

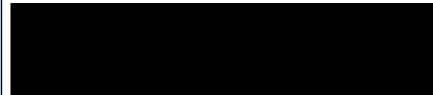




Hamoaze House Emergency Night Shelter Operational Management Plan

The Hamoaze House hosted night shelter is a supported housing service for people who are homeless and may be rough sleeping, aged 18+ with a local connection to Plymouth. We aim to reduce rough sleeping to as near zero as possible and support people back into settled accommodation, preventing a return to the streets. **We have up to 12 single occupation bed spaces, 8 internal individual sleeping pods and 4 external courtyard situated self-contained pods** a kitchen, a breakfast bar area, shower and toilet block and communal space. The Accommodation is delivered by The Plymouth Alliance (TPA), a group of statutory and voluntary organisations that have come together to co-produce, co-ordinate and provide a range of support services. BCHA lead delivery of the night support on site.

1.	The Team	<p>Service Manager Leads and manages the Support Team</p> <p>Night Support Workers Work in partnership with the concierge to provide support to individuals and a safe environment</p> <p>Volunteers Provide practical help during the evenings and mornings</p> <p>Concierge Work in partnership with the support team to develop and maintain a safe environment</p> <p>Meaningful Occupation Coordinator Works in partnership with the team to offer opportunities for meaningful occupation to the guests of the emergency accommodation. This supports people to build structure into their day, engaging in activities that are positive and fulfilling. This role is dependent on funding bid that has been applied for.</p>
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		<p><u>Complex Needs Support Workers –Hamoaze House</u> The 2.5 staff provided by Hamoaze House offer support between 8.00 am and 1.00 pm and again from 6.00 pm to 10 pm at night. Offering additional support, signposting and working towards engaging with other services across the city including Hamoaze House Day Services. To engage in contacting the GP and healthcare professionals and make calls to agencies such as DWP with support from the team</p> <p>A contact telephone number and email address for the service is provided for residents, partner agencies and community to report any issues or discuss any concerns</p> <p>All staff receive comprehensive training, including:</p> <ul style="list-style-type: none"> Health and Safety Fire Safety First Aid Managing Incidents GDPR Professional Boundaries Safeguarding Administering Naloxone Psychologically Informed Environment <p>A minimum of 2 staff are on site during opening hours of the Night Shelter from 10.00 pm to 8.00 am 7 days per week.</p>
3.	Address of property and contact details	<p>Address Hamoaze Mount Wise Plymouth PL1 4JQ www.hamoazehouse.org.uk </p> <p>Service Manager Vicky Jennings </p> <p>Night Shelter Co-ordinator Hannah Harlowe </p>
4.	Outside space	<p>Front entrance on George Street is monitored by two CCTV cameras once facing the entrance door to the provision and the other pointing up towards the pedestrian entrance to Village by the Sea. These are maintained by Hamoaze House.</p>

		Internal courtyard space is available to residents only
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5.	Assessment and Acceptance	<p>Referrals are received by the team from the PATH Rough Sleeper Team (RST) only</p> <p>Referral Process:</p> <ul style="list-style-type: none"> • Once evidenced rough sleeping within Plymouth by Path RST the individual will be asked to attend the RS day centre at Shekinah to a booked appointment. • At the appointment a comprehensive referral form, a risk assessment and assessment of need will be completed by an experienced support worker. (This is known as an Access to Accommodation assessment A2A). Once the assessment has been completed the A2A Coordinator will complete a background check using the Plymouth Alliance systems. • The paperwork will be sent to the Emergency Accommodation Operational Manager. The Operational Manager will then make a decision if a bed space can be offered. • The individual will be informed of the location and time to attend, they will also be informed of the expectations for behaviour whilst at the Emergency Accommodation and when entering and leaving the provision, including journeys to and from the facility (a walking map will be provided) <p>No individual can self-refer.</p> <p>All applicants will be advised of the minimum standard of expectations in terms of their behaviour whilst inside the facility and outside, this includes when walking to and from the facility, a walking map will be provided to advise of preferred access route</p> <p>Examples of behaviour that would not be appropriate would be:</p> <ul style="list-style-type: none"> • Congregating in large groups • Consuming alcohol in public areas where this is not permitted • Intimidating behaviour • Drug use or disposing of drug paraphernalia
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		<p>Pets Pets are not permitted other than dogs by prior arrangement A risk assessment will be carried out at referral stage to establish that the dog is not a risk to others. All dogs must be up to date with their vaccinations.</p>
6.	Service Refusal	<p>Individuals may be refused access to this provision. Reasons for this could be because someone has a history of violence and aggression, drug dealing or if an individual is a safeguarding risk to others.</p> <p>This is a staff decision on a case by case basis. There are no permanent refusals. The decision to allow access or refuse should be reviewed on a regular basis to assess personal change</p> <p>All service refusals are reviewed by the Service Manager</p>
7.	Licence Agreement and Sign Ups	<p>A sign-up checklist details all the paperwork to be completed with the individual moving in.</p> <p>This must to be completed for every person coming into accommodation. It is imperative that each person housed is aware of how the service operates as well as their own obligations and responsibilities. Individuals should will also be informed of what happens if they breach any of the rules and boundaries.</p> <p>Resident obligations:</p> <p>The Licence Agreement lists the obligations with us, as a landlord and of the licensee and covers:</p> <ul style="list-style-type: none"> • The nature of the service • Shared facilities • Rent and service charge • Landlord’s responsibilities • Licensee’s responsibilities • What happens when the responsibilities are not followed? • How to bring the licence agreement to an end?

Introduction to the building

All individuals are welcomed into the service, provided with a tour of the building and introduced to people within the building

Other areas to include:

1. Welfare checks and how often staff will be in contact for key working
2. How often staff will visit the building and that part of their role is to actively check the health and safety of rooms and the communal areas.
3. What to do if the fire alarms sound
4. Using needle boxes to dispose of unsafe sharps
5. How to raise an issue and/or make a complaint?
6. Safeguarding and what to do if they feel they have been harmed/ may be harmed by others living at Safe Sleep
7. Local community and how we want to minimise ASB
8. Visitors Policy

8.	Responsibilities and Boundaries	<p>Responsibilities within the licence agreement.</p> <p>Our housing should not be a rule-based environment. We aim to develop a culture of trust and respect where we speak to people about their behaviour and the consequences that arise when the responsibilities of the licence agreement are breached. We seek to understand the motivation and reasons that may be behind what is happening.</p> <p>If an individual breaches their licence agreement, the staff must speak to them immediately, and away from others. Staff must be aware of how difficult it can be at times to maintain confidentiality, dignity and respect and privacy in shared space.</p> <p>Licence agreement breaches should be documented and the Service Manager or another designated staff member can review what has been happening and find a way forward with the Team.</p> <p>A positive behaviour contract (PBC) is utilised as a way of helping that person to modify their behaviour. Wherever, possible we will aim to keep people within the service.</p> <p>Aggression and drug dealing</p> <p>There is zero tolerance of aggression and drug dealing. It may not be appropriate to use a PBC if there is significant drug dealing or violence. Support staff and the service manager will consider whether to issue a final written warning, a rescindable or a non-rescindable notice</p> <p>Any changes in risk factors should be immediately documented on the Risk Register and a risk management plan should be recorded in InForm</p>
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9.	Partnerships	<p>We work closely with partner agencies who may also offer support, including:</p> <ul style="list-style-type: none"> • GP practices • Neighbourhood Police • Probation • Livewell mental health service
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		<ul style="list-style-type: none"> • Harbour Drug and Alcohol Service • Shekinah • Hamoaze
10.	Community Engagement	A Community Engagement plan will be in place to ensure the service is reviewed with feedback from the local community. This will include a minimum quarterly community forum meeting.
11.	Dealing with complaints from individuals, the community and others	<p>If anyone wishes to make a complaint, staff should find out whether they would like to make the complaint verbally or in writing and take notes about the complaint.</p> <p>Our aim is to resolve complaints and to also look at what we can learn from them, to improve our practice and services</p> <p>Staff to forward complaint and compliments to the Service Manager</p>
12.	Consultation, Involvement, Empowerment, and Coproduction	<p>Support workers will encourage individuals to be practically involved in the running of the night shelter, and to provide meaningful feedback and comments to improve service delivery.</p> <p>Customers complete a survey based on appreciative enquiry,</p> <p>Staff will facilitate meetings, comments and issues to be recorded on a dedicated spreadsheet</p> <p>BCHA is committed to Co-Production and customers will be encouraged to engage in opportunities to shape the service and the organisation</p>
13.	CCTV	The building will have CCTV monitoring coverage
14.	Safeguarding	BCHA have comprehensive Safeguarding Policies which staff should be familiar with. Additionally, to this, there is elearning and multi-

		<p>agency training organised by Plymouth City Council. Staff are required to attend this classroom training.</p> <p>Staff are required to know the six principles of safeguarding:</p> <p>Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability</p> <p>If a member of the team identifies a safeguarding concern, the safeguarding alert form should be completed and emailed to Plymouth City Council/ Safeguarding</p> <p>It is possible to seek advice from the local Safeguarding Team and the Police.</p> <p>All information should be passed to the Service Manager to review.</p> <p>Staff should also ensure that there is safeguarding information at the service, so those living in our housing are able to understand Safeguarding and how they can raise a concern if they have one</p>
15.	Work with Individuals	<p>Our approach:</p> <p>BCHA has strong values around how people working and living in our services should be treated. Staff build rapport and communication with people with a range of complexity.</p> <p>We also believe it is critical that our support work has the following foundations:</p> <p>Strengths based –increase a person’s self-determination by building on their unique blend of strength, aspirations and experiences</p> <p>Person Centred- individuals should be in charge of their own lives, and be able to decisions and choices. As staff we may think that a person may be making a poor choice. Service users must have the chance to learn about making decisions and the unintentional and intentional consequences of decision and choices.</p> <p>Trauma and Psychologically Informed Environments - Our approach takes an individual’s thoughts, emotions, personality and past trauma and experiences into account and helps both staff and individuals to</p>

		<p>understand who they are and how to take steps forward in their relationships and lives. Mind maps encourage people to talk about their emotions and trauma and to gain a greater sense of self.</p> <p>Appreciative Enquiry –There must be a positive approach to language and a focus on solutions and meaningful problem solving. Staff should support individuals to take small steps forward and to embrace personal positive change</p> <p>Recovery Journey - We encourage people to face their own personal circumstances and journey and to develop a sense of confidence in what they want their lives to be</p>
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16.	Risk Register	<p>The risk register records all the risks associated with that individual (abbreviated). Risks that are current should be recorded in red, the others are in black.</p> <p>Each morning, during handover the staff will make an assessment about whether each individual should be assessed as low risk, medium risk or high risk as well as current risks in red or black. The aim of this process is to provide more intensive support and monitoring to individuals who are presenting with higher risk issues.</p> <p>High Risk</p> <p>Individuals who are assessed are needing intensive support, frequent monitoring and welfare checks should be assessed as being high risk for that evening/night. This should be re-assessed every morning at handover.</p> <p>All individuals presenting a high risk will have an additional risk management plan to support them during their stay at the Emergency Accommodation, this can be adapted throughout their time using the provision.</p> <p>Medium Risk</p> <p>All new individuals, not known to the service, should automatically be assessed as either medium risk or high risk based on the risk assessment in their Assessment Form.</p> <p>Individuals assessed as medium risk may have escalated (from low risk) or de-escalated (from high risk).</p>
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		<p>There has been a significant issue, incident or change in behaviour that has warranted moving someone from low to medium or less risky behaviours resulting in that person being moved from high to medium.</p> <p>Low Risk</p> <p>There will be individuals who come into the Emergency Accommodation who have a low level of support needs, and/or do not need extra welfare checks or monitoring.</p> <p>Lone Working</p> <p>There are times when individuals, should only been seen in a communal area or when there are other staff present, e.g.</p> <ul style="list-style-type: none"> • History of making false allegations against staff and service users. • History of aggression against staff • Inappropriate sexual behaviour <p>This should be recorded on the Risk Register and monitored daily.</p>
17.	Welfare Checks	<p>The Team will carry out welfare checks every half an hour until 11pm.</p> <p>Checks are logged on the welfare check time sheet and initialled by the member of staff carrying out the welfare checks. All areas of the building are to be checked every half an hour until 11pm.</p> <p>A final welfare check will be carried out at 11pm. Staff need to be particularly aware of individuals who seem excessively sedated, and/ or who are snoring very loudly as this can be a feature of overdose.</p> <p>If an individual decides to go to sleep early and does not want to be woken, they must speak to staff about this during that evening, so staff are able to assess that person is ok before they go to sleep</p>

18.	Health and Safety Checks and Wellbeing	<p>Daily Health and safety checks of each of the rooms and communal areas should be carried out and documented</p> <p>For rooms found to be unsafe, support and housing staff must work together with the customer to develop a shared plan:</p> <ol style="list-style-type: none"> 1. Rooms need to be made safe as quickly as possible 2. Customers and staff to work together to maintain a room that promotes wellbeing and good mental health <p>Where customers are unwilling to engage in a plan, the Service Manager will work closely with the workers and also the customer to find an agreed way forward.</p>
20.	Finding suitable move on/ housing solutions	<p>A key area of support work, is finding individuals suitable housing to move onto, as well as helping them set up a home. The options vary, based on the needs and past history of that individual.</p>
21.	Evictions and exclusions	<p>Evictions</p> <p>Evictions should only be used as a last resort. Normally evictions will be for</p> <ol style="list-style-type: none"> 1. Aggression 2. Dealing 3. If a customer's support needs/care/social care needs are too high to live in our accommodation 4. If a customer puts someone at risk of harm/causes safeguarding issues <p>Evictions, should be carried out by two members of staff. The letter should detail where that individual can go to, to get help to find alternative accommodation and support. Staff to assess that the individual has capacity and fully understands that they have been asked to leave the accommodation.</p> <p>Customers must be told that their belongings will be disposed of, after 7 days if not collected.</p> <p>If staff are concerned about their safety and the safety of other customers, or if they think there is going to be a breach of the peace, the police should be involved in the eviction.</p>



		<p>Staff should inform all agencies working with that individual that they are going to be evicted.</p> <p>If the person being evicted, wishes to appeal the eviction, they are able to do so within seven days. The eviction will still go ahead. The appeal will be heard by an independent BCHA manager.</p> <p>Approval to be sought, where possible, from the Business Manager,</p> <p>All evictions to be recorded on SI database</p> <p>When an individual is excluded from the building and our services, we must inform all relevant support agencies</p>
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22.	Dealing with Anti-Social Behaviour	<p>Incidents of ASB will be managed in line with BCHA policy</p> <p>When staff find out about an ASB incident, it is vital that staff speak to the alleged perpetrators and victims as quickly as possible.</p> <p>Principles</p> <ol style="list-style-type: none"> 1. The evidence required to take action is based on balance of probability. Staff are able to use evidence from customers and others, who do not wish to be identified. 2. Once staff have established what has happened, they need to agree on the strategy to reduce the ASB 3. It may be appropriate to organise a multi-agency meeting or have a multi-agency discussion or plan to prevent further ASB and breaches of licence. 4. Staff to keep all involved informed of what is happening. <p>Our approach</p> <p>Staff to establish what they believe has happened and who is responsible. It is important to the local community and the reputation of the service, that all ASB is handled robustly, for example:</p> <ol style="list-style-type: none"> 1. Staff to talk to individuals, if they are congregating outside of the building 2. Aggression 3. Any litter, cans and bottles directly outside the building and in the car park to be removed. 4. Other ASB, including ASB from visitors 5. Actively helping customers to resolve conflict caused by living in shared accommodation <p>If any of the local businesses and/ or local residents ring or approach staff with any complaints of this nature, this is to be escalated to the Service Manager. Staff to provide complainants with contact details of the Service Manager</p>
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23.	Positive Behaviour Contracts (PBC)	<p>A Positive Behaviour Contract (PBC) is a written signed agreement between the individual and our service. The main aim of an PBC is to help a person who is breaching boundaries, responsibilities or involved in ASB to acknowledge to their behaviour, understand how it affects others, and to find ways to modify or stop negative behaviours.</p> <p>Staff and customers usually find 2-3 action points to agree together, e.g. not shouting in the building, and meeting with staff for support.</p> <p>The PBC will run for a period of up to one month after which it will be reviewed by the Service Manager</p>
24	Visitors	We operate a zero visitor policy

25	Drug use and dealing	<p>Illegal drug use is not allowed in our buildings</p> <p>If an individual is found using/ or to have used on the premises, this matter is to be written up as an incident and referred to the Service Manager.</p> <p>The Service Manager and support staff will meet with the individual and will look at whether to develop an PBC with them around this</p> <p>We have a zero tolerance to any form of dealing on the premises or in our local community.</p> <p>The evidence needed for suspicion of dealing is balance of probability and not beyond reasonable doubt. We need to have evidence of suspicion not actual dealing to take action</p> <p>If you believe that someone may be dealing, the team must monitor that person and record any suspicious behaviour.</p> <p>If the evidence points to someone dealing, then the Service Manager and the support staff can issue a final written warning, rescindable or non-rescindable notice based on evidence, proportionality and circumstances.</p> <p>The Service Manager will then send a letter to all those living in the building letting them know that a service user has been excluded and that the police have been informed that staff have suspected them of dealing.</p> <p>The police are always contacted when this happens. If illegal substances are found in the building, staff must immediately contact the police via 101 and ask whether they would like to collect it.</p>
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26	Naloxone	<p>All staff will receive training from Harbour, the local drug and alcohol team, on when and how to administer Naloxone, which is an intramuscular injection.</p> <p>Naloxone is an opiate antagonist that temporarily reverses the effects of an opiate overdose. Many of the opioid drugs often involved in overdoses last much longer in the body.</p> <p>Every incident of Naloxone use should be recorded as a Serious Incident.</p>
27	Alcohol dependency and use	<p>There may be individuals who are physically dependent on alcohol so it can be potentially dangerous for them to stop drinking abruptly. In this situation, we will work closely with the local drug and alcohol team to develop an agreed plan so that these individuals have discreet access to alcohol.</p> <p>For those, who use alcohol but are not alcohol dependent, this approach is discouraged.</p>
29.	Health and Safety	<p>Staff to:</p> <ul style="list-style-type: none"> • Read the comprehensive Health and Safety Policy and Procedures • Complete elearning training course • See Health and Safety as everyone's responsibility • Report any Health and Safety issues to the Senior Practitioner and record on the Handover documentation
30	Fire Safety	<p>There is a fire risk assessment for the building, which staff must be familiar with.</p>

		<ul style="list-style-type: none"> • Fire drills are regularly carried out • Fire doors to be kept closed • Fire safety equipment is inspected • Exits to be clear • If someone has a history of arson, they are to be assessed as high risk in the risk register <p>Smoking inside the building is not permitted, outside only in designated smoking area which will be located in the courtyard so as not to impact other residents or neighbours.</p>
31	Cleaning	<p>It is important that there is a high standard of cleanliness. If support staff find the following in an unacceptable state:</p> <ol style="list-style-type: none"> 1. Communal areas 2. Toilets and bathrooms 3. Kitchens 4. Outside space <p>Staff may need to speak to customers and the cleaning team to quickly improve standards</p>
32	Accidents	<p>Accidents for all individuals:</p> <ul style="list-style-type: none"> • Seek medical advice/attention if required • Report to one of the managers • We record all accidents centrally. • Each report needs to be signed off by two managers
33	COVID 19	<p>There has been considerable work done around how we keep our staff and customers safe.</p> <p>All staff must be fully aware of what is required under:</p> <ul style="list-style-type: none"> • Business Continuity Plan • COVID Risk Plan • PPE requirements