

**9 Kingscroft Road,  
NW2, 3QE**

**Planning Statement on behalf  
of Mr S Sahni**

**Change of use from nursing home (C2) to HMO (C4)  
with two self-contained studio flats.**

## Proposal

Change of use from nursing home (C2) to HMO (C4) with two self-contained studio flats.

**C4 Houses in multiple occupation** - small shared houses occupied by between three and six unrelated individuals, as their only or main residence, who share basic amenities such as a kitchen or bathroom

## Planning History

1. Change of Use from Residential to Nursing Home (C2) granted on 3.10.84 (84000785)
2. Unauthorised use as an HMO for over 10 years
3. Acquired by my client in 2012
4. Letter received from Camden Enforcement Officer in August 1914.
5. Site Visit By council Enforcement Team and EHO to proprty in August 2014.

## Recent History

The applicant purchased 9 Kingscroft Road two years ago and was informed that it had established use as non self contained flats.

Janice Maclean in Camden Council's Social Care team has provided the reasons for the discontinuance of the Nursing Home Use. An e-mail to the applicant on 7 August 2014 sets out the reasons for discontinuing the use.

'Our team are responsible for making care home placements for people who can no longer live safely in the community and who require 24 hour care. Therefore over the years Kingscroft Residential Home was open we placed some of our clients there. As we commissioned a service from the care home we were also responsible for doing 2 annual monitoring visits to the home to ensure the quality of care was of an acceptable standard.

The home was a small care home that had a mixture of single and double bedrooms. Over time it became more difficult to get people to share a bedroom as most people wanted single bedrooms to maintain their privacy. The possibility of allowing people to use the double rooms for single occupancy was considered but would not have been financially viable.

Also, the registering body of care homes at that time wanted care homes to standardise room sizes, put in lifts and move away from shared rooms etc.

Due to the number of vacant beds at the home over several months it was not financially viable for them to remain open and the owner took the difficult decision to close the home and all residents were relocated to other care homes.'

It is clear from this communication that the accommodation is not suitable as a nursing home and therefore an alternative residential use is appropriate.

The Council's Enforcement Officer (Mr G Bakall) wrote to the applicant on 5 August 2014, after a site visit, advising that the last Lawful Use was a nursing home and that the owner should seek to regularise the use by means of a planning application for a change of use to an HMO.

Judith Harris of Camden Environmental Health Service has considered the matter in terms of registering 9 Kingscroft as an HMO under Housing Act legislation. She notes (email copied as Appendix 1) that the property contains a mix of single room self contained flats with toilet, bathroom and kitchen facilities but with larger shared kitchen and bathroom facilities. In order to be able to register the property as an HMO under the Housing Acts one of the flats would have to lose its kitchen facilities so that it would have to rely on purely shared facilities and meet the Housing Act definition of an HMO.

Judith Harris also notes that some of the rooms are either too small for occupation and that some of the communal kitchens were below Camden's HMO standards.

The owner appears to be facing two demands- a planning demand to apply for a 'change of use' to an HMO and a housing demand to turn those HMO facilities to those that meet the definitions of the Housing Acts to ensure that they can be appropriately Licenced.

The owner would like the council ideally consider granting permission for self-contained rooms but recognises that these will not meet the council's flat size standards nor the policy objectives set out in policy DP9.

### **Camden Development Policies 2010-2025**

Camden's adopted development management policies set out the policy in respect of resisting the loss of bedsits with shared facilities unless the accommodation is incapable of meeting modern standards. This is set out in policy DP9.

DP9 supports the creation of housing with shared facilities :

The Council will resist development that involves the net loss or self-containment of bedsit rooms or of other housing with shared facilities unless either:  
m) it can be demonstrated that the accommodation is incapable of meeting the relevant standards for houses in multiple occupation, or otherwise genuinely incapable of use as housing with shared facilities;

The council's own Environmental Health Officer recognises that some of the rooms in 9 Kingscroft are too small to be occupied as part of a licenced HMO. The owner would have to keep these rooms empty. The proposal is therefore to combine some of this unusable area in two studio flats and to retain 6 bedsit flats that would form the core of an HMO.

Because only six bedsits would be retained, the owner intends to apply for a change of use to a C4 HMO and two self contained studio flats. This planning hybrid is recognised as a feature of the housing stock where self contained flats are created where appropriate and non self contained bedsits where self containment is not feasible.

Although two potential HMO units are 'lost'-from 8 to six, there is no loss in the total number of units that are rented because the two flats incorporate common shared kitchen areas into the self contained flats. These are no longer required to support six bedsits in the HMO as there are two shared kitchens retained on the ground and second floors..

Further rooms that were rented out such as the third floor cannot be used as non self contained bedsits as they do not comply with HMO Licencing standards and will be lost in any case to comply. This area will be used as storage.

The scheme will retain two kitchens that will comply with Camdens HMO Housing standards 2008.

The two self contained studio flats meet the council's minimum 32m2 standard and are in excess of this.

## **Layout Plans**

Attached to this planning application are two sets of plans.

The first is the existing Floor Plans which would meet the council's HMO standards.

The second is the Proposal showing the self containment of two studio flats and 6 HMO bedsitting rooms with associated shared bathroom and kitchen facilities.

The table overleaf sets out the use currently that would meet the Council's HMO Housing standards and what is proposed under this application.

Room as marked on attached plans	Current Use/that meeting HMO standards	Proposed Use
<b>Ground floor</b>		
Room 1	HMO Bedsit	HMO Bedsit
Room 2	HMO Bedsit	HMO Bedsit
Room 3	HMO Bedsit	HMO Bedsit
Communal Kitchen	Communal Kitchen	Communal Kitchen
<b>First Floor</b>		
Room 4	HMO Bedsit	HMO Bedsit
Room 5	HMO Bedsit	HMO Bedsit
Bedroom	Storage	Storage
Room 6	HMO Bedsit	Create Flat 1
Common Shared Area		Create Flat 1
<b>Second Floor</b>		
Room 7	HMO Bedsit	HMO Bedsit
Communal Kitchen	Communal Kitchen	Communal Kitchen
Communal Bathroom Toilet	Communal Bathroom Toilet	Communal Bathroom Toilet
Room 8	HMO Bedsit	Flat 2
Common Shared Area	Common Shared Area	Flat 2
<b>Third Floor</b>		
HMO Bedsit	Storage	Storage

## Conclusions

The applicant seeks a change of use from the historic C2 nursing home use to an HMO (C4) with two self contained studio flats.

It is clear that the C2 use is no longer viable nor supported by the council.

The applicant wishes to satisfy both planning control and Housing Act legislation simultaneously so that existing tenants can be accommodated where the meeting of housing standards permit.

The applicant wishes to create suitable living conditions but limit the number of unusable rooms.

The HMO proposal meets the objectives of part m of policy DP9

The self contained flats exceed the council's space standards for studio flats.

No further bedsits are lost in creating the new self contained units.

The remaining flats and communal facilities meet the councils HMO standards and where they do not the applicant will be obliged to make the necessary further internal layout changes to secure an HMO licence.



## Appendix 1

**From:** "Harris, Judith" <[Judith.Harris@camden.gov.uk](mailto:Judith.Harris@camden.gov.uk)>

**Date:** 5 August 2014 18:07:56 BST

**To:** "'[info@ashleysamuel.com](mailto:info@ashleysamuel.com)'" <[info@ashleysamuel.com](mailto:info@ashleysamuel.com)>

**Subject:** HMO Licence for 9 Kingscroft Road

Dear Mr Sahni

Further to my previous e.mail and site visit with the Planning Officer, Mr Bakall, I have now seen the letter issued by Mr Bakall requiring you to apply for planning permission for change of use of the property.

However, as stated previously, in its current layout and at the time of both inspections, even though there are shared facilities within the property, each unit of accommodation is also provided with exclusive use facilities. This means that the property consists of self contained units and does not require HMO licensing.

If you are to apply for a planning change of use from Residential Care home to sui generis HMO, the property would have to be an HMO, not a collection of self contained units.

If the property is to be considered as a licenced HMO under Housing Act definitions, at least one of the units of accommodation must be un self-contained. This could be done by completely removing kitchen facilities from one of the units of accommodation and provision of a separate kitchen elsewhere, perhaps in one of the undersized rooms if this were on the same floor level.

### **HMO standards**

- If the property were to be considered under the Council's HMO standards in its current layout, rooms 7,8,9 and 11 are too small for occupation. These rooms also have insufficient worksurface in the kitchen areas.
- The stand alone hobs provided to all rooms are not satisfactory.
- The "shared kitchen" in the property is unsatisfactory with insufficient facilities provided. In any case, it is only large enough to be used by a maximum of 5 persons. It is poorly located, with the door from room 3 leading off it. This means that the means of escape from fire from room 3 is compromised. (There is a door to the outside from room 3 but at the time of inspection this was locked shut and obstructed by a wardrobe.)
- Other issues noted and pointed out on both inspections were that there was dampness to the side wall to room 3 adjacent to the electrical plug socket. There was also dampness at higher level, possible penetrating dampness caused by run off from the external metal fire escape
- The cupboard containing the washing machines at ground floor level was not of half hour fire resisting construction.
- The gate leading to the rear garden should not be locked as there is a signposted escape route via the external escape staircase which leads to the garden.

### **Conclusion**

Therefore you will need to regularise the planning status of the property and also carry out some re arrangement of the layout of the property in order to have a licenced HMO. I attach the Council's HMO standards for your information. I suggest that you confirm in writing any works you intend to carry out so that I can ensure they will be in line with HMO standards.

If you require any further clarification, please do not hesitate to contact me.

Regards

Judith Harris

Supervising Principal Environmental Health Officer

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