

Management Plan for Residential Children's Home

· How many people would be accommodated?

The accommodation includes one principal building which was previously a residential family home which is being remodelled to a 4 bedded children's home for children who are looked after by the Local Authorities and has been designed to include 4 individual bedrooms for children, a sensory therapy room, lounge and kitchen diner and a special grounds comprising both, garden and relaxation space. Children would have their own individual bedrooms with some shared communal living space - The site will have:

- One large communal living space and kitchen/dining area
- Four Individual bedrooms with access to a shared bathroom and or en-suite
- One visitor area with staff sleep facilities
- One office
- One dining room

The children accommodated at the home will all have a diagnosed learning disabilities and will require care and support to help them to live full and meaningful lives. All registrations are 0-18 or 0-25 years in Wales but we commit to looking after predominantly children aged 8-16 years:

Pathways to the Future – Cartwheel Cottage would look to accommodate 4 children who would be supported on a 1:1 staffing ratio. The children will all have learning disabilities or autism and other associated conditions overseen by health or social care.

· What is the ratio of staff to children that is required, i.e. delivery model?

There will be a minimum of 4 and a maximum of 12 members of staff who will work on a 2 on 4 off or a 3 on 3 off rota pattern which minimises traffic to the home and school as staff attend and remain there for the duration of their shift pattern. At any one time we expect there will be an additional 2 visitors or the manager who will be based at the site daily.

· What is the likely level of need of the children accommodated, i.e. is there a focus on complex needs?

Children who are placed at the home will have learning disabilities or autism and other associated conditions overseen by health or social care. The home will also be furnished with appropriate sensory spaces and break out rooms to ensure that the children lead full and active lives both in and out of the home. We envisage where we live harmoniously alongside our neighbours and where our children and staff are active members of the community groups.

· What is the likely shift pattern of staff, i.e. how many staff (management and care staff) would likely be at the premises at any one time and when would shift changes occur?

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We tend to stagger handover days so they will take place at 7.30am prior to any rush hour or school commutes and they take place on 3 of the 7 days in a week. There is no real difference to how we would live as a traditional family.

• What support officers would be likely to visit the property?

The visitors that would attend the home would be social workers who are required to visit children one day in every 6 weeks, health professionals like the children's nurse who may attend up to once per month, occupational and speech and language therapists who attend the site on a monthly basis and parents who likely will attend the home once a fortnight.

• How would visits be scheduled and would staff/support-worker meetings take place at the property?

Any meetings, training sessions or team building sessions may take place on site whilst children are in school however we have a number of remote working options which will enable us to work cohesively without putting strain on the local area.

• If residents are unable to participate in full-time, mainstream education, what educational support would be offered on-site?

This company has a live application in to open a small school in Blackwood, There are also a wealth of special needs day centres and the like to enable them to lead full and active lives. We would be able to offer children the ability to be educated with us or at local schools. Staff will also support children to learn and attend local clubs, youth services, therapy suites, sport teams and the like and staff would support them as good parents.

• Would therapeutic care be offered on site?

The clinical visitors that would attend the home would be health professionals like the children's nurse who may attend up to once per month, occupational and speech and language therapists who attend the site on a monthly basis and parents who likely will attend the home once a fortnight. Other assessments and therapy can take place off site or via teams or zoom where children have the capacity for this. We will have a sensory room within the site and will encourage children to use this.

• Would case reviews take place on or off site?

Again, these may take place on site usually twice per year with other placement reviews taking place via teams or zoom. There are more fluid ways to remote work now which enhances our ability to not put additional strain on local roads or local areas.

• **Are friends and relatives of residents able to visit at any time?**

Yes, we do not have specific contact arrangements for children who will be placed at the home however they are able to visit generally on a fortnightly basis or sometimes as little as 6 times per year. The contact visits would be staggered so children would enjoy time on and of site with their families.

• **Will the property be CIW/CQC/Estyn registered?**

Yes

• **Are children ever left alone at the property?**

No, children will always be supervised in the home by their carers.

• **Under what circumstances are children allowed to leave the property?**

Children are allowed to leave the property in line with their mainstream counterparts, this may be to attend school, college or work and to visit clubs, attend groups and meet friends. The home replicates a good parenting model where care staff support children to make good and meaningful life choices and memories.

• **Would staff members be informed/aware if a child left the property?**

Yes, there are a number of protocols in place to respond to any incidents where children leave the property without staff support. Given that the children will have additional needs and learning disabilities, we will work with the parents and LA's to identify parental restrictions or DOLs safeguards where possible.

• **Is there a curfew?**

We tend to start night-time routines and settling plans at 7pm so that children are settled and regulated for bed which starts at 8.30pm.

• **What would happen in the event of a breach of curfew?**

As above. Any incidents where children are out late or absent from the home will be progressed and dealt with as a good parent including liaising with friends, families and searching known local area points of interest.

• **What security provisions are proposed, e.g. security and access controls on doors?**

Door fobs and appropriate key systems will be implemented at the home.

• **Would CCTV be installed?**

Yes this will be on the grounds.

• **How would local residents know how to raise a concern in the event of an issue?**

We have a Good Neighbour charter and plan which care staff and the manager will share in community packs prior to opening. This will include information about the home, who to contact and numbers for key staff. We have not consulted with the full public on the development as we do not want children ostracised if it is a known children's home. That said we will be attending local neighbourhood groups and parish council meetings to build up good neighbourhood practices. We run a number of small therapeutic children's homes