



# Quality Account 2024 - 2025



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# Part 1



## Foreword from the Group Chief Executive



Welcome to our Quality Account for 2024-25, 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. This is underpinned by a relentless focus on setting clear standards, improving our estate and environments; and investing in transforming our digital infrastructure.

We are continuing to focus on strengthening and improving the quality of our services. We have worked hard on our quality priorities for 2024-2025 and we have redefined and strengthened these for the coming year. We have strengthened our approach to quality improvement and internal compliance, and this approach is a key component in the Group's strategy.

Through the implementation of the Patient Safety Improvement Framework (PSIRF) we have continued to strengthen our oversight of care related safety incidents. Our divisions are all working on a range of quality improvement initiatives and taking forward plans to improve the safety of our services. We take care to align this work with improving the experience of people using our services and we are continuing to improve how we listen to and respond to feedback on the services we provide.

We are paying attention to the results of our annual colleague survey. We are developing a range of actions to address the issues raised by our colleagues and we are working with colleagues to develop plans to improve colleague experience and wellbeing. Our focus areas include equality diversity and inclusion (EDI); wellbeing; values and behaviours (culture); management and leadership development, and a kindness campaign to support our front-line colleagues who experience abuse and violence.

Safety and high-quality care are the bedrock of our operations and is embedded in our purpose and culture. We are committed to investing in our business, to provide the highest quality facilities and expert care. We have some exciting developments planned for the coming year, which I look forward to reporting on in 2026.

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

## About Active Care Group

We are the UK's leading provider of complex care. We place people at the heart of everything we do, improving people's lives by providing the best quality care tailored for individual needs. Our multi-award-winning specialist care services support people with complex conditions including acquired brain injury, acquired spinal injury, neurological conditions, learning disabilities, and, respiratory and ventilation.

We provide progressive, personalised pathways of care that combine clinical expertise, personal support, and therapeutic and rehabilitation services enabling our service users to live the most rewarding lives possible whether in their own home or in one of our specialist care facilities.

## 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**

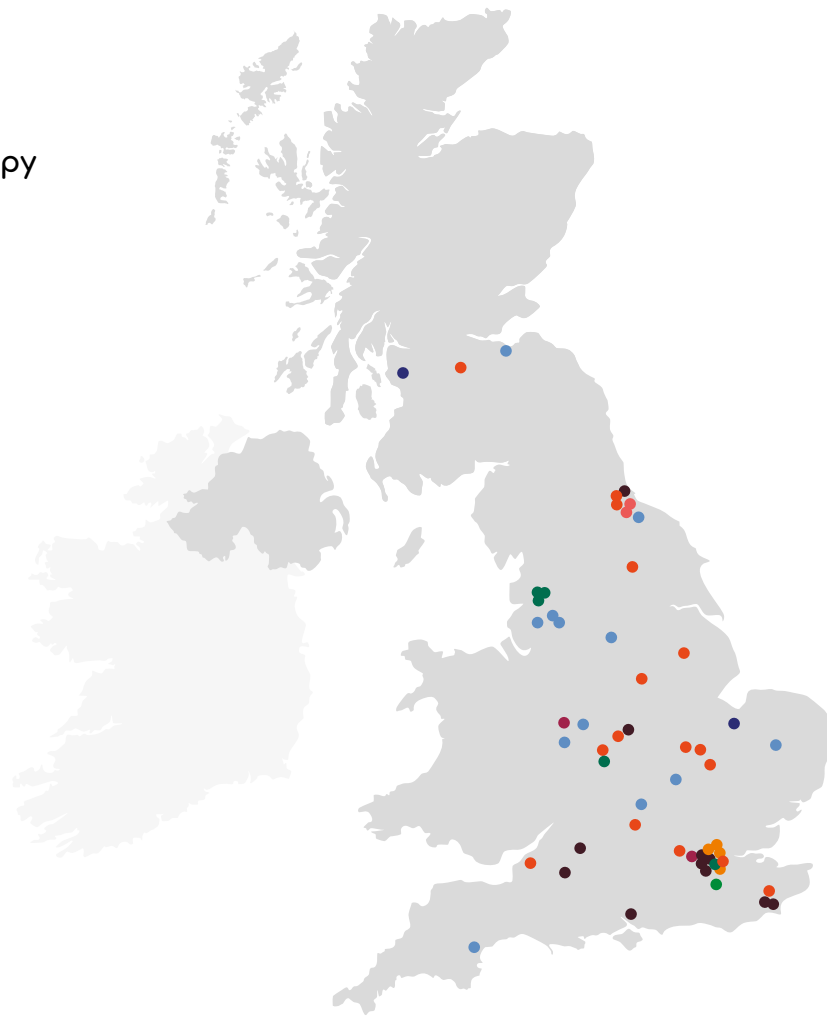


we will be  
**fair & inclusive**



## Our services and locations

- Neuro-rehabilitation & Therapy
- Supported Living
- Residential Services
- Specialist Respiratory Centre
- CAMHS
- Adult Mental Health
- Adult Learning Disability
- Complex Children's Services
- Case Management



### Neurological Rehabilitation Services

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 Services

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 Care 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 and 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 residents to live the very best lives they can, we help our residents to achieve more every day and to continue to develop and grow.

### Complex Children's 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.



# Part 2

## Review of performance against 2024-2025 priorities

Our quality strategy (approved in 2023) 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 a continued focus.

Our Quality plan sets out nine quality priorities as our focus for three years. Progress against each priority is summarised in the following:



## 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 2024-25

The Tracheostomy Steering Forum was established in January 2025 to uphold clinical standards, ensure patient safety, and promote evidence-based practice. The forum serves as a hub for expert clinical advice, proactively identifying potential clinical and operational risks and developing mitigation strategies. It plays a key role in evaluating the effectiveness and impact of new clinical practices and technologies, ensuring that any transitions are supported by appropriate training and preparation for clinical teams. Since its inception, the forum has driven the development of new clinical documentation, introduced additional medical devices, and implemented new processes to support incident review and shared learning. These initiatives collectively contribute to safer, more consistent care for patients with tracheostomies.

We have undertaken a comprehensive review of pressure care management across ACG, resulting in the rollout of new OSKA pressure-relieving mattresses. Additionally, we have introduced the Purpose T assessment tools across both adult and children's services to support early identification and intervention. To enhance staff capability, we have delivered a combination of webinars and face-to-face training sessions, significantly improving knowledge and skills in the prevention and management of pressure areas.

The Gold Standard Annual Health Check has been implemented to increase the uptake of health checks for individuals with learning disabilities. This initiative equips carers with structured questions and prompts, empowering them to confidently advocate for those they support and to collaborate effectively with GPs in delivering comprehensive and thorough health assessments.

We have also launched several awareness campaigns focused on key areas of clinical practice. These include promoting the importance of nutrition and hydration, as well as encouraging sustainable infection prevention and control practices through initiatives such as gloves awareness. These campaigns aim to enhance staff understanding, support safer care delivery,





and promote long-term, sustainable healthcare practices.

We relaunched the Preceptorship Programme to support newly registered nurses, ensuring they receive structured guidance, mentorship, and opportunities for continued learning and development. The programme is designed to build both competence and confidence in clinical practice. Additionally, we introduced a new intranet page to assist registered nurses with their revalidation process, providing easy access to essential resources and support.

Recognising the importance of visibility and identity in care, we have introduced new uniforms across our nursing teams. Our Matrons now wear purple—a colour symbolising compassion, loyalty, and wisdom—making them easily identifiable to both those who we care for and staff. Additionally, we have rolled out ‘Hello, my name is’ yellow name badges to ensure staff names are clearly visible to those we care for. The high-contrast design supports individuals with visual impairments, in line with recommendations from the Royal National Institute of Blind People (RNIB).

teams across the service. This training builds core understanding of PBS principles and equips staff with proactive strategies to promote desired behaviour and reduce the likelihood of distress.

In addition to training, the team offers ongoing consultation and support to services in creating Capable Environments, embedding Active Support practices and Total Communication approach and fostering a culture that values dignity, respect, and inclusion. The PBS team also delivers incident support at this level, including group and individual debrief sessions, to support reflection, learning, and staff wellbeing.

**Tier 2: Targeted Support:** Within the targeted tier, the PBS team responds to individual referrals where patterns of behaviour may indicate additional support needs. The team conducts comprehensive behavioural assessments and gathers data through direct observation and incident analysis. Importantly, this process involves close collaboration with the individual, their care team, family members, and other relevant professionals to ensure a holistic understanding of the person’s needs.

This information forms the basis for the development of a person-centred Behaviour Support Plan (BSP), which outlines proactive, active, reactive and post incident support strategies tailored to the individual’s strengths, preferences, and circumstances.

**Tier 3: Intensive Support:** At the intensive level, the PBS team delivers detailed coaching to ensure the effective implementation of the strategies outlined in the BSP. This includes the delivery of person-specific workshops to the team, designed to teach and embed the strategies within the BSP, ensuring everyone involved has a shared understanding and consistent approach. The team works alongside staff in practice, providing real-time feedback and support to build confidence and competence.

The team also plays a key role in multi-disciplinary collaboration, aiming to prevent placement breakdowns, stability, and promote continuity of care. In doing so, they support not only the wellbeing of the person but also the resilience, safety, and effectiveness of the staff team.

In addition to tiered-based support, the PBS team also provides service-specific training, tailored workshops, and coaching and mentoring sessions based on identified needs. This may include, for example, targeted Active Support workshops to strengthen practice and build team capability.

**Contribution to Safeguarding and Quality Care:** Through this tiered model, the PBS team plays a vital role in protecting the people we support and our colleagues. By promoting understanding, proactive support, and shared responsibility, the team helps to reduce restrictive practices, manage risk in a compassionate and person-centred way, and foster environments where both individuals and staff can thrive.

Protecting people in our care from harm from falls has been a safety priority for ACG under our PSIRF Framework. The resulting data from the significant project undertaken to improve training, guidance, resource, post fall support and many other elements has shown a reduction in the level of harm sustained from falls.

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

Too many of our staff 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 2024-25

We continue to review and respond to learning from incidents and events that occur within the Group and consider new approaches and alternative ways of working. Our CAMHS Tier 4 service had a higher rate of injuries to patients and staff reported, one of the actions to reduce this was to introduce a different teaching approach for incident de-escalation.

We moved to our primary provider of MAYBO which is already in use in the majority of our services. All staff at our CAMHS Hospital were re-trained to utilise the MAYBO de-escalation and physical intervention techniques. All colleagues who support our patients in the service

undertook a four-day course which focuses on de-escalation techniques with physical intervention being a last resort. MAYBO is a BILD accredited organisation, their training focusses on teaching people to influence a positive and safer outcome in situations where behaviours of concern present risk.

Our PBS team operates using a tiered model of support designed to promote the wellbeing, safety, and quality of life for the people we support, while also enhancing the capability and confidence of our colleagues.

**Tier 1: Universal Support:** At the universal level, the PBS team provides foundational, face-to-face interactive PBS training to all





Active Care Group is continuing to work to reduce harm to colleagues and people in our care with a new ‘Kindness Campaign’ commencing in 2025, the aim of the campaign is to reduce violence, abuse, and harassment against colleagues across our

hospitals and residential services. We aim to work collaboratively with people in our care to raise awareness and encourage respectful behaviour. This work will involve a number of projects, and we will share our update on progress in the next Quality Account.

In a significant step toward improving epilepsy care and patient safety, Active Care Group has successfully implemented a comprehensive review and upgrade of its Alert-IT alarm systems and associated clinical practices. Beginning with a collaborative approach, Alert-IT specialists and ACG clinicians visited each service to assess individual client needs. Using a structured SUDEP (Sudden Unexpected Death in Epilepsy) screening and clinical decision-making process, teams determined which alarm functions were necessary. These settings are now embedded directly into each individual’s epilepsy care plan.

Simultaneously, an equipment amnesty was conducted. This involved the removal of unnecessary devices, replacement of broken equipment, and provision of additional resources where required. A full inventory of alarm equipment was completed at each site to ensure accurate tracking and future planning. To support staff in using the Guardian alarm system effectively, a simplified, visual guide was developed. This includes key reminders, instructions on the lock system, and clear guidance on who is authorised to adjust settings. It also outlines the 24-hour support process in the event of suspected faults. Training has been embedded into on-site induction programmes for all new staff, ensuring consistent understanding from the outset.

In addition, manager-specific training has been introduced, offering a broader overview of system management, equipment ordering, and direct contact with Alert-IT. The role of ‘Alarm Champions’ has been retained, with a renewed focus on selecting staff who demonstrate a genuine interest in the system. A universal list of Alarm Champions is now available, enabling cross-service support and knowledge sharing. A standardised alarm checklist, developed jointly by ACG and Alert-IT, has also been introduced to promote consistency and accountability. All of these improvements are now fully embedded within the epilepsy policy and supported by a dedicated Standard Operating Procedure (SOP) for the Alert-IT system. The initiative has already delivered measurable success, with a significant reduction in false calls to the alarm provider—though exact figures are pending. Further integration into digital systems has also been achieved. A SUDEP risk assessment is now live within the Nourish platform (Electronic Patient Record System), alongside an Epilepsy Alarm Check feature (pending final activation confirmation). This initiative represents a major advancement in the quality, safety, and consistency of epilepsy care across ACG, underpinned by collaborative working, clear processes, and a strong commitment to continuous improvement.

### 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.**

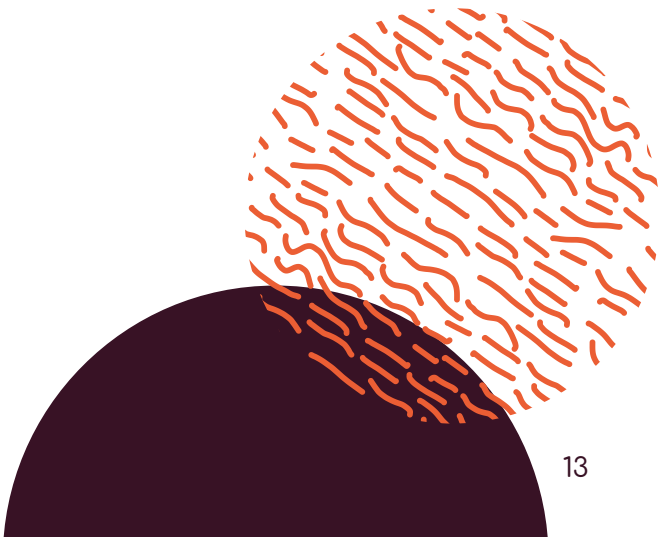
### Progress in 2024-25

The Lead Nurse for Learning Disabilities has been actively engaging with primary care health teams to enhance collaborative working between ACG services and local primary care providers. This partnership aims to improve continuity of care, ensure more coordinated health planning, and support earlier identification and management

of health needs for individuals with learning disabilities. By fostering stronger communication and shared understanding, the initiative also promotes more person-centred care and better health outcomes.

The SUDEP (Sudden Unexpected Death in Epilepsy) risk assessment form has been revised to be more accessible for support workers. This update enables them to conduct more effective neurology reviews, adopt a preventative approach to care, and ultimately reduce the risk of SUDEP.

RESTORE2 is a physical deterioration and escalation tool designed for use in care and nursing homes. Recent efforts have focused on enhancing staff training and competence to build confidence in conducting assessments, recognizing early signs of concern, performing clinical observations, and escalating appropriately. This approach not only ensures timely intervention but also helps reduce unnecessary 999 ambulance calls.





# 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 staff 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 2024-25

Within Active Care Group we have created 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 are in the process of 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. One of the chosen outcome measurement tools is the 'Outcome Star' which is being rolled out over the duration of the coming 12 months. We are also developing an exciting new outcomes measurement and reporting tool for our new Neurorehabilitation Division.

# Quality Priority 5: Co-production

Many of the people under our care are highly dependent on our staff 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 2024-25

We continue to work with our experts by experience across a number of our services and we intend to develop this further in the year ahead.

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 implemented for all of our residential services. 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 will evolve to allow access to families and carers of the residents as appropriate.





# 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 2024-25

During the course of 2024-25 we have invested over £7m in the refurbishment and improvement of our services across the country. This is a significant investment to ensure our services provide a safe, welcoming and homely environment for the people we care for.

The investments made in the year have seen improvements including full flooring replacements, new bathroom suites, reconfiguration of supported living accommodation to provide more homely environments and larger living spaces, refreshed outdoor living spaces, communal areas etc. Works are currently underway to fully refurbish our Eating Disorder Ward at Ivetsey Hospital which will re-open in Autumn of 2025.

All services are required to do monthly ‘walkarounds’ as well as their IPC audits to ensure any areas that need additional focus or remedial works are flagged and addressed. Progress is monitored through our Service Improvement Plan app and our internal digital audit platform. In addition to this, our internal Health & Safety Team undertake regular inspections of our services as well as routine visits from central support and operational teams.

Advancements in information systems within the business has greatly improved the visibility of facilities and estates issues, with SharePoint displaying all statutory certification for sites and a compliance tracker is 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.



In 2024 we also launched our national ‘Great British Rake Off’ competition, all services were invited to collaborate with the people in our care to create sensory gardens, raised beds to grow fruit or vegetables, create new seating areas or get creative in any way to enhance the outdoor experience.

The competition was a great success with winning services receiving rewards to host whatever the people in our care chose to do, many opting to hold garden parties. The competition was very well received by all and has been launched again for summer 2025.

# 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.**

## Progress in 2024-25

Our Freedom to Speak Up Guardian has continued to work to raise awareness of our Whistleblowing process and attended a number of services to do focussed support sessions over the last 12 months. Speak Up drop-in sessions have been hosted online and at services to provide training to colleagues to promote learning on Closed Culture and the Speak Up Process and policy. During these training/drop-in sessions we gathered suggestions for improvements from colleagues which has resulted in improvements to staff wellbeing, staff safety, improvements made to staffrooms and some services reported an improvement in staff/management communication which is essential in ensuring the safety of people in our care.

We have successfully recruited into our new Internal Inspector roles; these roles are dedicated to undertaking mock inspections across our services.

Closed culture is part of a mock inspection agenda to look out for any warning signs, if any such culture markers are noted, a further deep dive alongside the operational team would be commenced.

As these new roles are embedded into ACG, the new Head of Quality and Internal Compliance is writing a Standard Operating Procedure to set out the internal inspection process along with how escalation of any concerns will be managed, this will include escalation of any potential closed cultures.



## 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 2024-25

Through the embedding of the Site Improvement Plan (SIP) app, all services have now transitioned to using the app which has been developed internally. The 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

This has enabled 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, the Residential Division's Governance Networks are using the data that we are 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 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 developing our PowerBI reports to support the elements of each network's key agenda items, allowing for real time review at both local and divisional level.

## Quality Priority 9: Medication 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.**

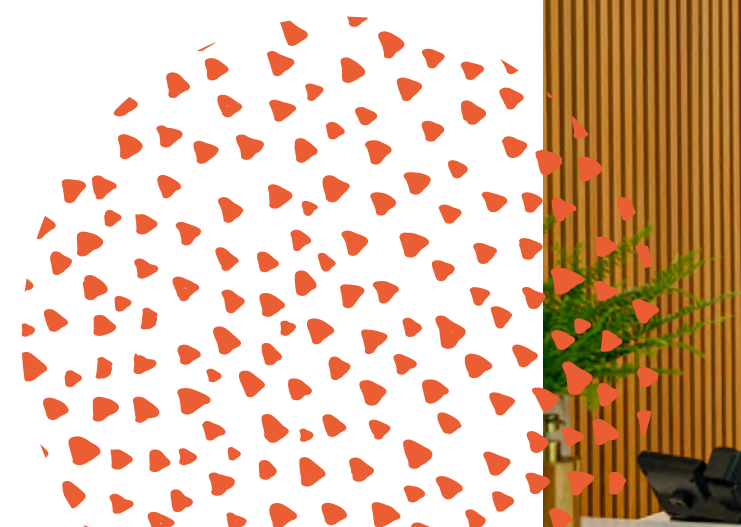
### Progress in 2024-25

A recent nursing audit on medication errors identified specific services that required additional support. These services have since received targeted interventions to address training needs. The ongoing audit continues to inform and shape clinical practice improvements.

As part of our Patient Safety Incident Response Framework (PSIRF) policy, medication management is a key safety priority and as such is monitored for incidents and learning at each weekly Safety Incident Oversight Panel (SIOP), thus ensuring there is Group level oversight of any new or emergent themes, trends or concerns.

We have worked to improve our medication management audits, moving from monthly to more concise weekly spot checks to be undertaken in our residential and supported living services. This is through our digital audit platform allowing for easy oversight at both local and regional / divisional levels.

ACG has also re-launched the medicines management group and updated our medication management policies to provide clearer guidance to colleagues and the Group will continue to focus on reducing the level of medication incidents through training, competencies and partnered working with our pharmacy supplier, Ashtons.





# Our Quality Priorities for 2025-2026

Our quality priorities are part of our three-year Quality Plan.

This was reviewed in January 2024. Our priorities for 2025-26 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 staff 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, 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.**

## 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 staff 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 staff 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

Regular 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, the care and treatment provided, 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 2024-25 by Active Care Group.





# 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 worked to embed 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

- Care Planning & Risk Assessment
- Governance
- Infection Prevention and Control
- Safeguarding
- Physical Health, Falls & Pressure Ulcer Management

- Health & Safety
- Mental Capacity Act/DoLS
- Ligature Point
- Medication Management
- Hand hygiene & PPE

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 discussed 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

During 2024-25 we have utilised external professional mock inspection companies to undertake a series of mock CQC inspections at a selection of services. In addition, our internal Governance and Quality team have undertaken a schedule of internal inspections including closed culture reviews. This gave us rich intelligence, which was analysed for themes and prompted reviews of policy, training and audit. 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.

In early 2025 we restructured our approach to Quality with the recruitment into Internal Inspector roles, these roles have been created to employ former regulatory inspectors to inspect our services and help drive towards achieving excellence in care provision.

The focus for 2025-26 will be to embed our new Internal Inspection Process which sets out the standardised approach to internal inspections to ensure a systematic approach to regulatory compliance and management of regulatory breaches across the residential, supported living and hospital sites. This is to support the timely identification, management, and resolution of any regulatory breaches identified to ensure that services are provide safe and effective care to people and are compliant with regulations. Ongoing management of regulatory compliance will provide assurance for the different regulators responsible for inspecting Active Care Group services (Care Quality Commission, Ofsted, Care Inspectorate Wales, Care Inspectorate Scotland, Healthcare Improvement Scotland), and will support services to perform well in the external inspection process.

We are recruiting into two new Quality Improvement Lead roles to support this function and the wider operational teams to deliver coaching and guidance to services, lead on quality improvement projects and any other related areas as required.

# Participation in clinical research

The number of service users receiving relevant health services, provided or sub-contracted by the Active Care Group in 2024-5, 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 2024-25 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 one CQUIN target:

- Frenchay 24/25 CQUIN: Create a Neuro-Palliative Policy at Frenchay BIRU.

This CQUIN focuses on development of a BIRU neuro-palliative pathway,

this included creating a policy which includes roles, responsibilities, essential procedures and service dependencies, including contingency escalation plans for rapid transfer. It also includes enhancement of complex care planning and co-production from residents and their families.

At the time of preparing this Account we are still awaiting final confirmation from NHSE on payments for 2024-25.

## 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'.

At the end of the reporting period, of the 50 services registered, the CQC has taken enforcement action against two services.

- Kings Norton Hospital – Letter of Intent issued by the CQC which was satisfied within the deadline issued, the service has since been re-inspected by the CQC and rated Good overall.
- Nottingham Brain Injury Rehabilitation and Neurological Care Centre - received two warning notices in June 2024, actions satisfied within the deadline issued, the service has since been re-inspected by the CQC and rated Good overall.

- Bobbins care home received a notice of imposing of conditions in July 2024 following inspection. ACG have since closed the service following consultation with the local authority, service was closed in December 2024.

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 exceeded 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 2024-25.





# Part 3

## Additional information on quality performance

### Commissioner Survey

In late 2024, Active Care Group received valuable insights from our latest Commissioner Engagement Survey. The survey gathered responses from commissioners who work with our hospital and residential services.

The feedback we received reflects the strong collaboration between Active Care Group and its commissioners and reinforces our dedication to delivering high-quality care.

Survey highlights include:

- **Service Experience:** 80% of commissioners rated their overall experience with our services as Good or Excellent.
- **Communication Effectiveness:** Over 81% are happy with the level of communication they receive about the care of those that they support.
- **Referral and Admission Process:** 100% of commissioners are satisfied or very satisfied with our referral process.
- **Responsiveness:** 96% describe our services as being responsive or very responsive in addressing any queries and concerns.
- **Quality of Care:** 91% are satisfied or very satisfied by the quality of care we provide to those we support.
- **Outcomes:** 89% of commissioners were satisfied with the patient and resident outcomes achieved by our services.

While the survey results received were positive, commissioners also provided constructive feedback for our teams.

With the insights we have received, our team aims to increase the positive feedback in future surveys and continue to deliver outstanding care for the individuals we support.



# Celebrating co-production at Blackheath Brain Injury Rehabilitation Centre

Our Blackheath Brain Injury Rehabilitation Centre pride themselves on their commitment to patient-centred care. The co-production of staff and patients in interviewing new job candidates really epitomises that commitment.

In preparation for the interviews, one of the patients collaborated with another patient from Heathside ward to develop insightful questions for the candidates.

Here are two examples of the questions they came up with:

**“How will you deal with staff-to-staff, staff-to-patient, or patient-to-patient disputes?”**

**“What is the utmost importance of rendering care to someone?”**

Reflecting on their experience, one patient said, “I loved it. It was very important for me as a patient to be able to interview new staff. It gave me a chance to have some input on behalf of all the patients and be able to pick the right staff member for our care.

“I was included in the discussions after the interviews to express my views and help select the right person for the job. I would be very happy to participate in the interviews again.”

This initiative shows the importance of co-production and the valuable insights that patients can bring to the hiring process. By involving patients, we ensure that our colleagues are not only qualified but also aligned with the values and needs of those we care for.



# Willowmead launches co-produced newsletter

In a heart-warming initiative aimed at fostering community spirit and empowerment at Willowmead, our supported living service in Surrey, the team launched a staff and resident-led monthly newsletter titled “The Oracle”.

Launched and produced collaboratively with residents, the newsletter is a beacon of creativity, information, and unity at Willowmead. The initiative, spearheaded by the supported living service’s staff and residents, provides a platform for residents to express themselves, share stories, and celebrate their unique perspectives as well as sharing key service information and events with families, carers and loved ones.

Residents have embraced the opportunity to contribute to the newsletter, sharing personal achievements and stories, artwork, poems, and insights into their lives. The newsletter not only highlights the diverse talents of the residents but also serves as a means of building connections and understanding among peers.

Service Manager at Willowmead said: “We wanted to create something that truly reflects the essence of Willowmead, The Oracle allows our residents to showcase their creativity and share their stories with one another, their families and loved ones as well as staff. Each issue is carefully crafted to capture the unique perspectives and interests of the residents, offering readers a glimpse into their lives and experiences.

“We are thrilled to see the enthusiasm and creativity that our residents have poured into this project. The Oracle embodies our commitment to empowering residents and promoting inclusivity at the service. Many see the newsletter as a valuable tool for fostering

a sense of belonging and camaraderie among residents, while also providing a platform for self-expression and creativity.”

Looking ahead, the creators of The Oracle have ambitious plans to expand the impact of the newsletter, with hopes of engaging more residents and sharing their stories. Through initiatives like The Oracle, the supported living service continues to demonstrate its unwavering dedication to empowering residents and fostering a sense of community and belonging for all.





# Accreditation of our services

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 6 of our residential and supported living services have achieve this with a further serving pending re-accreditation. 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 staff 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:

- The Laurels – pending reaccreditation
- Thornton Avenue
- Gunnersbury Avenue
- Prospect Court
- Frenchay
- Hunters Moor
- Woodland Neurological Rehab Centre

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 the inaugural Royal College of Psychiatrists Quality Network for Neuropsychiatry Services (2024) and is also undergoing the Headway accreditation process.



# Awards

Active Care Group have been finalists across multiple industry awards. This recognition is a testament to the work and commitment of our teams in delivering care across the UK. Below is a summary of the awards we have been finalists in:

## LaingBuisson Awards 2024



- Excellence in Children's Services

## HealthInvestor Awards 2025



- Private Hospital Group of the Year
- Specialist Care Provider of the Year – Large Group (20+ settings)
- Specialist Care Provider of the Year – Homecare or Supported Living
- Healthcare Technology Provider of the Year

## NR Times Awards 2024



- Neuro Care Provider of the Year
- Above and Beyond Award

## Workplace Violence Reduction Awards 2025



- Outstanding Leadership
- Outstanding Training Initiative



## 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**

## Attracting and recruiting talent

Our Talent Acquisition team is 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 staff 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.

## Training & Development

In 2024-5, ACG launched a new development framework to make development more accessible to everyone. These initiatives have and will continue to help us attract, develop, and retain the best people; enhance the support our colleagues receive and ensure that we are providing the best possible care to our residents, patients, clients, and service users. We have also focused on strengthening our communications and engagements through regular drop-in sessions and a monthly newsletter.

## Active Learning Hub

We invested in a new Learning Management System called Active Learning Hub, which facilitates our mandatory training and offers an extensive development learning library. This has enabled us to monitor compliance through powerful tools such as Power BI.

## Active Career Gateway

We were proud to introduce Active Career Gateway, a career development pathway which is fully inclusive and designed to include all colleagues. The platform not only offers a wide range of apprenticeships, academic funding courses, Grow Your Own Nurses and Therapists, and leadership and management training. It also recognises and respects the diverse career aspirations within our group and provides the necessary support and opportunities for everyone to truly thrive.

## Colleague engagement and recognition

During the last two years we have implemented several communications channels to ensure are 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.

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. ECHO continues to engage, inspire and connect our colleagues across the Group and we are delighted to announce that we won "Best HR Tool" for the investment in our colleague App.

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.





# Active Voice Engagement Survey

To support our behaviour “we listen, learn and act” we partner with WorkBuzz to deliver our annual engagement colleague survey.

The survey focuses on training, resources, management, leadership, career development and the delivery of care.

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.

During the last 12 months, we have invested much energy in our 3 ‘Pillars to Success’ – our environment, people and the tools they need.

We won’t navigate away from this and we will continue to:

- Enhance our services, processes, the technology that we use, both for colleagues and in the delivery of care.
- Invest in the growth and personal development of colleagues through the many apprenticeships and development framework programmes.
- Focus on colleague wellbeing. Implementing Freedom to speak up Champions, Mental Health First Aiders and Wellbeing Champions during the next few months.

## Our 3 pillars to success



To have the best environment



To have the best tools



To employ the best people

# Wellbeing

At Active Care Group (ACG), we remain committed to placing colleague wellbeing at the heart of everything we do. We understand that in order to deliver outstanding care, our colleagues must feel valued, supported, and empowered in every aspect of their lives—physically, mentally, socially, and financially.

## Our Journey So Far

Over the past 12 months, ACG has made significant strides in its wellbeing agenda. Building on a 14% satisfaction increase in the previous year, our latest colleague engagement survey shows a further 15% rise, bringing our engagement score to 65%. This is a clear reflection of the effort invested and the positive cultural shift underway. However, we recognise that wellbeing isn’t a one-time achievement—it requires consistent attention, responsiveness, and innovation.

As ACG continues to evolve through improvements in systems, processes, and workplace environments, we recognise that the pace of change—while necessary—can be challenging for colleagues working in the demanding health and care sector. That’s why wellbeing remains a strategic priority across all levels of our organisation, championed by our senior leaders and embedded within our culture.

## What We’ve Learned

The colleague engagement survey and conversations across the organisation have highlighted the importance of:

- Appointing the right people with the right skills and training.
- Empowering managers to confidently support the wellbeing of their teams.
- Involving colleagues in decision-making.
- Creating everyday moments of care and connection.

These insights continue to inform our work as we strive to ensure that wellbeing is not just a programme but a part of “how we do things at ACG.”

## Our Key Achievements in 2024–2025

We launched ACG’s Three-Year Wellbeing Strategy, setting out a clear vision and roadmap for embedding wellbeing into everyday practice, we are empowering Managers through dedicated training and resources to help them identify and respond to wellbeing concerns within their teams and continuing to host drop-In sessions covering topics such as financial wellbeing, sleep, mental health, and emotional resilience, creating safe spaces for colleagues to access advice and support.

We have also enhanced support Infrastructure, including expanded Mental Health First Aid capacity and stronger alignment with our EAP provider, CiC Wellbeing and the launch of ‘Ele’, CiC’s digital wellbeing platform, giving colleagues 24/7 access to over 6,500 lived-experience resources and practical tools on a wide range of life and work topics.

ECHO, our award-winning colleague app, continues to centralise wellbeing resources, guidance, and recorded sessions such as “Coffee with Colin,” enabling easy access anytime, anywhere and allows us to celebrate everyday acts of care, with hundreds of shout-outs shared on our ECHO recognition wall and highlighting local events such as yoga classes, step challenges, breakfast clubs, and cultural food days creating a positive workplace atmosphere.

### Looking Ahead: 2025–2026 and Beyond

Our aim over the next 12 months is to deepen and standardise our approach to colleague wellbeing. We will:

- Embed Wellbeing into the Induction Process so that every new colleague understands our commitment and how they can access support from day one.
- Create Therapeutic and Comfortable Break Spaces across all services to ensure colleagues can rest, recharge, and take meaningful breaks.
- Appoint Wellbeing Ambassadors in every region to help drive initiatives locally and act as a link between central strategy and on-the-ground action.

- Implement a Wellbeing Tracking System to monitor participation in initiatives, measure impact against business goals, and regularly report to leadership.
- Introduce Regular Manager Check-Ins and wellbeing conversations to promote early intervention and reduce the risk of burnout.
- Support Service-Level Action Plans based on engagement survey results to ensure colleague voice is translated into meaningful improvements.

### Your Voice Matters

Listening to and acting on colleague feedback is core to how we will continue to shape our wellbeing approach. Through open forums such as Coffee with Colin, local steering groups, and team meetings, we encourage colleagues to share their ideas, concerns, and successes and together, we are building a culture where wellbeing is part of our everyday experience—a culture where colleagues feel connected, appreciated, and empowered to thrive at work and beyond.



## Freedom to speak up

During the last 12 months we have continued to raise the profile of Speak Up across our services and divisions by ensuring good visibility through service visits. Speak Up drop-in sessions have been held online or at services and training to colleagues to promote learning on Closed culture and the Speak Up Process and policy. During these training/drop-in sessions suggestions for improvements from colleagues are fed back to Service Managers which has resulted in improvements to colleague wellbeing and safety.

Our FTSUG has continued to address barriers of speaking up from new starters by presenting at our new Starter Corporate Induction and has raised the profile of Speak up amongst our international staff and our domiciliary care colleagues through regular visits and addressing colleague concerns or presenting to colleagues during team meetings to increase awareness of the FTSUG role and the Speak Up Process.

## 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.

Active Care Group is committed to keeping those we care for and our workforce safe and protecting them from harm. Our focus on developing and embedding a just and

learning culture underpins how we approach our incident responses. We have fostered a culture in which people feel they can report and highlight incidents knowing they will be supported.

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 be due for review during 2025-26.



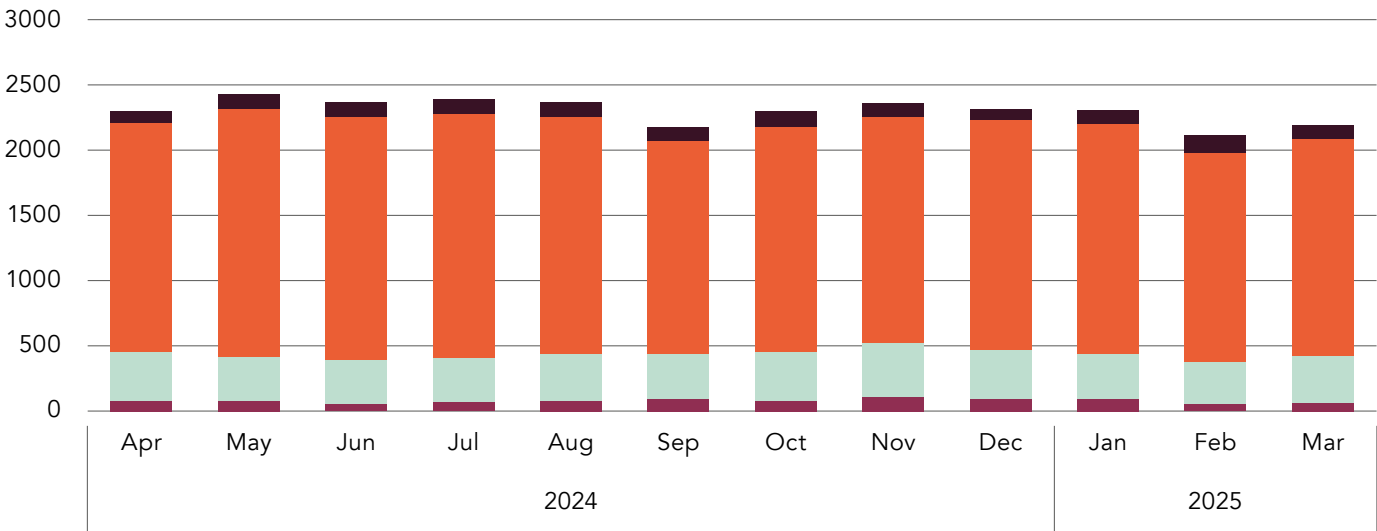
# Our safety priorities

Our six safety incident priorities are detailed below:

- Self-harm behaviours resulting in serious injury particularly within our hospital settings.
- Pressure injuries sustained in our care which should / could have been prevented.
- Incidents of aggressive / assault behaviours by patients / residents to peers or colleagues.
- Significant physical health deterioration that could have been avoided.
- Falls resulting in serious injury.
- Medication errors.

In this reporting period there were 27,265 incidents reported across the whole Group in 2024-25. The table below shows the breakdown by levels with the majority of incidents falling into the 'no harm or injury' level.

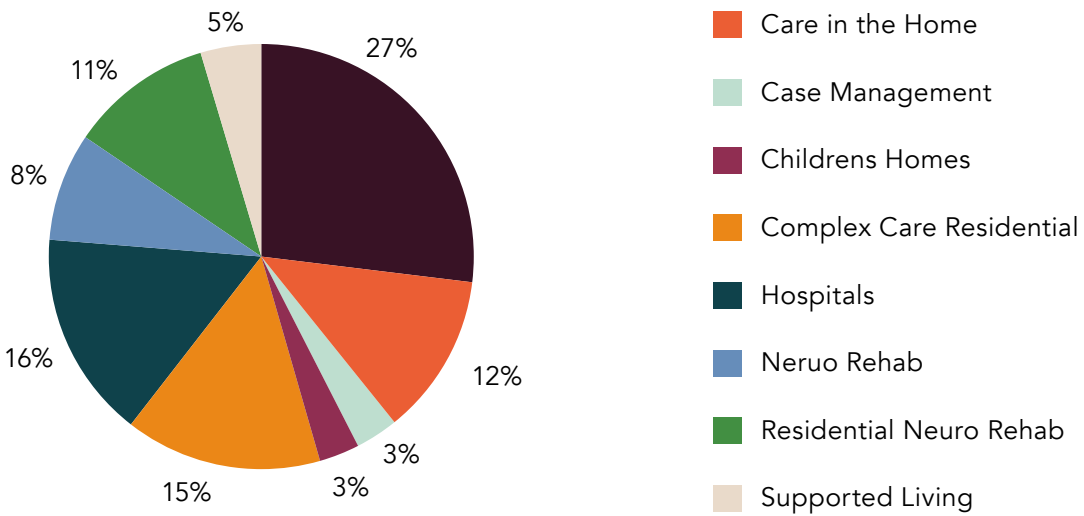
Total Incidents by Level of Harm



1 - Unexpected / expected death	43	4 - Minor injury / first aid	4301
2 - Major injury / major ill health. All RIDDOR	57	5 - No harm or injury	20647
3 - Moderate injury / hospital treatment	1005	6 - Near Miss	1212

Broken down by specialist network, 7,323 incidents relate to our CAMHS Tier 4 services and 83% of these incidents fall into level 5, 'no harm or injury' and level 6, 'near miss'.

Total Incidents by division



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 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.

Between April 2024 and March 2025, the panel have commissioned 24 investigations:

- 8 Safety Incident Investigation (SII) Reports
- 14 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:

- Improvement of our Cardiopulmonary Resuscitation Policy to mandate monthly emergency response drills to be undertaken across all services.
- Development of Tracheostomy Group to review and respond to near miss and incident learning to improve training and monitoring.
- Review of management of seizure and epilepsy alarms, their monitoring and maintenance as well as revision of policy to set out clearer guidance.
- Review of internal audits to monitor practice in line with policy changes.

## 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 reported one Never Event in 2024-25 at Kings Norton Hospital. A patient was able to gain access to a clinic room on the first floor of the building and subsequently climb out of an unrestricted window. All identified actions have been fully completed; the service has since been re-inspected by the CQC and rated Good overall.

## 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 2024-25, Active Care Group did not receive any Regulation 28 reports.





# Feedback on our services

## 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 staff 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 and communication.

Of the 177 stage one complaints, 32 were fully upheld, 83 partially upheld and 31 not upheld. Additionally, 21 complaints were withdrawn and 10 remain open.

Feedback type	Numbers in 2024-25
Compliments	985
Concerns	90
Formal complaints – stage 1	177
Formal complaints – stage 2	8
Ombudsman Enquiries	0

## Regulatory compliance

As a national provider, Active Care Group’s registered healthcare services operate 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 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, the CQC inspected 19 services, of these, we are still awaiting a final rating outcome and report for Blackheath Brain Injury Unit. Frenchay Hospital inspection was unrated, of the ratings received, 79% of services were rated Good.



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 – Adult Complex Care	Not yet inspected						
Active Care Group - South – Adult Complex Care	Not yet inspected						
Active Care Support Services	Requires improvement	G	RI	G	G	RI	04/04/2024
Active Care Group Supported Services - Croydon	Not yet inspected						
AJ Case Management	Good	G	G	O	G	G	01/06/2017
Anglia Case Management Ltd	Outstanding	G	O	G	O	O	01/06/2019
Bethany House Care Home	Good	G	G	G	G	G	20/03/2024
Bethany Lodge	Good	G	G	G	G	G	29/02/2024
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	Requires improvement	RI	G	G	G	RI	04/04/2025
Brambledown	Good	G	G	G	G	RI	15/03/2023
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	10/09/2018
Chislehurst	Not yet inspected						
Christchurch View	Good	G	G	G	G	G	16/01/2020
Conifer	Outstanding	G	G	G	O	O	26/07/2022
Cranley Gardens	Good	G	G	G	G	G	05/12/2024

Fir Tree Lodge	Not yet inspected						
Foxley Lane	Good	G	G	G	G	G	18/04/2023
Frenchay	Not yet inspected						28/08/2024
Gravel Hill	Not yet inspected						
Hall Road	Good	G	G	G	G	G	24/01/2025
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	04/10/2024
Kingly Croft	Good	G	G	G	G	G	24/09/2021
Kingly House	Good	G	G	G	G	G	02/10/2024
Kingly Terrace	Outstanding	G	G	G	O	O	27/11/2017
Kings Norton	Good	G	G	RI	G	G	02/07/2024
Lloyd House	Requires improvement	RI	RI	RI	G	RI	11/12/2023
Mayfield Rd	Good	G	G	G	G	G	04/09/2024
Northern Case Management Bury Office	Good	G	G	G	G	G	13/12/2022
Nottingham Brain Injury Rehabilitation and Neuro Care	Good	G	G	G	G	G	08/08/2024



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	03/05/2018
Rowlands House Care Home	Good	G	G	G	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	Good	G	G	G	G	G	02/04/2014
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 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, ratings for this service 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 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, 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 two standards and immediate actions were taken to address all matters raised.

## Care Inspectorate Scotland (CIS)

Active Care Group has two registered services in Scotland. During the reporting period between 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, ratings for these services and 100% of the standards inspected, are currently judged to have been met.

## 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. The action plan coordination and development will be supported by the wider operations and central support services team members.

These action plans are monitored through operational management meetings; local governance meetings and key areas are reviewed at Divisional governance meetings for wider learning.





# 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 2025

**Keith Browner**

Chief Executive Officer  
Active Care Group





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