



# Quality Account 2023 - 2024





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# Foreword from the Chief Executive Officer

Welcome to our Quality Account for 2023-24, which demonstrates our commitment to providing the best possible care to our patients and residents. A Quality Account is an annual report that providers of NHS healthcare services must publish, to inform the public of the quality of the services they provide. This is so you know more about our commitment to providing the best quality services. It also encourages us to focus on, and to be completely open about service quality, helping us develop ways to continually improve.

An annual Quality Account looks at what we have achieved in the past year and looks forward to what we plan to achieve in the year ahead. We are proud of our achievements to date and are committed to an onwards journey of learning and improvement.

Active Care Group continues to undergo significant positive transformation, and the engagement of our colleagues in that journey has been key for us. We have made good progress against all of our quality priorities. This is underpinned by a relentless focus on setting clear standards, improving our estate and environments; and investing in transforming our digital infrastructure.

The safety of those we care for is paramount and we have fully embraced the new NHS Patient Safety Incident Response Framework (PSIRF), which went live in November 2023. We have published our approach and safety priorities in a PSIRF Plan which aligns with our quality priorities. Our focus on developing and embedding a just and learning culture underpins how we approach our safety incident responses. We continue to foster a culture in which people feel they can report and highlight incidents knowing they will be supported.

We are continuing on our journey to advance and enhance our digital suite of systems; our goal is to create an efficient, standardised approach to how we work today and in the future. Our digital investments will continue to shape this future and ensure we provide the best quality care to our patients, residents, clients, and service users.

We have introduced a new quality assurance solution that aims to empower colleagues throughout the quality improvement process and transform our approach to quality and service-focused audits.

The new digitised audit approach allows colleagues to submit audits efficiently from a phone, tablet, or computer, provide photos and comments alongside answers, and generate instant reports. The app's audit reports provide a list of key findings every time an audit is submitted, enabling colleagues to identify and take immediate action against key issues found. The analytics module presents various dashboards that allow us to recognise areas of risk and gain assurance using data in real-time.

Ultimately, the new app will allow us to streamline our time on audits and administration, enabling us to have more time for what really matters: the people we care for.

Improving the physical environments for those we look after is one of our key quality priorities. This quality priority focuses on the design and homeliness of our residential settings, health and safety compliance, the cleanliness of our services and maintenance of our estate. I am pleased to report that we have made significant progress in this area in the last year, and we will continue with this programme of improvements in 2024-25.

As we move forward on our journey of improvement, our commitment to improving the quality and safety of our services is first and foremost and we take with us an ethos of co-production and collaboration as we strive to deliver Good and Outstanding services.

**Keith Browner**  
Chief Executive Officer  
Active Care Group





# About Active Care Group

Active Care Group is the UK's leading national provider of complex care and rehabilitation services, harnessing innovation to raise standards and deliver better outcomes for children, young people and adults.

The Group was created by bringing together over 40 care providers to form a progressive, integrated, specialist healthcare business with a national footprint and unique focus on complex care. It offers fully integrated pathways of support ensuring continuity of care and rehabilitation when leaving hospital, alongside flexible and accommodation options to meet long term and changing needs.

This partnership allows us to do the best for our colleagues and those who use our services, and to develop an exciting base from which we can grow the organisation to provide expert care to even more people who need our services.





# Our vision and behaviours

Our vision is a world where people with the most complex needs are surrounded by the collaborative, holistic and expert care they require and the kindness they deserve, to live a brighter future and their best lives.

Our Group Behaviours are at the heart of everything we do. They not only support the delivery of our care, our strategy, and our culture but they are a guide to the behaviours that we value as an organisation, encourage, recognise, and reward. By choosing key behaviours instead of values, we can show our colleagues, patients, residents, and clients what is important to us by what we say (and how we say it), what we do and how we treat others. Unlike values, behaviours are something we can all easily demonstrate, whatever our role in the organisation.



we will be  
**kind & honest**



we will  
**listen, learn & act**



we will be  
**fair & inclusive**







# Our services & locations

## Neuro-rehabilitation and therapy

We provide expert specialist rehabilitation services to adults with neurological conditions resulting from injury, illness, or disease, achieving life-changing, evidence-based outcomes. We offer specialist (Level 1 and Level 2) and slow stream rehabilitation as well as residential and respite care. Our progressive multi-disciplinary teams deliver person centred, holistic care and support for each patient or resident in our services across the UK, helping them to achieve more independence and have a better quality of life.

## Supported living

Our supported living services provide a unique environment of support for adults requiring help to live independently in their own homes, within a community-based setting. We offer a seamless process for people requiring access to round-the-clock support. Every service is staffed and maintained to the highest standards, enabling individuals with complex needs to live safe, happy and fulfilling lives.

## Residential services

We provide specialised residential care to support children and adults with a range of conditions including brain injury, spinal injury, epilepsy and learning disabilities. Our homes offer a specialist service designed to help every person we support progress to be more independent and have a better quality of life.

## Specialist respiratory & ventilation care

Our purpose-built Lane Fox Remeo Respiratory Centre in Surrey aims to improve the quality of life for people with complex respiratory ventilation requirements, through achieving the highest standard of specialist patient care. Working in partnership with Guy's and St Thomas' NHS Foundation Trust, our expert multi-disciplinary team provides long-term respiratory support, both non-invasive ventilation and invasive ventilation, and in 'weaning' patients from invasive mechanical ventilation.

## Child and Adolescent Mental Health Services (CAMHS)

Our Tier 4 CAMHS hospital, Ivetsey Bank Hospital in Staffordshire, delivers specialist assessment and treatment to young people with severe or complex mental health conditions who require intensive inpatient treatment. We provide three types of accommodation: Psychiatric Intensive Care Unit (PICU), General Adolescent Unit (GAU) and an Eating Disorders Unit. Each unit has its own dedicated Multi-Disciplinary Team, and the hospital has its own on-site Ofsted registered school so young people can continue with their studies while receiving treatment, provided they are able to.

## Adult Mental Health Services

We provide acute mental health services to people with severe and complex mental health conditions. We admit patients from across the UK and we welcome people to our acute services from Psychiatric Intensive Care Units (PICU) or other acute hospitals. In addition to our adult Mental Health Hospitals, we also have specialist residential services providing care, support, and rehabilitation to adults with a diagnosed mental health condition.

## Adult Learning Disability Services

We provide a range of residential and supported living services for adults with learning disabilities or autism. We encourage resident to live the very best lives they can, we help our residents to achieve more every day and to continue to develop and grow.

## Children's complex services

Our services for children with complex health needs includes residential and short break services for young people up to the age of 18 years with severe physical or learning disabilities or both.



## Case management

We provide leading case management services nationwide to adults and children with complex physical or neurological injuries including brain injury and spinal injury. We support individuals at whatever stage they are on their journey, from acute stage through to long-term rehabilitation, in their own homes or residential settings.

## Care in the Home

We offer specialist person-centred care to children, young people, and adults with complex needs in their own homes, on either a 'live in' or 'live out' basis. We place people at the heart of the services we offer and design bespoke packages of care around their care needs and personal preferences. Our Support Workers deliver one on one support to people, helping them with personal tasks and activities, so that they can live an independent and active life.

- Neurological Rehabilitation and Therapy
- Supported Living Care
- Residential Care
- Specialist Ventilation & Respiratory Care
- Child and Adolescent Mental Health Service (CAMHS)
- Adult Mental Health
- Adult Learning Disabilities
- Children's Complex Care
- Case Management
- Care in the Home (National Coverage)





## Part 2



### Review of performance against 2023-2024 priorities

Our quality strategy (approved in 2023 and updated in January 2024) sets the direction for the delivery of safe, expert care to the people we serve, and is aligned with the Group's corporate goals. It gives everyone who works in our organisation, our partners and the public, a clear sense of where we are heading, what we consider to be important and how we are going to get there.

We are committed to providing the best care possible to all our patients/residents and people who use our services. We have made significant inroads but recognise that we have areas of work that require clear focus over the next three years.







## Quality Priority 1: Physical health

Many of the people who use our services have significant physical health problems or are at risk of developing them. We do not always meet this need.

***To ensure that we always identify and meet the physical healthcare needs of people under our care.***

### Progress in 2023-24

To achieve 85% compliance in staff trained in Physical Health Observations and Management.

We have standardised the training courses across the organisation with Qualified Nurses required to complete NEWS2 or PEWS training and non-qualified staff required to complete RESTORE-2 training following by a competency in physical observations. Current training compliance is at 75.4% across the group, Restore-2 training began roll out in the North division in May 2024 and will support achieving the compliance target of 85%.

To deliver improved Infection, Prevention and Control training across the group.

This is being approached in two stages, first stage was to ensure that all services had a trained IPC Lead in place and 81% of services have completed this with remaining services booked on to attend the next courses.

The second stage was to revise the IPC face to face training delivered on induction and the subsequent e-learning refreshers. This will be completed and in place across the group in September 2024.

Physical Health care plans and standardised assessment tools in place across ACG.

There is a Physical Health Care Policy which outlines the standardised assessment tools that each service type is required to use. Copies of the tools are accessible via the ACG Intranet.

A care plan model has been developed which outlines the structure and content of physical health care plans. Guidance for creating physical health care plans on Carenotes has been issued a part of the Care Plan Model. The organisation is in a pilot stage of implementing Nourish in social care services as an EPR system and the Physical Health Care Plan is a template within the system. Following roll out of Nourish we will be able to view data on the number of people in our care who have physical health care plans in place.

Centrally held Medical Asset registers for all services.

A standardised Medical Asset Register has been developed and issued to all services for completion. There is ongoing education through specialist governance networks regarding what constitutes a medical asset or device to support the completion of these registers. Data gathered in March 2024 confirmed 33% of services had these in place, safety alert was issued to ensure that these were completed in services which did not have them.





## Quality Priority 2: Protecting our colleagues and people who use services

Too many of our colleagues and people who use our services suffer injuries that are potentially preventable.

***To protect people under our care, and our staff, from injuries and from other harms that are potentially preventable.***

### Progress in 2023-24

Significant progress has been made in a number of areas within this objective. We established a falls prevention working group that has implemented policies, processes and promoted good practice for each division in ACG which has been instrumental in reducing the number of falls over the reporting period by 40%. There has also been consultation with the services within each division by the clinical lead who has acted on the feedback to produce valuable resources for falls prevention which are available on the groups intranet.

We have been extremely proactive in introducing the Patient Safety Incident Reporting Framework within ACG supporting our drive to investigate incidents by thematic review which will assist us in identifying lessons learned and improving patient safety.

A robust programme of Health and Safety audits and reviews of each service has ensured that the majority of ACG properties are now rated as low or medium risk and that compliance is achieved for all statutory requirements. The implementation of data systems has ensured that there is now visibility of key H&S indicators such as training statistics and incident data to identify trends and inform standard operating procedures.

Data analysis continues to show that physical assault on colleague by patients is the main cause of colleague injuries and although the level of reporting remains steady across ACG there is work ongoing in services where this is a real concern. Collectively, ACG are working to implement Safe Wards in services and the implementation of Positive Behaviour Support which will provide training for colleagues in de-escalation of aggression and allow them to better support the persons in our care.

There has been huge improvements in the safety culture and safety awareness within the Care in The Home and Case Management divisions with regular safety meetings held and tailored policies that complement the complexities within these divisions; this has led to a decrease in incidents and improved colleague engagement.

The recent introduction of a Wellbeing lead for the group will ensure that colleague's physical and mental wellbeing is a priority which will lead to an increase in employee productivity and improved patient care.







## Quality Priority 3: Expert and holistic care

The Group's vision emphasises the provision of expert and holistic care to people with complex problems. However, staff do not always meet the specific needs of the people under their care or provide care that enables them to live their best lives.

***To always provide the expert and holistic treatment and care required to meet the complex needs of people under our care.***

### Progress in 2023-24

Over the last twelve months we have completed the rollout of our new learning management system, Active Learning Hub. Each colleague is attached to a training matrix for their specific role. These have been developed based on service specifications. All training is logged on the Hub whether it is face to face or eLearning. Reports are visible through our PowerBI suite of reports which is updated on a daily basis; this has improved training compliance against the training matrix and the forward planning of face to face training.

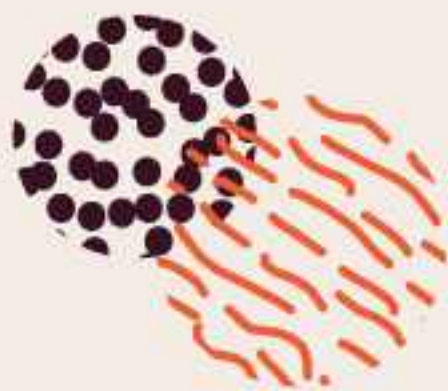
We intend to create an app whereby colleagues can book onto training themselves throughout the year which will feed through to PowerBI so we will have an interactive calendar and forward planning tool.



We continue to focus on career development with our apprenticeship and higher education offering for colleagues; the numbers of apprenticeships is static to the previous year because we had a number of colleagues complete their apprenticeship in year. We use our colleague app, ECHO to promote training and development opportunities and we have seen an increase in interest in the last quarter.







## Quality Priority 4: Outcomes

We do not routinely measure and report the outcomes of treatment and care. Therefore, we cannot use information on outcomes, to 1. Allow users of our services to map their recovery journey aligned to their recovery goals: 2. Enable colleagues in services to understand the quality of care they are providing: 3. Communicate with referrers, commissioners, and regulators, or promote, publicise and market the Group's services.

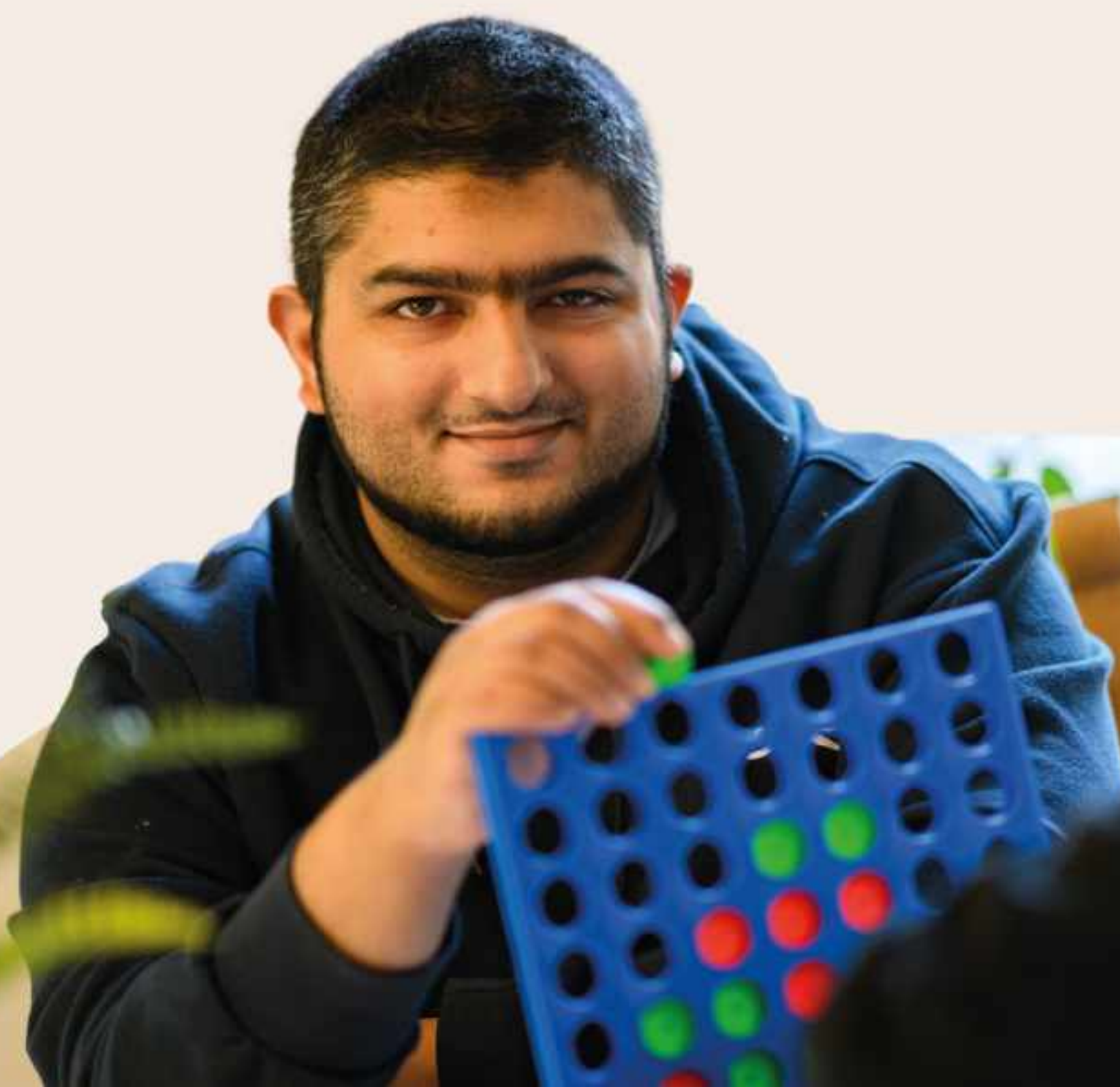
***To measure and report the outcomes that people achieve while under our care, using the best available measurement approaches.***

### Progress in 2023-24

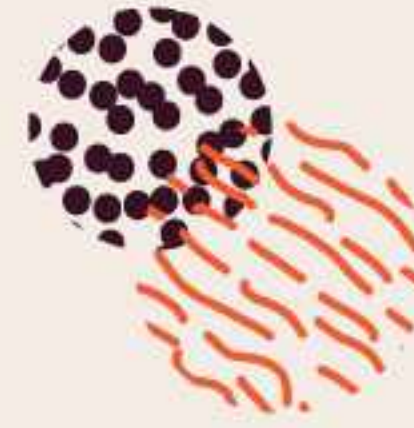
The focus in the last twelve months has been on creating site specifications for each service. This work has allowed teams to focus on what outcomes are most important to their patients, residents and clients. Each service now has a clearly defined set of outcome measures, specific to the needs of those they care for.

The outcome measures are focused on clinical care with standardised measures relevant to the complex care we provide as well as quality of life measures.

We have begun a digital transformation programme and this will allow us to benchmark services against these outcome measures and aim to see this develop across all our divisions in the next twelve months.







## Quality Priority 5: Co-production

Many of the people under our care are highly dependent on our colleagues and have difficulties with communication. We do not always do all we can to enable people under our care, or their carers, to communicate their wishes, wants and needs so that these inform and drive care and shape the development of our services.

***To ensure that the delivery of care and the development of services are co-produced in partnership with the people who use our services and with their families and carers.***

### Progress in 2023-24

- During this reporting period we have continued to monitor progress against this quality priority, we have ensured that resident's forum/meeting data is now measured monthly.
- Accessible information standard training is now available and we are planning for this to be made mandatory for deputy managers, therapists, nurses and support workers.
- To further enhance the quality of our care delivery, we have started to enlist support from experts by experience for a percentage of mock inspections undertaken internally.
- We have developed a standard operating procedure for recruitment which has been co-produced with residents from within our services, ensuring that they have a voice in selecting those providing care to them.
- As part of our digitalisation programme, a new electronic patient record system has been piloted, the system will allow for improved monitoring and auditing of care planning to ensure co-production is clearly evident. The roll out of this system is planned for 2024-25 and will evolve to allow access to families and carers of the residents as appropriate.
- We have developed a resident survey for inclusion in our new electronic audit system, we now have a consistent survey which can be undertaken at any time and results will be analysed and utilised for improvements.







## Quality Priority 6: Physical environment of care homes and wards

The physical environment of the Group's residential settings does not always meet national standards and/or fully promote people's dignity. Also, they are not always well maintained and there are delays to essential repairs. This could have an impact on safety.

***To ensure that the physical environments of the Group's residential settings meet national standards, are well maintained, and fully promote people's autonomy and dignity.***

### Progress in 2023-24

There has been significant progress made within this quality priority over the reporting period which is a result of major financial investment and additional resources made available. A comprehensive programme of environmental walk rounds has been conducted which identified areas of improvement with actions arising from walk rounds monitored through Service Improvement Plans. A standard operating procedure is now implemented to mandate environmental walk rounds monthly. A series of mock inspections have been conducted which included a review of the environment and Infection, prevention control.

IPC audits and policies have been updated in line with national guidance which has ensured that services have met the targets for completing IPC audits. The ACG IPC committee has been launched, where themes arising from audits are discussed and actioned and in this year 90% of services have conducted an IPC audit in accordance with SOP.

The Estates function now has senior management oversight with the introduction of Head of Estates and director of procurement roles and additional resources have been acquired which will support services to carry out routine maintenance and service improvement tasks. The estates CAPEX schedule has been reviewed and is used to track the work that is being undertaken across all ACG services. A series of initiatives have been launched throughout the year which have made improvements to the estate and created positive engagement from colleagues and persons in our care.

Advancements in information systems within the business has greatly improved the visibility of facilities and estates issues, with our intranet displaying all statutory certification for sites and a compliance tracker being developed which will allow services autonomy in ensuring statutory estates compliance.

Progress is being made within the group to ensure that the number of completed jobs against SLA targets are met, due diligence checks and refurbishment schedules need to be reviewed with Estate function to ensure services are aware of works planned and that they are satisfied with the processes and completion of jobs.







## Quality Priority 7: Closed cultures

Some of the Group's care homes and wards have characteristics that the CQC considers to be indicators of a closed culture. Such indicators make it more likely that colleagues will abuse residents/patients.

***To identify and prevent the development of closed cultures within our services and so minimise the likelihood of abusive practices.***

### Progress in 2023-24

Over the last 12 months the focus has been on embedding initiatives and educating colleagues to speak up when they see something that does not fit with ACG behaviours and is impacting the care that we are providing to the people we support.

We have taken a number of actions since 2023 and continue to build on these during 2024-25:

- Freedom to Speak Up Guardian (FTSUG) appointed in April 2023, since that time they have carried out workshops, site visits, drop-in sessions, and focus groups to raise awareness. We have also written and launched Freedom to Speak Up Standard Operating Procedure (SOP) alongside templates for investigations.
- 130% increase in whistleblowing's compared to the previous year demonstrates the positive impact the FTSUG is having.
- When asked, 90% of colleagues said that they know how to speak up if they see something that concerns them in our colleague survey, Active Voice and 65% of colleagues said they feel comfortable to speak up.
- Chief People Officer and Chief Quality Officer led Just and Learning Culture discussion workshops with the senior leadership team where best practice was shared.
- Closed Culture video filmed, launch in July 2024, and will be made mandatory training for colleagues in residential services.
- Accessible information standards training rolled out to Site Leadership and Therapy colleagues.
- FREDA principles launched internally with posters, inclusion in induction and on digital screens in locations that have them.
- Code of Conduct reviewed and updated.
- Safeguarding assurance framework signed off by NHSE.
- Closed Culture reviews undertaken across all services and new system, Tendable, will support ongoing audits.
- New colleague app, ECHO, has a Speak Up section with all materials available to colleagues.







## Quality Priority 8: Good governance

The Group does not have robust governance structures and processes at all levels to support assurance on quality and improvement.

***To ensure that the Group's governance structures and processes at all levels support quality assurance and drive quality improvement.***

### Progress in 2023-24

We have made good progress in the last 12 months. Through the introduction of a new Site Improvement Plan (SIP) app, all services have now transitioned to using the new app which has been developed internally. The new app automates the process of recording, managing and closing out improvement actions identified through local audit, management reviews, external stakeholder feedback (i.e. CQC) and comments from service users, their friends and families, and by internal senior management. Key benefits include:

- easy to use functionality
- central visibility of actions to facilitate timely resolution
- real-time reporting
- reporting with clear accountability and timelines
- improved efficiency
- supports decision making

Moving to the new app enables us to streamline workload and report site improvements quickly and efficiently, which in turn means we can continue to provide the highest standard of care to our patients, residents, and service users.

With the focus and energy of the Group being directed towards continuous improvement, we have internally reconfigured the Residential Division's Governance Networks. This is to ensure that we are using the data that we are now seeing from our Power BI reports in the most useful and appropriate way, enabling service leaders to take informed clinical decisions for the benefit of their patients and residents.

The reconfigured groups will combine services of a similar specification to allow for continuous learning and provide a platform for sharing information related to service development, regulatory requirements, and training needs.

We have strengthened and improved the structure and consistency of the service network governance meetings by introducing new meeting agenda's that are aligned with our quality priorities.





## Our Quality Priorities for 2024-2025

Our quality priorities are part of our three year Quality Plan. This was reviewed in January 2024 and the scope of some of our quality priorities have been widened. We have added safeguarding, reducing restrictive practices and human rights to the closed culture priority, and a ninth priority has been added to focus on medicines management. Our priorities for 2024-25 are set out below in summary form.







## Quality Priority 1: Physical health

Many of the people who use our services have significant physical health problems or are at risk of developing them. We do not always meet this need.

***To ensure that we always identify and meet the physical healthcare needs of people under our care.***

## Quality Priority 2: Protecting our colleagues and people who use services

Too many of our colleagues and people who use our services suffer injuries that are potentially preventable.

***To protect people under our care, and our staff, from injuries and from other harms that are potentially preventable.***

## Quality Priority 3: Expert and holistic care

The Group's vision emphasises the provision of expert and holistic care to people with complex problems. However, colleagues do not always meet the specific needs of the people under their care or provide care that enables them to live their best lives.

***To always provide the expert and holistic treatment and care required to meet the complex needs of people under our care.***







## Quality Priority 4: Outcomes

We do not routinely measure and report the outcomes of treatment and care. Therefore, we cannot use information on outcomes, to 1. Allow users of our services to map their recovery journey aligned to their recovery goals: 2. Enable colleagues in services to understand the quality of care they are providing: 3. Communicate with referrers, commissioners, and regulators, or promote, publicise and market the Group's services.

***To measure and report the outcomes that people achieve while under our care, using the best available measurement approaches.***

## Quality Priority 5: Co-production

Many of the people under our care are highly dependent on our colleagues and have difficulties with communication. We do not always do all we can to enable people under our care, or their carers, to communicate their wishes, wants and needs so that these inform and drive care and shape the development of our services.

***To ensure that the delivery of care and the development of services are co-produced in partnership with the people who use our services and with their families and carers.***

## Quality Priority 6: Physical environment of care homes and wards

The physical environment of the Group's residential settings does not always meet national standards and/or fully promote people's dignity. Also, they are not always well maintained and there are delays to essential repairs. This could have an impact on safety.

***To ensure that the physical environments of the Group's residential settings meet national standards, are well maintained, and fully promote people's autonomy and dignity.***





### Quality Priority 7: Closed cultures

Some of the Group's care homes and wards have characteristics that the CQC considers to be indicators of a closed culture. Such indicators make it more likely that staff will abuse residents/patients.

***To identify and prevent the development of closed cultures within our services and so minimise the likelihood of abusive practices.***

### Quality Priority 8: Good governance

The Group does not have robust governance structures and processes at all levels to support assurance on quality and improvement.

***To ensure that the Group's governance structures and processes at all levels support quality assurance and drive quality improvement.***

### Quality Priority 9: Medicines management

We continue to see a consistent trend of medication errors reported each month across all our residential services and domiciliary care. We have made this one of our PSIRF safety priorities.

***To improve medicines management, reduce errors and minimise avoidable harm caused by medicines.***

Each of the priorities has an executive lead assigned which will ensure accountability for delivery throughout the year. Each will have an associated action plan and workstream. Progress on actions will be reported into the quality assurance committee and then up to the board.





## Our statements of assurance

Clinical audits and service reviews are an effective way to assess if the care we provide is safe and in line with best practice standards; it informs us about which services are doing well, which we can learn from, and where improvements need to be made. Active Care Group has an established quality assurance programme aimed at improving the safety and quality of services, care and treatment and the experience of those we care for.





## National confidential inquiry into suicide and safety

Active Care Group participates, where applicable, in the national confidential inquiry into suicide and safety in mental health. There have been no notifications in 2023-24 by Active Care Group. We have recently reviewed the 2023 Annual Report and shared the key clinical messages with appropriate services.

## Local Audits

Active Care Group has developed and continues to embed a robust Quality Audit Framework (QAF) that incorporates a standardised audit approach which is populated with evidence supplied through audit findings. This year we have launched a new audit app which allows services to submit audits efficiently from a phone, tablet, or computer, provide photos and comments alongside answers, and generate instant reports. The app's audit reports provide a list of key findings every time an audit is submitted, enabling us to identify and take immediate action against key issues found. The analytics module presents various dashboards that allow us to recognise areas of risk and gain assurance using data in real-time.

Audits are completed by local site audit leads. The QAF ensures that audits across all services are structured to assess and assure compliance against regulation and CQC key lines of enquiry methodology. There are a range of audits undertaken across the year which include:

### Quality Audit Framework

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Care Planning &amp; Risk Assessment</li><li>• Clinical Governance</li><li>• Infection Prevention and Control</li><li>• Safeguarding</li><li>• Physical Health, Falls &amp; Pressure Ulcer Management</li><li>• Health &amp; Safety</li></ul> | <ul style="list-style-type: none"><li>• Mental Capacity Act/DoLS</li><li>• Ligature Point</li><li>• Medication Management</li></ul> |
|--|---|

Audits are allocated out over the year and each month these are reviewed for themes, good practice, areas for improvement, training needs and policy review. Our governance structure is such that this analysis is shared across the Group for discussion in divisional, regional and local meeting structures so that our colleagues can learn from the findings and influence positive change.

The QAF remains under constant review, where learning highlights areas of focus, our audits are reviewed and strengthened to ensure we maintain oversight and monitor progress towards achieving the highest possible standard of care.



## Internal corporate assurance and quality monitoring

We have an established annual cycle of mock inspections, closed culture audits and peer reviews, which provides structured visits to services supported by key clinical colleagues. This enables us to formulate a view about quality and safety with the benefit of expert fresh eyes. This assurance needs to be on an ongoing basis and should be inherent in front line service delivery and at regional and central level through management and governance processes.

Last year we undertook a series of mock inspection, peer reviews and closed culture audits across all our services. This gave us rich intelligence, which was analysed for themes and formed the basis of our quality priorities and strategy. Whilst we continue to undertake these where we have identified risks or indeed good practice, our focus this year has continued to be on supporting services to improve and pushing forwards with the quality plan, as well as offering services guidance and tools to be the best they can be.

Our quality assurance framework has been adapted and refined to align to the needs of services as we have a diverse portfolio, and we are pleased that month on month returns on audit are improving and we are able to identify themes and trends which help us to learn.



In 2023-24, we commenced a project to procure a new digitised audit software solution. This was introduced in May 2024 and going forward this will allow colleagues to submit audits efficiently from a phone, tablet, or computer, provide photos and comments alongside answers, and generate instant reports. The app's audit reports provide a list of key findings every time an audit is submitted, enabling colleagues to identify and take immediate action against key issues found.

## Participation in clinical research

The number of service users receiving relevant health services, provided or sub-contracted by the Active Care Group in 2022-23, that were recruited during that period to participate in research approved by a research ethics committee, was 0.





## Goals agreed with commissioners – use of the CQUIN payment framework

A proportion of the Active Care Group income in 2023-24 is normally conditional on achieving quality improvement and innovation goals agreed between Active Care Group and any person or body they entered into a contract agreement or arrangement with, for the provision of relevant health services, through the CQUIN payment. For this period we have been focusing on two CQUIN targets:

**1. *CQUIN 16: Reducing the Need for the use of Restrictive Practice in Children and Young People Tier 4 Settings.***

This CQUIN allowed us to implement daily reviews and to manage restrictions more flexibly on a ward at our CAMHs service at Ivetsey Bank Hospital in Staffordshire and on a case by case basis. The steps taken have shown the number of incidents where a blanket restriction was a precursor to the use of force has reduced. This along with our Safewards champions and Positive Behavioural Support implementation are embedding a change in culture in regard to reducing restrictive practices in a safe and personalised way.

**2. *Frenchay 23/24 CQUIN: Maximising utilisation of Level 1 BIRU beds and ensuring equitable access.***

This CQUIN focused on referral, assessment, admission processes. These were in different areas such as expanding service offering (Naso-Gastric and tracheostomy provision) to reviewing referral, assessment and admission processes in order to maximise utilisation at Frenchay and improve patient flow.

At the time of preparing this Account we are still awaiting final confirmation from NHSE on payments for 2023-24.

Details of the agreed national goals is available electronically [here](#).





## Statements from the CQC

The majority of Active Care Group services are required to register with the Care Quality Commission (CQC) and their current registration statuses are 'fully registered'. We have three new services pending registration with CQC. At the end of the reporting period, of the 54 services registered, the CQC has taken enforcement action against 3 services:

- Active Care Group Supported Services was issued with a warning notice on 8th February 2023
- Foxhills Farm was issued with warning notices on 17th February 2023
- Ivetsey Bank Hospital was issued with warning notices on 22nd December 2022 Active Care Group has undergone a CQC Independent Health provider well-Led Inspection between 8th February and 10th March 2023. Active Care Group has not participated in any special reviews or investigations by the CQC during the reporting period.







# Data Quality

## Data Security and Protection Toolkit

The data security and protection toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handed correctly.

Active Care Group has provided all mandatory evidence for assessment and has been deemed to have met the required standards.

## NHS Number and General Medical Practice Code Validity

Active Care Group submits the MHSDS dataset in line with national requirements. Codes are checked and validated on a regular basis against national lists.

## Clinical Coding

Active Care Group was not subject to the audit commission's payment by results clinical coding audit during 2023-24.







## Part 3

### Additional information on quality performance

#### Co-production at Kibblesworth - Quality priority 5

Listening to and acting upon the feedback we gain from our residents/patients, families, and carers is a vital part of improving the quality of our services.

During the last 12 months we have seen some great examples of our colleagues working in partnership with residents/patients and families and carers and improved co-production.





## Kibblesworth led by Kayleigh Wonnacott

Kibblesworth is one of the Group's neurological rehabilitation services situated in Gateshead. The multi-disciplinary team at Kibblesworth support adults with acquired brain injuries or neurological conditions, who may also have a secondary diagnosis of mental health needs or learning disabilities, through their rehabilitation journey.

The team collaborate closely with Neural Pathways who consist of a team of specialist physiotherapists and occupational therapists, supported by highly trained therapy assistants. By working together, the team at Kibblesworth can support bespoke goal orientated rehabilitation and holistic treatment plans.

We were delighted to have Kibblesworth shortlisted as a finalist in the 2023 NR Times Awards for category Care Provider of the Year. This category was created to recognise those organisations who are truly going the extra mile for clients and their families, delivering the care and support they need during often hugely traumatic times to help rebuild lives. This was a fabulous achievement and an ideal opportunity for the service to celebrate by holding a party for colleagues, service users and their families.

Kibblesworth hold regular open days and theme days. What is important to the team is to keep the memories alive of those they have sadly lost. A resident passed away in the October from Huntington's Disease. The passing of a resident is not only sad for the family, but the team at Kibblesworth recognise that a death can impact the entire service and those that live there. To keep her memory alive, the team organised a themed day on her birthday in February to commemorate her life, to raise monies for the Huntington's Disease Association, they had a singer and afternoon tea. Relatives of their family attended the event too.

In addition to the above the service has hosted a number of events throughout the year from themed Mexican evenings to BBQ's, gardening days and BBQs for families and residents. The service also encourages residents to participate in colleague interviews, menu's, décor and will collaborate with families to plan holidays. They will manage any funding that is needed.

Having a team member join the family for the duration of the holiday provides peace of mind, allowing the family to create special moments and memories, whilst keeping their loved ones safe and cared for.

"You'll not get anything better, the staff are fabulous, I have got a lovely room like an apartment, it's just fantastic. If you want anything they will help you out, so yes you will not get anything better than Kibblesworth, I'm a totally different person to the person that came in."

**Resident**





## Environmental improvements of our services - Quality priority 6

In 2023/2024, we have undertaken extensive refurbishment work across all our services. These enhancements have transformed the quality of our facilities, ensuring that each of our services is not only more functional but also more welcoming and comfortable for patients, residents, colleagues, and visitors.

### Specific improvements in each area:

**1. Flooring:** All communal areas and patient/resident rooms now feature new flooring. This upgrade not only enhances the aesthetic appeal but also improves safety and ease of maintenance.

**2. Redecoration:** The complete redecoration of communal areas and bedrooms has been a major focus. This includes:

- Upgrading fire doors to meet the highest safety standards.
- Adding over 250 pieces of new furniture to provide comfort and functionality.
- Installing wall art that creates a homely atmosphere and contribute to the overall sense of well-being.

**3. Exterior Enhancements:** We have made significant improvements to the exterior of our buildings to ensure they are as inviting as the interiors. These enhancements include:

- Upgrading or installing new exterior doors and windows to improve energy efficiency and security.
- Remodelling gardens and grounds to enhance the outdoor experience for patient and residents. This includes creating beautiful, accessible spaces that encourage outdoor activities and relaxation.

**4. Wayfinding Upgrades:** To ensure ease of navigation throughout our services, we have upgraded both exterior and interior wayfinding or directional signage. This makes our facilities more user-friendly and accessible, particularly for new patient, residents, colleagues, and visitors.

Our substantial investment in environmental improvements reflects our commitment to providing the highest quality of service and care. These enhancements have not only improved the aesthetic appeal and functionality of our facilities but have also contributed significantly to the overall well-being and comfort of our patients, residents, and colleagues. We will continue to prioritise environmental improvements to ensure our services remain at the forefront of quality and innovation in the sector.





## Reducing Falls Resources Centre – Quality priority 2

The Reducing Falls Resources Centre has been a pivotal component in our ongoing efforts to enhance patient and resident safety and reduce the incidence of falls across all divisions. The Centre serves as a comprehensive resource hub, providing essential tools, information, and support to staff, patients, residents, and carers. Our dedicated Falls Prevention Working Group has spearheaded numerous initiatives that have significantly contributed to a 40% reduction in falls over the reporting period.

The Reducing Falls Resources Centre offers a wide range of resources designed to support fall prevention efforts. These resources are readily accessible to colleagues, patients, and carers, ensuring that everyone is equipped with the knowledge and tools necessary to contribute to a safer environment.

### Fall prevention checklist for colleagues

This checklist is an essential tool for colleagues, providing a step-by-step guide to implementing fall prevention measures. It covers key areas such as environmental safety, patient assessment, and the proper use of assistive devices. Regular use of this checklist has helped standardise fall prevention practices across all divisions.



### Fall brochures for carers

Our brochures for carers are designed to educate and empower them with practical strategies for fall prevention. These brochures cover topics such as home safety, recognising fall risks, and effective communication.



### Bedrails information for patients and residents

Patient and resident education is a cornerstone of our fall prevention strategy. The bedrails information pamphlet provides patients with detailed instructions on the safe and effective use of bedrails. This resource helps patients understand the role of bedrails in preventing falls and encourages their proactive participation in their own safety.



### Falls brochure for patients and residents

This falls brochure is a comprehensive guide to fall prevention. It includes information on how to identify and mitigate fall risks, the importance of regular exercise, and tips for maintaining a safe living environment. This brochure is an invaluable resource for patients and residents, helping them take control of their own safety and well-being. The brochure is also available in easy read format.





## Accreditation of our services - Quality priority 3

Many of our services have achieved accreditation. For example, Headway has developed the Approved Provider scheme, an accreditation scheme open to residential care settings. This includes NHS and independent hospitals, neurorehabilitation units, residential and nursing homes and respite facilities, specialising in acquired brain injury (ABI).

At present 8 of our services have achieved this. The process involves units signing off a statement of compliance against each required standard and undergoing a robust on-site assessment, within an inspection system that also involves unannounced interim reviews. This process ensures that units gaining Approved Provider status can demonstrate their provision of appropriate specialist care for those with complex, physical and/or cognitive impairment due to acquired brain injury.

Key aspects of the process include ensuring colleagues working in the unit are aware of and responsive to issues associated with ABI, and that the unit gives consideration to the information and other needs of the service user, their family and carers.

Services who are accredited are:

- **Park House**
- **The Laurels**
- **Thornton Avenue**
- **Gunnersbury Avenue**
- **Prospect Court**
- **Frenchay**
- **Woodlands**
- **Hunters Moor**



### In addition:

Moorpark Place is accredited with the National Autistic Society (NAS) since 2019. Blackheath Brain Injury Rehabilitation Centre is in the first cohort of services signed up to inaugural Royal College of Psychiatrists Quality Network for Neuropsychiatry Services (2024) and is also undergoing the Headway accreditation process.





## Workforce strategy

Our people are diverse and talented individuals and as a result ACG is made up of incredibly skilled people of different genders, ages, ethnicities, and backgrounds, who reflect the communities within which we live and work. It is these unique qualities, together with our three behaviours, that enable us to deliver the best possible care.

We will be Kind and Honest  
We will Listen, Learn and Act  
We will be Fair and Inclusive



we will be  
**kind & honest**



we will  
**listen, learn & act**



we will be  
**fair & inclusive**





## Attracting and recruiting talent - Quality Priority 3

During 2023/24 we restructured the Talent Acquisition team to ensure it aligned to the 5 divisions that make up our Group, offering a more tailored and specialist service to ensure we continue to attract the best possible candidates to our business.

Attracting people to our business can be challenging in such a competitive market. Over the past year we have increased the number of localised and national recruitment events and have also placed more focus on our brand by increasing our digital media presence.

Our desire to attract the very best talent, has led us to working with specialists, Electric Circus to formulate a robust employer value proposition (EVP) that reflects our culture and behaviours, and the unique work that we do. Colleagues shared their unique thoughts and experiences to help formulate this new EVP.



### Our goals for 2024 include:

- Create and implement a Candidate Journey Toolkit for hiring managers.
- Deliver interview skills training with hiring managers and continue to embed co-production principles.
- Create leader competencies to complement ACG's ten Leadership Principles.
- Create and implement a Leaders Selection Toolkit.
- Embed further and enhance the use of succession plans to ensure we have clear strategies for key roles.





## Colleague engagement and recognition - Quality Priority 3

During the last two years we have implemented several communications channels to ensure colleagues are kept informed, engaged and inspired. These new channels allow for greater collaboration, encourage colleague generated content, which aim to deepen colleagues sense of pride and foster community.

Our CEO, Keith Browner talks openly with colleagues at the regular quarterly Town Hall Meetings, where he shares our vision, goals, achievements, and successes.

The Group Intranet has evolved to become our company knowledge centre, packed with resources, toolkits, user guides, policies, and procedures to support colleagues in their roles and in being compliant. As the group has evolved over the last few years, our Project Management Office have created Standardised Operating Procedures to support policy and process, so that colleagues provide consistent care.

In January 2024, determined to offer a fully inclusive communications channel, we launched ECHO, a new colleague App, where colleagues can stay informed, celebrate success, recognise one another, and share their magic moments across the group. Colleagues actively utilise ECHO to promote positive service user stories and success. ECHO gives colleagues an insight into what's happening across the group and provides an opportunity to share best practice.

To support our digitalisation strategy, we have also launched digital screens into 16 of our services, promoting key messages to frontline colleagues and to service users and visitors to our sites. This project will continue throughout the year, with more services having screens installed.

ACG's Senior Leadership Conferences enable our leaders to stay informed of strategy, change and transformation plans.







### Investing in our colleague's futures - Quality Priority 3

In 2023, we enrolled our first cohort of senior leaders onto a level 7 management training course. This comprehensive programme is designed to enhance their strategic thinking, leadership skills and business acumen. We are also developing a senior leadership programme for all of our leaders, which will focus on operational excellence, team management and service innovation.

We will continue to grow our training and development programme for our colleagues in 2024, making apprenticeships and development courses readily available.

Thus far, we have enrolled 135 learners across all aspects of the business in apprenticeships, government-funded and academically sponsored courses. 116 of those learners have enrolled in development courses, and 17 have enrolled in apprenticeship schemes, bringing the total number of active learners currently enrolled in apprenticeship programmes to 112. We aim to reach and surpass 1,000 learners by the end of 2025.

We are passionate about developing our rising stars and have invested in training our internal trainers. We have successfully developed colleagues to be in-service trainers in the following areas: Maybo, moving and handling, medication administration and basic life support. These colleagues have not only enhanced their own skills but also contributed to the development of their peers, creating a culture of continuous learning and improvement within our business.

We understand the challenges that come with transitioning into a new role, especially for newly qualified nurses. That's why we provide a structured preceptorship for all nurses in their first-year post-registration. This comprehensive support system is not just about integrating new talent into the services, but also about making them feel welcome and supported. It's about ensuring our policies and your knowledge are embedded into everyday practice, fostering confidence within the role and the team and ensuring we are providing the best care for the people in our care. We are here every step of the way for our colleagues.



## Active Voice Engagement Survey - Quality priority 7

To support our behaviour **“we listen, learn and act”** we partner with WorkBuzz to deliver our annual engagement colleague survey. The January 2023 survey provided us with comparative reporting against 2023, our first survey.

The survey focuses on training, resources, management, leadership, career development and the delivery of care. This year the group experienced a 9% increase in satisfaction and saw increases in satisfaction across every category.

We also capture feedback from our new starters and leavers and encourage colleagues to speak up about any concerns to their line managers and to our dedicated Freedom to Speak Up Guardian.

# 94%

of colleagues feel confident  
in their ability to meet the needs  
of the people in our care





# Wellbeing

## - Quality priority 3



At ACG we actively encourage our colleagues to look after their own wellbeing which in turn enables them to look after the people in our care and with many initiatives already in place we saw a 14% increase in satisfaction in this area, however feedback indicated a need to continue to improve. To reflect this commitment, we appointed a Wellbeing Lead to drive our wellbeing strategy which will be measured in further periodic surveys with success measured in improvement in employee satisfaction, absenteeism rates, and employee retention.

"Over the past 12 months, Active Care Group has invested heavily in the wellbeing of colleagues, appointing Mental Health First Aiders, launching 'Live Well Work Well' resources via the colleague app, providing an Employee Assistance Programme (EAP), and promoting mental health awareness events with initiatives such as 'Be Active'. To further develop this work, I will be reviewing our current wellbeing benefits offering and have launched a series of drop-in sessions, providing an open and safe space to speak about certain elements of wellbeing, to address any questions, offer advice, tools, and resources and to share best practice.

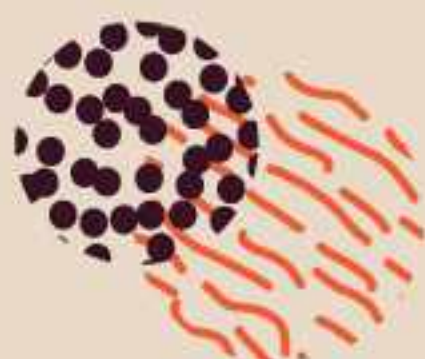
We encourage all of our services and departments to develop and enhance their colleague and service user wellbeing programmes, ensuring a holistic approach to the delivery of care. Ivetsey Bank Hospital is one of the services leading the way. Their programme includes yoga, massage, breathing, reflective practice and therapy sessions. In addition, they have also implemented a wellbeing steering group, have created a wellbeing handbook and have launched one-to-one counselling sessions led by students from a local university.

Elsewhere in the business other examples include onsite drop-in sessions with the Matron at Nottingham BIRC are held every 6-8 weeks. They also provide female-specific uniforms to make colleagues feel more comfortable while working. Mayfield Road and Holybourne Hospital hold regular breakfast clubs for colleagues and residents which encourages togetherness and wellbeing. Moorpark Place provide fruit and healthy snacks, a hydration station, and have a dedicated wellbeing room and our Blackburn services have launched wellbeing sessions for staff and have fostered a real team spirit which is a benefit to colleagues and the people we care for

Over the next 12 months, we aim to standardise and enhance our wellbeing offering, appointing wellbeing ambassadors and creating dedicated team areas that are therapeutic, comfortable, and quiet. We will also look to enhance the skills of our leaders and managers to ensure they are knowledgeable and equipped to provide support to their teams, have meaningful wellbeing conversations and to drive our wellbeing agenda. We will provide regular feedback through quarterly bulletins and explore digital solutions that can support colleague wellbeing.

We will continue to strive for enhanced colleague wellbeing as part of an ongoing strategy that will be measured and developed through listening, learning what our colleagues need and acting upon it.

**Colin Mitchell**  
Head of Health,  
Safety & Wellbeing





# Freedom to speak up

## - Quality priority 7

In April 2023, Active Care Group made a significant appointment, bringing on board Davina Dorival as our new Freedom to Speak Up Guardian. With an impressive background in mental health law and a wealth of experience in the health care sector, Davina's primary responsibility is to ensure the protection of patient and colleague safety, in addition to promoting learning and understanding of the Group's speak up policy.

Our commitment to fostering a positive speaking-up culture is not just a priority, but a cornerstone of Active Care Group. This commitment was further underscored in the recent CQC Well-Led Report, which acknowledged our existing efforts and highlighted the need for more robust processes to facilitate colleagues' raising concerns.

"Since my appointment I have been proactive in promoting, creating, and sustaining an open and transparent culture of speaking up, listening up, and following up at Active Care Group. During the last 12 months I have visited the majority of our services, meeting service managers and hospital directors, prioritising sites that require improvement.

It is critical that our leadership teams and colleagues are fully aware of the process, the benefits, the potential barriers, the support and guidance, and the resulting impact of speaking up.

"I am grateful that I reached out to you when I needed it. Your presence during this experience was truly appreciated and it made a great difference for my case. Thank you again for everything!"

**Employee**

"As an anxious person going through a difficult time at work, I could not have asked for a better person than Davina. Davina reassured me and supported me through a difficult time."

**Employee**

I have also introduced various initiatives and interventions, such as Speak Up/Closed Culture training sessions, induction training for new hires and provided feedback suggestions for improvement received by colleagues to Managers. These have significantly improved our practices and processes, which have led to an increase in colleagues feeling confident to speak up.

The 2024 colleague engagement survey revealed 90% of colleagues knew how to speak up if they saw something that concerned or upset them. Colleagues report feeling relieved they have been listened to and that actions have been taken to address their concerns. This is key to promoting a psychologically safe workplace and has led to an increase in worker wellbeing and has improved staff retention. This also leads to increased quality of care to our patients, residents and all who use our services.

As we look to the future and continue embodying a positive speaking-up culture, the next steps are to recruit speak-up champions with a minimum of 11 colleagues across all divisions and within each hospital. I will continue to work closely with our leaders to implement lessons learned from any concerns or suggestions."

**Davina Dorival**  
Freedom to  
Speak Up Guardian





## Developing a culture of safety

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. PSIRF has replaced the former Serious Incident Framework with effect from Autumn 2023. Active Care Group has worked throughout this period to ensure our policies, documentation, training and processes have been aligned with PSIRF in order to fully embed it across the organisation.

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As part of our PSIRF plan, we have agreed six safety incident priorities which are set out below. These are aligned with our quality priorities and have formed the foundation for how we respond to care related safety incidents. Where deemed appropriate, Safety Incident Investigations (SII) and safety reviews are agreed through the Safety Incident Oversight Panel.

These priorities will remain under review and will evolve as our improvement work develops and our Quality Plan and Strategy is embedded.

## Our safety priorities

**Our six safety incident priorities are detailed below:**

1

Self-harm behaviours resulting in serious injury particularly within our hospital settings.

2

Pressure injuries sustained in our care which should / could have been prevented.

3

Incidents of aggressive / assault behaviours by patients / residents to peers or colleagues.

4

Significant physical health deterioration that could have been avoided.

5

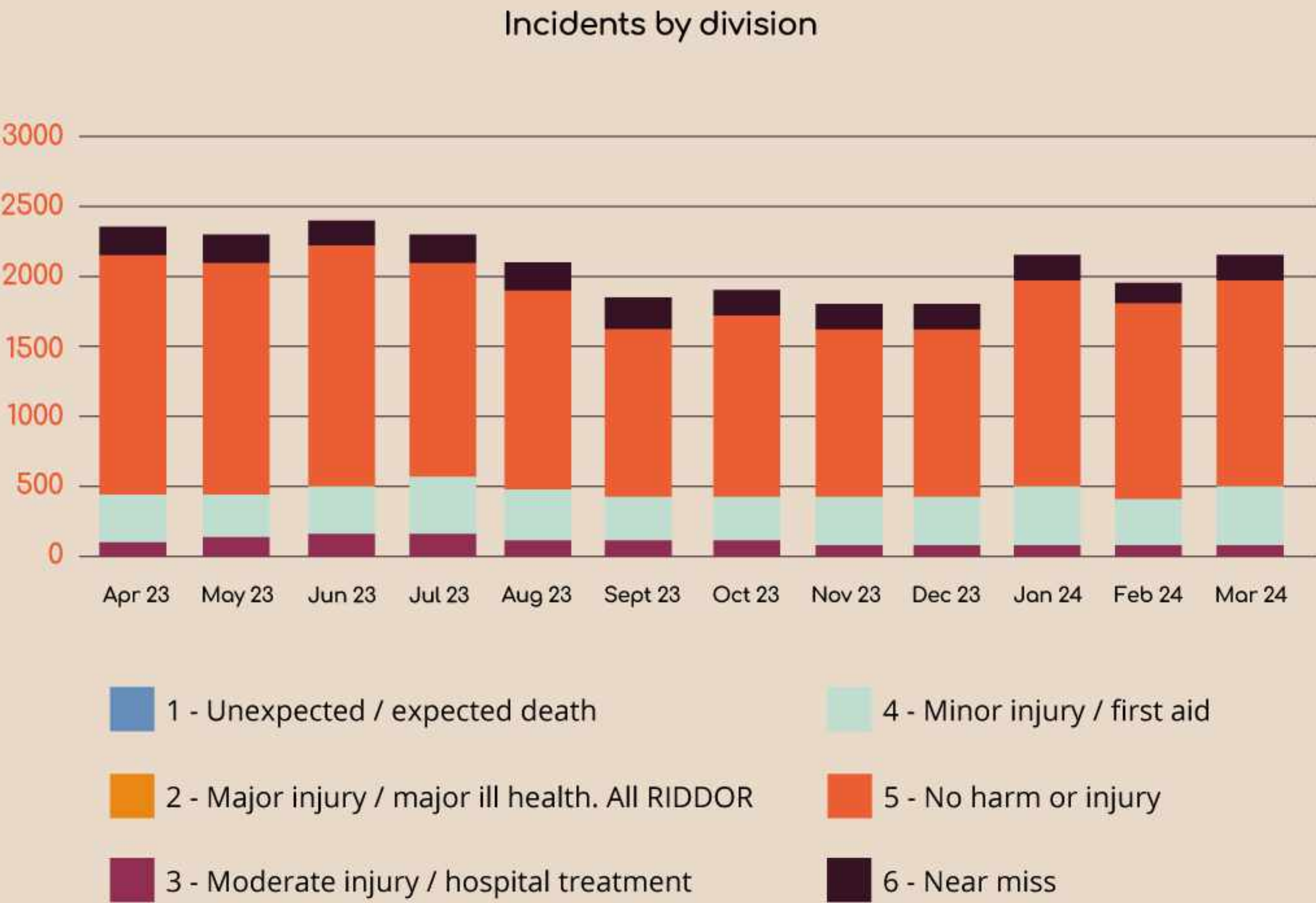
Falls resulting in serious injury.

6

Medication errors.



In this reporting period there were 24,071 incidents reported across the whole Group in 2023-24. The table below shows the breakdown by levels with the majority of incidents falling into the 'no harm or injury' level.



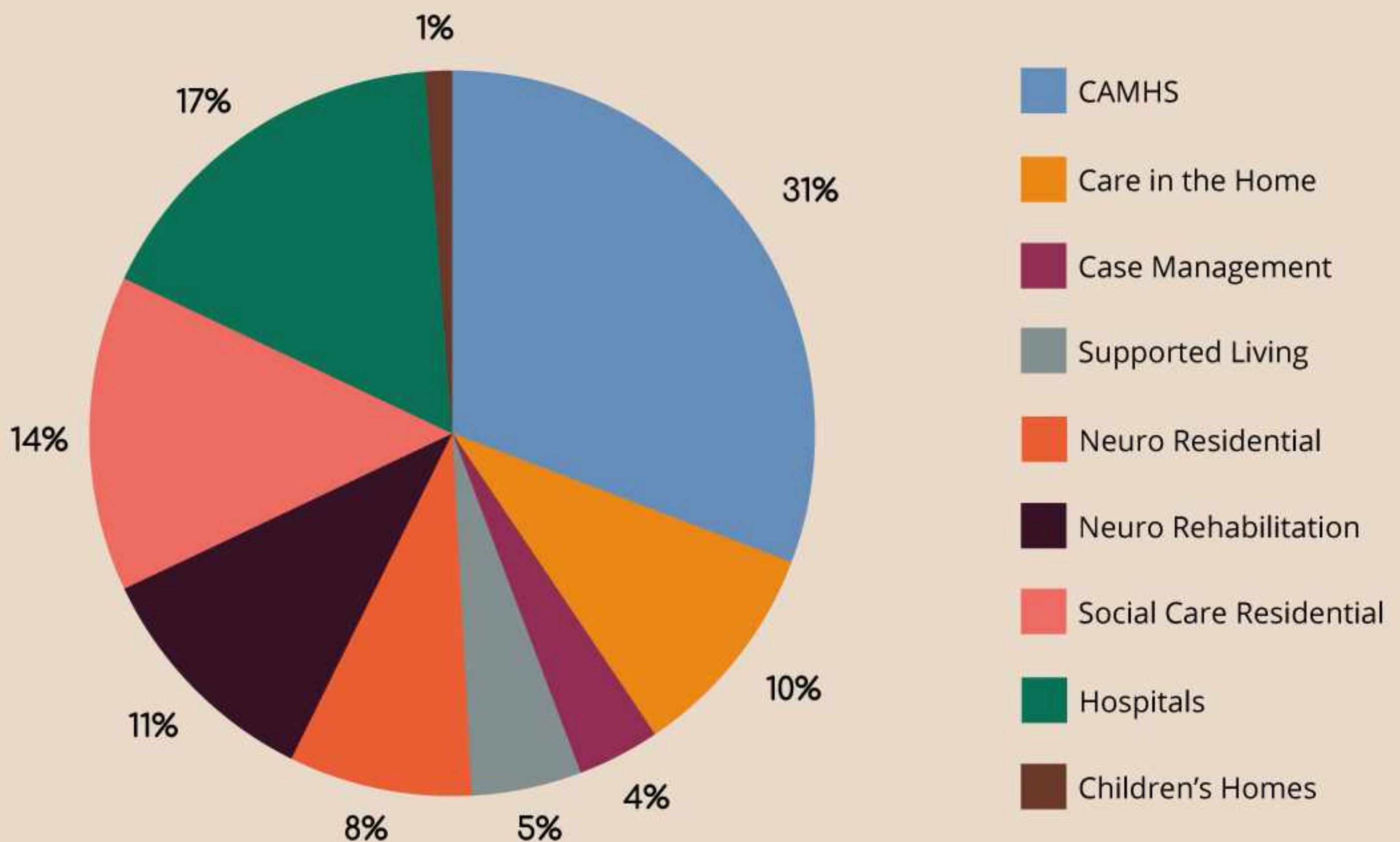
Level 1 - End of Life	60
Level 2 Major Injury / RIDDOR	57
Level 3 Moderate Injury	873
Level 4 Minor Injury	4,413
Level 5 No Harm	17,208
Level 6 Near Miss	1,457





Broken down by specialist network, 7,433 incidents relate to our CAMHS Tier 4 services and 80% of these incidents fall into level 5, 'no harm or injury' and level 6, 'near miss'.

Incidents by level



One of the principles of PSIRF is to do fewer investigations but to do them better, this means taking the time to conduct system-based investigations by people that have been trained to do them. Carrying out investigations for the right reasons can and does identify learning that will help reduce the risk of harm. ACG has provided System Engineering Initiative for Patient Safety (SEIPS) training to 23 senior colleagues from across divisions. Care related safety incidents result from multiple interactions between work system factors. SEIPS prompts us to look for interactions rather than simple linear cause and effect relationships. When a learning response thoroughly examines the different work system components and their interactions safety actions can focus on wider system issues, not individuals the training focuses on. Our SEIPS trained colleagues are able to lead investigations using this framework.







Prior to Active Care Group launching the new PSIRF policy we commissioned 24 investigations:

- 10 Desktop reviews
- 2 Thematic reviews
- 12 Team Incident Reviews (TIR)

Many of these investigations were repetitive and could not identify a clear root cause.

Since the launch of PSIRF in November 2023, the panel have commissioned 5 investigations:

- 1 Desktop review
- 2 Team Incident Reviews (TIR)
- 2 Thematic reviews

We have gathered and shared learning across the organisation and as a result of more focused investigations we have made improvements to our training, policies and reporting requirements. For example, our thematic review of pressure ulcers has resulted in a number of positive steps being taken by ACG including:

- Review of the Pressure Ulcer and Wound Management Policy to ensure it is in line with latest guidance.
- In collaboration with OSKA (Pressure Care Specialists) produce a standard operating procedure for the prevention and management of pressure injuries.
- In collaboration with OSKA review and standardise equipment use across the organisation.
- In collaboration with OSKA review and standardise training strategy for staff across the organisation.
- Strengthen governance of pressure injuries through Physical Health Quality Priority.
- Using a QI methodology assess the effectiveness of the above objectives in selected sites before full organisational roll out.





## Never Events

'Never Events' are serious and largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. Active Care Group did not report any Never Events in 2023-24.

## Regulation 28: Prevention of Future Death Reports

Following a Coronial Inquest, the Coroner may issue a Prevention of Future Death or Regulation 28 report if they feel the evidence suggests further avoidable deaths could happen if preventative action is taken. During 2023-24, Active Care Group did not receive any Regulation 28 reports.


## Feedback on our services

We continue to embed a digital platform to obtain feedback from those we care for and their relatives. We have also commenced a programme of work to better engage and obtain feedback from the people who use our services and their families in improving care. The first stage was a review of what is currently happening at 42 of our residential services. Interviews conducted by an external advisor on quality and a regional head of quality explored:

- How services ensure that residents and families have a real say in the running of services and the challenges of doing this;
- The benefits of engaging residents and families in service improvement;
- How services ensure that residents know how they can complain or raise a concern if they feel the need;
- What success services have had in conducting surveys of the experience of residents and their families; and
- Whether there is a named colleague who takes the leads on engagement within the service







"To all the wonderful staff, we cannot thank you enough for your care, patience, guidance and support during her stay with you. I personally would like to thank each and every one of you for finding and giving me back my daughter - I will be forever grateful."

**Family member**

"It has been easy to ask for help and I have found staff friendly. It has been a good experience and being here has helped me into a routine. I have never gotten this help before and I would like to share my appreciation for the team".

**Patient**

"It is hard to describe our gratitude towards the amazing work that you have undertaken to help her to recover from her illness. You have been absolutely fantastic. I do not think that she could have come this far in her recovery without your tireless help and understanding. Thank you so very, very much for everything you have done for us. With love, utter respect and best wishes."

**Family member**

## The importance of engagement and feedback

It goes without saying that, at the level of the individual, we should provide person-centred care, moving away from a "one-size-fits-all" approach and focusing on the unique needs and individuality of each person who is in our care. Over and above this, we must ensure that the people we care for, and their families are genuinely able to influence the way in which that care is provided. This is particularly important in our residential services that are, in effect, 'home' for the residents – many of whom are with us for many years.

Given that it is their home, residents should have a high degree of control over the environment, the type and quality of food provided, how they spend their day, and how colleagues behave towards them. The same applies to the families who remain deeply concerned about their relative's wellbeing over the years. Achieving this requires a meaningful way of involving residents and families in the management of the service, an effective mechanism for gathering information about people's experience of care and a failsafe system that enables residents and families to escalate concerns if they feel that they are not being listened to.





## Compliments, Concerns and Complaints

Concerns and complaints about our services are taken seriously and we seek to address issues promptly and provide assurance of lessons learned and improvements made. Where possible, individuals are encouraged to seek local resolution by discussing concerns directly with the service. Where this is not possible, we have formal procedures in place to investigate in line with national NHS guidelines. To drive consistency in how complaints are managed, the aims of the policy are in line with the NHS Complaints Standards.

These standards are promoted across Active Care Group through our governance structures, operational forums and lesson sharing communications shared widely throughout the organisation. The most common categories of complaints were around care and treatment, attitude and behaviour.

Of the 179 stage one complaints, 55 were fully upheld, 82 partially upheld and 29 not upheld. Additionally, eight complaints were withdrawn and five remain open.

Feedback type	Numbers in 2023-24
Compliments	975
Concerns	90
Formal complaints – stage 1	179
Formal complaints – stage 2	6
Ombudsman Enquiries	1



## Regulatory compliance

As a national provider, Active Care Group's registered healthcare services operates across England, Scotland and Wales and are therefore required to work under the standards set out by regulators within each respective area. With regards to services in England, the CQC measure compliance by asking the following five questions or key lines of enquiry at each site:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive to people's needs?
- Is the service well led?

Between the 1st April 2023 and 31st March 2024, the CQC inspected 12 services, of these, we are still awaiting rating outcomes and reports for Active Care Support Services and Bethany House Care Home.

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Active Care Group - Children's Complex Care	Requires Improvement	RI	RI	RI	RI	I	19/06/2023
Active Care Group - North Division Care in the Home	Not yet inspected						
Active Care Group - Central Division Care in the Home	Not yet inspected						
Active Care Support Services	Requires Improvement	RI	RI	RI	RI	RI	27/02/2024
AJ Case Management	Good	G	G	O	G	G	19/06/2023
Anglia Case Management Ltd	Outstanding	G	O	O	O	O	01/06/2019
Bethany House Care Home	Requires Improvement	RI				RI	27/03/2024
Bethany Lodge	Good	G	G	G	G	G	15/03/2023
Blackburn Road	Good	RI	G	G	G	G	30/04/2018
Blackheath Brain Injury Unit	Requires Improvement	RI	RI	G	G	RI	02/11/2022
Bobbins	Good	G	G	G	G	RI	01/10/2019
Brambledown	Good	G				RI	15/03/2023



Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Brownbill Associates	Good	G	G	G	G	G	26/03/2018
Burbank Mews	Good	G	G	G	G	G	17/08/2022
Care and Case Management	Outstanding	G	O	O	G	O	19/06/2023
Christchurch View	Good	G	G	G	G	G	16/01/2020
Chislehurst	Not yet Inspected						
Conifer Lodge	Outstanding	G	G	G	O	O	26/07/2022
Cranley Gardens	Requires Improvement	RI	RI	G	G	RI	30/04/2018
Fir Tree Lodge	Requires Improvement						
Foxley Lane	Good	G		G		G	18/04/2023
Frenchay	Requires Improvement	RI	G	G	G	RI	25/10/2022
Gravel Hill	Not yet Inspected						
Hall Road	Requires Improvement	RI	RI			RI	28/06/2023
Holybourne Hospital	Requires Improvement	RI	G	G	G	RI	14/03/2023
Hothfield	Good	RI	G	G	G	G	09/08/2022
Hunters Moor	Requires Improvement	RI	RI	RI	G	RI	02/08/2023
Ivetsey Bank Hospital	Requires Improvement	RI	RI	RI	RI	RI	17/01/2024
J S Parker Limited North East	Outstanding	O	O	O	O	O	24/01/2020
J S Parker - South West Centre	Good	G	G	G	G	G	22/05/2019
Kibblesworth	Good	G	G	G	G	G	21/08/2019
Kingly Croft	Good	G	G	G	G	G	24/09/2021
Kingly House	Requires Improvement	RI	G	G	RI	RI	25/07/2019
Kingly Terrace	Outstanding	G	G	G	O	O	27/11/2017
Kings Norton	Requires Improvement						



Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Loyd House	Requires Improvement	RI	RI	RI	G	RI	11/12/2023
Mayfield Road	Requires Improvement	RI	RI	RI	RI	RI	02/10/2023
Northern Case Management	Good	G	G	G	G	G	13/12/2022
Nottingham Brain Injury Centre	Good	G	G	G	G	G	12/05/2022
Oswald House	Good	G	G	G	G	G	12/06/2019
Park House	Good	G	G	G	G	G	04/12/2023
Rehab without walls	Outstanding	O	G	G	G	O	30/04/2018
Rowlands House Care Home	Good	G				G	24/06/2021
Russell Hill	Good	G	G	G	O	G	07/02/2018
Tania Brown Limited	Outstanding	G	O	G	O	O	16/07/2018
The Laurels	Good	G	G	G	G	G	20/11/2023
West Country Case Management	Outstanding	O	O	O	O	O	26/11/2019
Whalley Road	Good	G	G	G	G	RI	25/10/2017
Willowmead (Supported Living UK)	Good	G	G	G	G	G	14/03/2019
Woodlands Neurological Rehabilitation	Good	G	G	G	G	G	03/01/2020



## Healthcare Improvement Scotland (HIS)

Active Care Group has one registered service in Scotland. During the reporting period between 1st April 2023 and 31st March 2024, ratings for this service and 100% of the standards inspected, are currently judged to have been met.

## Care Inspectorate Scotland (CIS)

Active Care Group has two registered services in Scotland. During the reporting period between 1st April 2023 and 31st March 2024, ratings for these services and 100% of the standards inspected, are currently judged to have been met.

## Care Inspectorate Wales (CIW)

Active Care Group has two providers of care registered with CIW. During the reporting period between 1st April 2023 and 31st March 2024, ratings for one of these services and 100% of the standards inspected, are currently judged to have been met. The second service was found to have not met one standard and immediate actions were taken to address all matters raised.

## Internal corporate assurance and quality monitoring to ensure good regulatory outcomes and high standards of care

All services are robustly monitored through our internal governance structure. The aim is to assist our services in striving to achieve regulatory ratings of Good or better, and to ensure continuous quality improvement.

Where a rating of Requires Improvement or Inadequate has been awarded, the service has provided a thorough and detailed action plan of how any issues identified will be addressed.

These action plans are monitored through governance meetings and key areas are reviewed at both the Group Quality Assurance Committee and local governance meetings.



## Accountability statement

Directors of organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011), to prepare a Quality Account for each financial year.

This report has been prepared based on the guidance issued by the Department of Health setting out these legal requirements.

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

By order of the executive board.

June 2024



**Keith Browner**  
Chief Executive Officer  
Active Care Group







[www.activecaregroup.co.uk](http://www.activecaregroup.co.uk)



we will be  
kind & honest



we will  
listen, learn & act



we will be  
fair & inclusive

Active Care Group, 3rd Floor, Mercury House, 117 Waterloo Road, London SE1 8UL

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