42 Como Street, Romford RM7 – Management Plan

Proposed internal alterations and change of use from house (Use Class C3) to assisted living for up to 3 adults (Use Class C3(b))

Rosemont Care

1. Introduction

Rosemont Care proposes internal alterations to 42 Como Street and a change of use from a house (Use Class C3) to assisted (supported) living for up to 3 adults (age range 18 – 75 years) with care and support needs, living together as a single household (Use Class C3(b)). This plan sets out how the property and the service will be managed so that residents are safe and well supported and the impact on neighbours is minimised. It accompanies the change of use application and drawing HD/CS/42/PL01 - 04.

The proposal involves no extension or external alterations to the building. The work is internal: re-planning the rooms, a ground floor accessible bedroom and shower room, portable ramped access front and rear (whenever required), and an upgraded fire safety system.

No renovation work will start until change of use approval has been granted. The steps will then be, in order:

1. change of use approval
2. HMO licence application to the London Borough of Havering
3. renovation and adaptation works
4. CQC registration of the property
5. residents move in

Rosemont Care will review this plan every year, and sooner if the needs of residents or the requirements of the council change.

2. The service

The home will provide long-term supported living for 3 adults, each with their own bedroom and shared use of the kitchen, dining room, lounge and bathrooms. Residents live as one household, with their own tenancy or licence and a personalised support plan.

- **Provider:** Rosemont Care. CQC registered provider, registration number – 1-3917798363. 42 Como Street will be added to the registration once change of use approval, the HMO licence and the renovation works are complete, and before any resident moves in.
- **Who it is for:** adults with learning disabilities, physical disabilities or other care and support needs who can live in a shared ordinary home with support.
- **Referrals:** residents are placed through London Borough of Havering adult social care, NHS commissioners or other commissioning bodies, following a needs and compatibility assessment. The commissioner sets each resident's support hours and staffing ratio (1:1 or 2:1).

- **Local need:** at least one resident is expected to move from another Rosemont Care supported living service in Romford. Their needs have changed, and they require further wheelchair-accessible adaptations that their current home cannot provide. The proposal lets them stay in the local area, close to their GP, support network and familiar surroundings.

The maximum occupancy will be 3 residents, matching the 3 single bedrooms shown on the drawings.

3. Accommodation and accessibility

The layout meets or exceeds the London Borough of Havering's minimum room sizes for shared housing.

Room	Floor	Size	Use
Bedroom 1	Ground	11.1 m²	Single, wheelchair accessible
Bedroom 2	First	16.0 m²	Single
Bedroom 3	First	10.7 m²	Single
Kitchen	Ground	11.1 m²	Shared
Utility room	Ground	–	Shared; side exit
Dining room	Ground	15.9 m²	Shared communal space
Lounge	Ground	approx. 13 m²	Shared communal space
Accessible shower/WC	Ground	approx. 5.3 m²	Shared, wheelchair accessible
Bathroom	First	–	Shared bath, WC and basin
Carer's office	First	5.1 m²	Staff office; not used for sleeping

The ground floor is designed so that a wheelchair user can live there independently, without needing to use the stairs:

- an accessible bedroom, shower/WC, kitchen, dining room and lounge, all on the ground floor
- portable ramp to the front entrance and from the dining room to the garden, plus a side exit from the utility room, with a portable ramp kept beside it for emergency use
- doorways of 1000 mm
- the accessible shower room designed to current Approved Document M and BS 8300 guidance, with a level-access shower, grab rails and an alarm pull cord

The adaptations will follow the recommendations of an occupational therapy assessment of the resident's needs.

The kitchen will have a full set of shared cooking facilities, a separate food cupboard and fridge space for each resident, and a fixed worktop with an accessible preparation area. Bin and recycling storage is screened at the front of the property, and there is a bike shed in the rear garden.

4. Staffing and support

Each resident has their own support package, commissioned to meet their assessed care needs. Depending on those needs, a package may provide 1:1 or 2:1 support, for set hours or up to 24 hours a day, and packages change as needs change. Staffing in the home always matches the combined packages of the residents living there. There will be no sleep-in staff.

- **Day support:** core staffing is on shift from 8am to 8pm, delivering each resident's commissioned 1:1 or 2:1 hours. Staff arrive and leave at set handover times so that comings and goings are kept to a minimum.
- **Night arrangements:** from 8pm to 8am, staffing follows each resident's package. Where a package includes night-time support, including 24-hour 1:1 or 2:1 support, waking night staff are on duty in the home. Where no resident needs support at night, an on-call service is used. Residents have a way to call for help 24 hours a day, and the night arrangements are reviewed whenever a resident's needs change.
- **Management:** a registered manager oversees the service, with an out-of-hours on-call manager.
- **Training:** all staff complete induction and mandatory training. This covers safeguarding, fire safety and evacuation, moving and handling (including wheelchair use), first aid, medication and infection control.
- **Support plans:** each resident has a person-centred support plan and risk assessments. These are reviewed at least every 6 months, or when needs change, together with the resident, their family and the professionals involved.
- **Health:** staff support residents to attend appointments and to work with their GP, community nursing and occupational therapy.

The first-floor office is used by staff for record keeping and handovers only. It is not a bedroom.

5. Fire safety and emergencies

A competent person will carry out a fire risk assessment before anyone moves in, and it will be reviewed every year. Fire safety will follow the LACORS Housing Fire Safety Guidance.

- **Detection and alarm:** a mains-wired, interlinked smoke and heat detection system with battery backup. Smoke detectors are fitted in the hallway, the landing, each bedroom, the lounge and the dining room, and a heat detector in the kitchen. Fire sounders, manual call points and a carbon monoxide alarm are also fitted.
- **Protection:** FD30S self-closing fire doors to the bedrooms, lounge and kitchen. Emergency lighting is fitted on the escape routes, and there is a fire blanket in the kitchen.

- **Escape:** there are 3 exits on the ground floor (front, side and rear), each openable from inside without a key. The front, side and rear exits have portable ramps, so all 3 exits give step-free escape.
- **Personal emergency evacuation plans (PEEPs):** every resident has one, and each PEEP takes account of the night arrangements in place for that resident. The PEEP for the wheelchair user reflects their ground floor bedroom, the step-free exits and whether waking night staff are on duty.
- **Testing and records:** the alarm is tested weekly and emergency lighting monthly. Fire drills are held at least every 6 months. The alarm and emergency lighting are serviced by a competent contractor, and all checks are recorded in a fire log kept on site.
- **Other emergencies:** staff follows written procedures for medical emergencies, missing persons, and utility or heating failures, with out-of-hours on-call management cover.

6. Property management and compliance

Rosemont Care is responsible for the upkeep and safety of the building. The property will be kept free from Category 1 hazards under the Housing Health and Safety Rating System.

Check	Frequency
Gas safety certificate (Gas Safe engineer)	Annually
Electrical installation condition report (EICR)	Every 5 years
Portable appliance testing	Annually
Fire alarm and emergency lighting service	Every 6 months
Legionella risk assessment	Every 2 years, with water checks in between
Grab rails, ramps and any hoists or specialist equipment	As specified by the manufacturer or OT, at least annually
Internal and external property inspection	Monthly

Repairs are reported to the service manager and logged. Urgent repairs, such as loss of heating, hot water, security or accessibility equipment, are attended to within 24 hours. Routine repairs are completed within 28 days. The property will hold an Energy Performance Certificate of at least band E, and the heating will be controllable by the occupants.

7. Neighbours, parking, waste and visitors

With 3 residents, the home will operate like a family house, and activity levels will be similar to its existing use.

- **Parking:** the front driveway gives off-street parking for 1 vehicle. Staffs are encouraged to use public transport, walk or cycle, and to park considerately. There is a cycle shed in the rear garden.

- **Deliveries and visitors:** visits by family and professionals are mostly by appointments only during the day and are recorded in a visitors' book.
- **Waste:** waste is stored in the screened bin store at the front of the property and managed by staff. Full arrangements are set out in section 8.
- **Noise and conduct:** house rules are agreed with residents. Staff deals with any disturbance promptly.
- **Contact for neighbours:** Neighbours will be given the service manager's name and telephone number. Any concern will be acknowledged within 2 working days and recorded, with the action taken.

8. Waste management

42 Como Street is the residents' own home, occupied by up to 3 people (agre range 18-75 years) living as a single household under their own tenancies or licences. It is not a care home, hostel or other non-domestic premises. Under the Controlled Waste (England and Wales) Regulations 2012, waste from domestic property, including a house in multiple occupation (HMO), is household waste. Rubbish, recycling and food waste produced by the residents will therefore be presented for the London Borough of Havering's kerbside collections. Waste produced by the care and support service itself, and any waste in excess of the council service, will be removed under contract by a registered waste carrier, as set out below.

- **Council collections:** household waste collected weekly by the council: rubbish in black sacks, recycling in the council's orange sacks, and food waste through the weekly kerbside food waste service Havering is introducing for houses from October 2026. Staff will register the property for food waste caddies and keep a kitchen caddy in use.
- **Storage:** all waste is kept within the property boundary in the screened bin store at the front, on a hard, level, well-lit surface within 30 m of the kerbside collection point. Sacks are held in lidded, vermin-proof containers so that they cannot be torn open by foxes or pests. The store will hold at least Havering's recommended minimum for a dwelling (180 litres of rubbish and 45 litres of recycling), with enough extra space for a full week's waste from 3 residents and staff. No waste will be kept in the front or rear garden other than in the approved containers.
- **Presentation:** staff put waste out at the kerbside only on the evening before or the morning of collection, and bring containers back in the same day. Pavements and the frontage are kept clear and tidy, and the bin store is cleaned regularly.
- **Service (commercial) waste:** waste produced by the business rather than by the residents, such as office waste, is collected under a commercial waste contract with a registered waste carrier. Confidential records are shredded on site or removed by a licensed confidential waste service.
- **Clinical and offensive waste:** if residents' care needs produce clinical or offensive waste (for example sharps or larger volumes of continence products), it is kept in designated, lidded and secure containers separate from household waste and collected by a licensed clinical waste contractor at a frequency agreed with that contractor.
- **Duty of care:** Rosemont Care meets its waste duty of care under section 34 of the Environmental Protection Act 1990 for all waste removed under contract. It will use only registered carriers and keep waste transfer notes (and any consignment notes for hazardous waste) for the periods required by law.

- **Bulky and works waste:** residents' unwanted furniture and large items are removed through the council's bulky waste collection or a registered carrier, and are never left on the frontage. Waste from repairs, maintenance and the adaptation works is commercial waste and is removed by the contractor carrying out the work.
- **Supplementary private collection:** if household waste regularly exceeds the storage capacity or the council collection, or if the council advises that any waste from the property must be treated as commercial waste, Rosemont Care will arrange a supplementary private collection with a registered waste carrier.
- **Information and monitoring:** residents are given easy-read information on collection days and what goes in each sack or caddy, and staff support them to recycle. The bin store is checked as part of the monthly property inspection, and any neighbour concern about waste is handled through the contact arrangements in section 7.
- **HMO licence:** Once change of use is approved, Rosemont Care will apply for an HMO licence under Havering's borough-wide additional licensing scheme. It will comply with the licence conditions on waste, including any council scheme for the storage and disposal of household waste, and will keep written arrangements for the disposal of rubbish and bulky waste, available to the council on request.

9. Safeguarding, governance and contacts

Safeguarding concerns are reported straight away to the service manager and referred to the London Borough of Havering adult safeguarding team in line with the multi-agency procedures. Residents and their families are given an easy-read complaints procedure.

The service is monitored through:

- monthly manager audits of support plans, medication, health and safety, and finances
- quarterly quality visits by a senior manager
- CQC inspection, where personal care is provided
- reviews with commissioners

Residents' personal information is held securely in line with UK GDPR.

Role	Name	Contact
Service manager	Ekem Tongogara	07365 225862 Ekem.tongogara@rosemontcare.co.uk
Out-of-hours on-call	Gurpinder Dulay	01708 505511
Director, Rosemont Care	Hardip Narwal	hardip.narwal@rosemontcare.co.uk