





specialists in care. believers in people.

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Foreword from the Group Chief Executive

I am delighted to present this first Active Care Group Quality Account for 2021-22. 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 healthcare 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 next ahead. As this is our first Quality Account, the focus this year will be to set out what we plan to achieve during 2022-23.

As with all providers of health and social care, the past year has been challenging for all our services, with the safety of our patients and staff during the Covid-19 pandemic our key priority. I am immensely proud of the amazing work of my staff in consistently delivering safe and high-quality care throughout the pandemic.

Active Care Group has undergone a significant transformation programme in the last year, which included the integration of the Huntercombe Group of services in December 2021.

We have undertaken a great deal of transformation and staff engagement work with a focus on our governance, our culture and behaviours. We have been engaging all services whether clinically led or supported living into the clinical governance networks, to share learning and provide support and clinical expertise. We have been building links between services to fully integrate the group, to work together and develop pathways for individuals so we can become a one stop shop in terms of providing options for people in the right settings. Our focus this year has been on people in our care and colleagues.

As we move forward on our journey of improvement, our commitment to improving the quality and safety of our services is strong, and through positive engagement with those who we provide care to, our staff and wider stakeholders, we aim to demonstrate consistent good practice and improvements in the quality of services we provide.

Dr. Sylvia Tang
Chief Executive Officer



Introduction from the Group Director of Quality

I am pleased to welcome you to our first Quality Account which details how we focus on continuously improving the quality of care we provide nationally across a wide range of care settings.

I am very proud of the progress we have made since joining Active Care Group in April 2021, and since the formal integration of the Huntercombe services into the Active Care Group in December 2021.

Nationally, we have a strong regulatory profile with 87% of our services rated as Good or better and our mission is the continued focus on services to be Outstanding and where we would be happy for any member of our family to receive care. For the past year we have developed and launched robust methodology that enables us to carry out mock regulatory inspections, peer reviews and closed culture audits. I am pleased to report that every site has now undergone a full mock inspection to give us a baseline of quality and safety and from which we can identify themes and trends.

Over the past year we have had a relentless focus on developing a robust governance structure that gives us the assurance and holds us all to account for delivering high quality, compassionate care. We have launched our reducing restrictive practice and human rights strategy, which focuses on supporting services to understand their work in the context of people's rights, develop a sexual safety policy and implement a programme where we work with experts by

experience to enrich our approach to developing and maintaining quality.

We also want to understand peoples experience better and will be driving the use of Doctify, helping us to get real time feedback, which we can act on and make quick improvements.

Additionally, we want to focus on people's physical health, including their dental and oral health, recognising that many of our patients/residents have complex conditions and may be vulnerable to poor physical health outcomes. We want all our residents and patients to experience optimal health and wellbeing.

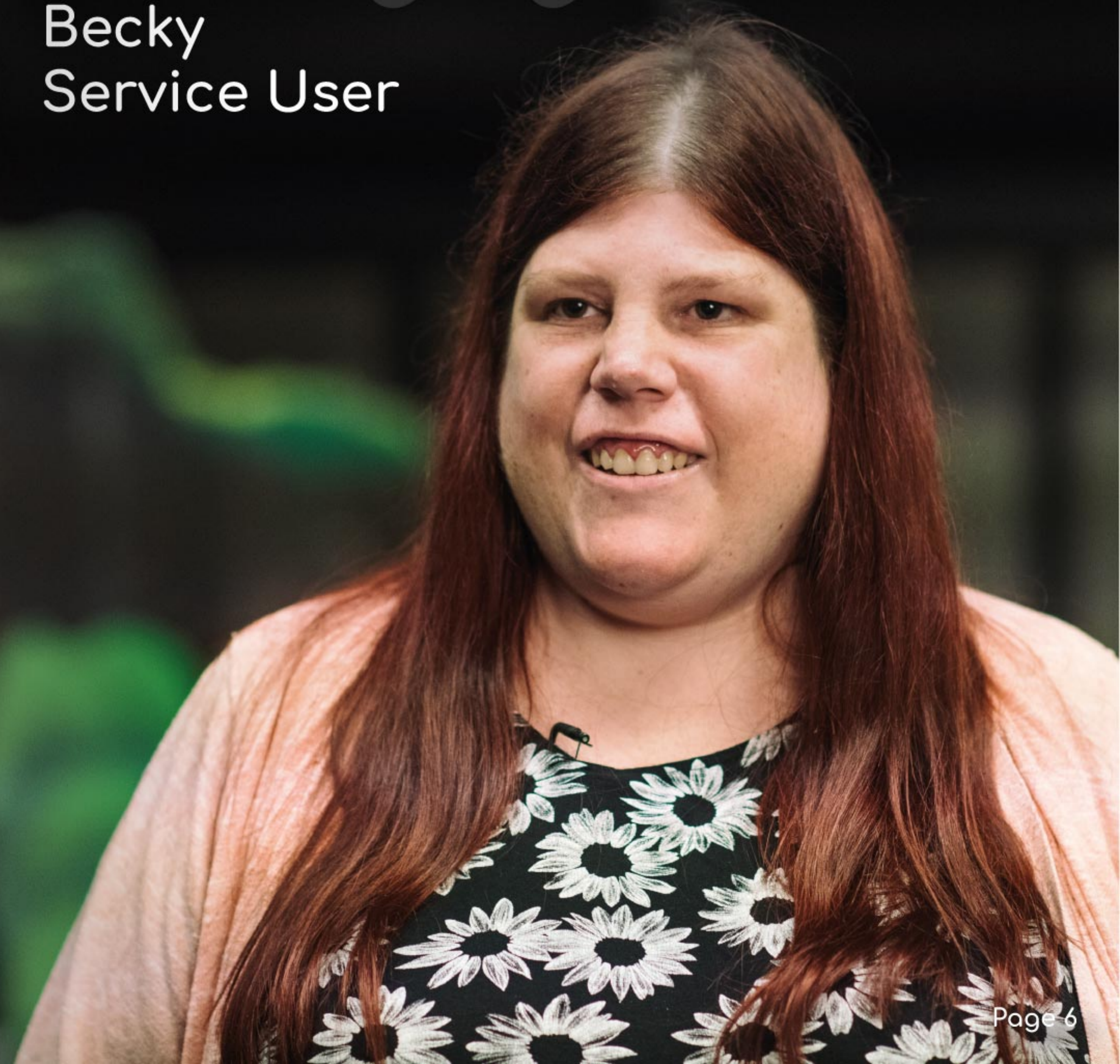
We at Active Care group are absolutely committed to the quality agenda which we see as everybody's business. We want everyone involved with our services to have a voice and be heard. We believe that listening and using co-production, will help us achieve Outstanding care.

Natasha Sloman Group Director of Quality



I have a 1 to 1 each day, and I'm being supported to be more independent in the future.

Becky Service User



About Active Care Group

Active Care Group is the UK's pioneering 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.

In December 2021, the Huntercombe Group, a leading expert in specialist mental health, neuro-rehabilitation and complex care across the UK, was integrated into Active Care Group. A trusted partner to the NHS and local authorities, the integration of the Huntercombe services means that the Group now provides care for people with the most challenging needs so that they feel protected, supported, and can make progress through high quality, collaborative and personalised care.

This partnership allows us to do the best for our colleagues and those who use our services 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 Brands



4700
Staff Members

2706
People receiving care
at any one time.

916
Inpatient / residential
capacity.

The locations of each of our services

Colour Key:

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



Neuro-rehabilitation and therapy

We offer specialist (Level 1 and Level 2) and slow stream rehabilitation for individuals with acquired brain injuries. Acquired brain injuries are categorised as either a traumatic brain injury or a non-traumatic brain injury. A traumatic brain injury is the result of a trauma such as a road traffic accident. A non-traumatic brain injury can be the result of an infection such as meningitis, encephalitis or long Covid-19, a subarachnoid haemorrhage, a complex stroke or a brain tumour. We also provide residential and respite care for individuals diagnosed with progressive neurological conditions such as Parkinson's Disease, Motor Neurone Disease and Huntington's Disease.

Supported Living

We have several supported living services that are designed to support people with a range of complex needs to live independently in their own homes, within a community-based setting.

Residential Services

We provide specialised residential care services nationwide for children and adults with a wide range of conditions.

Specialist Respiratory Care

At our purpose built Remeo Respiratory Centre and in partnership with Guy's and St Thomas' NHS Foundation Trust, we provide specialist neurorehabilitation, including neurobehavioural and spinal injury rehabilitation

Care in the Home

Through our care in the home services, we provide bespoke packages of care to support children, young people and adults with a wide range of conditions, including brain injury, spinal cord injury, neurological and neurogenerative conditions, respiratory conditions and gastro-intestinal conditions.

Child and Adolescent Mental Health Services (CAMHS)

We provide child and adolescent mental health services for young people aged between 12 and 18 in two of our hospitals. The conditions we treat include eating disorders and mental health issues such as anxiety and emerging personality disorders. We provide services in this area in a range of settings covering General Adolescent Units, Eating Disorder Units and Psychiatric Intensive Care Units (PICU).

Adult Mental Health Services

At our adult acute mental health hospital in Roehampton, London, we look after men and women with complex mental health conditions such as schizophrenia, psychosis and obsessive compulsive disorder (OCD).

Adult Learning Disability Services

We provide a range of residential and supported living services for adults with Learning Disabilities or Autism. These include gender specific services and a supported living service comprising a community of 25 individual houses with shared facilities.

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 a combination of 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.

Review of performance against 2021-2022 priorities

As this is the first Quality Account for the Active Care Group, there is no review of performance against prior year priorities to include on this occasion.

Our Quality Priorities for 2022-2023

Following consideration by the Executive Board and Quality Assurance Committee, Active Care Group has agreed the following priorities for improvement for 2022-23. The priorities are categorised under the quality domains of safety, clinical effectiveness, and experience.

Safety

Priority 1 Patient safety technology

Priority: To install Oxehealth patient safety technology in our mental health hospital settings.

Rationale: Oxehealth technology enables our colleagues to receive real-time patient physical health data, alerting them to any significant deteriorations and allowing them to track sleep data while maintaining patient dignity and confidentiality.

What we will focus on in 2022-23: We will set up an implementation governance structure, by creating an Implementation Steering Group (chaired by the CMO), with

three subgroups reporting in (clinical engagement, installation, and a benefits realisation subgroup). We aim to have this technology fully installed and implemented initially in our adult mental health hospitals (Roehampton and Kings Norton).

Priority 2 Reducing restrictive practice and human rights

Priority: To fully implement and embed a new strategy on Reducing Restrictive Practice and Human Rights.

Rationale: There is a plethora of National policy and guidance on reducing the need for restrictive practice and interventions, underpinned by mental health legislation and Article 5 of the Human Rights (Right to liberty and security).

What we will focus on in 2022-23: We will fully implement and embed a new strategy and human rights-based approach incorporating the use of the FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy).

Clinical Effectiveness

Priority 3 Physical Healthcare

Priority: Those in our residential and supported living services will have a physical health care plan that includes oral health, medicine reviews, and access to national screening programmes.

Rationale: People living in residential and supported living services should have access to enhanced primary care and specialist services to maintain their independence and their health and wellbeing

What we will focus on in 2022-23: We will focus on the development of person-centred support plans to address identified physical health needs. This year we will have a focus on oral health, medicine reviews and access to national screening programmes.

Experience

Priority 4 Capturing feedback and the voices of those who use our services

Priority: To systematically capture feedback from those who use our services using a purpose-built review platform.

Rationale: Feedback from those receiving care provides valuable information about the care and services offered. Examining such feedback will give a direct insight into what is working well and what needs further improvement in the way care is delivered at different locations.

What we will focus on in 2022-23: We will roll out and embed a digital platform to capture real-time feedback across all relevant locations.

Priority 5 Experts by experience

Priority: We will develop an expert by experience programme to strengthen the voice of people who use our services.

Rationale: A well led organisation must be able to work with those who use our services to co-produce what good looks like. This is fundamental to services that are person centred and in line with the strategic requirements of our regulator.

What we will focus on in 2022-23: we will focus on introducing corporate co-production alongside using experts by experience in our mock inspections and peer reviews.

How these priorities will be delivered in 2022-23

Each of the priorities will have a delivery plan; they will be monitored by the relevant service network and at the Group Quality Assurance Committee. Each priority will have a lead assigned which will ensure accountability for oversight throughout the year.



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 2021-22 by Active Care Group. We have recently reviewed the 2022 Annual Report and shared the key clinical messages with appropriate services. We will be taking forward a number of steps to improve quality and safety across our services including the development of a clinical strategy and a suicide prevention strategy.

Local audits

The reports of several local clinical audits were reviewed in 2021-22 and we are taking forward a number of actions to improve the quality of healthcare provided. Active Care Group has developed a Quality Audit Framework (QAF) which incorporates a standardised audit approach which is populated with evidence supplied through audit findings. These 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

- Supportive Engagement
- Care Planning & Risk Assessment
- Clinical Governance
- Medical Emergency Response & Early Detection Warning Signs
- Infection Prevention and Control
- Safeguarding
- Physical Health, Falls & Pressure Ulcer Management
- Health & Safety
- Service User and Family Engagement
- Incident Recording and Incident Cycle
- Training Compliance and Quality
- HR Processes and Records
- Mental Health Act Audit
- Mental Capacity Act/DoLS
- Ligature Point
- Security
- Reducing Restrictive Practices
- Medication Management

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.

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 staff. 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.

Actions arising from the internal audits as well as from internal and external inspections are added to individual site Service Improvement Plans. These are monitored by operational managers and heads of quality with corporate oversight provided by a Group Quality Assurance Committee. In this reporting period we have carried out the following internal monitoring activities:

Monitoring/assurance activity	Number
Mock inspections	74
Closed culture reviews	10
Peer service reviews	2
Health & safety audits	85
Fire risk assessments	49
Health & safety support visits	20+

Quality and Assurance basics

In Active Care Group we are continually working to strengthen our oversight of data and improve our reporting of trends, themes, areas of excellence and support where improvements need to be made. In 2021-22 a new Quality and Assurance Basics tool was rolled out across all ACG locations which generates a qualitative 'RAGB' measure based on a series of quality performance indicators. Are of focus that are covered are:

- External Inspection rating (Regulator)
- Number of Regulatory Breaches
- Quality of Service Improvement Plan Completion
- Audit Concerns
- Clinical Governance Meetings taking place as per our framework
- Patient / Resident Forums taking place as per our framework
- Emergency Response Drills
- Supervision (Managerial and Clinical)
- Appraisals Compliance

Each are scored and the overall score determines the RAGB rating of the service, this information along with the audit results and other data aids us to prioritise our resources to support services in their improvement journeys.

Participation in clinical research

The number of service users receiving relevant health services, provided or sub-contracted by the Active Care Group in 2021-22, that were recruited during that period to participate in research approved by a research ethics committee, was 3.

Goals agreed with commissioners – use of the CQUIN payment framework

A proportion of the Active Care Group income in 2021-22 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, the CQUIN payment framework was suspended due to the Covid-19 pandemic.

Details of the agreed national goals for 2022-23 are available electronically.

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 57 services registered, the CQC has taken enforcement action against 3 services: the Huntercombe Hospital Maidenhead, Hunters Moor Neurorehabilitation Centre and the Huntercombe Hospital, Stafford. Each service was issued with warning notices on 30th July 2021, 10th November 2021 and 14th March 2022 respectively.

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 a performance assessment tool, produced by the Department of Health and Social Care, which is a set of standards that organisations who provide NHS care must complete and submit annually. The toolkit enables organisations to measure their compliance with a range of information handling requirements, thus ensuring that confidentiality and security of personal information is managed safely and effectively. 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 2021-22.

The support we have is brilliant, Active Care Group do such a wonderful job!

Alex
Family Member



Additional information on quality performance

Patient involvement and engagement

Over the last two years Huntercombe Hospital Roehampton have been working with Real Insight to improve patient involvement and engagement. The expert service-user consultant has engaged with patients to feedback on their experiences, provide recommendations and express their concerns. He has provided staff with training on how to optimise patient engagement, this training has been co-delivered with members of the therapy department to provide a bridge between the hospital and the expert service user consultant.



Insight

The domain of insight refers to information we can gain and use directly from the patients themselves to govern future decision making and optimise treatment for the patients. We are doing this through several means, using both qualitative and quantitative feedback.

Patients are encouraged to participate in their ward rounds, community meetings and ward governance meetings in addition to feedback groups with the service user consultant and our Occupational Therapy assistant

who is an involvement champion that encourage hospital wide practices to be reviewed from a patient perspective, including reducing restrictive practices.

Our service currently use two outcome measures, Global Assessment of Functioning (GAF), and Patient Reported Experience Measure (PREM) to monitor individual patient treatment as well as hospital wide service issues that require improvement. Our service user consultant also supports patients to complete surveys.



Involvement

As mentioned above, patients are invited to participate in regular meetings with staff, including senior management, medical and therapy staff, as well as through engaging with the expert service user consultant, to involve patients in the running of the hospital, and promoting transparency when making decisions that impact the patient's subjective experiences on the ward.

Providing patients with a sense of involvement may further transfer to their motivation to involve themselves in their own care when discharged from our service into



the community, which benefits them directly through aiming to use objective measures such as relapse rates and re-hospitalisations, but also through more subjective measures such as attaining a higher quality of life and increased self-esteem.

Improving involvement starts with staff, hence the need for continual training provided by the expert service user consultant. Staff feedback from these training sessions have highlighted and reaffirmed the importance and relevance of these sessions for staff.

Improvement

The expert service user consultant provides training for staff specifically regarding the optimisation of communication and engagement with patients. Some of these trainings include Mental Health First Aid and Staff Boundary Training. This benefits the service, as evidenced by both feedback from patients regarding their stay on the ward, as well as from staff who have attended these training sessions who report that it has improved their understanding and comprehension of mutually beneficial interactions between patients and the service itself.

A designated Reducing Restrictive Practice group meets on a monthly basis to review restrictive practices used in the service and how these can be reduced. In addition, they discuss any matters arising either from data such as Datix incident reports or patient concerns raised. Representatives from senior management, medical staff, ward-based staff and the therapy department comprise the group to ensure that all domains of patient engagement with staff are represented.

The hospital has switched from using the PMVA approach (prevention and management of violence and aggression) to MAYBO, which has a heavier focus on working in a proactive way as opposed to reactive. It imbeds the importance of working with our patients before incidents occur and provides deeper knowledge around a person's psychological state when heightened and various techniques of de-escalation. The benefit of this approach is evidenced through lower-level interventions being used. This approach has worked positively alongside our reducing restrictive practice initiatives as well as our patient involvement focus.

Over the last two years Huntercombe Hospital Roehampton have seen great improvements in patient involvement, collaborative working, reducing restrictive practices and overall service culture, which is reflected in our latest QI project.

Recovering from a brain injury at our Blackheath Brain Injury Rehabilitation Unit – Rob's story*

* Patient's name has been changed to protect identity

An insight into a former patient's story and experience

We are pleased to share this story of a former patient's journey of neurorehabilitation at our Brain Injury Rehabilitation Unit at Blackheath.

Rob is a 43-year-old gentleman who had a prestigious job and loved physical activities like cycling, swimming and tennis and enjoyed hiking, having climbed to Mount Everest base camp previously. His life completely changed when he had a hypoxic brain injury due to out of hospital cardiac arrest in 2020. After lifesaving treatment at an acute hospital, he was referred to Blackheath brain injury unit for neurorehabilitation.

On admission to our unit, he had significant balance problems, impulsivity and weakness making it impossible to walk or transfer independently. He presented with severe receptive and expressive dysphasia, dysphonia and dysarthria, speaking only a few unintelligible words and no reliable 'Yes/No' response or gestures. Being an intelligent person prior to his hypoxic brain injury, this led to frustration, agitation, and aggression as he was unable to express himself or communicate his needs; to the point that he would hit out and bite the staff.

His severe cognitive impairment meant he was disoriented in time, place and person; had limited attention span of only a few minutes and impaired memory and new learning. He was assessed as being a high risk of falls and aggression, thus requiring 1-1 supervision at all times. Rob progressed well with his treatment and rehabilitation and spent eight and a half months on the unit.

We carried out the interview below a few months after his discharge and it was amazing to see he still remembered the names of all the staff on the unit, how they supported and nurtured his needs and challenged his performance every step of the way! His Dad was pleased with the fact that he was very engaged and excited about this process of the interview and wrote the answers to all the questions himself in very legible handwriting and elaborated on his feelings during interview.



Interview with Rob

1) What was the reason for your initial/acute hospital admission

I had a brain injury following cardiac arrest in Hampstead Heath while cycling. Downtime was 20 minutes.

2) What were your difficulties on admission to Thames Brain Injury Rehabilitation Unit

I had problems with speaking, cooking, walking and was sometimes impulsive.

3) How did you feel when you first came to the unit?

I don't recall a lot about how I was when I came to the unit but following discussion with my family, I know that I was unable to express my needs, did not remember conversations and people. Me and my family were very worried about me and my progress also because the unit was far from them. They also could not visit because of COVID 19. They were apprehensive about what type of place this was and who would be the staff caring for me.

4) What was your impression of the staff you met on the unit?

I found the unit to be good, but I was focussed on myself as I was unable to walk and talk.

5) How was the care that you got on the unit? Please rate it from 1-10, 10 being the best care you would expect.

I found all the staff to be very helpful. Physiotherapist Jacqui, Speech and language therapist Helen, all other therapists, and nurses: Bola, Theona, Linda and rehab assistant Cornelius were all very good to me.

6) How was the environment on the unit?

I felt the environment on the unit was normal. Walking and talking were my biggest goals for rehab and the team helped me to achieve them. My memory was very affected as well. Staff doing 1:1 supervision with me were very good and very helpful especially during COVID as I could not see my family at all, they looked after me really well.

His father added that *"all the staff on the unit including the staff looking after cleaning and laundry like Elizabeth and Richard, Julie in reception, engaged with us in warm conversations about how our son was doing. They reassured us that he was doing well. They did not have to do this, but they are people who have understanding (of feelings of people with loved ones in rehab). We were looking it as a whole unit, they work as a true team. Judith, the activities coordinator, Dave, the driver, the maintenance guy Ray, these are all amazing people across the unit. It is comforting to have your loved ones in a unit where there are people who care"*.

7) How did you spend your leisure time?

The unit has a good supportive environment. I was able to express any concerns I had and appropriate people would discuss them with me. I enjoyed music therapy a lot and that helped me cultivate my newfound interest in music so much so that now even after discharge I am doing music and piano lessons and love listening to radio. At the unit I spent my leisure time doing colouring/drawing, playing games with Judith and other patients and I always won in monopoly! Sometimes I just used to walk in the garden listening to radio.

8) How did you feel about your progress?

I was very delighted about my progress. I liked the fact that I gave my best and improved beyond expectation! Dad reported that they recently had a community OT visit them. They read the reports about how he was when presenting to the Blackheath unit and said: 'You have come a very long way!'

9) Did you find the multidisciplinary team (MDT) approach on the unit useful? How do you think the team works as a MDT?

I think they work well together. They did a good job with my rehab. I think they do not get paid enough for the amazing work they do.

10) Did you have some leave from the unit i. e going to the community or home for some time? How was your experience of that?

I was very happy to leave the unit and have a break as I had been working hard. I was happy to later be able to go home for leaves. It was very helpful to reintegrate in normal life with family.

11) When leaving the unit for leaves, did you feel supported for all your needs?

My Dad supported with these leaves and we followed the care plan put in place by the team.

12) How did you feel about discharge from the unit?

My borough does not pay for me, so Dad is doing everything to help me. I felt sad to leave the unit.

13) Best things you liked about the unit?

People: all the staff here are great. My therapists who helped me to be able to walk (Jacqui), talk (Helen) and cook (Claire) again.

It was a good call from the Doctors for extension of my stay on the unit which was very helpful. It paid off to continue the progress and make good recovery.

Timetable: Dad reported having structure to the day was great and that they have continued keeping a timetable at home as well which helps them to plan their days.

14) Things you think we can do to improve: the care we provide/the way we operate?

Invest in staff: I think staff are not paid enough and for the amazing work they do, they should be paid more and invested in as they are all brilliant.

More time out in the community for patients during their stay here.

More activities for the patients to do especially during the weekend.

Rob made significant progress over and beyond his and his families expectations and explained that the cardiac consultant he recently visited was very impressed with his recovery. Overall, they had a great experience of the unit and can't emphasize enough that all the staff at Blackheath Brain Injury unit should be proud of the work they do because they change lives and have certainly changed his!

Service developments and innovation

Quality Improvement (QI)

A key factor in improving the quality of care is developing a workforce that is empowered to deliver care through a Quality Improvement (QI) approach.

The Active Care Group has launched a new workstream focusing on quality improvement, innovation, and research and development. This workstream is brought together at the newly formed Quality Improvement, Research and Innovation Committee (QIRIC). We have funded a number of colleagues, from all disciplines, to undertake Quality Improvement training from the Institute of Healthcare's Open School, leading to a Basic Certificate in Quality and Safety. The modules cover a variety of domains related to QI, including leadership, person-and family-centred care, patient safety, improvement capability, and the triple aim for populations. Colleagues are offered the opportunity to cover these modules either within a 3-month period or a 6-month period. After each domain, a learning set is convened. This is chaired either by the Chief Medical Officer or one of the ACG Clinical Leads, the focus being to reflect on the learning, raise any queries, and to consider how this best applies to improve the care that is being offered by ACG. Quality improvement projects have already begun across the organisation, the broadest of which is to improve care planning in our mental health hospitals and neurological care services.

The Group also have a Research and Development Governance Group, at which publications and research collaborations are discussed and approved. We have already established collaborations with Oxford, Manchester, Ulster, Roehampton and Bangor Universities, across a breadth of subject areas including brain injury and child and adolescent mental health.

The Group is ambitious with regard to embracing innovative best practice for the benefit of those we care for. Establishing the use of Oxhealth camera technology to improve patient safety is one example, but there are multiple others including a smoking cessation initiative, trialling a new gel-based thickener for individuals suffering from dysphagia, using goal-based outcomes for young people and the use of technology to improve outcomes in cognitive and physical neurorehabilitation.

The above workstreams are led by the Chief Medical Officer with support from Clinical Leads across neurological conditions, mental health, and learning disability and autism.

Dr Amlan Basu Chief Medical Officer



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, neuro-rehabilitation units, residential and nursing homes and respite facilities, specialising in acquired brain injury (ABI). At present 12 of our residential and supported living services have achieved this, with others pending 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:

- Park House
- Abington View
- Christchurch View
- Loyd House
- The Laurels
- Thornton Avenue
- Gunnersbury Avenue
- Prospect Court
- Mayfield Road
- Orchard House
- Frenchay
- Woodlands (York)
- Hunters Moor (pending reaccreditation)

We have a further service, Moorpark Place that is accredited with the National Autistic Society (NAS) since 2019.

A number of our Child and Adolescent wards are working towards accreditation with QNIC, the Quality Network for Inpatient CAMHS.



Colleague engagement and recognition

At Active Care Group we recognise that our colleagues are our most important asset, we are committed to investing in our colleagues to increase recruitment and continue with our trend of effectively retaining our colleagues. We have written and launched a three-year Workforce Strategy with the primary focus on retention, reward and wellbeing to support colleagues at work.

We have also launched a Just Culture program to support the implementation of our new behaviours.

We will continue to embed Just Culture in the organisation through our policies & procedures and we have a focus on encouraging colleagues to Speak Up.

Our Equality, Diversity and Inclusion forum has developed well in the last year with a wide reach of colleagues interested in contributing to this area. We still have a long way to go and our primary focus for the next year is to improve the data we hold so that we can start to write appropriate objectives.

We have launched a Wellbeing Strategy which included the implementation and promotion of our improved Employee Assistance programme with Health Assured. Health Assured have an application that helps individuals understand their mental wellbeing by carrying out a series of exercises, including breathing and meditation. It highlights areas where the individual needs to focus to improve their mental wellbeing but also offers interventions should this be required. Sites are encouraged to carry out local wellbeing days for colleagues which has proved very popular.

We have introduced Active Rewards which is a benefits portal enabling colleagues to get real time discounts and savings in high street stores. Active Rewards is also a recognition tool in which colleagues can recognise and celebrate their colleagues and share this with the Group. Our eCards are linked to our behaviours as well as thank you, congratulations and welcome to the team eCards.



Investing in our colleagues development is important to us and over the last year we have restructured our Learning & Development team and we have had a focus on supporting Apprenticeships as well as our "Grow Our Own Nurses" programme.

In the next year we are implementing a new Learning Management System which will enable us to invest further in our colleague's training and development supporting internal career progression. We are also implementing a new Applicant Tracking System which will improve and enhance the candidate experience during the recruitment and onboarding process. We will also be working on establishing clear career pathways to enable colleagues to develop their careers internally and undertake relevant training for their next role.

We have partnered with a third-party engagement company who will run onboarding and leaver surveys over the next year as well as a full annual survey to ensure that we prioritise obtaining colleague opinions. This will enable us to improve our onboarding and induction processes as well as prioritise actions to further improve retention.

Developing a culture of safety

Active Care Group is committed to keeping those we care for and our workforce safe and protecting them from harm. We continue to strengthen our processes for reporting and managing safety incidents and promoting an open reporting and just culture.

In 2021, the Quality Team established a Serious Incident Oversight Panel (SIOP) that meets weekly to review all high level and significant incidents and reports. A new Group Incident Management Policy was launched, and we are working with an external specialist training organisation to deliver specific investigation training to colleagues across the Group to drive forward improvements in the quality of the investigations we undertake.



Across the Active Care Group there are currently two separate incident/event reporting systems. As part of the ongoing transformation and integration work, we will be moving to a unified system. This will see the Datix incident management system being implemented across the whole Group by the end of 2022. This will enable consistent recording of incidents and thus more robust analysis and learning.

The focus for 2022-23 will be to ensure the Datix system is embedded into all our services, that our colleagues feel confident in being able to report all incidents and near misses and understand the benefits of doing so. We will continue to embed our Incident Management Policy and strive to improve the quality of all incident records and investigations.

The information on incidents that follows, relates specifically to the Huntercombe group of services and is based on information extracted from Datix.

There were 24,418 incidents reported across the Huntercombe services in 2021-22.

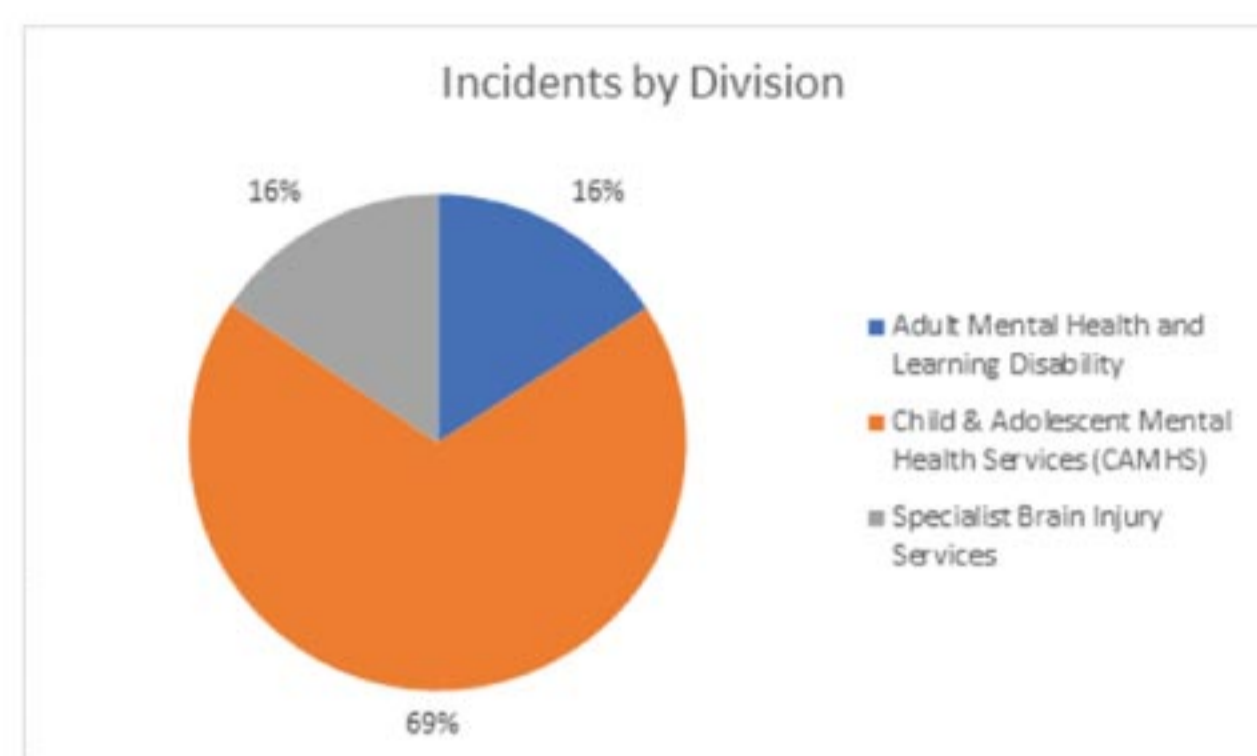


Information taken from Datix Incident Management System and relates only to Huntercombe Services.

The table below shows the breakdown by levels with the majority of incidents falling into the 'no harm or injury' level.



Broken down by specialist network, 16,727 incidents (68.5%) relate to our CAMHS services and 85% of these incidents fall into level 5, 'no harm or injury'.



Serious Incidents (SIs)

In terms of serious incidents, there were 7 incidents that met the threshold for serious incidents across the Huntercombe services.



Examples of learning and actions resulting from SI investigations during 2021-22 include:

- Work to improve the quality and use of Positive Behaviour Support Plans
- A project to improve care planning
- Strengthening of policies regarding medication management and competency assessments

- A review of protocols relating to medical emergency response and introduction of NEWS2 across the Group
- The implementation of a falls prevention toolkit
- Specific training and record keeping relating to pressure ulcers

Never Events

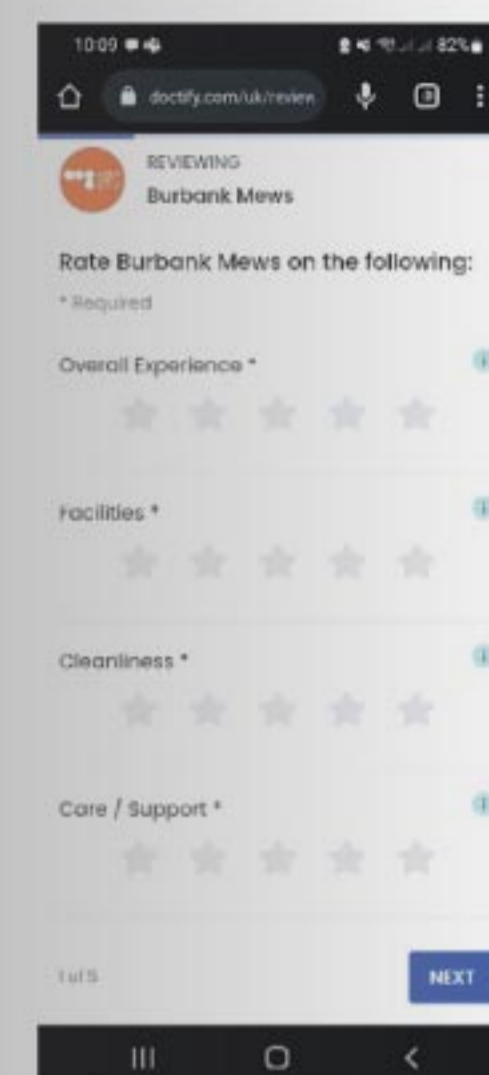
'Never Events' are serious and largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. Active Care Group did not report any Never Events in 2021-22.

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 2021-22, Active Care Group did not receive any Regulation 28 reports.

Feedback on our services

We are in the early stages of implementing a digital platform to obtain feedback from those we care for and their relatives. We encourage all to provide feedback and those that wish to do so are asked to complete 5 steps covering areas such as care and support received, cleanliness, facilities etc with an option to provide additional comments. We aim to develop the reporting and analytics function of this online platform and we will be able to report more fully on this going forwards.



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.

We have recently reviewed and implemented a revised policy that provides clearer guidance for colleagues receiving and responding to complaints and our focus for 2022-23 will be to ensure this is fully embedded. Further training is being developed 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.

To support the monitoring our how we are adhering to the standards we are also implementing the Feedback Module as part of the Datix incident recording system roll out. This will allow us to monitor complaint management more closely as part of our weekly, monthly and quarterly reporting mechanisms to ensure good practice is celebrated and areas for improvement are highlighted and supported. The work we are doing as part of our priorities for 2022-23 to systematically capture feedback from those who use our services using a purpose-built review platform will be closely linked.

Feedback type	Numbers 2021/22
Compliments	323
Concerns	94
Formal complaints – stage 1	99
Formal complaints – stage 2	1
Ombudsman Enquiries	0

*Huntercombe services only

The most common categories of complaints were around care and treatment and communication with families. 21 complaints were upheld, 42 partially upheld and 33 not upheld. 4 complaints remain open. 54% of the complaints received related to CAMHS services.

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 2021 and 31st March 2022, the CQC inspected 7 services.

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Abington View	Good	G	O	G	G	G	03/08/2021
Active Assistance - Sevenoaks	Good	G	G	G	G	G	16/05/2018
Active Care Support Services	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	Requires Improvement	RI				RI	01/12/2019
Bethany Lodge	Good	G	G	G	G	G	21/01/2021
Blackburn Road	Good	RI	G	G	G	G	30/04/2018
Blackheath Heathside	Good	G	G	G	G	G	01/02/2017
Blackheath Thames	Good	G	G	G	G	G	01/08/2018
Bobbins	Good	G	G	G	G	RI	01/10/2019
Bows	Good	G	G	G	G	G	26/07/2019
Brambledown	Good	G	G	G	G	G	22/05/2018
Brownbill Associates	Good	G	G	G	G	G	26/03/2018
Burbank Mews	Requires Improvement	RI	G	G	G	RI	01/02/2020
Active Care Group Supported Services	Good	G	RI	G	G	G	29/09/2020
Care and Case Management	Outstanding	G	O	O	G	O	10/09/2018
Christchurch Court - 2	Good	G	G	G	G	G	16/01/2020

Christchurch Court - 4 (Lloyd House)	Good	G	G	G	G	O	13/11/2017
Conifer	Outstanding	G	G	G	O	O	01/10/2018
Cranley Gardens	Good	G	G	O	G	G	21/03/2018
Foxhills Farm	Good	G	G	G	G	G	26/09/2018
Foxley Lane	Good	G	G	G	G	G	03/09/2019
Frenchay	Good	RI	G	G	G	RI	01/10/2018
Hall Road	Good	G	O	G	G	G	08/03/2021
HH Maidenhead	Requires Improvement	RI	RI	G	RI	RI	14/07/2021
HH Roehampton	Good	G	G	G	G	G	01/10/2020
Hothfield(Kent)	Good	RI	G	G	G	G	01/01/2020
Huntercombe Hospital Stafford	Inadequate	IN	RI	IN	G	IN	06/10/2021
Hunters Moor	Requires Improvement	RI				RI	11/01/2022
Jane Lewis Health & Social Care (Chester)	Outstanding	O	G	O	O	O	21/01/2019
Jane Lewis Health and Social Care (Shrewsbury)	Not Yet Inspected						
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 (Kingly Grange)	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 Lodge	Requires Improvement		G	G	G	RI	05/03/2019
Kingly Terrace	Outstanding	G	G	G	O	O	27/11/2017
Mayfield Rd	Good	G	G	G	G	G	13/12/2017
Murrills House	Good	G	G	G	G	G	26/07/2018
Northern Case Management Bury Office	Good	G	G	G	G	G	02/05/2019
Nottingham Neurodisability Service Hucknall	Good	G	G	G	G	G	01/11/2017
Orchard House	Outstanding	G	O	O	O	O	23/01/2019
Oswald House	Good	G	G	G	G	G	12/06/2019
Park House	Good	G	G	G	G	G	10/01/2019
Rehab without walls	Outstanding	O	G	G	G	O	03/05/2018
Remeo	Not Yet Inspected						
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	Outstanding	G	O	G	G	O	12/07/2017
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
Wycliffe House	Good	G	G	G	G	G	15/06/2021

Healthcare Improvement Scotland (HIS)

Active Care Group has one registered service in Scotland. During the reporting period between 1st April 2021 and 31st March 2022, this service was not rated.

Care Inspectorate Scotland (CIS)

Active Care Group has two registered services in Scotland. During the reporting period between 1st April 2021 and 31st March 2022, one standard was judged not to have been met for one service. All other standards are currently judged to have been met.

Care Inspectorate Wales (CIW)

Active Care Group has three providers of care registered with CIW. During the reporting period between 1st April 2021 and 31st March 2022, 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 by a central Quality Team. 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 2022



Dr Sylvia Tang
Chief Executive Officer
Active Care Group



we will be
fair & inclusive



we will be
kind & honest



we will
listen, learn & act



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