movements from a typical residential property often follow a very similar pattern with adults leaving for work, students leaving for college and children leaving for school anywhere between the hours of 7:00-9:00am and then returning anywhere between 16:00-20:00pm.

In addition, families often have other evening and weekend commitments, clubs and activities that generate further movements including into the evening. Moreover, it is not unusual for those residing in family homes to work shifts and therefore movements can be expected throughout the night and at any time at all for a dwelling occupier, there are no restrictions nor are there ways in which to control a person's movements to and from their own homes. The proposed shift patterns are therefore considered to be commensurate with the movements that can be expected from a typical 4 bedroom property.

This is an existing family home; the proposed use is consistent with that of a 'normal' functioning family. Any visitors to the dwelling will be consistent with such a use. Friends and family visits will be in line with the usual parameters that one would expect of a 4 bed, six person family home in terms of frequency, however it is stated this will be more controlled as any visits must be pre-arranged. Moreover, the number of visits and movements could in fact be less given its quite possible for a property such as this to have teenage/young adult children with their own cars etc.

Social workers visits are pre-arranged at all times. The frequency of this again is not considered to be an issue or concern and is consistent with a usual family home and associated visitors/family/friends.

There are no planned medical staff attendances to the home because the home does not cater for young people with a physical disability. Formal meetings generally take place away from the home. As such, any visitors to the house could easily make use of the existing driveway.

Procedures are in place for any anti-social, criminal behaviours. The police will be called in any event of an incidents that require police involvement, as with any residence with or without onsite care. In addition, staff must complete behavioural management training along with mandatory training to meet the needs of the individual child/young person, which limits the need for any external involvement from authorities.

Orchid Care operate a Referral Policy, this outlines the admission process for children into their care. This policy is designed to ensure that their admissions process is robust, transparent, and considerate of the needs of children, the home, and the community. By adhering to these guidelines, Orchid Care aim to provide a nurturing environment for children while fostering positive relationships with all stakeholders. Their goal is to create a supportive and inclusive space where children can thrive and reach their full potential.

As part of this policy, Orchid Care have introduced a Commitment to Community Relations stating that:

"As a care provider, we recognize our responsibility to maintain good relations with professionals, stakeholders, neighbours, and the wider community. We aim to ensure that children placed in our care contribute positively to the environment and uphold community harmony. This policy reflects our commitment to addressing community concerns while meeting the needs of children in our care."

Within the Home itself, Orchid Care are encouraging participation and engagement from their residents with local charities, such as an initiative at one of their existing homes where the children are donating to the local food bank from their savings and weekly shopping.

Orchid Care will actively engage with the community to address concerns and build trust. Orchid Care advocate against the stigmatization of children in care and emphasize the importance of societal support in shaping their future. Community meetings or forums may be organized to provide updates, share success stories, and address concerns in a constructive manner.

This referrals policy ensures that each child's needs are carefully reviewed, including reviewing the child's history and compatibility with the Home's environment. Key documents including care plans, incident timelines and behavioural reports are all examined to ensure a comprehensive understanding of the child's background. Risk and Impact Assessments are carried out to evaluate the potential effects of the placement on the child, other residents and the community.

Before a child is permanently placed, a phased transition period takes place, whereby the child is slowly introduced to the home, the residents and the staff. Essentially this enables in effect a trial period to ensure the child is compatible with the home, residents, staff and the community. This gradual integration ensures the child's readiness for placement.

This referral policy also includes mechanisms for monitoring and review to ensure the child's needs are continuing to be met and that the community is supported. Intervention and behaviour management strategies will be implemented as needed and if necessary appropriate action will be taken including serving notice on placement.

To conclude 66 Rudgwick Drive is in an ideal location for a small scale care home of this type. Being set in the heart of a community can only offer a positive starting point for these children in care and we hope that the community can work with us to welcome these children and integrate them into society for the betterment of not just the individual but also the wider community.