

Quality Account

2022/23

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Foreword from the Group Chief Executive

As the incoming Chief Executive of Active Care Group, I am delighted to present our Quality Account for 2022-23. 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 year ahead. Our second quality account is a consolidation of what we have learned as a new organisation and how we have used that learning to inform our quality priorities. We are proud of our achievements to date and are committed to an onwards journey of learning and improvement.

As with all providers of health and social care, the past year has continued to be challenging for all our services, particularly with the challenges the sector faces around staffing and shortages of nursing colleagues. The Covid-19 pandemic although now in the past continues to have an impact on health care services.

Active Care Group continues to undergo positive transformation, and the engagement of our colleagues in that journey has been key for us. We continue to support a just and learning culture, where individuals are free and encouraged to Speak Up and tell us when things go wrong. Our clinical networks go from strength to strength, and we have entered into phase two of our governance structure, which has included more focus on the management of medicines and physical health.

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

Keith Browner
Chief Executive Officer
Active Care Group



Introduction from the Chief Quality Officer

I am pleased to welcome you to our second 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 over the last year which has seen us develop our quality strategy and underlying quality priorities. These priorities are thematic findings from our work to visit and carry out mock inspections of every service in our portfolio. We then tested these thematic findings through our quality roadshow with frontline colleagues to determine if they were the right things to focus on.

Further to this we have been actively engaging our colleagues in conversations on learning lessons and have launched a lesson's learned framework. We have undertaken workshops with all our managers to discuss the benefits of co-production and implementing co-production strategies. Our work on spotting signs of closed cultures continues at pace and is sitting alongside our safeguarding agenda. Importantly we have started work on understanding the experiences of people in our care, their families', and carers through undertaking a structured interview process. So far nine services have been through this process and their feedback

is helping us to drive improvement on service improvement plans.

Additionally, we have been focusing on people's physical health and have launched our physical health group, our falls steering group and have had a focus on the management of pressure wounds in our complex care services. The commitment of our colleagues to addressing some of these areas of work has been fantastic. We want all our residents and patients to experience optimal health and wellbeing.

Nationally, our regulatory profile is 75% of our services are rated as Good or better and our continued mission is to focus on services to be Outstanding and where we would be happy for any member of our family to receive care.

We at Active Care group are absolutely committed to the quality agenda which we see as fundamental to our success. We want everyone involved with our services to have a voice and be heard because we know that when we listen, we learn and this enables us to drive more improvement that is co-produced, creative and rich and rooted in experience.

Natasha Sloman
Chief Quality Officer



About Active Care Group

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

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

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, and to develop an exciting base from which we can grow the organisation to provide expert care to even more people who need our services.



Our Vision and behaviours



we will be
fair & inclusive



we will be
kind & honest



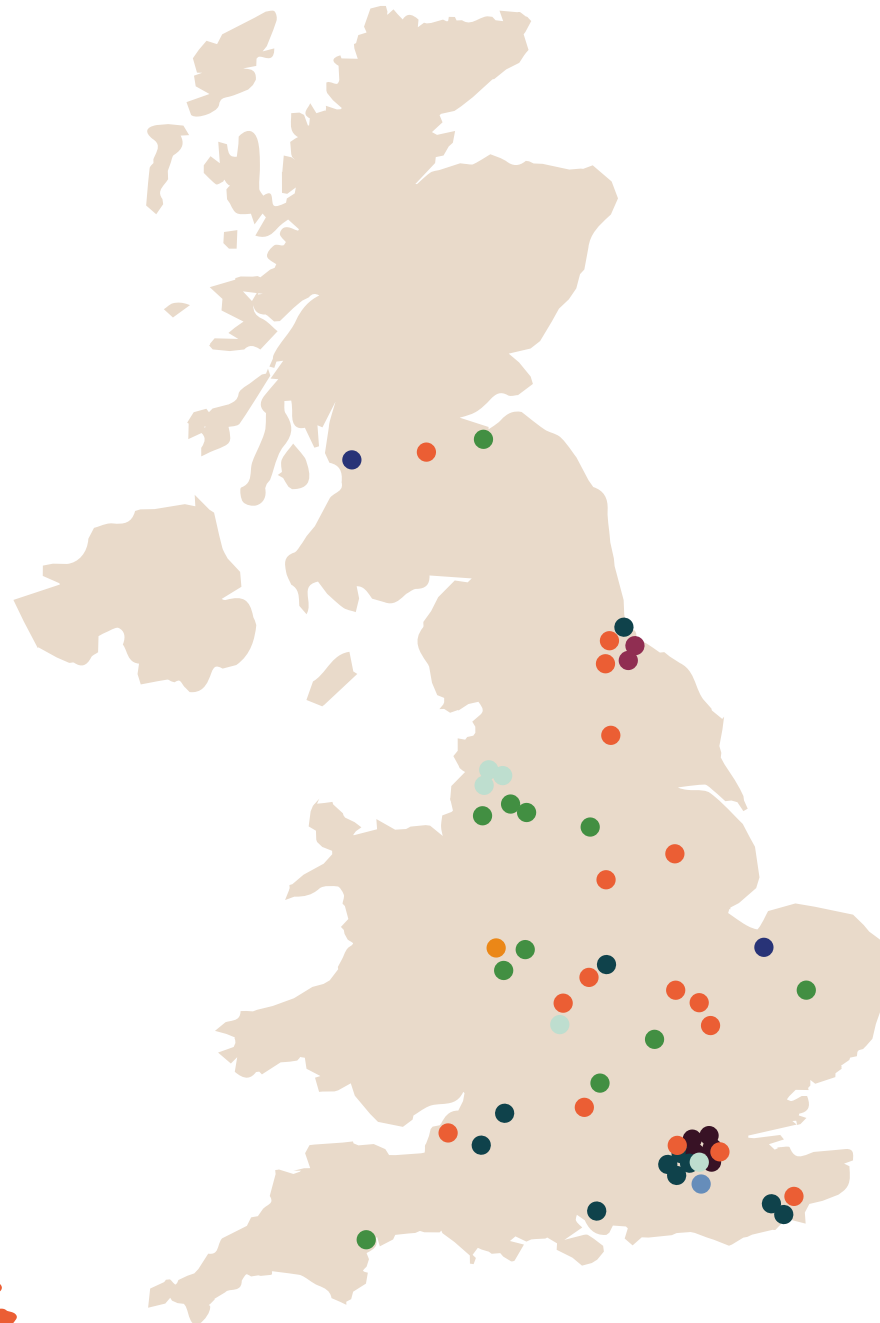
we will
listen, learn & act



‘Our vision is a world where people with the most complex problems 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 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



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 care for people with complex respiratory healthcare conditions.

Child and Adolescent Mental Health Services (CAMHS)

For this Quality Account period, we provided child and adolescent mental health services (CAMHS) 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 hospitals in Roehampton, London and Kings Norton, Birmingham, 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 care home 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 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

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.

Review of performance against 2022-2023 priorities

Our first Quality Account identified 5 priorities for improvement across the three quality domains of safety, effectiveness and experience. A summary of our progress against these priority areas is provided in the tables below.

Safety

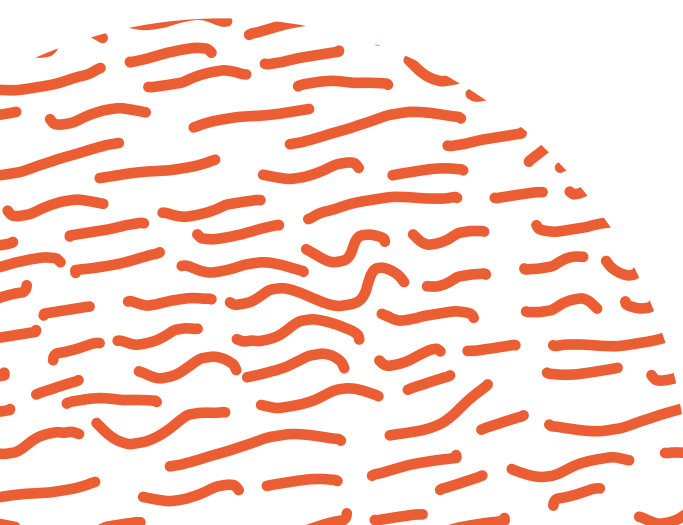
Priority 1
Patient safety
technology

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 (Holybourne and Kings Norton).

Our progress in 2022-23: We have established the use of Oxehealth camera technology (“Oxevision”) in two of our mental health hospitals, to improve patient safety. The system helps staff visually confirm a patient is safe - and measure their pulse and breathing rate without disturbing their sleep. This will be further evaluated in 2023-24.

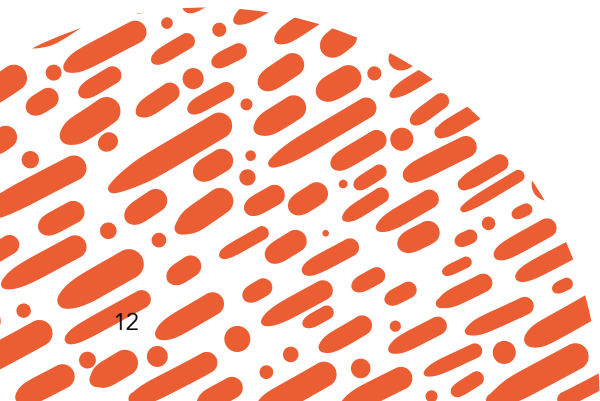


Safety

Priority 2 Reducing restrictive practice and human rights	<p>Priority: To fully implement and embed a new strategy on Reducing Restrictive Practice and Human Rights.</p> <p>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).</p> <p>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).</p> <p>Our progress in 2022-23: In 2022 we launched our reducing restrictive practice and human rights strategy, which is supported by a quarterly group. The objectives of the strategy are to ensure we are using data and intelligence to understand where breaches to human rights and restrictions may be occurring, ensuring that we are clearly documenting risks and regularly reviewing restrictive interventions. We have been communicating best practice and shared learnings and reviewing policies and processes to ensure they have a positive impact on human rights. Additionally, this also ties in with our quality priorities such as our work on co-production and closed cultures. We will foster a co-productive environment which empowers patients, families, and carers by increasing patient engagement and by designing patient led care plans and outcomes. Colleagues will be supported to fully understand the legal framework, so that they are able to articulate the possible impact of the restrictive legislation on human rights, such as use of force, use of restrictive practices and trauma informed care.</p>
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Clinical Effectiveness

Priority 3 Physical Healthcare	<p>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</p> <p>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</p> <p>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.</p> <p>Our progress in 2022-23: We have established an active Physical Health Group, with strong representation from all aspects of the group, from large Hospitals to single-handed Care in the Home. This year the group has focused on the quality and recording of Physical health care delivery, with specific focus on Oral Health, Medication review and access to national screening programs. We are devising an audit tool to measure our progress, recognising the huge variety of our services and settings, accepting that a single audit tool is unlikely to work in all settings.</p> <p>This year we have seen a leap forward in the use of clinical data, to measure our progression within the delivery of physical healthcare, this data is reviewed at the Physical Health care group, presented to the Quality Assurance Meetings, and shared with the board, for genuine ward to board reporting. Our hope for the next year is to make more of the data gathering automatic, less staff resource intensive, so that we both get access to live data on the current physical health and healthcare of those in our care, as well as freeing up colleagues' time from data collection, to return to quality care delivery.</p>
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Experience	
Priority 4 Capturing feedback and the voices of those who use our services	<p>Priority: To systematically capture feedback from those who use our services using a purpose-built review platform</p> <p>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.</p> <p>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</p> <p>Our progress in 2022-23: We continue to push and embed the digital platform 'Doctify' which is a QR code based at all our sites, where residents, patients and their families can give us feedback. The experience of people who use our services, and of their families and informal carers, is the most important evidence of the quality of care we provide. We will miss opportunities to improve and develop services if we don't actively listen to the people that we support. We have developed a structured interview process to enable us to gather feedback which will inform local service improvement plans. This is in line with our principal regulator approach, who are placing greater emphasis on people's experience of care. So far ten services have undergone this process, with reports back to service which identify the themes from the feedback sessions. These reports are very powerful in identifying what is important to people who use our services and how we as an organisation identify the priorities for improvement.</p>

Experience	
Priority 5 Experts by experience	<p>Priority: We will develop an expert by experience programme to strengthen the voice of people who use our services.</p> <p>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.</p> <p>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.</p> <p>Our progress in 2022-23: It has been an exciting year for the development of our co-production agenda. Active Care Group has engaged Real Insights to support the organisation instil a culture of co-production and collaboration. In May 2022 we launched our work with a conference that saw over 70 colleagues join to hear from outside speakers the benefits that experts by experience bring to our work in health and social care. Real Insights (a team of people with lived experience) have worked alongside our key hospitals to introduce co-production methodology. This year we ran several workshops with our managers, residents, and family members to inspire thinking on how locally services can introduce and take co-production to the next level. We will be focusing on recruitment processes, showcasing good practice, and organising a further co-production event to review our strategy and be creative and brave in our approach next year.</p>

Our Quality Priorities for 2023-2024

Following a programme of internal inspection, health and safety and peer review visits by the internal quality team, they assessed every service using the relevant regulatory framework and forged good relationships with colleagues across the group. These visits identified local priorities for improvement that fed into individual site improvement plans. They also encountered many examples of good and outstanding care and were often inspired by the hard work and dedication of our frontline colleagues.

The reports from these site visits, together with the data we collect routinely and the quality assurance framework (QAF), provide a rich source of information about quality. In keeping with the key behaviour that we will ‘listen, learn and act’, we have studied this information to identify eight issues that are common themes across our services. Our Quality plan proposes eight quality priorities which will be our focus for the next three years.

Quality Priority 1: Physical health

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

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

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

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.

Each of the priorities has an executive lead assigned which will ensure accountability for delivery throughout the year. Each will have an

associated action plan and workstream. Progress on actions will be reported into the quality assurance committee and then up to the board.

Our statements of assurance

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

National confidential inquiry into suicide and safety

Active Care Group participates, where applicable, in the national confidential inquiry into suicide and safety in mental health. There have been no notifications in 2022-23 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.



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. 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 methodology. There are a range of audits undertaken across the year which include:

Quality Audit Framework	
<ul style="list-style-type: none"> • 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 • Hand Hygiene • Well Led 	<ul style="list-style-type: none"> • 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 • Mattress

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. Further work is being undertaken to ensure tailored audits are created for service types, including case management services, care in the home, hospital and adult social care.

Internal corporate assurance and quality monitoring

We have an established annual cycle of mock inspections, closed culture audits and peer reviews, which provides structured visits to services supported by key clinical 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.

Last year we undertook a series of mock inspections, peer reviews and closed culture audits across all our services. This gave us rich intelligence, which was analysed for themes and formed the basis of our quality priorities and strategy. Whilst we continue to undertake these where we have identified risks or indeed good practice, our focus this year has been 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.

Monitoring/assurance activity	Number
Mock inspections	58
Closed culture reviews	2
Peer service reviews	1
Quality support visits	26
Structured feedback sessions with families	7
Health & safety audits	86
Fire risk assessments	40
Health & safety support visits	93

We have undertaken a quality roadshow which was well received by our colleagues and organised various workshops on topics such as co-production, learning lessons and managing some aspects of health and safety. To assure ourselves on quality and safety we have set up a new approach to identifying and managing risks at services and have drawn up a rating protocol, which helps us to focus on priority sites where the intelligence suggests they require additional support.

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

Participation in clinical research

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



Goals agreed with commissioners – use of the CQUIN payment framework

A proportion of the Active Care Group income in 2022-23 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.

At the time of preparing this Account we are still awaiting final confirmation from NHSE on payments for 2022-23.

Details of the agreed national goals for 2023-24 are available electronically here.



Statements from the CQC

The majority of Active Care Group services are required to register with the Care Quality Commission (CQC) and their current registration statuses are 'fully registered'. We have three new services pending registration with CQC.

At the end of the reporting period, of the 54 services registered, the CQC has taken enforcement action against 3 services:

- Active Care Group Supported Services was issued with a warning notice on 8th February 2023
- Foxhills Farm was issued with warning notices on 17th February 2023
- Ivetsey Bank Hospital was issued with warning notices on 22nd December 2022

Active Care Group has undergone a CQC Independent Health provider well-Led inspection between 8th February and 10th March 2023.

Active Care Group has not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

Data Security and Protection Toolkit

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

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

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

NHS Number and General Medical Practice Code Validity

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

Clinical Coding

Active Care Group was not subject to the audit commission's payment by results clinical coding audit during 2022-23.

Additional information on quality performance

Structured interviews with residents and families

Listening to and acting upon the feedback we gain from our residents/patients, families, and carers is a vital part of improving the quality of our services. As a group we have not always found it easy to do this, despite having various feedback methods such as Doctify, surveys and resident and family forums.

Following a CQC inspection in December 2022, where we were made aware of resident and family concerns, we arranged for members of the quality team to visit the service. We met with as many residents as we could on a 1-1 basis, and we set up virtual calls for family and carers.

The engagement with the process was amazing, so positive. Through this, we gained valuable and rich information on people's direct experience of living at one of our services. Not only did we receive feedback, but we also heard some fantastic suggestions and ideas of ways to improve the care and the service in general.

Since the initial visit and due to the success, structured feedback sessions have become a formal process and now form part of the ACG visit methodology. We use a common set of interview questions and provide a summary report of the feedback, any trends and themes and recommendations to support improvements.

We have seen some great examples of our colleagues working in partnership with residents/patients and families and carers and improved co-production using the feedback received.

We aim to complete structured feedback sessions at all our services and are building on the resources available to ensure we hear from as many people as possible. It has shown how important our behaviours are, and of the difference when we really do listen, learn and act.

Kate Hardcastle
Regional Head of Quality



Learning from compliments – an example from Holybourne adult acute mental health service

In our work at Holybourne, we reflect, learn, celebrate success, and strengthen our practice together

We continually monitor and review our practice to ensure that it is safe, caring, compassionate, evidence-based, effective, and patient-centred. This involves us reviewing incidents, auditing our practice through our documentation, completing multidisciplinary clinical reviews, and ensuring that we are engaging with our patients and their families, in a way that we would want, and how we would want our family to be cared for.

The service receives many compliments from patient's and close family members, one such compliment, referenced and named almost every colleague who works at our hospital. This compliment is a reflection of how we work better together.



In their words:

"I am writing in capacity as nearest relative / wife regarding my husband who has been a patient on the Richmond Ward at Holybourne Hospital.

I would like to write with sincere thanks to you all, and the staff.

My husband is diagnosed with schizoaffective disorder and autism. He has suffered with his illness for many years and, of late, since 2019-present, has a pattern of hospital-home-hospital-home recurring. We have experience of many hospitals and wards and, in my honest opinion, and my husband's this has been the best hospital he has been to.

The staff have been absolutely amazing. So kind, empathetic, hardworking and full of enthusiasm, with a real passion to help others. On my visits to see my husband, I got to witness this and during several phone calls I had with staff, I witnessed this. Their empathy and skill have gone a long way to help my husband who arrived home yesterday, ready to face the world.

He came home spritely and full of confidence thanks to your staff support. It takes a special person to work in care and mental health, and an angel to be great at it. Your staff are angels.

I used to receive many text messages from my husband during my day at work, and rest periods. He would often say how great the staff are, how reassuring they have been, and how wonderful they are!

Your staff are absolutely amazing: doctors, caterers, therapists, nurses, care support workers - absolutely amazing.

I'm sure this time my husband now has his best chance possible to succeed in life thanks to your staff. He works part time as a cleaner, which he has started up again, and he is training to be a Chaplain next year on a three-year course! Thanks to the confidence and encouragement your staff gave my husband, he is ready to face the world.

My husband was really downhearted to be on a section 3 after a suicide attempt. But, thanks to your expertly handpicked staff, my husband was able to settle in and get well as quick as possible. He was supported and nurtured every step of the way, and I felt at peace that my husband was in the right place with the right people.

My sincere heartfelt thanks to you all - and everyone involved directly and indirectly with his care.

Reducing Restrictive Practices at Conifer Lodge



Nina Bailey
Registered Manager,
Conifer Lodge
Clinical Lead for Learning
Disability and Autism

Conifer Lodge in Cambridgeshire is a CQC rated 'Outstanding' specialist service for men with a Learning Disability or who are on the Autistic Spectrum. We want every individual we look after to feel as if they are being supported by a family member and to feel completely at home and at ease in our service.

At Conifer Lodge, we have the opportunity to have a far more positive approach to risk taking as we don't have the number of blanket restrictions that a hospital environment for example, would need to put into place, due to the nature of the individuals they provide care for.

Residents at Conifer Lodge are informal, having no restrictions when they arrive, meaning we are fortunate to provide very much a 'home from home' setting. Taking away even the smallest restrictions such as strict mealtimes or a time when residents must go to bed, ensures we instead provide a care setting

which respects and treats patients at all times with the dignity they deserve. We empower our residents to make these decisions for themselves. We naturally have certain policies and procedures that we must follow, and we of course have certain routines to enable us to run our site effectively and smoothly, however we instead chose to involve our residents in any decision making around routines and any added flexibility, as part of our monthly resident meetings. We collaborate with care and compassion.

One of our residents has his own shooting range. Initially what seemed to be a rather frightening prospect, we carried out the necessary risk assessments to ensure he was able to continue to enjoy what was his passion. Inspectors alike were very sceptical. This is an example of taking an open approach, assessing any potential risk, ensuring the patient was able to continue to enjoy his hobby, something that he would be able to do if he was living an independent life. Instead of saying no, we reviewed the safest way of implementing it and made it possible.

This is just one example of the positive approach that we embed at Conifer Lodge.



“Having moved to Conifer Lodge from supported living it took some time to adjust but it is so nice to have people to speak to – I was lonely before as I lived alone in supported living whereas here I can speak to people if and when I want to. I get the opportunity to make decisions about what I do and when I do it – I know that whatever I ask for the staff will find a way of making it happen for me”

Conifer Resident

Identifying Reducing Restrictive Practice

When we first started the governance meetings, evidence from the reports indicated that only 30% of the services within social care and learning disability could identify restrictive practice. Following discussions at the monthly Governance Meetings and a program of work to raise awareness and deliver training across our Group, some months later the data increased to 80%. This was a significant change, meaning more of our services across the Group were now able to positively reduce restrictive practice.

Data Driven Meetings

Care plans are reviewed monthly, in addition we hold monthly meetings where we discuss Datix incidents, and any lessons learned as part of our Quality Assurance Framework requirements. These conversations highlight any trends which again enable us to work with our residents proactively to reduce any potential future risk or incidents. We have found this approach to be really effective at Conifer, it not only empowers colleagues, it demonstrates to the team that by working positively together we can reduce incident levels. Residents who chose to be involved in their care plans can also see positive impact.

Positive Behaviour Support (PBS)

The other factor to highlight which works really well with the above, has been the successful implementation and use of PBS alongside the use of restrictive practice and human rights. By proactively supporting our residents to deter any potential challenging or dangerous behaviour occurring, positively reduces the need for any potential use of restrictive practice.

Enhanced Colleague Engagement

By adopting a comprehensive, evidenced-based, values-led PBS approach it not only provides multiple benefits to those in our care, but it also ensures our colleagues can make a positive impact in how they contribute towards the delivery of personalised care. It has proven to strengthen their relationships with patients and their families and has encouraged colleagues to work together as a team. It makes for a happier environment. When colleagues are subject to high levels of incident rates it invariably impacts the health and wellbeing of our teams, which is something which we review as part of our colleague engagement strategy. Colleagues who organise the many varied activities throughout the year, also make a huge impact in ensuring our residents and patients are active, stimulated, and happy in their environment also.



Recovering from a brain injury at our Blackheath Brain Injury Rehabilitation Unit

James, a patient at Blackheath shares his story

Hi, my name is James, I was a patient at the Blackheath Brain Injury Centre and was discharged a few weeks ago. I want to share my story in my own words.

I was admitted to Blackheath in October 2022, I came from Guys Hospital where I had been treated following an epileptic seizure in August 2022. My treatment included being put into a medically induced coma which caused a bleed on the brain.

Previously, I was a Head of Communications at an Asset Management Group listed on the FTSE 1000 Index. I joined the group after becoming an award-winning financial journalist. I hold a degree in Politics and Economics from Lancaster University.

One of my memories whilst being a patient at Guys Hospital include sitting down in Costa Coffee with my Mum, who told me she didn't think she'd see me again when I was in the coma. Fortunately, that woke me up to what had happened to me and what a terrible experience my parents and family had been

through. When I repeated this story to friends, they said they had left the hospital doubting they'd see me again.

I was uncomfortable at the Blackheath clinic and struggled to come to terms with the situation, but I quickly learnt that the people there were there to help and assist me. Throughout my time at Blackheath, I really enjoyed some of the sessions, including Occupational Therapy, Psychology, Speech & Language Therapy and Physiotherapy. The quality of the sessions helped build my trust and understanding of the people and their goals. They also helped to build my confidence which brought a welcome element of comfort.

My time at Blackheath gave me perspective on my difficulties. It also enlightened me on the extent of my brain injury and where I fall short. It taught me to trust the people at Blackheath as they are here to help me. I learnt that it's important to remember that I have suffered a traumatic brain injury and I shouldn't benchmark myself on what I have previously achieved, such as A-level Maths.

It does take a sustained effort – and time – to recover from a brain injury. It is a long arduous

journey for patients. I was comforted and encouraged by the sympathetic comments of some notable tutors, who recognised the challenges patients faced.

In time, with the assistance of the fantastic people at Blackheath, I hope to remodel my brain so I can think better and more wisely.

Given the period of time I spent at Blackheath, I have to thank the team for enabling my recovery and for giving me hope and the ability to remodel my brain. As a wise friend said to me "Your mental health is your wealth", I need to save the mental fortitude that I have accrued.

Speech and Language Therapist, Kristina shares her perspective on James' journey at Blackheath

James wanted to share his story and it was Kristina, Speech and Language Therapist at Blackheath, who made it happen. Kristina is extremely passionate about her job, her team, and her patients. Here is Kristina's perspective of James' journey.



I've worked as a Speech and Language Therapist at Active Care Group for nearly 4 years. I love working in the neuro-rehabilitation inpatient setting. It's great here as the team work really closely together to deliver a patients' treatment.

In Speech and Language Therapy we support and treat communication and swallowing difficulties. Both are vast areas. We were seeing James for communication only. In this setting, we might see a communication patient for a range of acquired impairments, such as: speech, voice, language, and cognitive-communication. James had both cognition impacting on his communication, such as attention causing him to go off track in conversation, or memory

affecting his ability to recall conversations. He also had word finding difficulties, for example he may say a word out of context when meaning to use another one and he found he could not type on the computer initially.

We worked intensely with the other therapy disciplines – psychology, occupational therapy, and physiotherapy – and his family, to raise his insight into his diagnosis and the difficulties caused by this. Our sessions were high intensity, working on word retrieval, typing for different functional activities, and supporting him to implement strategies for cognition which, in

turn, improved some of his cognitive functions to a level where he could go home with support. This is a very broad description of our work with James, and working with Psychology played a large part in his progress.

It was a pleasure working with James. He was considerate, polite, and humorous. He always showed us his appreciation and was very motivated for sessions, making each session more engaging for himself, and building rapport with therapists and his peers on the ward. It was great seeing him progress on the ward and it was really rewarding to be able to discharge him home, which was what he wanted. To be able to support him to achieve this goal, was a huge success for the team also.

When James set the project for himself, which was to write an article for publication, it showed just how far he had progressed with his language abilities. He said it made him feel like he was doing something more 'normal' for him, work related.

It gives me a sense of pride and joy, to see patients fulfilling their self-set goals and feeling more like themselves, after such a life-changing and difficult journey.



Service developments and innovation

In 2022 / 2023, Active Care Group has been focusing on quality improvement, innovation, and research and development. This workstream is brought together at the, now established, Quality Improvement, Research and Innovation Committee (QIRIC).

We have established a Research and Development Governance Group, at which publications and research collaborations are discussed and approved. We have already established collaborations with Manchester, Ulster, Roehampton and Bangor Universities, across our brain injury and mental health services.

Active Care is ambitious with regard to embracing innovative best practice for the benefit of those we care for. Establishing the use of Oxehealth camera technology ("Oxevision") in two of our mental health hospitals, to improve patient safety, is one example, but the group have also completed a smoking cessation initiative (which is now being rolled out across more sites within the Active Care Group following a successful pilot) and the expansion of the use of RehaCom (an intuitive software programme that allows therapists to rehabilitate cognitive deficits that can affect activities of daily living) across more of our neuro-rehabilitation services.

The ongoing quality improvement workstreams are led by the Chief Medical Officer with support from the Group Clinical Director and the Clinical Leads across the neurological, mental health, and learning disability and autism / social care clinical networks.

Dr Amit Chatterjee
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 8 of our residential and supported living services have achieved this.

The process involves units signing off a statement of compliance against each required standard and undergoing a robust on-site assessment, within an inspection system that also involves unannounced interim reviews.



This process ensures that units gaining Approved Provider status can demonstrate their provision of appropriate specialist care for those with complex, physical and/or cognitive impairment due to acquired brain injury. Key aspects of the process include ensuring 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
- The Laurels
- Thornton Avenue
- Gunnersbury Avenue
- Prospect Court
- Frenchay
- Woodlands York
- Hunters Moor

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

Colleague engagement and recognition

Our colleagues are vitally important to us in Active Care Group, we are committed to investing in our colleague's development and wellbeing whilst ensuring we are best placed in the market to attract the best possible candidates. Our Workforce Strategy underpins these key areas whilst being true to our behaviours:

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



we will be
fair & inclusive



we will be
kind & honest



we will
listen, learn & act

We are implementing a new Learning Management System (Active Learning Hub) through 2023 which will be underpinned by a clear training matrix specific for each service and each role. The Hub will enable colleagues to complete their mandatory training at the same time as accessing learning for personal

growth. We have established an Apprenticeship programme and intend to continue to develop this along with our **Grow our Own** offering.

In the last year we have continued to embed Just Culture through our policies & procedures and through our development opportunities. In addition, we have continued to focus on Speaking Up, we have appointed a Freedom to Speak Up Guardian demonstrating our commitment in this area.

To support our focus on communication and engagement we have implemented a new Intranet which houses all policies and procedures as well as shares news and information for colleagues, both through visiting the site and sending out team briefings directly from the intranet. In addition to this we have established a corporate induction held twice a month for all new starters led by a member of the Executive Board and we have launched a virtual Town Hall Meetings for all colleagues to join, we focus on sharing updates from strategic priorities and answer questions. Our Communications Champions continue to share ideas at a local level and feed that back up to the Group, we regularly share "You Said, We Did" communications.

Our first annual awards were held in November 2023 – Active Awards – these celebrated key achievements by colleagues across the business. Our Active Rewards benefits portal enables colleagues to get discounts and savings on the high street as well as being a recognition tool in which colleagues can recognise and celebrate the work their colleagues have done for them or others.

We now have an established network of Mental Health First Aiders who attend monthly meetings and have been widely publicised in the group. We continue to promote our Employee Assistance Programme (Health Assured) and the provider has carried out a series of webinars and workshops for managers and colleagues on their provision.

In our Colleague Engagement Survey in January 2023, 81% of colleagues told us that they are motivated to do their best work and 90% said that they feel confident in their abilities to meet the needs of people in our care. There is still further work to be done in embedding the development opportunities and wellbeing activity, but it has given us a solid benchmark to build on. In addition, we use the same external provider for new starter and leaver surveys.

Our Equality, Diversity and Inclusion strategy continues to develop, and we now have a well-established forum which all colleagues can attend (a Steering Group of senior operational leaders), and we have also launched a Women's Network. We continue to celebrate our diversity and services hold events and celebrations throughout the year. We are a Disability Confident Employer.

We have a strong and integrated Talent Acquisition team who work closely with services to create local events such as open days or working with the Job Centre as well as having a national presence at job fairs and job boards. In the last year we have implemented an applicant tracking system which has improved the speed of our onboarding processes resulting in a significant increase in headcount.

In the next year we plan to embed further the initiatives already started, we intend to do more on our employee value proposition working with an external company to achieve this and further development our career pathways to retain more colleagues into senior roles.

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 October 2022 we moved to a unified incident reporting system (Datix). This now enables consistent recording of incidents and thus more robust analysis and learning.

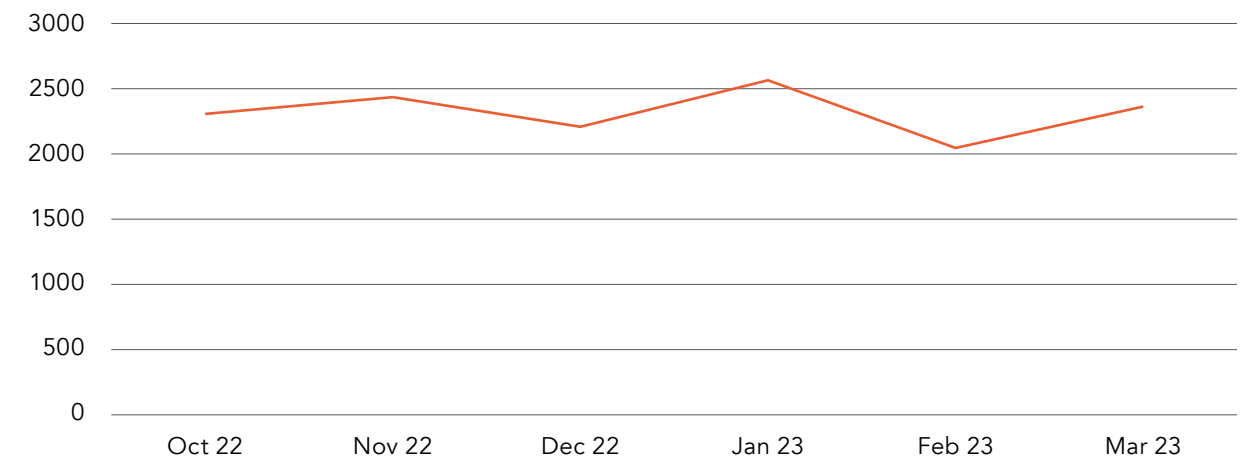
We have focused on embedding the new system into all our services so that our colleagues feel confident in being able to report all incidents

and near misses and understand the benefits of doing so. We will continue to embed our Incident Management Policy and will be transitioning to the new Patient Safety Incident Response Framework (PSIRF) in October 2023.

The information on incidents that follows, relates specifically to the period following implementation of the unified reporting system from 3rd October 2022 to 31st March 2023 extracted from Datix.

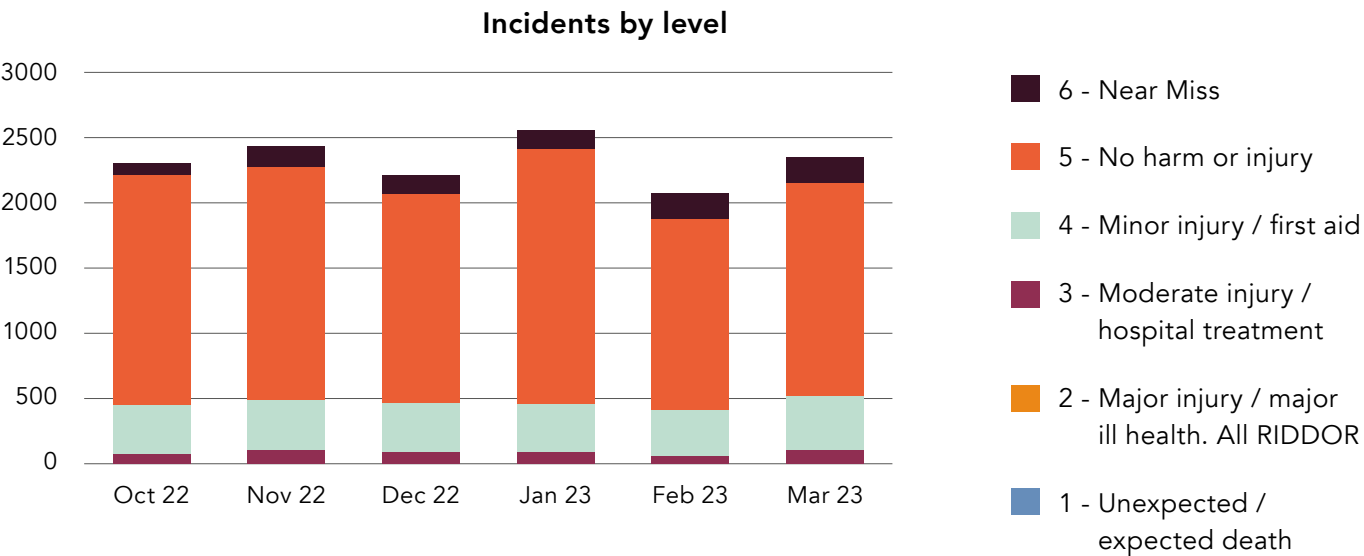
There were 14,047 incidents reported across the whole Group in 2022-23.¹

Reported Incidents October 2022 - March 2023



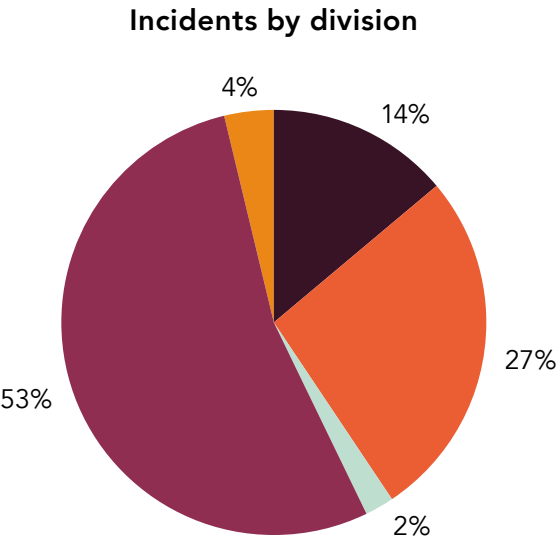
¹ Information taken from Datix Incident Management System from implementation of 3rd October 2022.

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



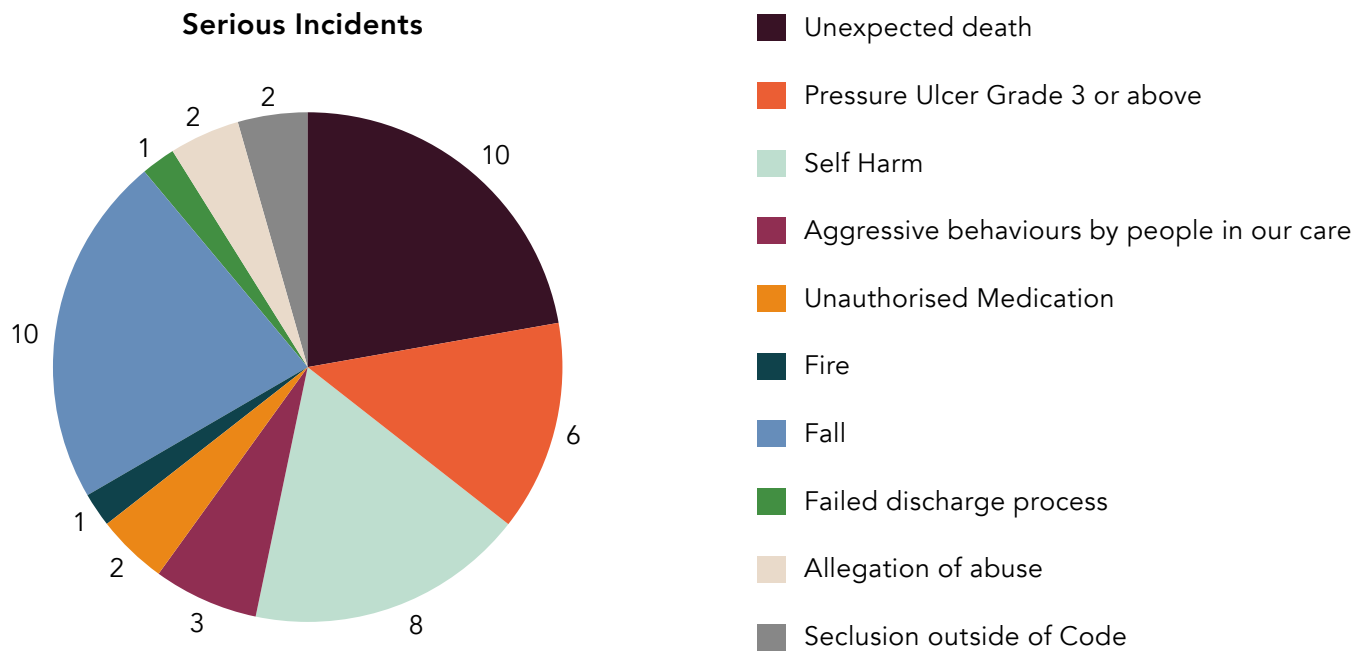
Broken down by specialist network, 7,507 incidents (53%) relate to our CAMHS Tier 4 services and 82% of these incidents fall into level 5, ‘no harm or injury’.

- Adult Social Care & LD Services
- Neuro Division
- CAMHS Residential
- CAMHS Tier 4 Hospital
- Adult Mental Health Hospitals



Serious Incidents (SIs)

In terms of serious incidents, there were 45 incidents that met the threshold for serious incidents across the Group.



Examples of learning and actions resulting from SI investigations during 2022-23 include:

- Timely and accurate update of care and risk plans when changes are agreed
- Awareness of and adherence to issued company policy
- Introduction of monthly emergency response drills for services
- Improved training for physical health monitoring and escalation of concerns
- Improved training programmes including investigation training

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 2022-23.

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 2022-23, Active Care Group did not receive any Regulation 28 reports.

Feedback on our services

We continue to embed a digital platform to obtain feedback from those we care for and their relatives. We 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. 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 alleged abuse.

Of the 191 stage one complaints, 54 were fully upheld, 75 partially upheld and 51 not upheld. 3 complaints were withdrawn and 8 remain open.

Feedback type	Numbers in 2022-23
Compliments	560
Concerns	103
Formal complaints – stage 1	191
Formal complaints – stage 2	8
Ombudsman Enquiries	0

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 2022 and 31st March 2023, the CQC inspected 14 services.

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Abington View	Good	G	O	G	G	G	03/08/2021
Active Care Group - South Division Care in the Home	Good	G	G	G	G	G	16/05/2018
Active Care Group - North Division Care in the Home	Not yet inspected						
Active Care Group - Central Division Care in the Home	Not yet inspected						
Active Care Support Services	Requires improvement	RI	RI	RI	RI	RI	02/11/2022

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
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 Brain Injury Unit	Requires improvement	RI	RI	G	G	RI	02/11/2022
Bobbins	Good	G	G	G	G	RI	01/10/2019
Bows	Requires improvement	RI				RI	13/06/2022
Brambledown	Good	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
Christchurch Court	Good	G	G	G	G	G	16/01/2020
Lloyd House	Good	G	G	G	G	O	13/11/2017
Conifer	Outstanding	G	G	G	O	O	26/07/2022

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Cranley Gardens	Good	G	G	O	G	G	21/03/2018
Foxhills Farm	Inadequate	IN	IN			IN	17/01/2023
Foxley Lane	Requires Improvement	RI	G	RI		RI	06/04/2022
Frenchay	Requires Improvement	RI	G	G	G	RI	25/10/2022
Hall Road	Good	G	O	G	G	G	08/03/2021
Taplow Manor	Inadequate	IN	RI	RI	G	IN	13/12/2022
Holybourne Hospital	Good	RI	G	G	G	RI	01/10/2020
Hothfield	Good	RI	G	G	G	G	09/08/2022
Ivetsey Bank Hospital	Inadequate	IN	RI	RI	G	IN	14/11/2022
Hunters Moor	Requires Improvement	RI				RI	11/01/2022
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

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
Kingly House	Requires Improvement	RI	G	G	RI	RI	25/07/2019
Kingly Lodge	Requires Improvement	RI	G	G	G	RI	05/03/2019
Kingly Terrace	Outstanding	G	G	G	O	O	27/11/2017
Kings Norton	Not yet inspected						
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	Requires Improvement	RI	G	G	RI	RI	13/12/2022
Nottingham Neurodisability Service Hucknall	Good	G	G	G	G	G	12/05/2022
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						

Site	Overall rating	Safe	Effective	Caring	Responsive	Well led	Inspection date
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	Outstanding	G	O	G	G	O	12/07/2017
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 2022 and 31st March 2023, ratings for this service and 100% of the four standards inspected, are currently judged to have been met.

Care Inspectorate Scotland (CIS)

Active Care Group has two registered services in Scotland. During the reporting period between 1st April 2022 and 31st March 2023, ratings for these services and 100% of the standards inspected, are currently judged to have been met.

Care Inspectorate Wales (CIW)

Active Care Group has two providers of care registered with CIW. During the reporting period between 1st April 2022 and 31st March 2023, 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 four standards and immediate actions were taken to address all matters raised.

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

All services are robustly monitored 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 2023



Keith Browner
Chief Executive Officer
Active Care Group

activecaregroup.co.uk

Head Office

1 Suffolk Way, Sevenoaks TN13 1YL

referrals@activecaregroup.co.uk

01732 779353



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