



## 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
This is the first full quality assurance visit to the provider.		



**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>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
<b>Please list the lots in which you properties sit.</b>	
<b>Please provide copies of :-  Latest Ofsted/CQC Inspection Report- Where applicable and any Action Plans.</b>	Reports enclosed Yes/ <b>No</b>  If not enclosed, please state the reason: No previous inspections completed to date.
<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> EF [10447970]- 31 (CLEARCARE NO) LH [10342501]- 28 (CLEARCARE NO)
<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</b> <b>Yes/ No</b>
	Please see attached staffing structure x 2
If staff structure chart not enclosed, please state the reason:	NA
<p>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>):</p> <p>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</p>	<p>1 - complete</p> <p>1 - ongoing</p> <p>All staff are being enrolled onto level 3 diploma in residential childcare.</p>

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
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

### Additional Staffing Information:

Number of staff who have joined the provision in the last 3 months	2
Number of staff who have left the provision in the last 3 months	0
Number of current staff vacancies ( <i>shown in staffing structure chart</i> )	2 - 1 cluster Manager/ 1 Waking night staff.
Number of agency staff employed	0
Number of staff currently in probation period	2



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

<b>Number of young people with an identified risk of CSE</b>	0
<b>Number of young people with an identified risk of CCE</b>	1
<b>Number of young people who are completing CDC Keys to My Future programme- Please provide % of completion</b>	LH - 10% complete- ongoing with staff support
<b>Number of young people registered with a doctor- Please provide details of registration (name of surgery) and last appointment date.</b>	2 - EF - Flying Scotsman - 29.07.2025 LH - Bentley health centre - Unknown
<b>Number of young people registered with a dentist- Please provide details of registration (name of surgery) and last appointment date.</b>	2 - EF - My dentist - Carcroft, Doncaster. LH - Bentley Dental - 05/07/2024
<b>Number of young people registered with an optician- Please provide details of registration (name of company) and last appointment date.</b>	2- Specsavers  EF - Unknown LH - 18/10/2023
<b>Number of young people with an annual Health Assessment- Please provide date of last assessment and the initials of the young people</b>	1 - LH - 16.10.2023 (LH refused last health assessment).
<b>Number of young people with an EHCP- Please provide date of last assessment and initials of the young people</b>	1 - LH - 10/09/2024  EF - IEP (Illuminate) LH - IEP (Illuminate)
<b>Number of young people with a PEP- Please provide date of last assessment and the initials of the young people</b>	1 - LH - 21/01/2025
<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>	1 - EF - 4.5 days per week - Studying Business management at Doncaster College.
<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>	2 - EF - works part time at Da Leo Italian - 16-20 hours per week. LH - works part time at Toll Bar Grill - 16-20 hours per week



<p><b>Have LAC reviews been undertaken and are the reports in place?</b>- Please provide details of the last CLA and care plan on file and the initials of the young person.</p>	<p>LH - yes - 27/05/2025 - upcoming LAC 06/10/2025.</p> <p>EF - yes - 25.07.2025 (awaiting LAC document to be sent from social worker) - upcoming LAC - 17.10.2025</p>
<p><b>Has a Pathway Plan been completed and is the document on file?</b> - Please provide details of the last Pathway Plan on file and the initials of the young person.</p>	<p>LH - has a pathway plan.</p>

### **ADMISSION, TRANSITION and DISCHARGE PLANNING**

<p><b>Number of young people that have been admitted to your service in the last 3 months.</b></p>	<p>3</p>
<p><b>Please provide a standard operational procedure for matching and discharge</b></p>	<p>Match through compatibility risk assessment along with the matching policy.</p>
<p><b>Number of internal transitions - Please specify if a transition plan has been completed by the social worker/PA</b></p>	<p>0</p>
<p><b>Number of discharges in the last 3 months.</b></p>	<p>2</p>

### **INCIDENTS AND NOTIFICATIONS**

<p><b>Number of reported Missing episodes in the last 3 months for CDC children only?</b></p>	<p>RM - 23.08.2025 29.08.2025 31.08.2025 13.09.2025</p>
<p><b>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</b></p>	<p>2 - Reg 27 notifications submitted for RM (RM no longer in placement and has returned to family home).</p>
<p><b>Number of incidents involving the police in the last 3 months for CDC young people only?</b></p>	<p>1 - RM, incident in the community.</p>
<p><b>Number of LADO notifications for all young people in placement-please break this down as suggested: LA- Frequency over the last 3 months-</b></p>	<p>0</p>



<b>Behavioural Incidents</b> - <i>Please provide a brief explanation per young person and total figure. Please within clarify whether physical intervention has been required.</i>	0
<b>Restrictive Practice</b> - <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
			RM X 2 - PLEASE SEE ATTACHED SAFEGUARDING AND REG 27 TRACKER.

**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*

<b>A</b>	How many homes are used by CDC young people during this reporting period? (please provide addresses of the properties)	2 -  22 Swan Street, Bentley, Doncaster, DN5 0JE - LH  4 Hawthorne Crescent, Skellow, Doncaster, DN6 8HU - EF
<b>B</b>	Date of gas inspections for all properties (certificates will need to be seen)	Swan Street - 11.07.2025 Hawthorne Crescent - 16.10.2024
<b>C</b>	Date of electrical inspections for all properties (certificates will need to be seen)	Swan Street - 28.07.2022 Hawthorne Crescent - 25.10.2025
<b>D</b>	Date of PAT testing for all properties (certificates will need to be seen).	Swan Street - Hawthorne Crescent - 04.07.2025



<b>E</b>	<b>Number of fire drills undertaken in the last 3 months</b>	3
<b>F</b>	<b>Number of fire alarms tests undertaken in the last 3 months.</b>	Tested on a weekly basis, with a rotation of call points.
<b>G</b>	<b>Number of Carbon Monoxide tests undertaken in the last 3 months.</b>	Tested on a weekly basis.
<b>H</b>	<b>Number of Legionella's tests undertaken in the last 3 months.</b>	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.
<b>I</b>	<b>Number of health and safety inspections undertaken in the last 3 months</b>	2 - Hawthorne by Chris (housing operations manager) 29/9/2025 and 15/08/2025.  1 - Swan Street by Chris (housing operations manager) 29/09/2025.  Staff complete weekly health and safety checks and daily health and safety visual checks.
<b>J</b>	<b>Number of times the first aid boxes have been re-stocked by a qualified staff member in the last 3 months.</b>	0
<b>K</b>	<b>Number of Health and Safety Incidents reported to the relevant authority in the last 12 months (HSC, COSHH, RIDDOR etc.).</b>	0
<b>L</b>	<b>Number of visitors recorded to the properties in the last 3 months.</b>	28
<b>M</b>	<b>Number of immediate works carried out within the 2 hour timescale</b>	0
<b>N</b>	<b>Number of emergency works carried out within the 24 hours</b>	Swan Street - 4 - boiler, fire door, plug socket, bedroom radiator not warming up.  Hawthorne -  None.



O	Number of urgent works carried out within the 7 day timescale	Swan Street - 1 - TV fixing to the wall.  Hawthorne - P4 - TV fixed to the wall, YP radiator in bedroom not warming up, backdoor adjustment due to sticking, and staff bedroom door frame adjustment.
P	Number of routine works carried out within the 28 day timescale.	Swan Street - 1 - Damp staff bedroom (Been treated prior to YP and ongoing checks completed by Chris.  Hawthorne -  1 - Garden gate sticking.

**PQA COMPLETED BY:**

Name	Anna Cartwright
Position in Organisation	Service Manager
Date	02/10/2025



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 home 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
- 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 provider has submitted the Physical Intervention Policy. This was reviewed on 17.01.2025 - *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 updated on 17.01.2025 - 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 October 2024 - 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.*

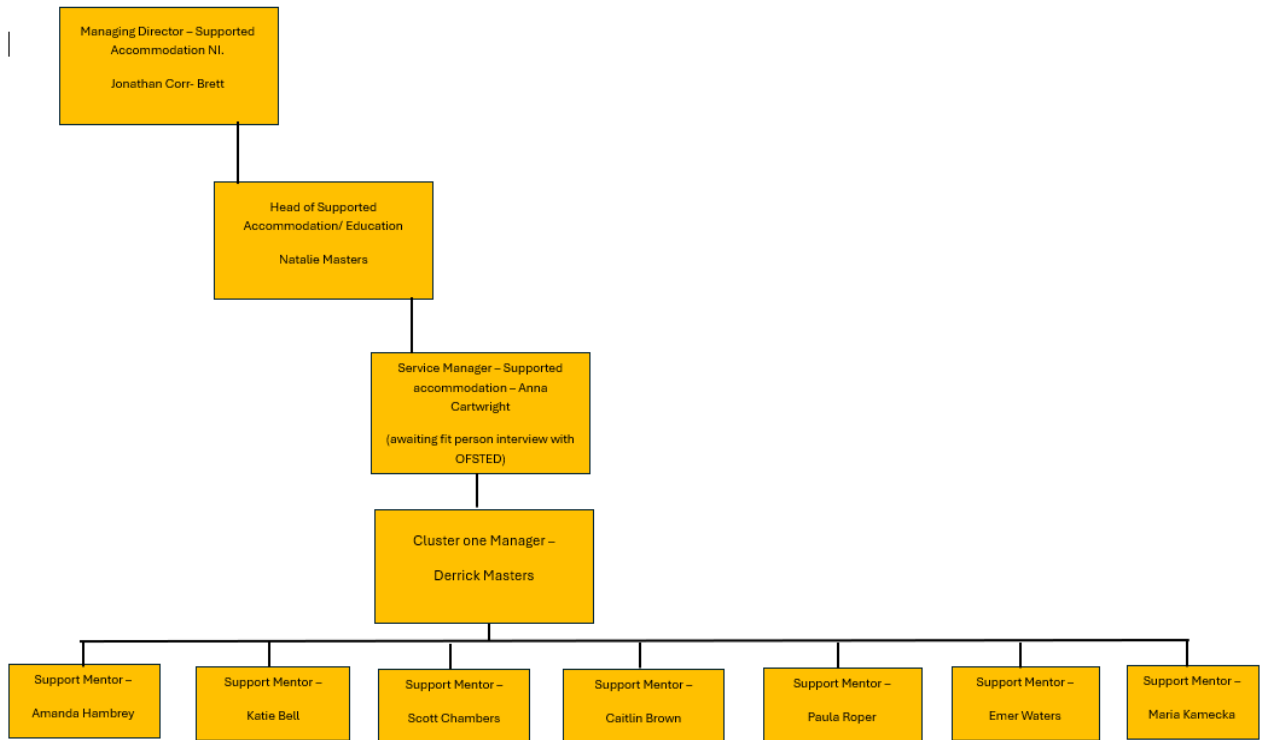
*All employees and volunteers will receive training on this policy during their induction and at regular intervals to ensure understanding and compliance.*



- The Safeguarding and Child Protection Policy has been submitted. This was updated on 13.03.2025 - *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.*
- 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 supervision matrix has been submitted to CDC. There are no concerns to highlight in this area.
- 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.



### Supported Accommodation Staffing Structure



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

- Nothing at this current time.

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

- To undertake a quality assurance visit on 16.10.2025.

<p><b><u>Provider:</u></b> Illuminate Care</p>	<p><b><u>Establishment:</u></b> 4 Hawthorne Crescent. Skellow 22 Swan Street. Bentley.</p>
<p><b><u>Date Of Visit:</u></b> 16.10.2025</p>	<p><b><u>Time of Live Visit:</u></b> 13:50 to 17:30</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> Service Manager Head of supported accommodation and education Commissioning Quality Lead - children's social care (CDC)</p>



**Properties viewed during the QUAF:**

- 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 room	3	Fitted out and decorated to a very good standard. Open plan which also incorporates a living area and small dining table.
Bedroom	3	Nice size bedroom. Decorated and furnished to a good standard. EF has also personalised the room to her taste. All bedroom have an ensuite bathroom.
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	Nice size bedroom incorporating a double bed. Nicely furnished and all bedrooms have an ensuite bathroom.
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.



## 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 and Linkden.
- 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 (all need to be seen)
Support Mentor	PR	No	001900641967 Date Issued - 25.10.2024 All clear On the update service - checked 19.08.2025  Safer recruitment interview completed  Right to work in UK evidenced and on file: ➤ Passport [UK] ➤ Driving licence ➤ Proof of address	Application form on file  Interview notes on file  3x References on file. Signed and verified.  Health declaration on file - 16.09.2025
Cluster Manager	DM	No	001930172253 Date issued - 03.07.2025 On the update service - checked 20.08.2025  Safer recruitment interview completed  Right to work in UK evidenced and on file: ➤ Passport [UK] ➤ Driving licence ➤ Proof of address	Application form on file  Interview notes on file  2x References on file. Signed and verified.  Health declaration on file - 12.02.2025

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 but staff around this. Preparations are already being made for the completion of the Christmas and New Year rota.

<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>
<b>Identified Concern- Point 1</b> None	
<b>Identified Concern- Point 2</b>	



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.</p> <p>For EF she will complete 4 per week. Engagement is described as being good overall.</p> <p>For LH she will complete 7 per week. This also includes a supervised shop. There is minimal support in this area but this is to ensure that she is purchasing food for the week. Engagement is a little hit and miss. In regards to the natural interaction sessions. LH has disengaged in learning and is not completing the KTMF booklet and EF is yet to receive one. This will be left with the provider following this visit.</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>



<p>How do staff promote and prioritise the welfare of young people?</p>	<p>----</p>	<p>The provider registers the young people with doctors, dentist and opticians. Registrations will be completed at the earliest opportunity.</p> <p>The staff will also support the young people in attending health assessments, health appointments etc. and also help to source education.</p>
<p>Is there a Business Continuity Plan in place?</p>	<p>Yes</p>	<p>This plan was reviewed and updated on 07.10.2025. This is reviewed annually as a minimum.</p>
<p>What does the placement planning process/matching process look like?</p>	<p>----</p>	<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?	Yes	<u>EF</u> [10447979] moved in 14.07.2025 Placement planning meeting - 15.07.2025 <u>LH</u> [10342501] - Moved in 27.08.2025 Placement planning meeting - 27.08.2025
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## 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. EF - 16.07.2025 LH - 30.08.2025
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. The participation of EF is good but not so good with LH.
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.



<p>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?</p>	<p>Yes</p>	<p>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.</p> <p>Training is also delivered by these staff members.</p> <p>There is also a TCI train the trainer.</p> <p>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.</p>
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## Outcomes following the Quality Assurance Visit

The provider is registered with Ofsted and they are also on the City of Doncaster 16+ framework. The previous registered manager left the service and the current service manager is currently waiting for their fit persons interview with Ofsted. The application form was submitted at the end of July but they are still waiting to hear when this will take place. The service manager feels ready and prepared for the interview and they will keep council updated of their progress.

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.

Overall this was a positive first visit to this provider and it is hoped the working relationship between themselves and the local authority will continue to move forward in a positive manner.



## Discussions in respect of the young people placed:

### EF

The service manager describes E as having settled well into the home. She is building positive relationships with staff and when out of the property she will keep in touch with staff and answer welfare calls.

She attends Doncaster college and completes a business and admin course and has aspirations to own her own business. She has a 10 year savings plan and puts money aside into an ISA.

Her budgeting skills are excellent and her independence skills is really good. If there has been a dip in her mental health, this is normally evident if the home is a little untidy and she will access the support of staff at this time if required.

Over the last 2 weeks she has used Ketamine twice and has recently been discharged from the incontinence nurse and Zone 5-19 health service due to lack of engagement. Has already had a urology appointment and recently had an ultrasound appointment and is awaiting the results of this. The social worker has shared a plan with the staff team as an intermediate course of how to support EF at this current time and the provider has requested a meeting with the mental health lead.

She is currently working part time at an Italian restaurant.

The worries at this current time are around the Ketamine use and how this will impact her moving forward and in the future.

Placement plan/Support Plan - This was last reviewed and updated on 29.09.2025. 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:

- CCTV - This was added as a temporary measure as the request of E asking for the cameras to be turned on as she felt there was a car parked outside the house that seemed odd. This will be reviewed on 31.10.2025 and if no longer necessary, will be turned back off.
- Use of external CCTV and doorbell camera - Medium



- Drug and alcohol misuse - Medium to High
- Failure to return to placement/missed curfew - High
- Allergy to fruit and animal fur - Medium
- Supporting a young person who smokes or vapes - Medium
- Substance abuse and finding narcotics within the home - Medium
- Visitors to the home - Medium

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

- Discussion around work and her current frustrations with her manager. Also discussed her plans for the future. E was described as being engaged, talkative and self-reflective throughout the discussion.
- E felt that the increased staff presence and check-in's were beginning to feel intrusive. However, she did understand the reason for this.
- Discussion around her recent use of Ketamine. Staff to monitor E and offer support where needed.
- Discussion around college, saving money and future housing arrangements for when she turns 18.
- Discussion around her job and frustrations with her boss, ongoing issues with her neighbours and past experiences with drugs. E engaged well throughout.

Hours of support/plan to reduce the support - 22 hours per week with no sleep. There is always 24 hour support available.

## LH

The provider feels L has settled well into the home and is forging positive relationships with staff. On getting to know her, the staff team feel she responds better and interacts more in a positive manner when out of the home.

L does know her own mind and her mindset is that she is almost 18 and that she feels she does not need the support offered and that no one will be able to tell her when to do for much longer.

Staff continue to try and engage her with independence work but she often declines this. She is enrolled with Journey Education but she declines to attend. She is on a flexible time table and the education staff will visit her every Friday however, L will often not engage and will be dismissive of them. AQA's are going to be explored with her so she can gain some knowledge and experience in certain areas.

L recently expressed to the service manager that because she has been in care she has no desires and wants and feels she has no future. Staff are doing work with her around this. There are worries that the provider is not always aware who and where she is socialising when out of the home.



- **Are there currently any safeguarding concern relating to this young person whilst in placement?** - *L is not returning home and often missing/ absent at night. Worries about friendships, potential CE and finances. I am worried that carers do not have a full grasp on this. This is partly due to L's engagement and her being relatively new to them however I have raised a couple of times now about reporting missing and following safety plan in place. The provider reports that L has returned home every night even though sometimes she may not arrive on time for her curfew. L is answering her welfare calls but if she fails to do this and does not return home, then she is to be reported as missing.*
- **Is the home pro-active in responding to the young person individual needs? Please consider the quality of the care given to this young person in the round.** - *Again, I do not always find that they are acting on worries or reporting them appropriately. L can be challenging. For example, at her looked after review worries were not fully raised and then I received further information in an email. It made me wonder if they were struggling to challenge L. An email was sent prior to the LAC review addressing any worries and concerns the provider had. They were then surprised that these were not then discussed during the review.*
- **Do you have any concerns relating to the function of the provider and how it conducts its daily business?** - *No conduct issues. Would just like more active response. The provider feels they respond in a timely manner and respond appropriately. They have now been provided with the social workers manager details as the social worker only works part time.*
- **Is there anything positive you would like to share with the provider in terms of partnership working and success?** - *Carers speak positively with L and she says she likes the placement and carers.*

Placement plan/Support Plan - This was last reviewed and updated on 24.09.2025. 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:

- Use of external CCTV and doorbell camera - Medium
- Supporting a young person with the administration of prescribed medication - Low
- Aggressive behaviour - Medium
- Challenging neighbours - High
- Drug and alcohol misuse - Medium to High



- Substance abuse and finding narcotics within the home - Medium to High
- Inappropriate holding of house parties - Medium to High
- Supporting a young person with incident and accidents - Medium to High
- Failure to return to placement/missed curfew - High

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

- Discussion had around her relationship with her boyfriend. Was reminded that cultural expectations around the relationship may vary and it was important to understand her boundaries and values.
- Shopping - discussion around budgeting and relationship building.
- Staff supported L through a distressing and emotional episode. She was praised for her ability to stay calm despite multiple emotional triggers and reinforces how proud staff were of her staying substance free [she had a pre-rolled joint with her] and engaged well during the outing.
- Applied for her provisional driving licence with the support of staff.
- Discussion with staff around opening a bank account.

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.



## 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
Encourage both young people to attend their opticians appointment.	Provider	Ongoing
<b>LRA:</b> <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>	Provider	ASAP

**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.