

C2 RESIDENTIAL CARE HOME
PLANNING MANAGEMENT PLAN

Proposed 10-place CQC Residential Care Home

MEADOW VIEW HOME

Burleigh House, Leek Road, Werrington, Stoke-on-Trent, ST9 0DG

Maximum 10 residents aged 18+ | Learning disability and complex support needs

Property	Existing former care-home property known as Burleigh House
Proposed occupancy	Maximum 10 adult residents (18+)
Service model	6 complex/high-support placements + 4 standard-support placements
Proposed CQC activity	Accommodation for persons who require personal care - personal care with accommodation model
Local planning authority	Staffordshire Moorlands District Council
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CONFIDENTIAL - C2 PLANNING SUBMISSION / OPERATIONAL MANAGEMENT DOCUMENT

1. Purpose and Status of this Management Plan

This Management Plan sets out how Meadow View Home will operate as a maximum 10-person residential care home for adults aged 18 and over with learning disabilities, including adults with complex support needs. Its primary purpose is to support the C2 planning submission by providing a clear, enforceable description of occupancy, staffing, shift changeovers, parking, visitors, amenity, waste, external areas and day-to-day management. CQC requirements are included where they help demonstrate that the proposed use will operate as a properly managed residential care service.

The planning focus is the actual intensity and character of the proposed use: a maximum of 10 residents living at the property as their home; a structured staffing model; staggered staff changeovers; defined staff and visitor parking; controlled visiting and deliveries; managed outdoor use; and measures to protect highway safety and neighbouring amenity.

Planning status note: residential care homes ordinarily fall within Use Class C2. The historic use of this property and the need for any fresh planning application, lawful development certificate or conditions should be confirmed separately with the planning consultant and Staffordshire Moorlands District Council. Historic CQC use is relevant background but is not, by itself, proof of current lawful planning status.

CQC scope note: this draft assumes a residential personal-care model rather than a nursing-home model. If the provider later employs registered nurses to deliver treatment, or carries on another regulated activity such as Treatment of disease, disorder or injury, the CQC registration scope must be reviewed before those services begin.

2. Property and Existing Accommodation

The architectural drawings supplied for Burleigh House show substantial existing accommodation over two floors. The ground floor includes eight bedrooms with en-suite provision, a lounge, dining room, kitchen, pantry, conservatory, WC, stores and circulation space. The first floor includes six further bedrooms, a bathroom and en-suite accommodation. The existing drawings therefore show more bedroom capacity than the proposed 10-resident service requires.

Resident occupancy will be permanently capped at a maximum of 10. The surplus bedrooms will be repurposed for operational and therapeutic uses rather than creating additional resident capacity. The proposed internal arrangement will include a dining room, TV/games room, main lounge, sensory room, a second lounge on the first floor, a family/professional meeting room and appropriate staff/office facilities. The conservatory is proposed as the staff room. Exact room allocation will be shown on the proposed floor plans submitted with the application.

The extensive communal and support spaces are intended to prevent an institutional or overcrowded environment and allow residents to access quieter areas, sensory support, family contact, professional meetings, activities and ordinary shared living. For residents with mobility, evacuation or higher physical-support needs, the most suitable ground-floor bedrooms will be prioritised following individual assessment.

Area / facility	Proposed use and planning control
10 resident bedrooms	Maximum residential occupancy remains 10. Bedrooms will be individually allocated and personalized. 8 En suite bedrooms to the ground, and 2 bedrooms 1 ensuite and 1 communal bathroom upstairs.
Dining room	Resident dining, shared meals and daily living activities.
Main lounge	Primary quiet/social lounge for residents.
TV / games room	Recreation, gaming, television and group activities.
Sensory room- First Floor	Low-stimulation and sensory support space for residents with assessed sensory needs.

Second lounge - first floor	Additional quiet/social space, reducing pressure on ground-floor communal areas.
Family / professional meeting room- First Floor	Private planned meetings, family contact and professional reviews, normally within daytime visiting hours.
Conservatory	Staff room / welfare area, preventing staff congregation in resident communal areas or externally. Leading to staff enclosed outdoor area.
Outbuilding	Proposed indoor/outdoor gym facility for residents, subject to any separate planning/building-control requirements.
Forestry activity area	Supervised woodland/forestry-style activity and outdoor learning area.
Static caravan within forestry area	Activity base for forestry/outdoor play only; not to be used as residential sleeping accommodation and subject to planning confirmation/permission if required.
Sensory garden	Landscaped resident garden with sensory planting, seating and quiet areas, designed around existing tree/ planning constraints.
Existing feature	Management approach
Ground-floor en-suite bedroom wing	Suitable for residents requiring easier access or higher physical support, subject to detailed accessibility and fire assessment.
First-floor bedrooms	May support residents able to safely use the first floor; evacuation and accessibility must be individually assessed.
Communal spaces / conservatory	Dining room, lounges, TV/games and sensory provision will be resident-focused. The conservatory is proposed as the staff room so staff do not occupy resident communal areas.
Kitchen / pantry	To support daily meal preparation, food safety and personalised dietary needs.
Additional bedrooms beyond 10	Surplus bedrooms will be repurposed for approved communal, sensory, meeting, staff/office or support functions and will not increase occupancy above 10.

3. Proposed Service Model and Resident Profile

Meadow View Home will accommodate a maximum of 10 adults aged 18 and over. The primary service focus will be people with a learning disability who may also have complex support needs. The home will not operate as an emergency hostel, hospital or institutional ward. Residents will live at Meadow View as their home, with individual routines, personalised support and access to ordinary community life.

Resident group	Planned capacity	Indicative support model
Complex / high-support placements	Up to 6 residents	Day support may rise to 2:1 for an individual where assessed and commissioned. Overnight baseline is at least 1:1 for each complex resident, subject to individual risk assessment.
Standard-support / routine referrals	Up to 4 residents	Two staff shared between the four residents during the day, with one shared member of staff overnight as a baseline, subject to assessed need.

The ratios above are an operating envelope, not a blanket entitlement or fixed staffing formula. CQC requires staffing to be based on people's actual and changing needs. Each resident will therefore have an individual staffing assessment, care plan, risk assessment and commissioned support package, with staffing increased or reduced where safe and appropriate.

Admissions will be planned and compatibility assessed. The provider will avoid accepting placements where the person's needs cannot be safely met within the home, where the environment is unsuitable, or where the proposed mix of residents would create foreseeable safeguarding, behavioural, fire, health or quality-of-life risks.

4. CQC Registration and Learning-Disability Service Principles

The proposed core regulated activity is expected to be Accommodation for persons who require nursing or personal care. The service will provide accommodation and personal care as one package. The final application scope must match the actual model before opening.

Because the home is intended for people with a learning disability and complex needs, the provider should complete CQC's current pre-registration questionnaire and seek an early discussion with the CQC specialist registration team before substantial investment or final submission. The 10-place model will need a particularly clear explanation of how it avoids institutional care and delivers ordinary-life outcomes.

The service will be designed around the principles of Right support, right care, right culture: maximising choice, control and independence; delivering person-centred care that protects dignity, privacy and human rights; and creating a culture in which people lead inclusive and empowered lives.

- Residents will have individual routines rather than blanket timetables.
- Staff will be deployed in small resident-focused teams rather than congregating as one large workforce group.
- The environment will remain domestic in character, with minimal institutional signage and resident-led personalisation.
- Community access, relationships, education/employment/volunteering and meaningful activity will be planned for each resident.
- Any use of restrictive practice will be lawful, necessary, proportionate, time-limited and subject to management review.

5. Management Structure and Accountability

Role	Core responsibility
Registered Manager	Day-to-day regulatory leadership, safe staffing, safeguarding, admissions, notifications, quality assurance and implementation of this plan.
Deputy Manager	Operational cover for the Registered Manager, rota oversight, staff supervision, incident follow-up and direct-care leadership where required.
Senior Day Staff	Named shift lead on every day shift; coordinates allocation, medicines, appointments, handover and escalation.
Senior Night Staff	Named shift lead on every night shift; coordinates night deployment, medication, checks, incidents and emergency response.
Care / Support Staff	Personal care, communication support, positive behaviour support, community access, daily living and outcome-focused support.
Cook / Kitchen Staff	Seven-day meal provision, food safety, allergies, texture-modified diets and resident choice.
Cleaner / Domestic Support	Baseline 20 hours per week, with domestic hours reviewed against occupancy, infection-control audits and resident needs.

The Registered Manager will be full-time and will normally work core weekday management hours, with the Deputy Manager providing cover. A management on-call system will operate 24 hours a day. Exact management hours will be finalised within the staffing rota and Statement of Purpose.

6. Staffing Model and Shift Pattern

The direct-care workforce will be staggered across four 12-hour shift patterns so that all 14 day staff and all 7 night staff are available while avoiding a single large arrival/departure event. A competent senior will be identified on both day and night provision. Senior staff form part of the direct-care complement rather than being additional to the stated numbers unless assessed needs require otherwise.

6.1 Day staffing

At the maximum planned daytime support level there will be 14 direct-care staff: 12 staff available to support the six complex/high-support residents at up to 2:1 where assessed and commissioned, plus 2 staff shared across the four routine/standard-support residents. Seven day staff will work 07:00-19:00 and seven will work 08:00-20:00. This maintains the planned daytime complement while spreading vehicle movements over two arrival and departure periods.

The Registered Manager and Deputy Manager are management posts and will not be relied upon as routine ratio staff, although both may assist operationally where competent and appropriate. This ensures the care rota remains safe when managers are attending meetings, undertaking audits or absent from the floor.

6.2 Night staffing

The proposed overnight baseline is 7 direct-care staff: six staff providing a minimum 1:1 level for the six complex/high-support residents, plus one staff member shared across the four routine/standard-support residents, subject to individual assessment. Four night staff will work 19:00-07:00 and three night staff will work 20:00-08:00. One member of the night team will be the designated senior. Staffing will increase where individual risk, health, behavioural, moving-and-handling or observation needs require more support.

6.3 Ancillary staffing and recommended operating pattern

Role	Proposed / recommended pattern	Planning rationale
Registered Manager	Full-time; normally Monday-Friday around 09:00-17:00.	Outside the 07:00/08:00 start peaks and leaves before evening changeovers.
Deputy Manager	Full-time; flexible management rota, normally planned away from the four staff change points where practicable.	Provides cover without creating unnecessary peak parking demand.
Cleaner	20 hours per week; recommended approximately 10:00-14:00 over five days, subject to operational need.	Midday attendance avoids shift-change peaks.
Cook	1 full-time cook; normally daytime hours, e.g. around 09:00-17:00.	Supports meals while avoiding early/late shift-change peaks.
Part-time cook	Part-time cook for weekends, leave and relief; hours rostered around operational need and normally outside shift-change peaks.	Ensures seven-day catering without routine additional peak traffic.
Activities / Community Inclusion Lead	Recommended part-time role or nominated responsibility within existing team.	Supports meaningful activity, ordinary-life outcomes and CQC LD expectations.
Maintenance	Contracted / part-time arrangement recommended.	Ensures prompt environmental repairs without adding a permanent full-time post.

The provider should also nominate leads for safeguarding, medication, positive behaviour support, infection prevention, fire/health and safety, Mental Capacity Act/DoLS, training and quality assurance. These are governance responsibilities and do not all require separate posts.

7. Handover, Staff Deployment and Peak Occupancy

Shift handovers will be structured, resident-specific and time-limited. The staggered rota deliberately creates four smaller change points rather than one 14-person day-team / 7-person night-team exchange. Senior-to-senior information will be supplemented by resident-specific handovers within small teams, protecting confidentiality and reducing internal and external congestion.

The planned care-staff movements are: seven day staff start at 07:00; seven day staff start at 08:00; four night staff start at 19:00 as the first seven day staff finish; and three night staff start at 20:00 as the second seven day staff finish. Brief overlap is contained within the site and the 20-space rear staff car park. Registered Manager, Deputy, cooks, cleaner, training, professional meetings and routine deliveries will be scheduled away from these four change points wherever practicable.

Time	Movement	Care staff remaining / arriving	Planning effect
07:00	4 night staff finish; first 7 day staff start	3 later night staff remain until 08:00	Staggered morning movements; no full-team changeover.
08:00	3 night staff finish; second 7 day staff start	First 7 day staff remain	Full 14-person day complement reached after handover.

19:00	First 7 day staff finish; 4 night staff start	Second 7 day staff remain until 20:00	Staggers evening movements and preserves continuity.
20:00	Second 7 day staff finish; 3 night staff start	First 4 night staff remain	Full 7-person night complement in place.

8. Parking, Staff Travel and Public Transport

The site provides a rear staff car park with capacity for approximately 20 cars. This will be the default parking area for employees. A separate visitor parking area is available to the front/entrance side of the property with capacity for up to 5 cars. Dedicated space is also available for an ambulance/emergency vehicle without obstructing general site access. The parking areas will be shown on the submitted site/parking plan and kept under active management by the Registered Manager.

The proposed parking provision has been considered against Staffordshire Moorlands parking guidance for C2 residential care establishments, which seeks one space per non-resident member of staff present at peak working times, one visitor space per three bed spaces and a separate ambulance space. With a maximum of 10 residents, the 5-space visitor area exceeds the four visitor spaces generated by that standard. Routine daytime staffing is planned so that the 14-person care team plus the Registered Manager, Deputy, full-time cook and cleaner equates to approximately 18 staff on site; the part-time cook is principally relief/weekend cover rather than an additional routine peak post. The staged 19:00 handover can briefly involve up to 18 direct-care staff while management and ancillary staff are scheduled away from that period. The 20-space rear staff car park therefore provides capacity for the planned routine peak, with residual headroom, while the separate visitor and ambulance areas avoid competition for those spaces.

- Public transport provides a genuine alternative to staff car travel. Current D&G Bus routes 16 and 32/32A/32X serve Werrington. The 32/32A/32X corridor includes Werrington stops including Rownall Road, Johnstone Avenue, Washerwall Lane and Clough Lane, while the 32A provides a connection through Hanley to Stoke-on-Trent railway station. Staff will be encouraged to use public transport, lift-sharing, walking and cycling where practicable, and the final Travel Plan/site plan should identify the safest pedestrian route to the nearest suitable stop.
- Recruit locally where possible and record staff travel method during mobilisation so the travel plan can be reviewed against actual workforce patterns.
- Do not schedule routine staff training, large meetings, professional review meetings, contractor attendance or non-urgent deliveries at 07:00, 08:00, 19:00 or 20:00.
- Staff will use the 20-space rear car park as the default. Visitors will use the separate 5-space front visitor area. Routine on-street parking on Leek Road or obstruction of neighbouring accesses will not form part of the operating model.
- The dedicated ambulance/emergency space and fire appliance access/turning routes will remain unobstructed at all times.
- Parking demand will be reviewed after each occupancy increase and if staffing packages materially change. If the assessed support model creates greater staff demand, the provider will first review shift deployment, travel arrangements and site capacity before increasing on-site vehicle demand.

9. Resident Transport and Community Access

Residents will be supported to access ordinary community facilities, healthcare, education, volunteering, employment, leisure, family contact and social opportunities. Transport will be person-centred and risk assessed.

The provider should plan for at least one suitable service vehicle or reliable accessible transport arrangements where residents have mobility or high-support needs. Any vehicle kept on site will be included in the parking plan. Taxis, community transport and public transport may also be used where appropriate.

10. Admissions, Matching and Transition

- No admission will take place without an assessment of needs, risks, communication, capacity, health, medication, mobility, behaviour support and environmental suitability.
- Compatibility with existing residents will be assessed before admission.
- Emergency admissions will be avoided unless sufficient information is available to demonstrate safety.
- A transition plan will be agreed, including visits, social stories/easy-read information and familiarisation where required.
- Staffing must be in place and competent before the resident moves in.
- The Registered Manager may refuse or delay an admission where the home cannot safely meet the person's needs.

11. Care Delivery, Positive Behaviour Support and Restrictive Practice

Each resident will have a personalised care and support plan reflecting communication, sensory needs, routines, relationships, culture, identity, health, meaningful activity and goals. Where a resident presents behaviours of concern, the service will use a Positive Behaviour Support approach based on understanding function, prevention, communication and least-restrictive support.

A PBS lead should be nominated and external specialist support commissioned where the complexity of a resident's presentation exceeds the competence available within the home. Staff must receive role-appropriate learning-disability/autism training and any specialist training required by the people they support.

12. Safeguarding, Mental Capacity and Legal Rights

- Adult safeguarding procedures will align with Staffordshire safeguarding pathways and placing-authority requirements.
- Mental Capacity Act assessments will be decision-specific and best-interest decisions properly recorded.
- Where continuous supervision/control and lack of freedom to leave may amount to a deprivation of liberty, the appropriate legal authorisation route will be followed.
- Residents will have access to advocacy, complaints processes and information in accessible formats.
- Allegations against staff will be escalated promptly and recruitment/disciplinary systems will protect residents from unsuitable staff.

13. Medicines and Health Support

Medicines will be managed under a robust policy with trained and competency-assessed staff. Secure medication storage, temperature monitoring, controlled-drug arrangements where applicable, PRN protocols, audits and error-learning systems will be in place.

The service is proposed as a residential personal-care home rather than a nursing home. Nursing and clinical tasks will be delivered by external healthcare professionals or appropriately delegated to trained care staff where lawful and clinically appropriate. Any future move to employ nurses in their professional capacity or provide treatment requiring additional CQC registration will trigger a registration review before implementation.

- GP registration and annual health checks.
- Access to community learning-disability teams, SALT, OT, physiotherapy, psychiatry and specialist nursing as required.
- Health action plans, hospital passports and reasonable adjustments.
- Epilepsy, diabetes, dysphagia, PEG, catheter or other complex-care competencies only where individually assessed, trained and signed off.

14. Food, Nutrition and Kitchen Management

A full-time cook and part-time cook will provide seven-day meal coverage. Residents will be involved in menu planning and food choice. The service will manage allergies, cultural/religious diets, texture-modified diets, fortified diets and hydration needs in line with individual assessment and professional advice.

The kitchen will operate to food-safety standards with HACCP-based procedures, temperature checks, stock rotation and cleaning schedules. Where dysphagia is present, staff and cooks will follow SALT advice and IDDSI requirements.

15. Cleaning, Laundry and Infection Prevention

The proposed cleaner will work 20 hours per week as a baseline. Care staff remain responsible for immediate spillages, resident-specific cleaning and maintaining safe bedrooms between domestic shifts. Because the property is large and the service will support up to 10 residents with potentially complex needs, domestic hours must be reviewed through infection-control and environmental audits and increased if 20 hours is not sufficient.

The final proposed plans should identify laundry arrangements, clean/dirty storage, housekeeping storage and secure COSHH storage. Personal laundry will be handled in a way that protects dignity, infection control and resident preferences.

16. Fire Safety, Emergency Planning and Business Continuity

A property-specific fire risk assessment and fire strategy must be completed before opening and updated for the final resident profile. Individual Personal Emergency Evacuation Plans (PEEPs) will be completed for every resident. Night staffing must be sufficient not only for care needs but also for safe evacuation and emergency response.

- Fire alarm, emergency lighting, fire doors, compartmentation and evacuation equipment to be tested and certified.
- Emergency access routes and the rear car park turning/access route to remain clear.
- Business continuity plans for power, heating, water, IT, staffing shortages, severe weather and evacuation.
- Contingency locations and transport arrangements for temporary relocation if the building becomes unsafe.

17. Visitors, Professionals, Deliveries and Contractors

Family, friends and professionals will be welcomed in line with resident choice, safeguarding and risk assessment. Routine visiting and professional appointments will normally be planned between 09:00 and 17:00, using the separate front visitor parking area with capacity for up to 5 cars. Visits outside these hours may occur where required by resident welfare, family circumstances or urgent professional need, but will not be promoted as the routine pattern.

Family/professional meetings will use the dedicated meeting room rather than resident communal rooms where appropriate. Food, pharmacy, clinical supplies and routine contractor visits will be scheduled during daytime hours and away from 07:00, 08:00, 19:00 and 20:00 shift-change periods wherever practicable. Contractors will use designated parking and will not obstruct emergency access.

18. Waste Management

Waste will be segregated and stored securely in a designated bin-storage area adjacent to the rear car park. This position keeps routine waste activity away from the main resident entrance and reduces visual/noise impact on neighbouring properties. General waste and recycling will be supplemented by authorised clinical waste, sharps or pharmaceutical disposal where required. Collections will be scheduled during daytime hours and, where practicable, away from staff shift changes.

19. Noise, Residential Amenity and Good-Neighbour Management

The home will operate 24 hours a day, but the character of activity will remain residential. Staff will be instructed to arrive and leave quietly, avoid unnecessary engine idling and car stereos, and not congregate in parking areas during handovers. A designated staff welfare/break area will be positioned to the side/rear of the property, close to the main-road side and away from neighbouring outlook, with the intention that normal staff breaks do not create overlooking or noise disturbance. The conservatory will provide the principal internal staff room.

Outdoor resident activities will be supervised and managed according to time of day, resident needs and neighbouring amenity. The outdoor gym, sensory garden and forestry activity area will be used primarily during reasonable daytime/early evening hours. A clear route will be available for neighbours to raise legitimate concerns; complaints relating to parking, noise, lighting or staff conduct will be logged, investigated by the Registered Manager and reviewed for recurring themes.

20. Grounds, Trees and External Environment

The site includes substantial grounds. Current Staffordshire Moorlands records identify Tree Preservation Order SM334 (2025) covering Burleigh House and Foxearth, Leek Road, Cellarhead, confirmed in August 2025. Any tree removal, pruning, new parking works, fencing, landscaping or external works that may affect protected trees or root areas must therefore be checked with the planning consultant/arboricultural adviser before work starts.

The grounds will provide meaningful, structured outdoor opportunities including a sensory garden, an outdoor gym using the existing outbuilding, and a forestry/outdoor-learning area. A static caravan is proposed within the forestry area as an activity base for supervised forestry/outdoor play and will not be used for residential sleeping accommodation. The detailed layout and any required permission for the outbuilding use, caravan, landscaping, fencing or external works will be confirmed with the planning consultant before implementation, particularly where protected trees or root protection areas may be affected.

21. Recruitment, Training and Workforce Development

The provider will use safer recruitment, including identity, right-to-work, DBS, full employment history, employment-gap scrutiny, references and fitness declarations. Staffing will be planned early enough to avoid opening with an over-reliance on agency workers.

- Induction and Care Certificate / equivalent role induction.
- Learning disability and autism awareness at role-appropriate level.
- Safeguarding adults, MCA/DoLS, medication, first aid and infection prevention.
- Positive Behaviour Support, de-escalation and any approved restrictive-intervention training where required.
- Moving and handling, epilepsy, dysphagia and other resident-specific competencies where applicable.
- Regular supervision, probation review, competency assessment and annual appraisal.
- Leadership development for seniors, Deputy and Registered Manager.

22. Quality Assurance and CQC Governance

The Registered Manager and provider will operate a structured governance framework with scheduled audits and documented action plans. This will include medicines, care plans, risk, safeguarding, incidents, complaints, staff files, training, infection prevention, fire, health and safety, finances where relevant and resident outcomes.

The service will review staffing continuously in line with Regulation 18 and adapt skill mix to residents' changing needs. Significant incidents and near misses will be investigated, lessons shared and actions tracked to completion. CQC statutory notifications will be submitted where required.

23. Recommended Additional Arrangements Before Opening

Area	Recommendation
CQC LD pre-application	Complete CQC pre-registration questionnaire and obtain specialist feedback on the 10-place model before submission.
Parking / site plan	Show the 20 rear staff bays, 5 front visitor bays, ambulance/emergency space, access/turning, pedestrian routes, bin store and any service-vehicle area on a scaled proposed site plan.
Proposed room-use plan	Issue proposed floor plans labelling the 10 resident bedrooms and the dining room, TV/games room, lounges, sensory room, meeting room, staff room and other operational functions.
Accessible bathing	Confirm at least one appropriately accessible bathing/wet-room arrangement if required by intended resident profile.
Sensory / quiet provision	Deliver the dedicated sensory room, second lounge and sensory garden so residents can choose quieter spaces and avoid congregated living.
Activity / outdoor provision	Develop the outdoor gym, forestry activity area and sensory garden subject to planning, building, fire, accessibility and tree-protection checks.
PBS capability	Nominate PBS lead and identify external specialist support route.
Domestic capacity	Review whether 20 cleaning hours is sufficient once occupancy increases; have contingency to increase. Laundry Room downstairs.
Kitchen cover	Set part-time cook hours and relief arrangements to guarantee seven-day catering.
Maintenance	Put a responsive maintenance contract in place before admission.
Staff facilities	Confirm office, secure records, medication storage, staff WC/break arrangements and lockers.
Fire / evacuation	Commission fire risk assessment and evacuation strategy based on high-support resident profile.
Transport / travel	Prepare a short Travel Plan identifying Werrington bus routes/stops, staff travel expectations, staged shift times and review of actual travel patterns after mobilisation.
Tree / external works	Check TPO and planning implications before sensory-garden works, forestry-area works, outbuilding conversion/use, static caravan siting, fencing or other external development.

24. Planning and Regulatory Commitments

- Maximum resident occupancy will be 10 unless separately approved by the relevant planning and regulatory bodies.
- The service will be operated as a residential home, not as a public-facing office, training centre or institutional campus.
- Staffing will be needs-led and reviewed continuously; stated ratios are maxima/minima for planning and safe-service design, not blanket fixed entitlements.
- Senior staff will be present on both day and night shifts.

- Night staffing will be at least 7 staff when all six complex residents require 1:1 overnight support, with increases where individual assessments require more.
- The 20-space rear staff car park, separate 5-space front visitor parking area and dedicated ambulance/emergency space will be actively managed in accordance with this plan.
- Direct-care shift movements will be staged at 07:00, 08:00, 19:00 and 20:00. Ancillary staff, visitors, deliveries and meetings will be timed to avoid those peaks wherever practicable; routine visitor appointments will normally be between 09:00 and 17:00.
- The home will provide a range of resident communal and therapeutic spaces including dining, TV/games, two lounges, sensory provision, family/professional meeting space, sensory garden, outdoor gym and forestry activity provision. Surplus bedrooms will not be used to increase occupancy above 10.
- The service will operate in line with CQC Right support, right care, right culture principles. Any change to occupancy, material staffing intensity, nursing/clinical scope, external works or the use of the outbuilding/static caravan will be reviewed for planning and CQC implications before implementation.

25. Conclusion

Meadow View Home is proposed as a maximum 10-person CQC residential home for adults aged 18 and over with learning disabilities, comprising up to six complex/high-support placements and four routine/standard-support placements. The building has greater bedroom capacity than is required; surplus rooms will instead provide additional communal, sensory, meeting and operational space, reinforcing the intention to create a spacious residential environment rather than maximise occupancy.

The staffing model is robust but has been deliberately designed to reduce transport impact. Four staggered direct-care shift groups will operate: 7 staff 07:00-19:00, 7 staff 08:00-20:00, 4 staff 19:00-07:00 and 3 staff 20:00-08:00. This maintains up to 14 day staff and 7 night staff while distributing arrivals and departures across four change points. Routine ancillary staffing and visits will be kept away from those peaks where practicable.

The parking arrangement is proportionate to this operating model: approximately 20 staff spaces to the rear, up to 5 visitor spaces at the front and a separate ambulance/emergency space. Together with staged shifts, daytime visitor management, public-transport availability, controlled deliveries, rear waste storage and designated staff welfare space, the proposal provides a clear framework for managing highway, parking and residential-amenity impacts.

Appendix A - Staffing Summary

Role / team	Indicative level	Shift / hours	Notes
Registered Manager	1 FTE	Core weekday management hours	Not relied upon as routine ratio staff.
Deputy Manager	1 FTE	Flexible	Management cover and operational leadership.
Day care team	14 direct-care staff at maximum planned daytime need	7 staff 07:00-19:00 + 7 staff 08:00-20:00	12 staff available for six complex residents at up to 2:1 where assessed + 2 shared for four routine residents; senior included.
Night care team	7 direct-care staff baseline overnight	4 staff 19:00-07:00 + 3 staff 20:00-08:00	6 complex residents at minimum 1:1 + 1 shared for four routine residents; senior included; increase if assessed need requires.
Cleaner	20 hrs/week	Approx. 10:00-14:00, 20 hrs/week	Review hours as occupancy/IPC needs increase.
Cook	1 full-time	Normally daytime, e.g. around 09:00-17:00	Core catering.
Part-time cook	To be set	Weekend / relief / leave cover; outside handover peaks where practicable	Must ensure seven-day coverage.
On-call manager	1 available	24/7	RM/Deputy/authorised manager rota.