



## Children, Young People and Families Directorate 16+ FRAMEWORK AGREEMENT RETURN GUIDELINE

Returns will be completed as follows:

<b>Quarter 1</b> – Submitted by 15 <sup>th</sup> July	Covering data for April, May and June
<b>Quarter 2</b> – Submitted by 15 <sup>th</sup> October September	Covering data for July, August and September
<b>Quarter 3</b> – Submitted by 15 <sup>th</sup> January December	Covering data for October, November and December
<b>Quarter 4</b> – Submitted by 15 <sup>th</sup> April March	Covering data for January, February and March

These are likely to change following the inspection of the homes and will be discussed at the time of the inspection.

For reference:

Inspections of supported accommodation will use a 3-outcome model. These outcomes reflect the complexity and diversity of supported accommodation. They allow Ofsted to describe what they see and to reliably compare quality across the different categories of services.

Returns should be submitted to City of Doncaster Council (CDC) by the end of the third full week following the Quarter's end. External returns should be submitted by email to [samantha.hodgson@doncaster.co.uk](mailto:samantha.hodgson@doncaster.co.uk)

Please note should this submission be late, Doncaster Council will need to be notified 48 (working) hours before the submission date. Failure to comply may result in your QA visit being cancelled and consequently future placements admissions impacted.

Please complete pages 3 – 7. The rest of the form will be completed during the quality assurance visit.

If you have any queries about completing the form, please contact Samantha Hodgson directly either via email [Samantha.hodgson@doncaster.gov.uk](mailto:Samantha.hodgson@doncaster.gov.uk) or call 01302 735460.



## Action Plan from Previous Quality Assurance Visit

### Rag Rating

To be completed within one working week

To be completed within three months

To be completed within six months

Action Required	Progress	Outcome
Encourage both young people [EF and LH] to attend their opticians appointment.	✓	E has attended opticians and now has glasses. L continues to refuse to attend.
LRA: <ul style="list-style-type: none"><li>➤ Update actions section [page 7] now registered with Ofsted</li><li>➤ Has feedback been chased from PCSO? Last completed 11.04.2024.</li><li>➤ Crime rates to be updated with current information.</li></ul>	✓	Updated apart from being unable to gain any further information from the local PCSO's.



## PROVIDER QUALITY ASSURANCE (PQA) 16+ REVIEW DOCUMENT

### ORGANISATION AND SERVICE

<b>Name of Organisation</b>	Illuminate care group
<b>Registered Business Address</b>	27 Tickhill Square Denaby Main Doncaster DN12 4AW
<b>Manager</b>	Jon Corr Brett (NI)
<b>Registered Service Manager</b>	Anna Cartwright
<b>Telephone Number</b>	07521192808
<b>Email Address</b>	<a href="mailto:anna.cartwright@illuminatecaregroup.co.uk">anna.cartwright@illuminatecaregroup.co.uk</a>
<b>List of properties where CDC young people are placed.</b>	4 Hawthorne Crescent, Skellow, Doncaster, DN6 8HU 22 Swan Street, Bentley, Doncaster, DN5 0JE 2 Cromer Road, Intake, Doncaster, DN2 6NF
<b>Please list the lots in which you properties sit.</b>	2
<b>Please provide copies of :-  Latest Ofsted/CQC Inspection Report- Where applicable and any Action Plans.</b>	<p>Reports enclosed Yes/<b>No</b></p> <p>If not enclosed, please state the reason: No previous inspections completed to date.</p>
<b>Please enclose a list of young people in placement, placed by CDC, please provide initials and relevant reference numbers:</b>	<b>Enclosed Yes / No</b>
	<p>EF [10447979] – 31 (CLEARCARE NO) LH [10342501] – 28 (CLEARCARE NO) HBH [10496443] – 70 (CLEARCARE NO) SB [10496442] – 71 (CLEARCARE NO) ID [10479974] – 75 (CLEARCARE NO) AMA [10497554] – 76 (CLEARCARE NO)</p>
<b>If not enclosed, please state the reason:</b>	

Please provide details of any monitoring visits conducted by another Local Authority. If none, state N/A

<b>Date</b>	NA
<b>Name of Local Authority</b>	NA
<b>Name of Visiting Officer</b>	NA
<b>Position Held</b>	NA
<b>Contact Details (email/phone)</b>	NA



## STAFFING (Including Specialist Staff)

Please enclose your Staffing Structure Chart showing all relevant staff from Registered Manager and below. Please ensure the current vacancy positions are shown on the chart.	<b>Enclosed Yes/ No</b>
	Please see attached staffing structure x 2
If staff structure chart not enclosed, please state the reason:	NA
Please provide figures for staff members of who have completed the below qualifications ( <i>is not relevant for Ofsted but for CDC data capture</i> ):  Level 5 in Leadership for Health and Social Care and Children and Young People's Services or equivalent Level 3 In Children Workforce or equivalent	1 – complete  1 – ongoing  CB, AH, RC, MK are due to start level 3 diploma in April 2026

Please provide details of staff qualifications:(Insert additional lines in table as necessary)

Job Title Role	Initials of Staff Member	Consultancy Basis? Yes/No	Relevant Qualifications/Experience	Date of Completion
Registered Service Manager	AC	No	Leadership in Health and social care level 5	August 2024
Support Mentor	KB	No	Level 3 diploma in residential childcare	Ongoing
Cluster Manager	AR	No	Level 3 NVQ in adult health and social care	2025
Night staff	CS	No	Level 2 in adult health and social care	2015

### Additional Staffing Information:

Number of staff who have joined the provision in the last 3 months	4
Number of staff who have left the provision in the last 3 months	1
Number of current staff vacancies ( <i>shown in staffing structure chart</i> )	1 Waking night staff.
Number of agency staff employed	0
Number of staff currently in probation period	5

### Placement Data Monitoring (*For CDC young people only. Please identify using initials*)

Number of young people with an identified risk of CSE	0
Number of young people with an identified risk of CCE	1



<p><b>Number of young people who are completing CDC Keys to My Future programme- Please provide % of completion</b></p>	<p>2- LH – 100% complete EF – 100% complete</p>
<p><b>Number of young people registered with a doctor- Please provide details of registration (name of surgery) and last appointment date.</b></p>	<p>6 – EF - Flying Scotsman – 18/11/2025 LH - Bentley health centre – 22/10/2025 HBH – ASA medical practice – Newly registered upcoming appointment in January. SN – ASA medical practice – Newly registered upcoming appointment in January. ID – ASA medical practice – Newly registered upcoming appointment in January. AMA – ASA medical practice – No appointment to date</p>
<p><b>Number of young people registered with a dentist- Please provide details of registration (name of surgery) and last appointment date.</b></p>	<p>4 – EF – My dentist – Carcroft, Doncaster. LH – Bentley Dental – 26/11/2025. AMA - Hislop &amp; Wolverson Dental Practice HBH - Hislop &amp; Wolverson Dental Practice SN- Hislop &amp; Wolverson Dental Practice ID - Hislop &amp; Wolverson Dental Practice  HBH, SN, AMA &amp; ID all have upcoming initial dental checks in Jan and Feb</p>
<p><b>Number of young people registered with an optician- Please provide details of registration (name of company) and last appointment date.</b></p>	<p>6- Specsavers  EF – Unknown LH – 18/10/2023 SN – Specsavers – 03/01/2026 HBH – Specsavers – 03/01/2026 AMA – Specsavers (Awaiting HC2 certificate for appointment) ID – Specsavers (Awaiting HC2 certificate for appointment)</p>



<p><b>Number of young people with an annual Health Assessment-</b> <i>Please provide date of last assessment and the initials of the young people</i></p>	<p>3 – LH – 30.10.2025 SN – 18.12.2025 HBH – 18.12.2025</p>
<p><b>Number of young people with an EHCP- Please provide date of last assessment and initials of the young people</b></p>	<p>1 – LH – 10/09/2024 – Requested up to date EHCP on 07.10.2025</p> <p>EF – IEP (Illuminate) LH – IEP (Illuminate)</p>
<p><b>Number of young people with a PEP- Please provide date of last assessment and the initials of the young people</b></p>	<p>3 – LH – 30.04.2025 HBH – SN – 15.12.2025 HBH – 16.12.2025</p> <p>ID, AMA &amp; EF PEP scheduled in for Jan 26</p>
<p><b>Number of young people who are in full time education- Please provide details of registration of provider and figures education package e.g. 20 hours of education provision and initials of young person.</b></p>	<p>1 – EF – 3.5 days per week – Studying Business management at Doncaster College.</p> <p>HBH,SN and ID have been enrolled in tuition.</p>
<p><b>Number of young people who are accessing employment- Please provide details of registration of provider and figures of employment package e.g. 3 hours employment and initials of young person.</b></p>	<p>2 – EF – works part time at Otto’s – 16-20 hours per week. LH – Recently left employment and is searching for employment</p>
<p><b>Have LAC reviews been undertaken and are the reports in place?- Please provide details of the last CLA and care plan on file and the initials of the young person.</b></p>	<p>LH – yes – 06.10.2025. Minutes on file</p> <p>EF – yes – 17.10.2025 – waiting for minutes chased twice last date 8.01.2026.</p> <p>SN – 12.12.2025 – Awaiting minutes</p> <p>HBH – 12.12.2025 – awaiting minutes</p>
<p><b>Has a Pathway Plan been completed and is the document on file? - Please provide details of the last Pathway Plan on file and the initials of the young person.</b></p>	<p>LH – has a pathway plan.</p> <p>AMA, HBH, ID &amp; SN due February (13 weeks post placement)</p>



## ADMISSION, TRANSITION and DISCHARGE PLANNING

Number of young people that have been admitted to your service in the last 3 months.	4
Please provide a standard operational procedure for matching and discharge	Match through compatibility risk assessment along with the matching policy.
Number of internal transitions – <i>Please specify if a transition plan has been completed by the social worker/PA</i>	0
Number of discharges in the last 3 months.	0

## INCIDENTS AND NOTIFICATIONS

Number of reported Missing episodes in the last 3 months for CDC children only?	EF – 06.11.2025 LH – ongoing missed curfew episodes.
Number of OFSTED Notifications in the last 3 months- for all young people in placement?- Please break this figure to include LA and young people initials	2 – EF – overdose of medication and self-harm (02.11.2025) LH – Concerns raised by social worker suspecting CCE concerns (10.11.2025)
Number of incidents involving the police in the last 3 months for CDC young people only?	0
Number of LADO notifications for all young people in placement- please break this down as suggested: LA- Frequency over the last 3 months-	0
Behavioural Incidents- <i>Please provide a brief explanation per young person and total figure. Please within clarify whether physical intervention has been required.</i>	1 – LH – Minor destruction in the home, shouting at staff, due to confiscation of paraphernalia (Cannabis grinder) from communal area. No intervention required, LH calmed with space and then de-briefed with staff when calm.
Restrictive Practice – <i>Please specify what restrictive practices are in place, if any, in your service in line with Regulation 22</i>	0

## SAFEGUARDING AND SERIOUS INCIDENTS REPORT

Date of Incident	Date CDC notified	Theme/Category e.g. Missing episode, aggression, violence etc.	Provide details: Trigger Crisis Outcome/Recovery



**ACCOMMODATION** – Please specify in the boxes below a breakdown for each property. Where not applicable please provide a rationale in the box.

Lot 1 – Please complete all of the below

Lot 2 – Please complete all of the below

Lot 3 – Please complete all of the below

Lot 4 – Please complete A-D, F-I, K, M-P

A	How many homes are used by CDC young people during this reporting period? (please provide addresses of the properties)	<p>3 –</p> <p>22 Swan Street, Bentley, Doncaster, DN5 0JE – LH</p> <p>4 Hawthorne Crescent, Skellow, Doncaster, DN6 8HU – EF</p> <p>2 Cromer Road, Intake, Doncaster, DN2 6NF – AMA, SN, HBH, ID</p>
B	Number of fire drills undertaken in the last 3 months	4
C	Number of fire alarms tests undertaken in the last 3 months.	Tested on a weekly basis, with a rotation of call points.
D	Number of Carbon Monoxide tests undertaken in the last 3 months.	Tested on a weekly basis.
E	Number of Legionella's tests undertaken in the last 3 months.	Each property has a low risk, risk assessment in place and Water flushes of all taps/ showers are completed on a weekly basis in all supported accommodation properties in Doncaster.
F	Number of health and safety inspections undertaken in the last 3 months	<p>Staff complete weekly health and safety checks and daily health and safety visual checks.</p> <p>Full health and safety inspection completed by Chris Clarke – Housing operations manager in December 2025 for Hawthorne Crescent, Swan Street and Cromer Road</p>
G	Number of times the first aid boxes have been re-stocked by a qualified staff member in the last 3 months.	0
H	Number of Health and Safety Incidents reported to the relevant authority in the last 12 months (HSC, COSHH, RIDDOR etc.).	0
I	Number of visitors recorded to the properties in the last 3 months.	26 – documented visits
J	Number of immediate works carried out within the 2 hour timescale	0
K	Number of emergency works carried out within the 24 hours	2 –



		Hawthorne heating Swan Street heating
L	Number of urgent works carried out within the 7 day timescale	1 – Kitchen tap faulty
M	Number of routine works carried out within the 28 day timescale.	1 – Locked windows no keys in bedroom 1 at CR.

**PQA COMPLETED BY:**

<b>Name</b>	Anna Cartwright
<b>Position in Organisation</b>	Service Manager
<b>Date</b>	08.01.2026



Please note below will be reviewed upon agreed visit by the provider/ QAO and the CDC QAO will complete the below checklist:

## Summary Of Views On The Organisation Development ( To be completed by QAO for CDC):

### What's Currently Working Well:

- The provider is now registered with Ofsted. Registration commenced on 17<sup>th</sup> June 2025. No recommendations were given to the provider following the registration visit.
- The provider remains on the City of Doncaster 16+ Framework.
- In terms of the locality risk assessments, these have been submitted by the provider. This tool is used to safeguard children in placement accordingly. Within the tool, it reflects professional information and areas the provider feels presents as a risk to young people in their locality, supported by description of risk and the protective measures implemented by the provider to reduce risk. Data has been sourced from a variety of agencies:
  - 4 Hawthorne Crescent. Skellow – 27.03.2025
  - 22 Swan Street. Bentley – 27.03.2025
  - 2 Cromer Road. Intake – 12.12.2025
- The provider has submitted the Statement of Purpose. This was updated on 02.10.2025 – *Illuminate Care Group proudly specialise in offering exceptional semi-independent care and support to young people as they transition out of care. We will cater to those with emotional, behavioural, and learning needs, providing a pathway to independence through a nurturing and structured environment. Our vision is to empower young people to develop the skills, confidence, and resilience necessary to lead independent, fulfilling lives. We uphold the belief that every young individual deserves a secure, nurturing environment they can proudly call home. Our spaces are designed to nurture growth, support development, and instill a profound sense of belonging. We ensure our homes exude warmth, friendliness, and a familial atmosphere, offering young people a sanctuary where they can thrive and feel protected.* The objectives of Illuminate Care are to:
  - Deliver exceptional care
  - Promote a sense of home
  - Recruit quality staff
  - Tailor support and community integration
  - Community engagement
- The Regulation 32 report has been shared with CDC. This is a comprehensive document which gives an overview of the provider for the last 6 months. The current report is from July 2025 to December 2025 and contains information under the following headings:
  - Property to property overview
  - Areas of strength, development and improvement matrix
  - Case study
- The provider has submitted the Physical Intervention Policy. This was reviewed on 07.10.2025 – *There are different criteria for the use of restraint and other forms of physical intervention, such as holding, touching and physical presence:*
  - *Restraint - Regulation 20 sets out the only purposes for which restraint can be used: • preventing injury to any person (including the child who is being restrained);*
  - *Preventing serious damage to the property of any person (including the child who is being restrained); or*



*When restraint involves the use of force, the force used must not be more than is necessary and should be applied in a way that is proportionate i.e. the minimum amount of force necessary to avert injury or serious damage to property for the shortest possible time.*

*If the urgency of a situation results in a member of staff restraining a young person for the purposes of preventing harm or injury to any person (including the young person who is being restrained), or to prevent serious damage to property, this should be the minimum restraint for as short a period as necessary to prevent the harm, injury or damage.*

*The staff will need to ensure that in the recording of any incident they clearly outline all the steps taken to prevent the need to restrict the young person's liberty using physical means.*

- *The Behaviour Management Policy has been submitted. This was reviewed on 13.11.2025– The culture of the home, generated by the staff, is crucial. Staff are expected to understand, manage, and deal with young people's behaviour including encouraging them to take responsibility for their behaviour and help them to learn how to resolve conflict. A restrictive, unsupportive, discouraging and punishing culture will result in instability, hostility, and possibly severe disruption.*

*The homes should have clear, fair boundaries, where young people feel safe, encouraged, and appropriately rewarded, so that they will thrive and do well. Staff who adopt this approach will also experience less instability and disruption.*

*Rewards and Consequences form a small part of the tools available to staff to support and encourage positive behaviour.*

- *The Whistleblowing Policy has been submitted. This was reviewed on 13.11.2025 – This Whistleblowing Policy aims to encourage and enable employees, volunteers, and other individuals associated with Illuminate Care to raise concerns about malpractice, misconduct, or unethical behaviour within our organisation without fear of reprisal.*

*Illuminate Care is committed to protecting whistleblowers from retaliation, harassment, or victimisation.*

*Any attempt to penalise or intimidate a whistleblower will be treated as a disciplinary matter.*

*Concerns raised will be kept confidential as far as possible. However, there may be instances where disclosure is required to investigate the concern or comply with legal obligations.*

*All employees and volunteers will receive training on this policy during their induction and at regular intervals to ensure understanding and compliance.*

- *The Safeguarding and Child Protection Policy has been submitted. This was reviewed on 13.11.2025 – Illuminate Care Group is committed to providing a safe, nurturing, and emotionally responsive environment for children and young people in our care. Rooted in love-led, attachment-based practice, we believe that love is a vital part of healing, especially for children who have experienced trauma, neglect, or loss. Our safeguarding framework recognises the centrality of safe, appropriate, and intentional expressions of love to promote secure attachments and long-term wellbeing.*

- *The Missing young People Policy has been submitted. This was reviewed on 07.10.2025 - Adults in the homes can help reduce the likelihood of young people going missing (or reduce the likelihood of them going missing again) by carrying out thorough risk assessments which feed into the care planning and review processes, by providing individualised support and by showing care and concern for the young people living in the home.*

*At the initial planning stage, local authorities have a duty to place a child looked after in the most appropriate placement to safeguard them and minimise the risk of them running away.*

*The Placement Plan and Missing from Home Information Record should include strategies for preventing them from going missing.*



*A risk assessment should be completed for all young people for whom there is concern that they may run away. The distance of the home from their home, family and friends should be considered as a risk factor. The risk assessment should be updated after any missing incident and should be regularly reviewed. The risk assessment should detail possible places or persons associated with episodes of going missing and should be referred to whenever a young person goes missing or runs away.*

- There is a comprehensive young person welcome guide in place. It outlines the expectations of the home and provider, what the young person can expect living within a supported accommodation home and who and how they will be supported amongst other information relevant to the young person.
- The DBS tracker has been submitted to CDC. There were no concerns highlighted from this.
- The training matrix has been submitted to CDC. All staff have completed the inhouse, mandatory training. Staff continue to complete additional training as and when required.
- Doncaster Placements Team have no concerns or issues to raise.
- Information was requested from social workers but nothing was received prior to this quality assurance visit being completed.

What Is Currently Worrying The Quality Assurance Officer regarding the Provider:

- The supervision matrix has not been submitted to CDC. To explore further during the quality assurance visit.

What Needs To Happen Next To Address The Quality Assurance Officer Worries:

- A quality assurance visit to be completed on 03.02.2026.

<p><b><u>Provider:</u></b> Illuminate Care</p>	<p><b><u>Establishment:</u></b> 4 Hawthorne Crescent. Skellow 22 Swan Street. Bentley. 2 Cromer Road. Intake</p>
<p><b><u>Date Of Visit:</u></b> 03.02.2026</p>	<p><b><u>Time of Live Visit:</u></b> 08:50 to 14:30</p>
<p><b><u>Professionals Present:</u></b> Anna Cartwright Natalie Masters Samantha Hodgson</p>	<p><b><u>Job Role Of The Professionals:</u></b> Registered Manager Head of Service Commissioning Quality Lead – children’s social care (CDC)</p>



## Properties viewed during the QAAF:

- 4 Hawthorne Crescent. Skellow.

Areas Monitored	Scaling 1-3 (1 being poor, 2 being satisfactory and 3 being good or beyond)	Additional Comments
Cleanliness of the property	3	The property was clean and tidy. No concerns identified in this area.
Living Accommodation Standards Met: Kitchen / Living Area	3	Fitted out and decorated to a very good standard. Open plan which also incorporates a living area and small dining table.
Bedroom	3	Unable to view the bedroom as E was not answering when knocked. All bedrooms do have an ensuite.
Garden	3	Small garden but room to hang out washing.
Visitors Procedure Checked	3	ID checked and directed to sign in the visitors book. Fire procedures are also available and on display within the home.



## Properties viewed during the QAAF:

- 22 Swan Street. Bentley.

Areas Monitored	Scaling 1-3 (1 being poor, 2 being satisfactory and 3 being good or beyond)	Additional Comments
Cleanliness of the property	3	The property was clean and tidy. No concerns identified in this area.
Living Accommodation Standards Met:		
Kitchen	3	Fitted out and decorated to a good standard with a small seating area.
Bedroom	3	Unable to view bedroom as L was asleep at the time of the visit. All bedrooms have ensembles.
Living Room	3	Nicely decorated living area – well furnished.
Garden	3	Small court yard to the rear but plenty of room to hang out washing if needed.
Visitors Procedure Checked	3	ID checked and directed to sign in the visitors book. Fire procedures are also available and on display within the home.



## Properties viewed during the QAAF:

- 2 Cromer Road. Intake

Areas Monitored	Scaling 1-3 (1 being poor, 2 being satisfactory and 3 being good or beyond)	Additional Comments
Cleanliness of the property	3	The property was clean and tidy. No concerns identified in this area.
Living Accommodation Standards Met:		
Kitchen	3	Small and compact. Fitted out and decorated to a good standard.
Bedroom	3	Nice size bedroom incorporating a double bed. Nicely furnished and all bedrooms have an ensuite bathroom. 1 bedroom seen at the time of this visit.
Living Room	3	Living area is off the kitchen. Incorporates sofas and a small dining table.
Garden	3	Large garden as the home sits on a corner plot.
Visitors Procedure Checked	3	ID checked and directed to sign in the visitors book. Fire procedures are also available and on display within the home.



## Safer Recruitment Monitoring

The service manager, cluster manager, head of supported accommodation, strategic lead and head of HR have all completed the training.

### Recruitment

- Job vacancies are usually advertised on Indeed, Facebook, LinkedIn and local job centres.
- The Business Admin, Service manager and cluster manager would normally conduct the interviews. A preliminary interview will be conducted on line before a full interview being conducted face to face.
- Interviews like to be held face to face and 2 interviews may be held where possible.
- Letter of job offer sent to candidates
- DBS and references collated and stored within the staff files.

### Induction

All new starters will complete a supported living workbook and will be expected to complete this within 6 months

Shadow shifts will be completed over 2 weeks following the one week full induction.

The workbook is broken down into several sections which all need to be completed:

- Introduction to the role of a support mentor
- Overview of Ofsted standards
- Safeguarding and child protection
- Promoting independence
- Promoting emotional well-being and mental health
- Supporting education, employment and training
- Understanding risk and risk assessments
- Building positive relationships
- Promoting participation and voice
- Legal framework and policies
- Monitoring and reporting
- Reflective practice
- Working with multi-agency teams

All staff are expected to achieve the BTEC Diploma Level 3 in Residential Childcare within two years of their start date, unless they already have this or an equivalent qualification.



**DIP sample of staff files-**

Job Title Role	Initials of Staff Member	Agency Basis? Yes/No	DBS Disclosure Number & Concerns & Date of Completion	Application X2 References Health Check ( <i>all need to be seen</i> )
Support Mentors	DE	No	001943954981 Date Issued – 13.10.2025 All clear On the update service – checked 13.10.2025.  Safer recruitment interview completed  Right to work in UK evidenced and on file: <ul style="list-style-type: none"> <li>➤ Passport [UK]</li> <li>➤ Birth certificate</li> <li>➤ Driving licence</li> <li>➤ Proof of address</li> </ul>	Application form on file  Interview notes on file  2 x References on file. Signed and verified.  Health declaration on file – 18.09.2025
Support Mentors	CS	No	001945658116 Date issued – 05.11.2025 On the update service – checked 05.11.2025  Safer recruitment interview completed  Right to work in UK evidenced and on file: <ul style="list-style-type: none"> <li>➤ Passport [UK]</li> <li>➤ Driving licence</li> <li>➤ Proof of address</li> </ul>	Application form on file  Interview notes on file  2 x References on file. Signed and verified. Insufficient employment references so a risk assessment was completed.  Health declaration on file – November 2025.

All health declarations are reviewed annually or as and when required.



## Discussion in regards to the rota

The service manager completes all rotas and staff are on a 6 week rolling rota. There have been no concerns raised by staff around this. Christmas and New Year was all covered and there were no concerns highlighted.

<b>What did CDC identify prior to the visit in respect of worries identified on the pre-analysis</b>	<b>What further information has been gathered to alleviate the worries identified.</b>
<p><b>Identified Concern- Point 1</b></p> <p>The supervision matrix has not been submitted to CDC. To explore further during the quality assurance visit.</p>	<p>Supervisions are completed every 4-6 weeks. The registered service manager is supported in completing these by the cluster manager.</p> <p>All up to date and no further concerns identified.</p> <p>Staff meetings are also held on a monthly basis. The last meeting was held on 13.01.2026.</p>



**The Leadership and Management Standard – Regulation 4**

This standard should enable a young person to have confidence in the organisation providing their accommodation and support and the people responsible for running it.

Records checked	Answer Y/N	Comment
How are young people supported to develop skills in preparation for the transition to independence?	----	<p>Natural interaction sessions are completed with all young people. The amount of these is dependent on what the social worker has requested and based in line with their support hours.</p> <p>Engagement has diminished of late for EF however LH has improved. In terms of the USAC, they engage really well and are working well within the KTMF booklet.</p> <p>Both EF and LH have completed the KTMF booklet.</p>
Are the young people aware of how to make a complaint? How can they access the complaints policy?	Yes	<p>Illuminate Care Group Ltd will have a written Complaints Policy that will be communicated to our young people both verbally and in writing upon admission. This policy will also be available to staff, carers, parents, visitors, and placing authorities upon request. It will be posted on our noticeboard in a simplified guide, along with a copy of the full process.</p> <p>Information is also included within the young person's welcome guide which all receive on their arrival to the home.</p>
How do staff promote and prioritise the welfare of young people?	----	<p>The provider registers the young people with doctors, dentist and opticians. Registrations will be completed at the earliest opportunity. The staff will also support the young people in attending health assessments, health appointments etc. and also help to source education.</p> <p>HBH is registered with a dentist, however, has been declined funding for treatment. The dentist is unable to explain this but if things do change in terms of the funding, he will be allocated an appointment.</p>



Is there a Business Continuity Plan in place?	Yes	This plan was reviewed and updated on 13.11.2025. This is reviewed annually as a minimum.
What does the placement planning process/matching process look like?	----	<p>We accept young people who demonstrate a growing sense of independence and readiness to acquire additional skills for a successful transition into adulthood. Our service is specifically designed to cater to young individuals who no longer require the level of care or specific environment provided in a children's home or foster care setting. We will accept the following characteristics, provided the young person is compatible with any existing group dynamics and their needs are not incompatible with the needs of any existing young people, which will be assessed before a place is offered and subject to a satisfactory risk assessment.</p> <ul style="list-style-type: none"> <li>➤ ASD</li> <li>➤ SEMH problems</li> <li>➤ ADHD</li> <li>➤ Self-harming behaviours</li> <li>➤ Attachment disorder</li> <li>➤ Risk of criminal exploitation</li> <li>➤ USAC</li> <li>➤ Mental health issues</li> <li>➤ Challenging Behaviours</li> <li>➤ Moderate Learning Disabilities</li> <li>➤ Drug and alcohol abuse</li> </ul>
Did a placement planning meeting take place within timescales (within 5 working days of the placement) for all young people currently in placement?	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p><u>AA</u> [10497554] moved in 19.12.2025 Placement planning meeting – 22.12.2025</p> <p><u>ID</u> [10479974] moved in 18.12.2025 Placement planning meeting – 22.12.2025</p> <p><u>EF</u> [10447979] moved in 14.07.2025 Placement planning meeting – 15.07.2025</p> <p><u>HBA</u> [10496443] moved in 28.11.2025 Placement planning meeting – 29.11.2025</p> <p><u>LH</u> [10342501] - Moved in 27.08.2025 Placement planning meeting – 27.08.2025</p> <p><u>SN</u> [10496442] moved in 02.12.2025 Placement planning meeting – 03.12.2025</p>



**The Protection Standard – Regulation 5**

This requires the registered provider to ensure that a location risk assessment has been completed and has identified the local area as a suitable location for the type of service provided.

Records checked	Answer Y/N	Comment
What protocols are in place to ensure the young people are kept safe? Is there a missing from care protocol/Philomena in place?	Yes	Philomena's in place for all young people. These are updated on a regular basis. If a young person gives a new address or opens a bank account this will be updated on the Philomena. AA – 22.12.2025 ID – 21.12.2025 EF – 05.01.2025 HBA – 04.12.2025 LH – 19.01.2025 SN – 12.12.2025
Are young people's needs being met following their relevant care plans?	Yes	All young people are given the opportunity to attend their LAC reviews and this is encouraged by the staff. The staff to adhere to the actions from the plans and will support where possible to ensure these are completed. LAC reviews are predominantly completed face to face.
Do the young people have 24 hour access to staff support?	Yes	There will always be 24 hour support for young people when required. They have all phone numbers required for the management team.
Is there sufficient evidence of the provider working with partnership agencies to promote the welfare of young people?	Yes	Positive working relationships with social workers, PA's and the local authority as a whole. They also feel this is continuing to grow. They have also built relationships up with health professionals, education providers etc.



## The Accommodation Standard – Regulation 6

This ensures that the accommodation and physical premises used for the purpose of providing supported accommodation for young people.

Records checked	Answer- Y/N	Comment
Where surveillance is used for the purpose of safeguarding and promoting welfare is there clear guidance in place to guide its use and purpose?	Yes	There are no internal cameras in any of the properties and external cameras are used at the discretion of the social worker alongside the needs of the young people. There is signed consent for the use of these on file.
Are the homes decorated and furnished to a service specification standard?	Yes .	The homes are well decorated and furnished to a good standard. They are very homely and have all the furnishings and equipment that the young people do require.
Are the properties safe, secure and well-maintained and if so how?	Yes	Regular health and safety inspections completed in each home. Full health and safety inspections are completed on a quarterly by the housing operations manager and weekly checks are completed by the support staff in each home. They are completed both daily and weekly. There is an inhouse maintenance person and the provider also uses contractors for any work which may need completing. This will all be completed in a timely manner.
Does the provision hold sufficient internet connectivity in order to enable young people to maintain relationships and feel comfortable?	Yes	All young people have access to the internet throughout each house with no concerns identified in this area.
Have the young people been provided with a written agreement which outlines their rights, terms and conditions of the service?	Yes	There is no written agreement that needs to be signed by young people but they are informed of their rights, terms and conditions within the welcome guide and during placement meetings.



## The Support Standard – Regulation 7

This is to ensure that all young people using the service receive individual and tailored support. The support package should be appropriate to a young person's needs, promote and support their independence and clearly identify the services contribution to meeting their needs.

Records checked	Answer Y/N	Comment
Are the young people encouraged and enabled to take a lead role in the support that they receive?	Yes	Group house meetings are conducted on a monthly basis and young people are also asked to complete feedback forms every 2 months. Participation continues to grow and improve over time.
Are the young people provided with a guide/information about the service in which they live including information in regards to inclusivity which may include cultural and disability needs?	Yes	A young person's home guide is provided to all young people on their arrival to the home. This outlines all information they may require in terms of the support they will receive and how they can access services etc.
Do the young people have an adequate level of support available, especially when it comes to their transition (social worker/personal advisor)?	Yes	Regular visits are being undertaken by the social workers and PA's. The young people are able to call their social workers and PA's at any time if they need advice and support. The provider feels communication is good with the social workers.
Is there evidence of the provider working collaboratively with CDC to ensure, where a fluctuation of support is required, that this is assessed, deemed appropriate and acts in the best interests of the young person?	Yes	Illuminate Care feel they have a good relationship with the local authority as a whole and they feel this continues to grow and improve.
Is there evidence that the provider has an understanding of lived experience of the young person in their support, this should include understanding of early childhood trauma and how developmentally this may impact on the support in which the young person receives?	Yes	The provider has a therapeutic counsellor who works with the staff team and young people alongside a mental health practitioner who supports young people and staff team. Training is also delivered by these staff members. There is also a TCI train the trainer. All these staff members have input to the placement plans, risk assessments etc to ensure the correct level of support is being offered to the young people.



## Outcomes following the Quality Assurance Visit

The provider is registered with Ofsted and they are also on the City of Doncaster 16+ framework. The registered service manager had their fit persons interview later last year and this was approved on 06.01.2026.

The provider is currently preparing for their 1<sup>st</sup> Ofsted inspection and are looking forward to this when it happens.

A Care V's Support tool will be completed for the young people who have been accepted into the homes by the provider. This is to ensure that the young people are suitable for supported accommodation whilst adhering to the Ofsted regulations.

A compatibility assessment will also be completed due to the homes housing up to 5 young people at any one time to ensure the young people are able to live together safely.

The provider uses Clear Care online recording system to record and report all documents. Key work sessions are also recorded using this system and the provider uses the term natural interactions for these. Information within this document is recorded under the following headings:

- Summary
- Details of interaction
- Targets set for the young person to achieve by the next session
- Anything for the staff member to follow up on
- Any other matters to be discussed with the team manager and/or social worker and/or parents
- Has the session met a criteria from their support plan
- Does the behaviour management plan/risk assessment need updating.

This was once again a positive visit with no significant concerns identified. Illuminate Care continue to build on a positive working relationship with the City Of Doncaster Council and all homes are furnished and decorated to a good standard.

## Discussions in respect of the young people placed:

### AA

A only moved into the home on 19.12.2025. He has stated that he is bored as his friends have started to enjoy attending the gym but because there was a delay in him moving from the assessment team to IFT there was no budget to arrange this.

He has been going to a local park to play football with his peers and he has also enjoyed playing on the PlayStation within the home.

A referral has now been made to Doncaster college alongside tuition and he is awaiting a start date.

There are no concerns in regards to A however, he does have some health concerns around acid reflux and he has been prescribed medication with further medical appointments to attend.

Information received from the social worker on 19.01.2026:

*So far I have found placement to be positive as follows:*

- *If young person is saying something then placement are letting SW know, good communication of wishes and feelings.*



- *Manager (Anna) is across issues in startup of placement with new young people and setting up of homes with our service.*
- *Placement keywork uses interpreter and I can see that staff have agenda / questions to ask to make use of this time.*
- *Bedrooms and general house decorated and kept are to a good standard*

*At this stage no issues with placement provider at Cromer.*

*No safeguarding issues re Cromer.*

*If there is a 'negative' then it's that the kitchen is a shared facility that will get crowded at peak use. But that said the lads at Cromer Rd share meal cooking - so this tends not to be problem for now.*

Placement plan/Support Plan – This was last reviewed and updated on 19.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]
- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and A has the following risk assessments in place:

- Sharing communal areas [23.12.2025] – Medium
- Supporting USAC [21.12.2025] – Medium
- Water safety Legionella's [21.12.2025] – Medium
- External CCTV [21.12.2025] – Medium to High
- Challenging neighbours [21.12.2025] – Medium to High
- General house [21.12.2025] – Medium

Natural interactions – The most recent discussions have been on the following topics:

- Assisted to complete his food shop with another young person.
- Emotional well-being, engagement, relationship building and positive future planning
- Discussion about Ramadan
- Getting to know A

Hours of support/plan to reduce the support – 7 hours per week with no sleep. There is always 24 hour support available.

## **ID**

From the moment he arrived to Illuminate Care, I was not happy. He stated he would prefer to have remained in Sheffield and he found his bedroom to be small. The social worker spoke to I and explained that a move to Sheffield was not possible and it was agreed that an internal move to another property could be arranged and he was happy with this once he had visited the new home.

I is currently going through the age assessment as he was previously living in Sheffield as an adult and he is contesting this.

He has now been allocated a solicitor but he is yet to have his initial meeting with them.



Information received from the social worker on 19.01.2026:

*So far I have found placement to be positive as follows:*

- *If young person is saying something then placement are letting SW know, good communication of wishes and feelings.*
- *Manager (Anna) is across issues in startup of placement with new young people and setting up of homes with our service.*
- *Placement keywork uses interpreter and I can see that staff have agenda / questions to ask to make use of this time.*
- *Bedrooms and general house decorated and kept are to a good standard*

*At this stage no issues with placement provider at Cromer.*

*No safeguarding issues re Cromer.*

*If there is a 'negative' then it's that the kitchen is a shared facility that will get crowded at peak use. But that said the lads at Cromer Rd share meal cooking - so this tends not to be problem for now.*

Placement plan/Support Plan – This was last reviewed and updated on 19.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]
- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and I has the following risk assessments in place:

- Sharing communal areas [23.12.2025] – Medium
- Supporting USAC [21.12.2025] – Medium
- Water safety Legionella's [21.12.2025] – Medium
- External CCTV [21.12.2025] – Medium to High
- Challenging neighbours [21.12.2025] – Medium to High
- General house [21.12.2025] – Medium

Natural interactions – The most recent discussions have been on the following topics:

- Keys to My Future Booklet
- Weekly food shop
- Placement concerns
- Winter clothes shopping
- Getting to know I

Hours of support/plan to reduce the support – 7 hours per week with no sleep. There is always 24 hour support available.



## EF

At the current moment in time, E is not in a good place with her mental health and the provider is keeping her social worker up to date. Staff continue to offer support however, she will not always accept this and will push the support away but will then later apologise following reflection and more often than not will then accept the support.

E continues to attend college but her attendance is currently 59.8% but this is gradually improving over time. She has also changed jobs to a Wine Bar in Sprotborough and this is also part-time.

The staff recently confiscated Ketamine that was found in the communal area of the home and it is believed she is still using this. She did attend the Urology appointment but failed to attend the recent one. Dad will support her to attend so the staff team will not always know when her appointments are so cannot always remind her of these.

There are no moving on plans for her turning 18 at the end of this month and this has been raised with the placements team.

Placement plan/Support Plan – This was last reviewed and updated on 26.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]
- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and E has the following risk assessments in place:

- Visitors to the home [04.11.2025] – Medium
- Supporting a young person who smokes or vapes [14.07.2026] – Medium
- Failure to return to placement/missed curfew [07.11.2025] – High
- Supporting a young person with incidents and accidents [02.12.2025] – Medium to High
- Allergy to fruit and animal fur [16.07.2025] – Medium
- Challenging neighbours [03.11.2025] – Medium to High
- Use of external CCTV and doorbell camera [02.12.2025] – Medium to High
- Drug and alcohol misuse [03.11.2025] – Medium to High
- Substance abuse and finding narcotics within the home [03.11.2025] – Medium to High
- Self-injury, distress and emotional wellbeing [03.11.2025] – High
- Young person safety plan [24.07.2025]
- Water safety/Legionella [10.11.2025] – Medium
- General house [10.11.2025] – Medium

Natural interactions – The most recent discussions have been on the following topics:

- Moving into the 18+ service
- 18<sup>th</sup> Birthday plans
- Doncaster home choices
- Various topics [St Ledger, driving licence, Job search and GP
- Building stability and positive direction



Hours of support/plan to reduce the support – 15 hours per week including 5 hours of floating crisis support. 22 hours per week with no sleep. There is always 24 hour support available.

## **HBH**

H is described as having settled really well into the home and has formed a positive friendship with another young person whom he got to know in the hotel and who has also been placed in the home. Full health screening has been completed and this has come back as all clear. He also has his first solicitors appointment today and is being supported by his social worker to attend this.

H attends the gym on a regular basis with friends and has also joined the local football team for USAC. In regards to college, he has his assessment at Doncaster on 17<sup>th</sup> February and is already engaging in tuition.

Weekly key working sessions are being held with a translator and is progressing with the KTMF booklet.

Information received from the social worker on 19.01.2026:

*So far I have found placement to be positive as follows:*

- *If young person is saying something then placement are letting SW know, good communication of wishes and feelings.*
- *Manager (Anna) is across issues in startup of placement with new young people and setting up of homes with our service.*
- *Placement keywork uses interpreter and I can see that staff have agenda / questions to ask to make use of this time.*
- *Bedrooms and general house decorated and kept are to a good standard*

*At this stage no issues with placement provider at Cromer.*

*No safeguarding issues re Cromer.*

*If there is a 'negative' then it's that the kitchen is a shared facility that will get crowded at peak use. But that said the lads at Cromer Rd share meal cooking - so this tends not to be problem for now.*

Placement plan/Support Plan – This was last reviewed and updated on 19.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]
- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and H has the following risk assessments in place:

- Sharing communal areas [23.12.2025] – Medium
- Supporting USAC [21.12.2025] – Medium
- Water safety Legionella's [21.12.2025] – Medium
- External CCTV [21.12.2025] – Medium to High
- Challenging neighbours [21.12.2025] – Medium to High
- General house [21.12.2025] – Medium



Natural interactions – The most recent discussions have been on the following topics:

- Drug misuse
- Weekly food shop
- Oral health awareness, understanding dental care and encouraging responsibility for personal health
- Education and my future
- Budgeting
- Exploring church options

Hours of support/plan to reduce the support – 7 hours per week with no sleep. There is always 24 hour support available.

## **LH**

At the end of October, L made a huge turning point in terms of her positive engagement with staff around home cleanliness and maintaining a nice home. She has been supported by staff to create a CV and this has since been distributed to companies within Doncaster.

L has completed key work sessions around property bidding but this will need to be amended now she is pregnant and will be supported in this by the PA.

The KTMF booklet has now been completed despite her early reluctance around this and she has now become a lot better in her self-reflection in how she manages certain situations.

L has now completed courses on Safeguarding, Duty of Care and health and safety as she would like to find a job working with the elderly.

Since the last quality assurance visit, L has now re-started at Journey Education. This is still a little hit and miss but has vastly improved.

Information received from the social worker on 21.01.2026:

- **Safeguarding concerns relating to the young person whilst in placement** - *There are no current safeguarding concerns within the placement. Although the young person has a history of going missing, there have been no recent incidents; staff continue to monitor this risk appropriately. L has recently disclosed that she is pregnant, this is being managed safely and supported by staff. There is no indication of immediate harm or unmet safeguarding needs at this time.*
- **Is the home proactive in responding to the young person's individual needs?** - *Yes. The home is proactive and responsive to the young person's needs. Staff have built a positive and trusting relationship with L, which has contributed to her stability in placement. Staff are attentive to her emotional wellbeing and offer consistent guidance and reassurance.*
- **Concerns relating to the function of the provider and its daily practice** - *There are no concerns at present.*
- **Positive feedback regarding partnership working and success** - *Illuminate communicate appropriately with myself and other agencies, they have built a positive relationship with the L which has been a key factor in reducing risks and promoting her wellbeing.*

Placement plan/Support Plan – This was last reviewed and updated on 17.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]



- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and L has the following risk assessments in place:

- Supporting a young person with incident and accidents [29.08.2025] – Medium to High
- Aggressive behaviour [13.11.2025] – Medium
- Use of external CCTV [02.12.2025] – Medium to High
- Supporting a young person who smokes and vapes [02.12.2025] – Medium
- Self-injury, distress and emotional well-being [02.12.2025] – High
- Substance abuse and finding narcotics within the home [29.08.2025] – Medium to High
- Drug and alcohol misuse [29.08.2025] – Medium to High
- Failure to return to placement/missed curfew [10.11.2025] – High
- Safeguarding and exploitation [10.11.2025] – High
- Water safety/Legionella [10.11.2025] – Medium
- General House [10.11.2025] – Medium

Natural interactions – The most recent discussions have been on the following topics:

- Preparation for work and customer service skills
- Healthy relationships and emotional support
- Maintaining a clean environment
- 18<sup>th</sup> birthday plans
- Independent shopping
- First weeks of pregnancy chat

Hours of support/plan to reduce the support – 29 hours of support per week plus 7 sleeps. There is 24 hour support available if required. Remains the same.

## **SN**

S is described as having settled really well into the home and has formed a positive friendship with another young person whom he got to know in the hotel and who has also been placed in the home. Full health screening has been completed and this has come back as all clear. He also has his first solicitors appointment today and is being supported by his social worker to attend this.

S attends the gym on a regular basis with friends and has also joined the local football team for USAC. In regards to college, he has his assessment at Doncaster on 17<sup>th</sup> February and is already engaging in tuition.

Weekly key working sessions are being held with a translator and is progressing with the KTMF booklet. His ARC card has already arrived and he also has a bank account.

Information received from the social worker on 19.01.2026:

*So far I have found placement to be positive as follows:*

- *If young person is saying something then placement are letting SW know, good communication of wishes and feelings.*
- *Manager (Anna) is across issues in startup of placement with new young people and setting up of homes with our service.*



- Placement keywork uses interpreter and I can see that staff have agenda / questions to ask to make use of this time.
- Bedrooms and general house decorated and kept are to a good standard

*At this stage no issues with placement provider at Cromer.*

*No safeguarding issues re Cromer.*

*If there is a 'negative' then it's that the kitchen is a shared facility that will get crowded at peak use. But that said the lads at Cromer Rd share meal cooking - so this tends not to be problem for now.*

Placement plan/Support Plan – This was last reviewed and updated on 19.01.2026. These plans will be reviewed and updated on a regular basis. Information is collated under the following headings:

- Personal details
- Medical details
- Goals [short term and long term]
- Education and employment
- Support network
- Social and emotional
- Transition plan

Risk assessments – These are reviewed on a regular basis and S has the following risk assessments in place:

- Sharing communal areas [23.12.2025] – Medium
- Supporting USAC [21.12.2025] – Medium
- Water safety Legionella's [21.12.2025] – Medium
- External CCTV [21.12.2025] – Medium to High
- Challenging neighbours [21.12.2025] – Medium to High
- General house [21.12.2025] – Medium

Natural interactions – The most recent discussions have been on the following topics:

- Weekly food shop
- Maintaining a clean environment
- Financial independence
- Education and my future
- Discussion about Ramadan

Hours of support/plan to reduce the support – 7 hours per week with no sleep. There is always 24 hour support available.



## Action Plan/Recommendations

### Rag Rating

To be completed within one working week

To be completed within three months

To be completed within six months

Action	Who is completing the action	Date to be completed by
ID – Chronology to be completed on the lead up to his internal move following initial key work session on 03.01.2026.	Provider	11.02.2026
LH – Update Philomena	Provider	11.02.2026
PHEW link to be shared with the provider so documents can be uploaded easier prior to the QA visits.	SH	11.02.2026

**Disclaimer:** At the time of the visit, every effort was made to ensure the accuracy and correctness of the information and observations presented in this report. However, conditions and circumstances may change over time, and new developments may occur that could affect the accuracy of the report's content. Consequently, the information contained herein is reflective of the conditions and circumstances as they existed at the time of the visit and should not be regarded as a guarantee of current or future accuracy. Users of this report are encouraged to verify any information or observations independently and consider subsequent developments that may have transpired after the visit.