

Rusholme Homes

Tulip Mental Health and Community Care Limited.

7-13 Victory Street, Manchester, M14 5AE.
492-494 Claremont Road, Manchester, M14 5WA.



Statement of Purpose

Implemented: July 2025 - (Review dates are at the bottom of this document)

Contact Details & Referral Enquires:

<https://www.tulipcommunitycare.co.uk/>

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Introduction:

Tulip Mental Health and Community Care Limited (hereafter referred to as '**Tulip Care**') offers specialist residential placements, to young people and young adults (16-25 years), of any gender experiencing, or diagnosed with mental health illness.

Tulip Mental health and Community Care Limited came about when a group of experienced professionals within the mental health sector identified a gap in the community care for therapeutic placements for young people and young adults, in particular transitioning from child to adult services. Our findings suggested that a lot of service users spend excessive periods in hospital, or their discharge is delayed due to many reasons, one reason being a lack of appropriate care, skill, accommodation, and regulated services. Tulip would like to offer homes, support, and care to improve, enhance and create additional good quality services for younger people. *This Statement of Purpose has been drawn up to reflect the legislation and guidelines in the Health and Social Care Act 2008.*

Our Philosophy:

The team identifies young people and young adults with complex mental health problems posing ongoing risks to self or others who can slip through the gap during transition. Some of the key areas identified to improve transition from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHT) are:

- Single point of communication to all agencies involved.
- Transition to be coordinated with integrative care planning and communication to all agencies, young people, and carers.
- To have specialists' team to offer evidence-based care for wide range of mental health presentations including Autistic Spectrum Disorder and ADHD (neurodevelopmental disorders)
- Service users and carers have information about each stage of transition and are actively involved in the process as much as possible.
- To offer a bespoke package, wrap around care and put the person at the core of what we do, enhancing, changing, and tailoring the service to improve or enhance the day-to-day journey for the person concerned.



Tulip Care has its own referral site whereas Commissioners and the LA can send referrals through to be viewed. Each referral is taken seriously with relevant feedback given to all external professionals on risk, general presentation, and suitability for Tulip Care. Tulip Care does have trained RMN / Consultants that are familiar with referrals, face to face assessments and feedback. All senior management that accesses referrals are aware of GDPR, Data Protection and the sensitive storing of service user information and Tulip Care Ltd does have its own referral email that referrals can be sent to confidentially.

The placements offer planned admissions from inpatient hospital settings or other settings due to complexity of presentation requiring a bespoke package, delayed discharges due to limited local resources or lack of specific provision in the community or as step down from secure inpatient services. Placements will be offered to young people or adults with complex mental health difficulties, ASD/ADHD, history of trauma, complex family dynamics, with support from Local Authorities and who are potentially looked after or potentially on full care orders. Admissions are offered to young people and adults from social services placements teams, CCGs, CAMHS, EIS and AMHT following a detailed review of case and risk assessment.

It is a stipulation that the young person or adult wishes to move to the placement and is able to fully engage with the transition plan. At any stage where the transition is broken by either the young person or staff and this continues the Tulip Care reserves the right to withdraw the placement offer.

Placements are not offered to young people and young adults with a history of deterioration in the community due to non-adherence to treatment, this would also include a ward with young people who are detained under the Mental Health Act, examples include an increase in incidents i.e. ligaturing, headbanging, cutting, missing from home (or ward), non-engagement or lack of engagement with therapy and professionals.

Rusholme Homes:

Claremont House offers accommodation for up to 2 young people or young adults of either gender, between the ages of 16-25 years old who are suffering with a diagnosed mental health illness, who can be suitably matched to live together. Or the home can be used as a sole placement.

Rusholme Homes will be an 'unregulated placement'.

Rusholme homes House is a 3-bed semi- detached property. Rusholme homes offer modern accommodation whilst retaining a homely appearance that retains character. All rooms are tastefully furnished to a good standard, providing television point and computer access points with Wi-Fi available throughout the home. The local amenities and facilities are within walking distance to the town of Manchester. There are good transport links, with bus routes within proximity to the home.

Young people and young adults will have free access to all communal areas of the home. We will always try to allocate the room that each individual has expressed a preference for, although this is dependent on availability at the time of admission and subject to any specific risk assessment etc. Should an individual wish to change rooms at any point, or a room which is more suitable becomes vacant it is possible to relocate at that time.

We encourage individuals to contribute to the running of their home and we believe this is the home of the individuals and our focus is on assisting and supporting the person to be as independent and comfortable in their home environment as possible.



Safeguarding Concerns:

There are no major concerns about the locality in which Rushole homes is based.

Staffing Ratio:

Rushole homes will provide full time, 24/7, round the clock specialist care and treatment.

Staffing ratios will be dependent upon assessed risk.

Management will devise an on-call rota, should they need to be contacted out of hours. We will also have a set of suitably trained and experienced relief staff, in the event of staff sickness or in the event staffing needs to be increased due to incident or risk.

Quality and Purpose of Care:

Tulip Mental Health and Community Care Limited aims to provide a homely and safe environment, offering; specialist transitional therapeutic and rehabilitative residential placements, good links with the community facilities, and a focus on social integration within a continued risk assessment / management framework for individuals with complex and challenging presentation in the context of mental health problems and associated risks from the age of 16-25 years.

To ensure the provision of consistent, high-quality care appropriate to each individual person, we will always strive to:

- Meet the individual's spiritual, emotional, physical, mental health needs through offering choice, promoting independence, and offering skilled support by a dedicated team.
- provide support in a friendly, nurturing, caring, and open manner, creating an environment of trust, positivity, and inclusion.
- deliver a high-quality service through a skilled and trained team.
- encourage and maintain full, ongoing consultation with everyone including the formulation of care plans, risk and assessed needs.
- Always respect the privacy and dignity of individuals
- Find innovative ways to include, enhance and nurture the person to reach their full potential.
- Offer everyday choices and life experiences which the person feels able to participate in, often people feel they may be excluded for many reasons.
- provide individual support, including 24-hour staffing levels at a ratio to meet the individual's need.
- comply with relevant care standards and legislation.

The specific objectives of our service will be to:

- Comply with all regulatory and statutory requirements.
- Effectively balance the provision of a therapeutic approach within a physically safe environment.
- Provide a comprehensive needs and risk assessment encompassing the views of family, carers and all others involved in the care of the service user, promoting the young persons' choice.
- Treat all individuals with dignity and respect, always offering a person-centred care approach, whilst safeguarding the person by reducing identified risk.
- Ensure the individuals are at the centre of the service functions complying with all regulatory and statutory requirements.
- Achieve an excellent standard of care for all individuals. We will do this by receiving feedback from carers/parents and stakeholders through questionnaires and feedback developing innovative ways of working to facilitate rehabilitation, improvement, independence or enhancing the person's current level of independence. We will act upon any shortfalls and continually improve on service delivery and the quality of service.
- Ensure that the care coordinator and all stakeholders are regularly updated and informed of a service user's progress.



- Young people and young adults have comprehensive risk assessment and management care plans which includes their involvement as far as possible.
- To strive to achieve positive outcomes for individuals who stay at Rushole homes, giving them a voice and enabling them to make choices, access local community resources, develop links with peers locally and participate in social and leisure activities of interest to them.
- Working closely with others in the persons support network to build on protective factors, strengths, and maximise the potential for improvement. Key workers will establish and maintain regular contact with family, carers or any other significant relationships and offer support and psycho education. These actions will be with a view to rebuilding relationships for the individuals to return home, move to independent living homes, or an environment more suitable for them.
- Everyone's rights to be safeguarded through active listening, being transparent, use of advocacy and acting on disclosures.
- Give individuals a voice and encourage participation in the decisions made in the home and about them.
- Have access to health, education, employment provisions and other local networks.
- Be given the support and opportunities to achieve positive young adulthood experiences, find innovative ways to overcome barriers.
- Progress into adulthood or leaving care with an appropriate foundation of life skills to equip them towards independence in the environment of choice.
- Put mental health on a par with physical health – support the person to enhance or move forward with inequalities by supporting, educating and guidance.

Cultural, linguistic, and religious needs:

All young people and young adults' religious, cultural and linguistic needs will be supported fully. Staff will liaise with the parents / carers (where appropriate) and social workers regarding specific religious and cultural needs and make appropriate arrangements to facilitate them.

If an individual has a particular cultural, linguistic, or religious belief, and wishes to pursue those beliefs, it is important that they feel able to do so. The staff team within Rushole homes will always actively support all in pursuit of their beliefs, whether that is by providing a certain choice of food or preparation of food, or by ensuring that transport is available to and from their chosen place of worship.

We would also support them through access to people with similar backgrounds and via local amenities such as social groups or churches, mosques, temples, etc.

In meeting the needs of individuals from other ethnic groups and to combat racism within the home, through the implementation of anti-discriminatory practice we aim to:

- Enhance the individual's self-esteem.
- Provide the individuals with coping strategies necessary for living in a society where they may experience racism, stereotyping, and prejudice.
- Create a climate where racial and religious differences are acknowledged and valued and discussion about racial issues is actively encouraged rather than ignored.
- Allow visiting parents, relatives, and friends to feel comfortable and supported in the maintenance of contact, regardless of race, religion, or class.
- Provide appropriate health and hygiene support and care when necessary.
- Individuals will be supported to practice any religious faith they wish to choose or any cultural norms for their society.
- Encourage acceptance of all races in a positive way and not dismiss their race and color as insignificant.
- Challenge racism in whatever form presented.

Range of interventions that Tulip Care is intended to offer:

<u>Activity:</u>	<u>How Delivered</u>	<u>Approved by:</u> <u>Delivered by:</u>
<u>Specialist Psychiatry input</u> Psychiatric assessment Mental State Examination Examination/Ongoing Reviews Medication Review Prescribing medications and monitoring response Treatment Plan MDT Meetings & Risk assessments and management Psychiatric Reports MHRT, Responsible clinician role for CTO.	Assessment by consultant psychiatrist on weekly/biweekly basis to offer assessment, review primary diagnosis or current mental state or changes from last assessment. Implementation and review of management plan. Prescription of medications Out of hours on call	Consultant Psychiatrist
<u>Rationale:</u> To identify and confirm diagnosis of mental illness and assess mental state for treatment in a community rehabilitation setting. Regular review of progress and mental state allows the Consultant Psychiatrist to tailor medication and treatment plan to be optimally effective, appropriate to their condition and within limits.		
<u>Psychological input</u> Psychological Assessments- psychological Formulations Cognitive Assessments Direct/indirect Psychological Interventions Multi-Disciplinary Team feedback Risk formulation Teaching and Training Supervision. Debriefs	Assessment (with staff and service users) Observation Intervention Group Intervention (If appropriate) Indirect Intervention Contribution to MDT CBT/DBT Behavioural Management Plans Supervision of other Clinical Staff Formulation Meetings Teaching and Training Sessions Tailored made psychological interventions.	Consultant Psychiatrist Clinical Psychologists CBT Therapist
<u>Rationale:</u> As a result of the structure of psychology services, all service users will receive direct and/or indirect psychological input into their care, both in terms of assessments and interventions. On an individual basis, individuals have access to a range of psychological assessments and interventions to help them to identify their psychological difficulties and work on overcoming them. All psychological input into an individual's care is agreed and co-ordinated by the MDT and other associated professionals		

<u>Activity:</u>	How Delivered	Approved by: Delivered by:
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<u>Specialist Nursing Input</u> Holistic Assessment of Needs Risk Assessment & Care Planning Active Interventions On-going monitoring and evaluation of care plans Collaborative working Administration and management of medication Relapse Prevention	Preadmission assessment Session with young people Risk assessment and formulation with Care staff Individualised Care Planning 24hr Crisis management through on call Medicine management and audits	Registered Nurses (via MDT) Team workers & Support Workers RMN
<u>Rationale:</u> To work collaboratively with young people to promote self-management. To support individuals over 24-hours in meeting their mental health and personal needs and to provide a systematic approach towards regaining their independence through rehabilitation.		
<u>Occupational Therapy input for Mental Health and Learning Disabilities</u> Personal independence and social skills. Domestic and community living skills. Leisure. Work/Occupation. <u>ACTIVITIES:</u> Kitchen Assessment Supported cooking sessions. ADL's Relaxation Baking Community skills Facilitation of College and further education courses Budgeting and financial management	Risk Assessments and individual programme planning to include: Therapy sessions Individual sessions Access to community resources OT Assessments Sensory Assessments	Occupational Therapists Registered Manager Support Workers
<u>Rationale:</u> To enable and empower young people to meet the requirements of the transition to community living. Supporting individuals to find and maintain positive community links, such as paid employment or educational courses. This has a positive impact on self-esteem and coping capabilities and is intended to reduce relapse rates. The main aim is to facilitate recovery that is directed by the individual themselves.		

Referral and Admission Criteria and Process:

It is anticipated that individuals will be referred to Tulip Care from a range of sources including:

- Social services (local authority)
- Commissioners, local authority, and clinical commissioning groups
- Child and Adolescent Mental Health Service (CAMHS) inpatient units

All individuals referred will be subject to several comprehensive assessments. The assessments and identified risk assessments will then be discussed with the in-house MDT which then determines if the service can meet the needs of the individual.

Other admission criteria are:

- All individuals must undergo a full assessment of their needs through a pre-admission assessment and discussions via the wider MDT.
- We would require the most up to date care plan, risks assessment, chronologies and formulations to ensure that we as a service can meet the needs of the individual/Child



All individuals will be offered a needs led assessment and placement offered based on a bespoke package of care which meets the needs of the potential individual.

- Individuals must have been stable for a period prior to admission and not in an acute phase of their illness.
- Only in exceptional circumstances would Tulip Care take in an emergency placement. In such circumstances approval would be given by the MDT.

An admission of an individual is the start of a journey through the care pathway, and it is essential that pertinent information be gathered to develop individual care plans which will address identified needs. This process will ultimately assist the individual to achieve outcomes specific to their own care pathway and goals.

Admission Process (Move in Process):

The pre-admission care plans that are developed will assist our colleagues to implement the appropriate care, meeting individualised needs which in turn offers reassurance to the individual, carers and referring bodies alike.

All prospective individuals will receive relevant information about the service to enable them to make an informed choice about their support and care. The team at Tulip Care will ensure that all admission procedures are carried out to the highest standards and in line with its policy. Individual support and plans are agreed with service users to meet their holistic needs. A range of industry standard interventions are offered through the MDT, including psychiatrist, psychology, psycho-social interventions, activity therapy and social skills, as well as medication.

Views, Wishes and Feelings:

Child consultation:

The staff at Rushole homes are expected to work in partnership with individuals to develop an ethos which balances everyone's rights and needs with the needs of the group as a whole. They believe that the more involved individuals are in influencing the day-to-day running of the home, the more they will feel heard and respected and the more they will benefit from their time at Rushole homes.

Individuals will have the opportunity to comment on how they are cared for and how the home is run. Individuals will also be consulted with regards to their behavior support plans and encouraged to reflect and discuss what approaches work best for them, when they require additional support from staff.

Individuals are involved and consulted in relation to all aspects of their lives within the home, their community, their future and their role within family and society through:

- Full involvement in all meetings.
- Both planned / unplanned care placement planning sessions.
- Regular meetings.
- Menu / activity planning.
- The right to follow their own religious beliefs and the opportunity to attend the church, mosque, temple, or other place of worship commensurate with religious beliefs.
- Support with budgeting and saving money.
- Supporting personal independence skills such as personal hygiene, cooking, cleaning, maintaining a healthy lifestyle and proactive choices.



Each individual is encouraged to, and supported by staff, in contacting the social worker, advocate, children's rights officer and / or their IRO if required.
Arrangements would be made for an independent visitor / advocate to visit the home if a child requested this.

Anti-discrimination and Children's rights:

The home is committed to treating all individuals fairly and equitably regardless of race, colour ethnic or national origin, sexual orientation, age or religious beliefs, disability, family responsibility or any other category. We will ensure that no unjustifiable requirements or conditions are imposed that could disadvantage individuals on any of the above grounds.

In relation to advocacy, the homes manager will ensure that each individual is supported to access an independent person if they wish. This is someone whom they may contact directly about personal problems or concerns at the home. This will be in the form of someone such as an advocate, children's rights officer, adult family member, personal adviser, visitor acting on behalf of an organisation, independent visitor, or mentor.

Equal Opportunities:

Rushole homes is committed to ensuring equal opportunities, anti-discrimination and anti-racism and to draw attention of the staff and all individuals, families and referring authorities to our Equality and Diversity policy which is available on request.

Rushole homes requires individuals to promote equal opportunity, anti-discrimination, and anti-racism. This should be placed at the heart of good practice within the company, and it is the duty of everyone to report or correct any discriminatory practise they observe.

Policy to reduce the Incidence of Bullying:

Rushole homes takes all acts of bullying seriously. Staff are always vigilant and aware that bullying could take place even within the small group who live in our home, each individual has the right to be protected from bullying and from the fear of being bullied. The credibility of our policy regarding bullying depends on the staff in the home taking agreed action when bullying arises. (Please refer to our policies and procedures that can be viewed in the home which outlines agreed lines of action taken if bullying occurs).

Making a Complaint and Giving Compliments:

We believe that complaints and compliments are a valuable indicator of the quality of our service, and an opportunity to improve that quality. We endeavour to ensure that no individual will be victimised for making a complaint, we encourage all individuals to instigate the complaints procedure whenever they feel that this is necessary.

We encourage all to comment when relatively minor matters are a problem to them. It is our policy that all matters which disturb or upset any individual should be reported, recorded, and corrective action should be taken.

Only in that way can we work towards meeting our aim of continuously improving our service.

Our commitment is that:

- All complaints will be taken seriously.
- All complaints will be acted upon with fairness and impartiality.
- The complaint will be allocated to senior management within 7 days, and dealt with, within 14 days.
- If the complaint is upheld, you will receive a written apology and appropriate action will be taken to rectify the complaint, and you will be informed of what that action is.
- Individuals are entitled to involve an impartial third party in the complaint procedure if they so wish.

Any person, and their representatives may take their complaints to persons in authority outside the home.

Education:

Children with special educational needs:

We provide a structured, stimulating environment in which all children, including those with special educational needs, are valued, included, and supported to reach their full potential. We are aware that every child is unique, and all children develop at a different rate and have differing needs as they grow and meet the challenges of life outside the home.

We work closely with the children's schools / education provisions, liaise with other outside agencies, and monitor and review our policy and practice.

Rushole homes adopts a strong commitment in ensuring that children's education needs are facilitated and supported. We will require copies of each child's Statement of Educational Needs / Education Health and Care plan (EHC plan) to ensure that we are able to ensure that we fully understand each child's needs, and to ensure that we can provide the support needed.

Education arrangements:

We place great emphasis on the education and development of all at Rushole homes and education plays an integral part of day-to-day life within our environment.

We believe that education should suffer the minimum of disruption and arrangements for education as a part of the individuals' care plan are considered when planning any admission to Rushole homes.

Our primary aim is to ensure that wherever possible individuals placed with us either continue at their existing school or make a positive and speedy transition to a school identified in the locality.

Where a mainstream school is not possible, we will liaise and communicate with the local virtual school and education services to help source an alternative provision, in a timely fashion.

At Rushole homes, we believe that learning:

- It is a lifelong skill that goes far beyond school days and traditional classroom environments.
- Can take place in a variety of settings.
- Follows the National Curriculum but it is much broader than that.
- Is more likely to take place when conditions are best matched to an individual's needs.
- Is more likely to be successful when the individual is involved in planning and has some responsibility.

However, we recognise that many individuals we care for have:

- Lost their way in learning at some point in their young lives.
- Missed a lot of schooling and have significant gaps in their learning.
- Disengaged from some or all aspects of their learning or have become disaffected with it.
- Lost confidence in their ability to learn / poor self-image of themselves as learners; and are reluctant to return to aspects of learning for a variety of reasons.

Enjoyment and Achievement:

Activities:

All individuals/children placed at Rushole homes are given opportunities to participate in appropriate leisure activities which take account of their race, culture, language, religion, interest, abilities, and their disabilities.

Individuals referred to Tulip Care with established activities will continue to be supported to access such activities. If these activities are in other areas a plan of transition will be discussed. Every effort will be made to reintegrate the individual into the activities of their choice.

All individuals are encouraged and supported to access a wide range of activities designed to assess their level of functioning, offer therapeutic benefits within the home to help with their rehabilitation programme and



integrated community access as part of their progress along a recovery pathway as appropriate. All individuals will be encouraged and supported to achieve and maintain their optimum level of independence ability or enhance and improve on all activities of daily living.

The MDT will complete a holistic assessment, including identification of the individuals' strengths, interests, hobbies and unmet needs to tap into any area requiring enhancement and development.

A process of collaborative working will ensure that care and support is directed towards achievement of mutually agreed goals, including accessing any educational / vocational, social activities, hobbies, and leisure interests.

Health:

Meeting health and medical needs:

It is our aim that all individuals placed with us are healthy and happy and one way we achieve this is by making sure they are medically well cared for.

The local surgery has male and female doctors available, therefore allowing the individual to have a choice of GP and of their own sex if preferred. Should it be necessary the GP can refer patients to specialist clinics at our local hospital.

All new admissions will be registered with GP, Dentist and Optician within the first four weeks.

We will endeavour to develop close working relationships with each individual assigned CLA Nurse and will ensure that health assessments are supported and undertaken as required.

Individuals' health care will be planned in consultation with young people / young adults, staff members, and carers and MDT as appropriate. Other appropriate health care professionals are also involved in the planning of individuals' health and social care.

Individuals will be encouraged to be fully involved in the creation, documentation, and review of their care plan. Each individual will be encouraged to contribute and sign their care plan and a written copy will be offered to them.

Young people / young adults may request access to their Health Records under the Data Protection Act 1998. The young people / young adults will be aware that their records contain the details of their care needs and the services provided to them and are updated regularly. They are strictly confidential and won't be seen by anyone who isn't involved in their care. If young people / young adults would like to see their records, then they can request to do so.

Therapeutic input:

If therapeutic input is required, we will endeavour to source this either publicly, via the NHS, or privately.

Positive Relationships:

Contact with family and peers:

Every opportunity will be taken to encourage the maintenance of appropriate family links, and to help parents build upon, or in some cases re-establish contact with their children. In partnership with an individual's parents and family (where appropriate) social worker and placing authority, members of staff at Rushole homes are committed to assisting each individual in planning for their future.

We are also committed to support and supervise family contact / time where it is felt necessary and useful either to meet their families at the family home or at a neutral place if this is a feasible option.

Children can phone their family and friends from the house, with access to privacy.

Protection of Children:



Security:

Door alarms are not fitted in the home but may be fitted to the doors of the home to ensure their safety and welfare in line with appropriate securing of the premises and children's risk assessments – this will always be done in agreement with the local authority if ever assessed as being necessary.

CCTV may be installed externally to the home; this is intended to provide additional safety to our young people / young adults, and staff – this will not be used for surveillance.

A policy is in place for the use of CCTV – a risk assessment will compliment this policy if required.

On occasions monitoring may be required around phone or social media use due to risk taking. This can be done through having access to passwords and conducting regular checks.

This level of monitoring is used when deemed appropriate by the manager following consultation with the social worker and parents if applicable – a risk assessment will always be implemented for the use of any monitoring or surveillance.

Behaviour Support and Promoting Positive Behaviour:

Here at Rushole homes, we adopt a behaviour support approach of focusing on the positive steps an individual is making and we take a "reward vs consequence" approach in our practise.

All individuals are supported through a firm, fair and consistent approach which is established through routine.

The ethos and culture of the home is one of a normal family environment (as much as is reasonably practically possible) which is developed through the staff team working in each home and working alongside each individual.

A warm, nurturing, and safe environment is what we aim to provide. Through a consistent approach from all staff within the home following each personal behaviour support plan we aim to modify the individuals' behaviours and prepare them for future life.

There are occasions where physical intervention may be required, however this is used only as a last resort, and we use the least restrictive techniques to minimise the risk of trauma or harm. If these incidents occur, we support individuals and the staff to reflect through each incident and rebuild their relationships.

A positive, proactive living environment is maintained on the basis of good personal and professional relationships between staff and the individuals in our care. It is recognised that a home in which good behaviour is praised and rewarded is a preferable alternative to the punishment of negative behaviour and that by providing a positive, supportive, and safe environment, staff may be able to divert an individual's energies away from destructive and inappropriate behaviour.

All consequences put into place are with the desired outcome of educating an individual on their behaviours and modifying this over time. Ideally these consequences will be of a reflective nature looking back on the negative behaviours and focusing on developing these for futures. Ideally the individual, if they have the ability, will be involved in the process of choosing an appropriate consequence for their actions.

Physical Intervention Policy:

As a rule, physical intervention of any individual is an absolute last resort, and is hopefully rarely used, only if the individual is at risk of harming themselves, others, or of seriously damaging property. As part of the care plans there will be an individual behaviour support plan which will include details of the physical intervention techniques appropriate for that individual child.

If physical intervention is used, then all Rushole homes staff members follow the guidelines of the adopted physical intervention training programme. This is one of the approved programmes of BILD and follows Government principles on the use of physical intervention.



All staff will be trained in physical intervention and behaviour management; this is mandatory for all staff working in the home.

Unauthorised Absence:

Any individual will be considered “missing” when they have left the house without permission and their whereabouts are unknown, or when they have failed to return at a pre-arranged time. Once it is suspected that the individual is missing, a careful search of the house, garden and immediate area will be initiated. If, after this search there is still no sign, and after an assessed period of time has elapsed, then the individual will be reported to the police and the implemented procedures for MFH will be utilised.

It is our policy to, where safe to do so, to continue to search for the children ourselves also.

After reporting the matter to the police, staff will then notify the individual’s social worker (EDT if at night) and the family if this is deemed relevant. All paperwork with times of phone calls will be kept on record.

It is our policy that if there is any doubt regarding the safety of any individual, the police will be notified immediately.

When an individual returns to the house either through their own volition or returned by police or staff members we will see to their needs and at an appropriate time discuss with them why they went missing. An individual has the right to speak to or request a visit by their social worker or independent visitor, if required, we will source an independent return to care interview for children.

Safeguarding:

Tulip Care has safeguarding policies in place that all staff are expected to adhere to. Furthermore, all staff are trained in safeguarding, and this is expected to be refreshed yearly.

We believe that safeguarding is a holistic process that involves us providing good quality care all round; this begins with the safety of the home environment, the safe recruitment of our staff, the training provided to our staff and the day-to-day care.

The home will operate according to guidance within the Children’s Homes Regulations 2015, and Working Together to Safeguard Children (2018, including 2020 updates) legislation.

Details of our local, local authority safeguarding partnership, and LADO can be found via:

<https://www.manchestersafeguardingpartnership.co.uk/>

Our internal Designated Safeguarding Lead (DSL) for the Rushole homes is:

Registered Manager –David Robertson and / or Angela Assor (company safeguarding lead)

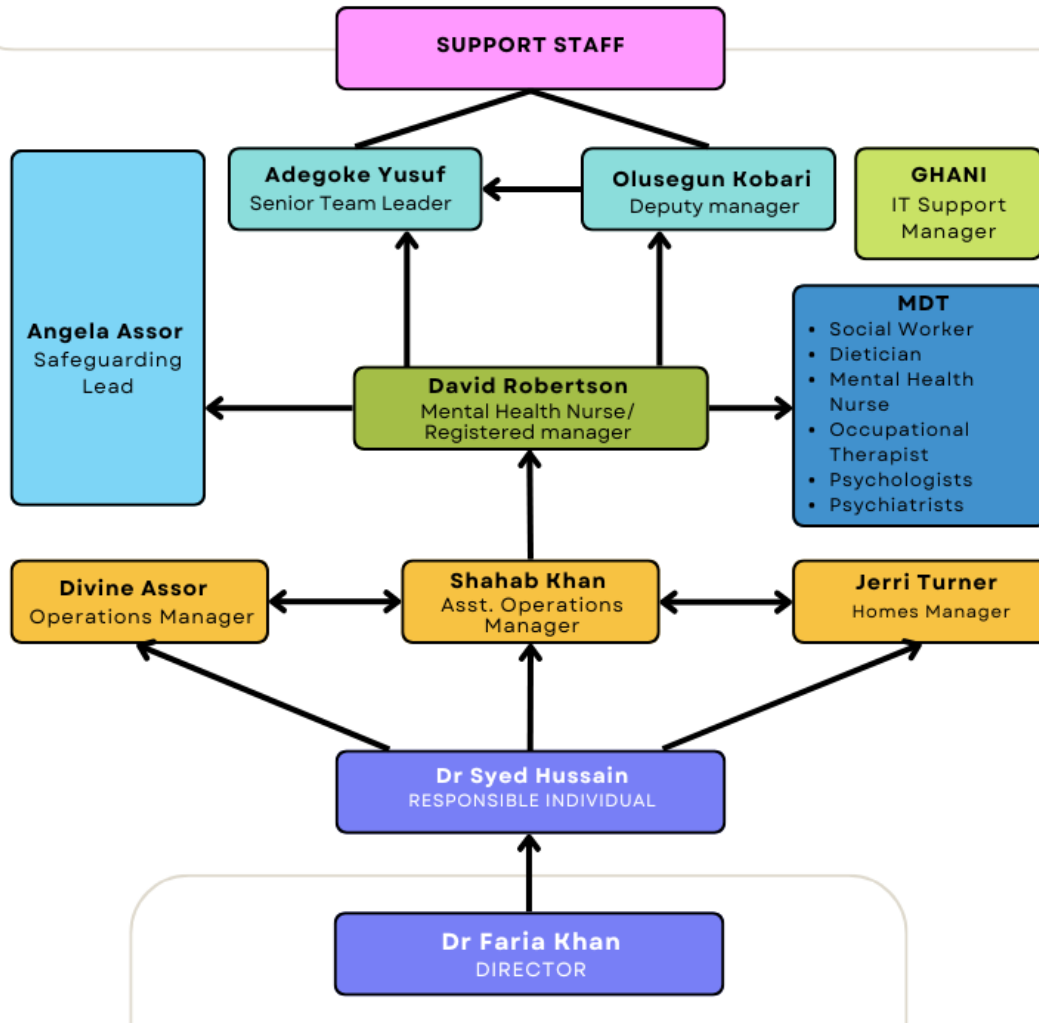
Or, in the absence of David, or if concerns are raised regarding David:

Responsible Individual – Faria Khan - Soon to be Dr Syed Hussain who has completed an interview with Ofsted.

Leadership and Management:



Tulip Care Organisation Structure



<p>Dr Syed Hussain – Consultant Child and Adolescent Psychiatrist. Director and Responsible Individual</p> <p>Role: To support the registered manager and to audit the manager's work. Attends meetings such as lessons learned, quality assurance, and MDT meetings ensuring the service is safe at all times.</p>	<p>Dr Hussain has a vast experience of working with Children and adolescents (C&A) with mental health difficulties in various cultural settings.</p> <p>Dr Hussain is well versed in the Assessment and Management of Child and adolescent mental Health disorders /complex presentations with associated risks. He also undertakes medicolegal and court work in this area.</p> <p>Dr Hussain has taken over the RI Role from Dr Faria Khan.</p> <p>Dr Hussain's Special Interest are in Child and Adolescent mental health service development, Telemedicine in C&A psychiatry, complex PTSD presentations and autism.</p>
<p>David Robertson Registered Mental Health Nurse and Registered Manager.</p> <p>Role: To support the day to day running of the business ensuring safety with children and staff. Attending meetings and organising staff training as and when required. Designated Safeguarding Lead.</p>	<p>Dave has over 14 years in management and mental health nursing and has worked with adults and young people with all differing mental health difficulties.</p> <p>Dave has an excellent background in working with young people and adults diagnosed with ASD, ADHD, for over 11 years and has experience working with adults in the medium secure sector.</p> <p>Dave also has specialist knowledge with CQC as a previous manager.</p> <p>Dave is a qualified teacher, NVQ Assessor, and Internal Verifier, IOSH Trained, and is also a Registered Manager at Tulip Care.</p> <p>Dave overseas Quality Assurance (Audit) for the service and supports and provides training for new and existing staff.</p> <p>Dave is an avid Manchester United fan, and loves spending time away with his family.</p>

<p>Olu Kobari (RMN/Deputy Manager)</p>	<p>Olu has over 10 years of mental health nursing experience and has worked with children and adults of all ages during his career.</p> <p>Olu has progressed from supporting another child at a Tulip Care home into the deputy manager's role and has progressed well with the support of the Registered Manager.</p> <p>Olu supports both homes when the RM is on AL and supports staff with supervision/training and is also on-call when required.</p> <p>Olu loved spending time with his family, travelling abroad, and watching Chelsea football club in his spare time.</p>
<p>Jerri Turner (RMN/CQC Registered Manager - Hull)</p> <p>(Stand in Manager based in Hull) Jerri will support the service when the registered Manager is on Annual Leave)</p> <p>Jerri will support both homes in the RM absence if the RM is sick.</p>	<p>Jerri has 10 years' experience of working with Children and Adolescents with complex mental health needs and Neurodiversity, both in an inpatient setting and in the community. She has experience with supporting young people with challenging behaviours as well as eating disorders. Jerri has a vast array of knowledge around assessment and formulation as well as therapeutic interventions.</p> <p>Jerri also has 9 years' experience in leadership and is the CQC Registered manager for Tulip.</p>



Staffing levels will be met on individual needs using the initial assessments and discussions between the placing authority / social worker and our own MDT.

Staffing levels are discussed with externals, and this would include bespoke packages that Tulip Care can also provide.

A senior member of staff, a team leader leads day to day shifts, providing the right support on an individual basis for young persons.

Tulip Care operates waking night shifts 24/7 365 days a year.

Tulip Care places a premium on staff training and development. Staff are encouraged to obtain relevant qualifications to ensure the delivery of a high-quality service. All staff have an enhanced DBS disclosure and full pre-employment checks.

All colleagues will complete the care certificate and all mandatory training within the agreed 12-week induction period.

Joint working: When rotas are sent out to staff if there are any shortfalls to cover shifts we will utilise staff from Number 12 Broadmeadow Avenue (male staff) as this is an all male team to cover the shifts in Number 34 Montcliffe, this will save outsourcing to agency. Skill mix will be looked at and all shifts will have at least one staff member gender specific in Number 34. Number 12 SOP will include the all male staff quota.

Staff from both homes, male and female full time and bank staff will be offered shifts to work at Rushole Homes.

All staff receive mandatory training and induction as per our Workforce Development Plan.

The training opportunities available to staff include:

Care Skills Academy:

- Fire safety.
- First Aid.
- Food hygiene.
- Infection control.
- Medication Practice.
- Moving and Handling.
- Safeguarding Adults.
- Accessible Information.
- Anxiety.
- Behaviours that Challenge.
- Communication.
- Complaints Handling.
- COSHH.
- Safeguarding Children.
- Health and safety for supporting children.
- Equality and Diversity and inclusion.
- GDPR Stage 1 and 2.
- Hand hygiene.
- Information Governance.
- Learning Disabilities.
- Legionnaires disease.
- Lone working.
- Mental capacity act and DOLS.
- Mental health.
- Person centred care.
- Positive behaviour support.
- Prevent.
- Professional boundaries.
- Recording information.
- Self-harm.
- Substance misuse.
- Care Certificate.
- Induction to autism.
- Induction to LD.
- Induction to Lone working.

In House during Induction (face to face):

- Anxiety.
- Depression.
- CSE.
- Safeguarding children.
- Managing allegations.
- LD vs LD.
- Prevent.
- Note writing.
- PRICE (2 days).
- Observations.
- Legionella.
- COSHH.
- Induction to house paperwork.



- Induction to home checks paperwork.
- Press (media).
- PACE.
- Emotionally unstable personality disorder training.
- ADHD.
- Autism.
- Narcolepsy cataplexy.
- Eating disorders.
- Ligature training.
- Medication.

Quality Assurance

Tulip Care aims for excellence; this is one of the reasons the company has taken the decision to carry on supporting those who may have been in care and who still require help and support in the transition into adulthood and realising their full potential. The upgrading of knowledge and practice in identifying, understanding, and meeting the needs of the individual and their families is central to Tulip Care philosophy. In addition to statutory inspections, regular quality assurance checks, and responsible person visits, Tulip Care will seek to ensure a process of continuous improvement.

Any shortfalls, issues, gaps in knowledge or when Tulip Care do not meet the required standard actions will be identified with a timeframe and will be checked regularly. It is inevitable that on occasions mistakes will be made, issues of human error or failings not attaining the required standard. Tulip Care's culture is not one of blame but one of correcting, learning, re-educating, supporting in a measured and balanced way. This will enable all involved to reflect, improve, and learn from mistakes which will improve and enhance the experience for the people in our care.

Author: David Robertson

Role: Registered

Manager Date:

25/07/2025

Appendix 1: Workforce Development Plan.

Workforce Development Plan

July 2025



Rushole homes has a skilled and dedicated staff team who are responsible for the effective care and development of the children in our care. As part of the Tulip Mental Health and Community Care Limited. company, the home recognises that in order to meet the complex and varied needs of children; residential staff and the homes management must have appropriate training, well-developed skills, and regular access to support and consultation.

The team at Rushole homes consist of individuals of varying ages, backgrounds and life experiences which helps to promote diversity. The purpose of this plan is to identify and review the home's workforce related requirements.

Staff Structure:

Please refer to the home's Statement of Purpose for the most up to date version of the home's staffing structure.

Staff Induction:

All staff are expected to complete a formal induction that covers the home's health and safety, fire procedures, policies, procedures, and risk assessments for example, this is designed to prepare the staff for their roles.

A more detailed and thorough induction is available for less experienced members of staff.

New members of staff will, in normal circumstances complete several 'shadow shifts', new staff will undertake at least two 'shadow shifts' alongside their induction for preparation. Supervisions and support will then be provided for more regularly (than the assigned four - six weekly) following induction for an undefined period dependent upon need.

A thorough induction and probationary learning period will follow, that will take 6 months to complete, to complement the initial probationary review after 6 months of employment; this will regularly check and assess competencies, learning and development of all staff.

All newly recruited staff **MUST** complete their initial induction which can take up to two weeks, and the identified mandatory training (as identified below) during their induction period:

Mandatory induction training is as follows:

Care Skills Academy:

- Fire safety.
- First Aid.
- Food hygiene.
- Infection control.
- Medication Practice.
- Moving and Handling.
- Safeguarding Adults.
- Accessible Information.

- Anxiety.
- Behaviours that Challenge.
- Communication.
- Complaints Handling.
- COSHH.
- Safeguarding Children.
- Health and safety for supporting children.
- Equality and Diversity and inclusion.
- GDPR Stage 1 and 2.
- Hand hygiene.
- Information Governance.
- Learning Disabilities.
- Legionnaires disease.
- Lone working.
- Mental capacity act and DOLS.
- Mental health.
- Person centred care.
- Positive behaviour support.
- Prevent.
- Professional boundaries.
- Recording information.
- Self harm.
- Substance misuse.
- Care Certificate.
- Induction to autism.
- Induction to LD.
- Induction to Lone working.

In House during Induction (face to face):

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- Note writing.
- PRICE (2 days).
- Observations.
- Legionella.
- COSHH.
- Induction to house paperwork.
- Induction to home checks paperwork.
- Press (media).
- PACE.
- Emotionally unstable personality disorder training.
- ADHD.
- Autism.
- Narcolepsy cataplexy.
- Eating disorders.



- Ligature training.
- Medication.

We expect all newly recruited staff to complete an initial induction period, which involves the completion of all identified mandatory training, and then a probationary induction which will continue for six months through the probationary period.

Staff Training:

**Please see the home's training matrix for a comprehensive list of all current staff training.*

As part of staff inductions, new members of staff are expected to complete the training courses identified above.

**note, further training courses are provided.*

The home, and staff's training needs will be assessed monthly as part of the home's quality assurance / monitoring processes; part of this process involves checking that all staff training is on date / current and identifying if further training is required.

*** Additional training / induction processes may be required depending upon the needs of the children in placement.

Please note, 'face to face' courses on subjects such as Restrictive Physical Intervention, medication and First Aid preferable, however, for an interim period until these courses are hosted, online e-learning courses are provided during the initial induction.

Also note, Regulations state that staff working in the homes MUST have suitable first aid training.

All new starters should be aware of all policies and procedures, and the home's Statement of Purpose - this is covered during the initial induction.

Specialised training is provided if / when required in areas such as bereavement, county lines, specific mental health needs etc. to ensure that we are trained and skilled to meet the needs of specific children.

Deputy managers and team leaders, and potentially other members of staff will be provided with the opportunity to undertake a Level 5 qualification in leadership and management if agreed.

Continuous Professional Development (CPD) is provided for all members of staff; regular work-related training and also child specific training is provided.

Staff Supervision:

All members of staff are supervised on a four – six weekly basis as a minimum as per the home's supervision policy.



New staff during the first 3 months of children being placed in the home will have supervision every two weeks and after the 6 month probationary period this will then move to four-six weekly.

Part time / bank / casual members of staff are supervised less frequently; the actual frequency is dependent upon the individual member of staff's shift frequency.

Supervision is every 4-6 weeks for full time staff. Bank staff are at times difficult to reach as some bank staff may only conduct 2 shifts a month. Managers/Team Leaders will attempt to catch up with bank staff as and when they perform shifts. This will be documented on the supervision template on Rushome Homes Management.

However, with the needs of the business and the child's needs, if any part time or bank staff or agency staff are on shift, either one of the two managers will conduct supervision with these staff.

As mentioned, newer members of staff are also supervised more frequently, the frequency is dependent upon the needs, experience, skills etc. of the new member of staff. For example, a staff member new to working within residential children's homes will likely be supervised two weekly for the first three months of employment, to ensure that the new member of staff is competent and understands the role. Whereas a staff member who is experienced, and has, for example, worked in a children's home previously for a few years, and is already qualified and competent, will likely be supervised four - six weekly (unless needs / issues arise) as these staff members will likely already have the competence and experience required.

Staff supervisors often follow a prescribed format that discusses, addresses, and identifies any training needs. Staff supervision is also utilised as a performance and professional improvement forum as well as being a forum to discuss safeguarding and whistleblowing.

All staff members can access all of their supervision records, and staff are expected to sign evidence they agree with the notes recorded – staff supervision records are located in each staff member's personnel file; a copy is provided to each employee post supervision also.

Staff are also supervised in the form of debriefs post incident if and when required; all staff are aware that they can request a debrief or supervision at any time from any member of the management team if required.

Staff Appraisal:

Annual staff appraisals are undertaken to reflect upon performance and identify targets moving forward.

For new staff members their first probationary appraisal is undertaken after six months.

Appraisals are utilised as an opportunity for target setting and are discussed and agreed.

Records of appraisal are located in each staff member's personnel file; a copy is provided to each employee post supervision also.

Disciplinary Procedure:

The company is committed to a working environment that clearly defines and maintains standards of conduct and behaviour and aims to make sure that a fair and consistent approach is taken in maintaining these standards and that managers act in an unbiased and objective way. Our approach is



based on the following:

- The need to provide a high-quality service to the children will always be paramount.
- Employees are expected to take personal responsibility for achieving the required standards of conduct.



- The procedures will be applied fairly, consistently and with respect; we aim to foster a 'no blame' culture in which everyone is treated equally and with respect, as well as encouraged to take responsibility for their own actions.
- The employee will have the right to representation at any stage of the formal process. There is a right to appeal at any stage of the formal process.
- Where possible, any concerns will be addressed informally in the first instance, as early as possible, to avoid the need for the use of the formal procedures.
- At each hearing employees will have a full opportunity to provide an explanation and state their case.
- Employees will not be dismissed for a first offence unless their actions amount to gross misconduct.
- The procedure may be implemented at any stage if the employee's alleged misconduct warrants such action.

An employee will not be disciplined without a full investigation into the allegations and careful consideration of alternative action. Employees will be informed of specific complaints against them in writing and will be given the opportunity to state their case directly to those considering disciplinary action before any decisions are made.

Any issues of poor performance, or performance requiring improvement will, if appropriate be addressed via our supervision processes in the first instance.

Please refer to our 'Disciplinary Policy' for in depth details of our disciplinary processes.

Below are review dates and changes made to SOP - Only the RM will review and make the changes and RI will also have input and be informed of potential changes.

Review Date:	Changes:
25/07/2025	Implementation



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