



Serenity House Complex Care Ltd

Women's Complex Needs Service

Service Operating Procedure

Start Date: 01 August 2026

Review Frequency: Annual or sooner if required

Review Date: 01 August 2027

Reason for Review:

This Service Operating Procedure has been prepared to support the planning application for **32 Mendip Way, Great Ashby, Stevenage, SG1 6GE** and sets out the operational management arrangements for the service, including admission and selection criteria, staffing and shift arrangements, parking and vehicle movements, and noise and disturbance management.

1. Purpose

The purpose of this Service Operating Procedure is to set out the referral, assessment and admission arrangements for Serenity House Complex Care Ltd and to clearly define the needs the service is designed to support.

It also identifies circumstances where Serenity House may not be able to safely or appropriately meet an individual's needs.

Serenity House provides a women-only, trauma-informed supported living service for women with complex needs, including women who may have experienced significant trauma and who require structured support to live safely and successfully within the community.

All referrals will be considered individually. Admission decisions will be based upon a comprehensive assessment of the woman's needs, risks, strengths, preferences and desired outcomes, alongside consideration of the needs and safety of other women living within the service.

The service will not operate a blanket approach to exclusion solely on the basis of diagnosis, previous behaviour or history.

This Service Operating Procedure has been developed using the established service model set out within the Serenity House Business Plan and Overarching Governance Policy. It provides further detail regarding the proposed operation of the service at 32 Mendip Way, including the intended client group, assessment and admission arrangements, staffing model, vehicle movements, parking and measures to minimise potential disturbance.

2. Service Model

Serenity House provides a safe, relational and psychologically informed environment for women with complex needs, trauma histories and associated risks. The service recognises that women referred to Serenity House may have experienced multiple

disadvantages and may previously have found it difficult to sustain community placements or engage consistently with services.

Support will be delivered using a trauma-informed and person-centred approach, which seeks to understand the experiences that may underlie a woman's presentation rather than focusing solely on behaviour. The service will promote safety and emotional wellbeing while ensuring that women are treated with dignity and respect and are supported to exercise choice and control over their everyday lives.

Women will be supported to develop and maintain their independence and daily living skills, build positive and consistent relationships and work towards their individual recovery and personal development goals. Support will also encourage participation within the local community and, where appropriate, help women maintain and develop relationships with family, friends and other important people in their lives.

Serenity House will support women to access appropriate physical and mental healthcare services and will work collaboratively with relevant health and social care professionals. Risk will be managed positively and proportionately, with an emphasis on understanding individual triggers, developing coping and emotional regulation strategies and reducing reliance on restrictive approaches wherever possible.

The overall aim of the service is to provide the stability, support and opportunities women need to develop confidence and resilience and, wherever possible, progress towards greater independence.

3. Intended Client Group

Serenity House is specifically designed to support adult women with complex needs who require a structured, supportive and community-based living environment.

Women referred to the service may present with a combination of needs rather than a single diagnosis or condition.

The service may support women who experience psychosis, including those with complex mental health and emotional needs, and women who have experienced complex trauma or adverse childhood experiences. Women may experience emotional dysregulation, difficulties developing or maintaining relationships, previous placement breakdowns or periods of social isolation. Some may have a history of self-harm or suicidal behaviour, substance misuse, offending or forensic involvement, or difficulties engaging consistently with services.

Women may also have vulnerabilities associated with exploitation or abuse, difficulties maintaining their personal safety, accommodation or tenancies, and may require support to develop or maintain daily living skills. This can include support

with managing finances, attending appointments, medication and other aspects of everyday living.

Serenity House recognises that positive risk-taking is an important part of recovery and developing independence. Risks will therefore be assessed and managed in a positive and proportionate way, balancing individual safety with choice, autonomy and opportunities for personal development.

A history of any of these needs or experiences will not automatically exclude a woman from Serenity House. Each referral will be considered individually through a comprehensive assessment process to determine whether her needs can be safely and appropriately met and whether the proposed placement is compatible with the needs and wellbeing of the other women living at Serenity House.

4. Referral Pathway

Referrals to Serenity House will be accepted from appropriate health and social care professionals, commissioners and other relevant statutory or partner agencies. All referrals will be subject to an initial review to establish whether the individual falls within the service's intended client group and whether Serenity House is potentially able to meet her identified needs.

As part of the referral process, Serenity House will obtain sufficient information to enable an informed assessment of the proposed placement. Information will be requested from the professionals and agencies currently or previously involved in the woman's care and support, subject to appropriate consent, confidentiality and information-sharing arrangements.

The information considered will include, where relevant, the woman's current assessment of need, care and support plans, risk assessments, mental and physical

health history, medication requirements, communication needs and any information relating to capacity and decision-making. Safeguarding information, known risks, triggers, previous incidents and existing risk-management arrangements will also be considered.

Where applicable, the service will review information relating to substance misuse, forensic or offending history, previous placements and the circumstances surrounding any placement breakdowns. Consideration will also be given to current professional involvement, family or advocate involvement, any restrictions currently in place and the outcomes the proposed placement is intended to achieve.

Where the information provided is insufficient to determine suitability, further information or professional discussion will be requested before the referral progresses. This may include liaison with commissioners, social workers, mental

health professionals, care coordinators or other relevant professionals involved in the woman's care.

Receipt of a referral will not automatically result in an offer of accommodation or support. A placement will only progress where Serenity House is satisfied, following assessment, that the woman's needs can be safely and appropriately met within the service, that identified risks can be effectively managed and that the placement is compatible with the needs, safety and wellbeing of the other women living at Serenity House.

5. Pre-Admission Assessment

Every woman referred to Serenity House will undergo a comprehensive pre-admission assessment before a placement is offered. The assessment will be undertaken by two members of the Serenity House team, providing a balanced and robust approach to determining whether the service can safely and appropriately meet the woman's needs.

Wherever possible, the assessment will take place with the woman and will provide an opportunity to understand her as an individual, including her strengths, wishes, preferences, support needs and aspirations. Consideration will also be given to her mental and physical health, daily living needs, relationships, communication, previous experiences, known risks and triggers, protective factors and the support strategies that are known to work well for her.

The assessment will take a strengths-based and trauma-informed approach, considering what the woman can achieve with the right support rather than focusing solely on diagnosis, previous difficulties or identified risks. Any risks will be considered alongside the woman's strengths, protective factors and the measures that can be put in place to support her safely and positively.

Following the assessment, the proposed placement will be discussed through a multidisciplinary team meeting, involving relevant professionals responsible for the woman's care and support. This will provide an opportunity to consider the assessment collectively; agree how identified needs and risks will be supported and ensure that the placement is appropriate for both the woman and the existing residents of Serenity House.

No admission will take place until the pre-admission assessment has been completed, the proposed placement has been discussed through the multidisciplinary process, and all relevant parties have agreed that Serenity House can safely and appropriately meet the woman's needs.

Where a placement is agreed, the information gathered during the assessment will inform the woman's transition, care and support planning and risk-management arrangements from the outset.

6. Trauma-Informed Assessment

All assessments will be undertaken using a trauma-informed and person-centred approach, recognising that women referred to Serenity House may have experienced significant trauma and may find formal assessment processes difficult.

Staff will engage sensitively and at a pace appropriate to the individual, focusing on her strengths, needs, known triggers, coping strategies, communication preferences and what helps her to feel safe and supported.

Existing professional assessments and information will be used wherever appropriate to avoid requiring women to unnecessarily repeat traumatic experiences.

7. Compatibility Assessment

As Serenity House provides shared supported living, all proposed placements will be considered alongside the needs, safety and wellbeing of existing residents.

The assessment will consider compatibility, identified risks, safeguarding concerns and whether the woman's needs can be safely supported within the shared environment.

A placement will only proceed where Serenity House is satisfied that it is appropriate for both the individual and the existing residents.

8. Admission Criteria

Admission to Serenity House will only proceed following completion of the pre-admission assessment and multidisciplinary review. The provider must be satisfied

that the woman's assessed needs can be safely and effectively met within the service and that any identified risks can be appropriately managed.

Consideration will be given to the suitability of the environment, compatibility with existing residents, required staffing and staff competencies, availability of relevant professional support and appropriate commissioning arrangements.

A placement will only be agreed where Serenity House is satisfied that it can provide a safe, appropriate and sustainable placement that supports the woman's identified needs and outcomes.

The final decision to offer a placement will be made following completion of the pre-admission assessment and multidisciplinary discussion. Where a placement is not considered suitable, the reasons will be clearly documented and communicated to the referrer.

9. Exclusion Criteria

Serenity House is designed to support women with complex needs and recognises that the presence of risk will not, in itself, prevent admission. Each referral will be assessed individually.

A placement will not be accepted where the woman's needs cannot be safely or appropriately met within a community-based supported living environment. This may include where she requires inpatient psychiatric care, continuous nursing or medical intervention, medically supervised detoxification, or presents a level of risk to herself or others that cannot be safely managed within the service.

A placement may also be declined where the individual's needs are beyond the service's staffing, environmental or regulatory capabilities, or where the assessed risks would significantly compromise the safety and wellbeing of other residents.

Where appropriate, a referral may be reconsidered if the woman's circumstances or level of need changes.

10. Care and Support Provided

Following admission, each woman will have an individualised care and support plan based on her assessed needs, strengths, preferences and agreed outcomes. Support will be regularly reviewed and adapted as needs change, with the aim of promoting stability, recovery and increasing independence.

Serenity House will provide support with daily living and independent living skills, which may include meal preparation, shopping, budgeting, household tasks,

maintaining routines, attending appointments and accessing education, employment, volunteering or other meaningful activities.

Where identified through assessment, personal care will be provided in accordance with the service's CQC registration and delivered in a way that promotes dignity, privacy, choice and independence. Support with medication will also be provided where required, in accordance with the individual's care plan and the service's medication procedures.

Staff will provide trauma-informed and psychologically informed support to women experiencing psychosis and other complex mental health or emotional needs. This will include recognising changes in presentation, supporting coping and emotional

regulation strategies, promoting engagement with treatment and responding appropriately to periods of increased distress. Serenity House will work alongside, rather than replace, specialist mental health and clinical services.

Women will be supported to access appropriate health and social care services and to maintain engagement with the professionals involved in their care. This may include primary care, community mental health services, psychological services and other specialist services according to individual need.

Support will also focus on community participation and social inclusion, enabling women to pursue meaningful interests, develop relationships and community connections, and build the confidence and skills required to progress towards greater independence wherever possible.

11. Positive Risk Management and Least Restrictive Practice

Serenity House will adopt a positive and proportionate approach to risk, recognising that appropriate risk-taking is an important part of recovery, autonomy and developing independence. Individual risk assessments and support plans will identify relevant risks, triggers, protective factors and agreed strategies to support each woman safely.

Risk will be reviewed whenever there is a significant change in need, presentation or circumstances, following relevant incidents, and as part of ongoing care and support reviews.

The service will promote the least restrictive approach and will not introduce restrictions unless they are necessary, proportionate and individually assessed. Any restrictions will be regularly reviewed with the aim of reducing or removing them wherever safely possible.

Where there are concerns about a woman's capacity to make a specific decision, staff will follow the Mental Capacity Act 2005 and associated legal requirements.

12. Multi-Agency Working

Serenity House will work collaboratively with the health, social care and other professionals involved in each woman's care, ensuring a coordinated approach to her support, safety and recovery.

Relevant information will be shared appropriately, and responsibilities will be clearly identified within individual care and support plans. The service will participate in

multidisciplinary reviews and professional meetings as required to ensure that support remains appropriate to the woman's changing needs.

13. Crisis and Deterioration

Each woman's care and support plan will identify relevant early warning signs of deterioration and agreed escalation arrangements. Staff will be trained to recognise changes in physical or mental wellbeing and respond promptly in accordance with the individual's care plan and risk assessment, seeking appropriate professional or emergency support where required.

Serenity House will provide 24-hour supported living and crisis support within the scope of the service, working alongside relevant health and mental health professionals. Where a woman's needs require inpatient, emergency or specialist clinical treatment, appropriate services will be accessed without delay.

14. Transition and Review

Once a placement has been agreed, admission will be planned in collaboration with the woman and relevant professionals to support a safe and appropriate transition to Serenity House. This may include introductory visits and familiarisation with the service where appropriate.

Following admission, the placement will be reviewed to ensure that the woman's needs are being appropriately met and that the placement remains safe and suitable for both the individual and other residents.

15. Safeguarding

Serenity House will maintain robust safeguarding arrangements to protect the safety, wellbeing and rights of all women using the service. Staff will be appropriately trained to recognise, respond to and report safeguarding concerns, including risks associated with abuse, neglect, exploitation and self-neglect.

Any safeguarding concern will be responded to promptly and appropriately, in accordance with the provider's Safeguarding Policy and local safeguarding procedures, with referrals and escalation to relevant statutory agencies where required.

16. Staffing Arrangements

Serenity House will provide 24-hour staffing, seven days a week, ensuring appropriate support and oversight is always available to residents.

The standard staffing model will consist of two members of staff on duty during the day and evening and two waking-night staff overnight. Staffing levels will be kept under review and adjusted where necessary to reflect the assessed needs and risks of the women living at the service.

The staff team will comprise a Registered Manager, Senior Support Workers and Support Workers. All staff will complete appropriate induction, training, supervision and competency assessment to ensure they have the skills and knowledge required to safely and effectively support the women living at Serenity House.

Staff shift handovers will take place twice daily, between 07:30–08:00 and 19:30–20:00. A short overlap between outgoing and incoming staff will ensure an effective handover and continuity of support. Handover discussions will take place within the premises to maintain confidentiality and minimise any impact on neighbouring properties.

17. Parking, Vehicle Movements and Visitors

Serenity House will operate a 24-hour staffing model, with the main staff vehicle movements occurring during the two daily handover periods between 07:30–08:00 and 19:30–20:00. During these short periods, incoming and outgoing staff may briefly overlap, and it is anticipated that there will be no more than four staff vehicles associated with the service at any one time. Outside of handover periods, vehicle numbers will ordinarily be lower.

Parking is available outside the premises, with additional parking available further along the road, approximately a five-minute walk from Serenity House. Where parking immediately outside the property is unavailable, staff will be expected to use the alternative parking. All staff will be required to park legally and considerately, without obstructing neighbouring properties, driveways, pedestrian or emergency access, or the normal flow of traffic.

As a supported living service, Serenity House may also receive occasional visits from health and social care professionals and other individuals involved in residents' care and support. Wherever practicable, professional visits will take place during



normal daytime hours and visitors will be expected to follow the same considerate parking arrangements.

Staff and visitors will be expected to arrive and leave the property considerately. Staff will not congregate outside the premises during handover, leave vehicle engines running unnecessarily or create avoidable noise or disturbance.

Serenity House will not operate as a public drop-in service and is not expected to generate a high volume of visitors or vehicle movements.

18. Noise and Disturbance Management

Serenity House will operate as a domestic supported living environment for a maximum of three women and is not expected to generate noise materially different from that associated with a residential property.

Staff handovers will take place inside the property, and staff and visitors will be expected to arrive and leave considerately and avoid unnecessary noise or congregation outside the premises. Residents will be supported to maintain ordinary domestic routines with consideration for neighbouring properties.

Should a resident experience increased distress or behaviour that results in noise or disturbance, staff will respond promptly using the individual's care plan, risk assessment and appropriate trauma-informed support strategies. Any recurring concerns will be reviewed by the Registered Manager and proportionate measures implemented to minimise further disturbance.

There may occasionally be a need for emergency health or other services to attend the property; however, this would be on an exceptional, as-required basis and does not form part of the routine operation of the service.