Operational Strategy

Supported Living Household – Use Class C3(b)

1B Waverton Road, Fallowfield M14 7EB

A1435

02/09/2026

1. Introduction and Purpose of Document

This Operational Strategy has been prepared to support an application to Manchester City Council for a **Lawful Development Certificate (Proposed Use)** in respect of the property at **1B Waverton Road, Fallowfield, Manchester, M14 7EB**.

The proposal is for the dwelling to operate as a **small-scale residential home providing accommodation together with personal care** for adults, within **Use Class C3(b)** of the Town and Country Planning (Use Classes) Order 1987 (as amended). The home will accommodate a maximum of **three adult residents**, living together as a single household, with on-site care provided by trained staff.

This document explains how the use will operate on a day-to-day basis, and demonstrates that:

- The property will remain a dwellinghouse in domestic use.
- The proposed operation falls squarely within **Use Class C3(b)**.
- The use will be well-managed, safe and compatible with the surrounding residential environment.

2. Applicant and Service Provider Overview

The applicant and service provider is **Premier Ability Care Ltd** (Company No. 15891683), whose registered and correspondence address is:

Centenary House
1 Centenary Way
Salford
England
M50 1RF

Premier Ability Care Ltd has been established to provide high-quality, person-centred care for adults and older adults who require residential personal care, including people living with dementia. The organisation's ethos is to create **stable, homelike environments** in which residents can live with dignity, autonomy and a strong sense of belonging, whilst receiving appropriate care tailored to their individual needs.

The home will be overseen by a **Registered Manager**, who will hold day-to-day responsibility for the operation of the service. The Registered Manager will ensure that the home complies with all relevant regulatory requirements, including those of the **Care Quality Commission (CQC)**, and that staff are suitably trained, supervised and supported. The Manager will also act as the principal point of contact for families, commissioners, professionals and the local authority.

For regulatory purposes, the service is intended to be registered with the CQC for the provision of accommodation together with personal care. For planning purposes, the property will operate as a **dwellinghouse** with up to three residents living together as a single household where care is provided, in accordance with **Use Class C3(b)**.

3. Site and Property Description

The property is located at **1B Waverton Road, Fallowfield, Manchester, M14 7EB**, within a predominantly residential area. The Local Planning Authority is **Manchester City Council**. The existing lawful use of the property is as a dwellinghouse within **Use Class C3**, occupied by a single household.

The building is a **three-storey dwelling**. At present, the ground floor includes a bedroom with ensuite and a home office; the first floor accommodates the kitchen and lounge; and the second floor comprises two bedrooms, each with an ensuite. The property has been used historically as a standard family-type dwelling, and there is a previous planning permission relating to a domestic rear extension, which does not materially affect the current proposal.

Under the proposed model, the internal layout will remain domestic in character. The principal change will be the relocation of the main living spaces, so that the kitchen, dining and lounge areas are situated on the ground floor, with the bedrooms and office located on the upper floors. The property will continue to function as a **three-bedroom dwelling**, each bedroom being occupied by a single resident.

There are **no proposals to extend the building** or to alter the external elevations, roof form, windows or entrance. There will be no external signage or branding identifying the property as anything other than a residential dwelling. Any internal adaptations will be modest and designed to support safe, domestic living, retaining the appearance and feel of a private home.

4. Proposed Use and Justification as Use Class C3(b)

The proposed use is for the property to operate as a **small-scale supported living household** providing accommodation and personal care for up to three adults, including individuals living with dementia. Residents will live together as a single household, sharing communal areas and domestic routines, with care delivered on site by trained staff.
Use Class C3(b) is defined as:

"Use as a dwellinghouse by not more than six residents living together as a single household where care is provided for residents."

This proposal meets that definition in several respects. First, the number of residents will be **strictly limited to three**, which is substantially below the maximum of six residents envisaged within the C3(b) category. Second, the residents will live together as a **single household**. They will have their own individual bedrooms but will share the kitchen, dining and living areas, and will be supported to participate in day-to-day domestic routines. The property will not be subdivided into separate units; there will be no bedsits, separate kitchens or arrangements indicative of a house in multiple occupation.

Third, the residents will receive **personal care** and support, tailored to their assessed needs. Care staff will be on site to assist with personal care, daily living tasks, attendance at appointments and engagement in meaningful activities. Staff will not reside at the property; they will attend on a shift basis and leave at the end of each shift.

Finally, the overall scale, appearance and functioning of the home will remain **domestic**. There will be no institutional features such as clinical treatment rooms, nurses' stations or external signage. The dwelling will continue to read as a typical house within a residential street. As such, the proposal clearly aligns with the wording and intent of **Use Class C3(b)** and is distinct from both Use Class C4 (HMOs) and Use Class C2 (larger residential institutions).

5. Client Group and Resident Profile

The service is intended for **adult residents aged 18 or over**. No children or young people will be accommodated. The principal client group will comprise adults and older adults who require **residential personal care**, including individuals living with **dementia**. The home will be operated as a dementia-friendly environment, with an emphasis on person-centred care, familiarity and routine.

Each resident will have an individual assessment prior to admission, to ensure that their needs, risks and preferences are compatible with the small, domestic nature of the home. The aim is to create a stable and harmonious household, where residents can form relationships with each other and with staff, and where the environment feels safe and predictable.

The **maximum resident capacity** will remain at **three** at all times. This cap will not be exceeded, including in circumstances of emergency placements or short-term admissions. Residents are expected to live at the property as their **long-term home**, rather than as short-stay or transitional occupants. The overall occupancy and turnover of residents will therefore be modest, comparable to a small family household.

6. Household Dynamics and Daily Living

The home is designed to function, as far as practicable, in the manner of a **typical family dwelling**. Although residents will receive care, the emphasis is on maintaining an ordinary domestic routine and environment.

Residents will each have their own bedroom, providing privacy and personal space. Shared activities such as cooking, dining and socialising will take place in the communal kitchen, dining and living areas. Wherever possible, residents will be encouraged and supported to engage in **everyday household tasks**, such as helping with simple meal preparation, laying the table, tidying their personal space or assisting with laundry, depending on their abilities and preferences.

Meals will generally be prepared in the communal kitchen and eaten in a shared dining or living space. Shared meals will be encouraged, both for nutritional reasons and to promote social interaction. The living area will provide space for residents to relax, watch television, listen to music, read or participate in hobbies and activities. Staff will support residents to maintain familiar routines and to engage in activities that are meaningful to them.

The home will operate on a **person-centred basis**, rather than according to a rigid institutional timetable. Some structure will be maintained to ensure safety and consistency, but residents will be supported to exercise choice about their waking times, meal times, activities and use of personal and communal spaces. Staff will also support residents to access local amenities and community resources, such as shops, parks, cafés, faith settings and health services, so that they remain connected to the wider community.

The décor, furnishings and layout will be consistent with those of a normal family home. Any dementia-friendly adaptations, such as clear signage inside the home, good lighting levels or contrasting colours to assist with orientation, will be implemented in a way that is discreet and domestic in appearance. The overall atmosphere will be calm, homely and non-institutional.

7. Facilities and Internal Layout

The property will be arranged to support both domestic living and safe personal care, whilst clearly remaining a single dwellinghouse.

There will be **three individual bedrooms**, each intended for single occupancy by one resident. These rooms will be furnished in a domestic style and may be personalised by residents with their own belongings, photographs and small items of furniture, subject to safety considerations. The two existing ensuite bedrooms on the upper floor will continue to offer en-suite facilities; the third bedroom will have convenient access to bathroom facilities.

The ground floor will provide the main **communal spaces**, including the kitchen, dining and living areas. The kitchen will be used for the preparation of meals and will be equipped in line with standard domestic kitchens. The dining and living areas will provide comfortable shared spaces for residents to eat, relax and socialise.

A small office or administrative space will be provided, likely utilising the current home office area. This will be used by staff for record-keeping, secure storage of files and confidential conversations when necessary. The office will be modest in scale and integrated within the domestic layout, so that it does not give rise to an institutional character.

Importantly, there will be no clinical treatment rooms, institutional offices or other features that would be more closely associated with a care institution. All facilities will remain consistent with those of a typical residential dwelling.

8. Staffing Model and Shift Patterns

The home will be staffed on a **24-hour basis**, seven days per week, reflecting the needs of residents, particularly those living with dementia. Staffing levels will be proportionate to the small number of residents and will be designed to ensure safety and quality of care without introducing an institutional feel.

The service will be overseen by a **Registered Manager**, who will not be permanently based on site but will visit regularly and maintain oversight of day-to-day operations, staffing, quality and compliance. The Manager will be contactable in the event of any significant concerns or incidents.

The **normal staffing level** within the home will be **two care staff on duty at any one time**, including during both daytime and night-time periods. Staffing ratios may be adjusted in response to residents' assessed needs, but the overall pattern will remain modest and proportionate to the maximum of three residents.

The home will typically operate a **two-shift system**, with staff working approximately 12-hour shifts (for example, a day shift and a night shift). Staff on night duty will provide **waking-night cover**. They will remain awake and available throughout the night to respond promptly to residents' needs, assist with personal care, and ensure that the environment is safe. The proposed model does not rely on sleep-in staff.

Shift handovers will be organised so that overlap between incoming and outgoing staff is brief and well-managed. Staff will be instructed to arrive and depart quietly, particularly during early morning or late evening periods, to minimise any potential disturbance to neighbours. Staff are not residents; they attend the property solely in the course of their work and leave at the end of their shift.

9. Health, Safety and Regulatory Compliance

Premier Ability Care Ltd is committed to maintaining high standards of health, safety and regulatory compliance, whilst ensuring that the home retains a domestic character.

Fire safety measures will be implemented in line with relevant guidance and building regulations for domestic properties. This is expected to include interlinked smoke and/or heat detectors in appropriate locations and suitable doors and escape routes. Fire safety arrangements will be based on a **fire risk assessment** for the property, taking into account the specific needs and vulnerabilities of residents. The chosen measures will be as unobtrusive as possible, avoiding the introduction of commercial-style fire alarm panels, external sounders or other features that would alter the appearance of the building.

A comprehensive **health and safety risk assessment** will be maintained, covering the premises, staff, residents and visitors. Individual risk assessments will be prepared for each resident, addressing matters such as mobility, falls risk, cognition, behaviour and any specific medical conditions. Staff will receive training in safe working practices, moving and handling, infection prevention and control, and incident reporting.

Medication will be stored securely in a discreet domestic location and administered in accordance with established policies and regulatory requirements. Staff will liaise with GPs, community nurses and specialist services as necessary to support residents' health and wellbeing. The service is intended to be registered with the **Care Quality Commission**, and internal policies and procedures will align with CQC fundamental standards, as well as any applicable commissioning requirements. Policies will cover, for example, safeguarding, complaints, equality and diversity, confidentiality, and behaviour support. These documents will guide the operation of the home but do not alter its planning status as a dwellinghouse.

10. Parking, Access and Neighbourhood Impact

The property benefits from **one on-site parking space**. Given the small scale of the proposed home and the limited number of residents and staff, parking demand associated with the use will be modest.

At any given time, there will ordinarily be two staff members on duty. Staff will be encouraged, where practicable, to make use of **public transport**, car sharing or other sustainable modes of travel. Fallowfield is well served by public transport, which supports this approach. The on-site parking space will be used in preference to on-street parking wherever possible.

The greatest potential for overlap in staff vehicles occurs during shift handovers. To address this, handovers will be scheduled and managed so that any overlap is short in duration, and staff will be instructed to park considerately. Where additional staff parking is occasionally required, arrangements will be made to use suitable off-site parking rather than relying on unrestricted on-street spaces directly outside neighbouring homes.

Resident vehicle ownership is expected to be **minimal**, given the age and support needs of the intended client group and the dementia focus of the service. It is therefore not anticipated that residents will generate significant additional parking demand.

In terms of general neighbourhood impact, the overall level of comings and goings is likely to be comparable to, or only slightly above, that of a typical family dwelling where carers, health professionals and occasional visitors attend. There will be no external alterations, no commercial signage and no change to the building's outward appearance. Noise levels will be carefully managed, with staff trained to maintain a calm, quiet environment, particularly during night-time hours.

As a result, the proposed use is not expected to give rise to any **material harm** to residential amenity, parking conditions or the character of the area.

11. Policies, Safeguarding and Quality Assurance

A suite of internal policies and procedures will govern the operation of the home. These will cover safeguarding adults, incident reporting, complaints, equality and diversity, confidentiality, health and safety, and behaviour support, among other matters. The intention is to provide a clear framework within which staff can deliver safe, respectful and effective care.

Safeguarding policies will ensure that any concerns about abuse or neglect are identified and addressed swiftly, with appropriate reporting to the relevant agencies. A complaints procedure will provide residents, families and neighbours with a clear route for raising issues, and for receiving a timely and considered response.

The home will be subject to regular internal audits and quality checks, led by the Registered Manager and the provider's senior team. Where appropriate, feedback from residents, relatives, professionals and the local community will be used to improve the service. These governance measures will help ensure that standards remain high, while the day-to-day experience for residents remains homely rather than institutional.

12. Community and Neighbour Relations

Premier Ability Care Ltd recognises the importance of maintaining positive relationships with neighbours and the wider community. The intention is that the home at 1B Waverton Road will integrate quietly into the existing residential street.

Neighbours will be provided, upon request or via the council if appropriate, with contact details for the **Registered Manager** or another senior member of staff, so that any concerns can be raised and addressed promptly. The provider will respond constructively to any issues, seeking to resolve them informally wherever possible.

Residents will be encouraged, as far as their abilities and preferences allow, to make use of **local services and amenities** and to participate in community life. The property and its immediate surroundings will be kept clean, tidy and well maintained, consistent with expectations for a typical residential dwelling.

13. Conclusion

This Operational Strategy sets out how **1B Waverton Road** will operate as a **small-scale supported living household** for up to three adults, including individuals living with dementia, with care provided on site in a domestic environment.

The proposal retains the property as a **three-bedroom dwellinghouse**, with no external alterations and a clear domestic layout and appearance. The number of residents is limited to three, who will live together as a single household. Staff will be present on a 24-hour basis to provide care and support, but will not reside at the property. The overall level of activity, comings and goings and parking demand will remain modest and compatible with the surrounding residential area. In planning terms, the proposed use accords with **Use Class C3(b)** as a dwellinghouse occupied by not more than six residents living together as a single household where care is provided.

The operation is clearly distinct from both HMOs and larger institutional care uses. It is therefore considered that the proposed use is appropriate in this location and capable of being confirmed as lawful through the Lawful Development Certificate process.

Premier Ability Care Ltd is committed to operating the home in a safe, responsible and considerate manner, working collaboratively with Manchester City Council, commissioners and local residents to ensure that the home remains a positive, well-integrated part of the community.