Annual Quality Report

September 2024 –
September 2025

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Executive Summary

The SJOG Annual Quality Report presents a comprehensive overview of performance across our national portfolio of services, supporting 672 individuals aged 19 to 104 through specialised, rights-based, and person-led approaches. Our services span elderly care, disability support, autism and complex needs, services for victims of modern slavery, and homelessness and are each shaped by co-production, inclusive leadership, and a commitment to continuous improvement.

The underpinning context for registered service inspection ratings in adult social care has consistently followed a 4-tiered approach in which the quality of a service can be rated as inadequate, requires improvement, good or outstanding. The launch of *A new strategy for the changing world of health and social care* (CQC, 2021) incorporated the fundamental standards into themes and introduced a consistent marking criterion to determine overall ratings at inspection, underpinning quality of service delivery.

CQC framework for percentage ratings (CQC, 2023)

25 to 38%	Inadequate
39 to 62%	Requires Improvement
63 to 87%	Good
over 87%	**Outstanding**

In 2025, our average quality score of 94.3% places us firmly within the 'Outstanding' threshold under the CQC Single Assessment Framework, where scores above 87% reflect sector-leading excellence. Whilst this rating is subjective to SJOG's co-designed Quality Framework, we have maintained a 100% 'Good' CQC rating at inspections and achieved zero RIDDOR-reportable injuries, evidencing a strong safety culture.

SJOG has not received any CQC inspections of its registered services in 2025, however MDST services received annual CQC monitoring with little recommendations. Supported Housing and Intensive Housing Management provision however successfully achieved a positive outcome at their first Supported Housing Inspection Process (SHIP) in January 2025. PAMMS inspections and Local Authority Contract reviews have been rated good or averaged 96% across inspection of our services (inclusive of day opportunities).

Our occupancy rate of 97%, alongside an average of 7.5 referrals per month to our care services, reflects sustained demand and trust in our services and practice.

Quality assurance in 2025 was driven by a robust governance infrastructure, including:

- 252 safe & well-led audits monitoring compliance with statutory and regulatory standards
- 84 full quality audits simulating CQC inspections across 40 service quality domains
- 504 manager-led governance checks ensuring, but not limited to, oversight of health and safety, infection control, and medication practices.
- 6 spotlight approaches have been undertaken this year strengthening cross-functional quality assurance and service improvement.

Workforce capability remained high, with 95% Health & Safety training compliance and 91% Safeguarding Adults training, supporting safe, skilled, and compassionate care delivery. An overall percentage of 82% of colleagues being trained in mandatory and service specialised training and over 50 colleagues engaged in QCF qualifications across the charity evidences our commitment to colleague progression and quality in our care delivery. A total of 93% staff are qualified to QCF level 2 and 89% at level 3 and above.

Thematic analysis of quality auditing highlighted key strengths in developing capable environments, relational practice to specialist areas, and governance oversight. Each area will be described in detail per service specialism throughout this report. Co-production continues to shape service design and evaluation; with the voices of the people we serve and lived experience embedded into service development planning and strategy aims.

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OVERALL QUALITY

(Sep 2024 – Sep 2025)

QUALITY AVERAGE

94.3%

Under the CQC framework – 63-87% is considered 'good' above 87% is considered 'outstanding'

CQC RATINGS - 100% GOOD

Nationally 78% of approximately 15,000 services are rated as 'good'

504 MANAGERS GOVERNANCE CHECKS

All auditing requires managers governance – this is an essential step in maintaining quality over H&S/ICC and medication

252 SAFE & WELL-LED AUDITS COMPLETED

Monthly safe and well-led auditing allows for compliance with regulations and statutory legislation to be monitored regularly

84 FULL QUALITY AUDITS COMPLETED

Full audits represent a mock CQC inspection in which 40 areas of service delivery are explored and rated in depth

REFERRALS

Average of 7.5 Referrals per month for care

7.5

97% OCCUPANCY

HEALTH & SAFETY TRAINING PERCENTAGE	95%
SAFEGUARDING ADULTS TRAINING PERCENTAGE	91%
OVERALL, HEALTH & SAFETY COMPLIANCE	94.8%
OVERALL INFECTION CONTROL COMPLIANCE	95.4%

RIDDOR REPORTABLE INJURIES = 0

672 PEOPLE SUPPORTED

STAFF EMPLOYED TO SUPPORT IN SERVICES **571**

AGE RANGE OF PEOPLE SUPPORTED **19-104**

Introduction

This report reflects our commitment to delivering high-quality, person-led support across diverse service areas including elderly care, disability, complex needs, and those affected by modern slavery and homelessness. SJOG's commitment to exceptional care is underpinned by a dynamic and forward-thinking approach to Quality & Service Development.

In each context of our services, quality is not just a measure of compliance, it is the foundation of safety, and enablement, and is the responsibility of all colleagues in the charity. In our drive to being an exceptional provider we have consistently reviewed our quality approach since inception in 2020 moving from foundational service-level monitoring to data-informed frameworks that drive continuous improvement across the charity.

Evolution in Quality & Service Development

SJOG Quality and Governance Framework

Our quality assurance approach combines quantitative metrics with rich thematic analysis to capture both service performance and lived experience across our services. We combine our approach with charity-wide surveys of people supported and colleagues and welcome feedback from professionals and family members when visiting our services. Compliments and suggestions are captured in a variety of ways including QR codes, verbally and via email.

Core metrics include assurances in safeguarding outcomes, regulatory compliance, staff capability and progression opportunities. To sustain greater assurance around safeguarding practices, 100% of colleagues are required to complete a safeguarding competency annually and we monitor escalation of Section 42 enquiries and safeguarding strategy meetings. SJOG services have supported a total of 5 strategy meetings and responded to three Section 42 Enquiries with positive outcomes and no additional actions.

We explore incident and accident trends, and industry standards linked to capable environments and safer recruitment, these areas are triangulated with thematic insights drawn from observation, reflective practice, and evaluation tools. This dual methodology enables us to move beyond compliance and towards a culture of innovation, and outstanding practice.

Throughout 2025 we have utilised a quality governance approach consisting of three stages:

1. Key Quality Indicators – Identified service level practice
2. Quality Assurance – Managers governance systems
3. Quality Control - Strategic oversight of quality & risk

The development of a Nominated Individual Strategic Dashboard allowed for key quality information to be viewed in-situ and shared easily with members of EMT and chief operating officer to make decisions in real time. This has been crucial to ensuring oversight and timely escalation to the SJOG Quality Committee. Having a single point of information has enabled efficient and responsive actions to be taken where concerns are identified across key Safe and Well-led quality domains.

The dashboard presents information on:

- Quality ratings per specialism
- Quality ratings per service
- Safe & Well-led average ratings
- H&S and IPC national ratings
- Safeguarding numbers & type
- Incident & Accident data

Reinforced by regular policy review, processes to support service improvement have also achieved positive outcomes. SJOG embedded a structured multidisciplinary approach through Spotlight Meetings. These meetings ensure that members collaboratively analyse the root causes of performance issues, contribute to resolution plans to accelerate quality and compliance, and maintain rigorous oversight of service development plans (SDPs).

Members in attendance to spotlight meetings are expected to be fully prepared, manage information effectively across meetings, and take lead responsibilities for updating action plans. This process enables a consistent, accountable framework for driving sustained improvement and regulatory alignment across all departments and promoting cross-functional working. In 2025 we have had three completed spotlight approaches undertaken over a number of months inclusive of service quality, sickness monitoring and finances. An additional three spotlight approaches are ongoing into Q4 of 2025.

Strengthening quality through accreditation and sector benchmarks

The addition of specialised quality domains into our auditing in 2025 has enabled us to report upon sector wide best practice benchmarks in autism and older communities for example and strengthen our delivery through accreditations such as ISO9001 and National Autistic Society. Our approach to external accreditations reinforces our practice and support us to be of more help to more people through increasing trust and reputation in our service delivery. This approach has seen us become a provider of choice in Complex Care, opening a new Complex Care Service in 2025 with another service fast approaching in early 2026.

Strategic Alignment of Quality Performance:

There is a wish to be exceptional, not just any organisation, but an organisation that does cutting edge work that enables the people we support, and the people doing the supporting, to flourish. (SJOG, 2024. Strategy: People, Potential & Partnerships).

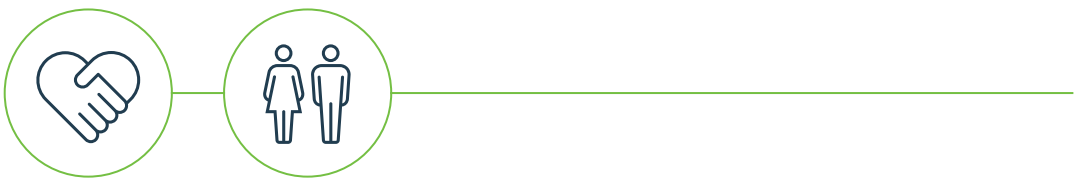
PEOPLE

Acting with Hospitality

- In 2025 our services supported 672 individuals, aged 19 to 104, across diverse and often complex needs.
- We provide safe and effective environments across 22 service sites in England and work within 69 Local Authorities. Our future aim is to extend our services and support beyond our localities. In 2025 we have successfully consulted with service providers in Scotland to enhance quality in their services and will continue to be of more help to more people in 2026.
- With 97% occupancy and an average of 7.5 referrals per month, we continue to be a trusted provider where people feel valued and at home.
- We continue the work of our founder St John of God by giving back to our communities on 'Do Good Day' on the 8th March. Do Good Day in 2025 saw colleagues donating their time and efforts to causes such as foodbanks, charity shops and raising money for other charitable causes.

Respecting the Individual

- Co-produced care planning and service delivery were central to our thematic analysis, ensuring support is shaped by each person's voice, rights, and lived experience. The development of a Values Framework and 'Speaking up' Programme will ground our future delivery in this area.
- An area identified by those we support in their People's Charter was to reduce time colleagues spent on paperwork. In 2025 we successfully transitioned to a new care management system that will save over 4000 hours per year on documentation, meaning more valued time is spent with the people we support.
- Our 100% Good CQC rating across all services reflects consistent delivery of person-centred care across all service types. Exceeding the overall national average of 78% of services rated good by CQC.



POTENTIAL

Embracing Creativity and Innovation

- We completed 84 full quality audits simulating CQC inspections across 40 quality domains, using these as learning tools to drive quality and reflective practice through service development plans.
- We enhanced our reporting frameworks in Complex Care to capture evidence required for specialist accreditations with National Autistic Society and Restraint Reduction Network. In 2025 we had 3 Complex Care services awarded the Autism Accreditation Specialist Award and re-accreditation with RRN was received with no recommendations.
- Thematic insights highlighted how relational approaches and inclusive leadership fostered creative, adaptive responses to complexity. Diversifying reporting structures around incident management, co-production and quality of life have allowed us to explore the benefits of tailored strategies against the outcomes for the people we support.
- We held an Aspiring Leaders course in 2025 which supported professional growth for 14 of our colleagues and strengthening career progression opportunities in SJOG.

Using Technology to Support People

- Digital governance processes enabled 252 Safe & Well-led audits and 504 manager governance checks, ensuring real-time oversight of health, safety, infection control, and medication.
- Technology supported remote quality monitoring, compliance tracking and data-informed decision-making across functions. Support and opportunities through Spotlight meetings enhanced consistency between departments when supporting service development.
- We have continued to explore new technologies such as Nourish, Happiness Programme and Smart Home Technologies to elevate our support offer to those living with us.

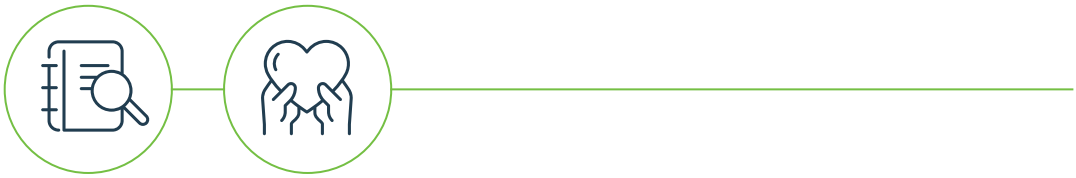
PARTNERSHIPS

Supporting People

- Our services span elderly care, disability, autism, and those affected by modern slavery and homelessness. Our service specialisms are each designed to uphold dignity, autonomy, and recovery.
- 2025 saw another successful year for our Here to Help Project in which support, training and information has been shared with autistic people, families and carers of autistic people and professionals.
- No RIDDOR-reportable injuries and high compliance scores averaging 94.8% in H&S and 95.4% in IPC, reflect a strong culture of safeguarding and proactive H&S support.

Evidencing What We Do, and Influencing Others to Do More Good

- With an average quality score of 94.3%, we exceed the CQC's 'Outstanding' threshold, evidencing excellence through robust quality metrics incorporating the Quality Statements in the Single Assessment Framework.
- The continued use of our social media, and drive for exceptional practice has saw our evidence hashtags cover topics such as Equality & Diversity, Workplace Culture and Using Technology support person-centred outcomes.
- Our quality framework, co-production practices, and sector engagement through networking and information sharing position us to influence wider system change, sharing learning, shaping standards, and modelling best practice.

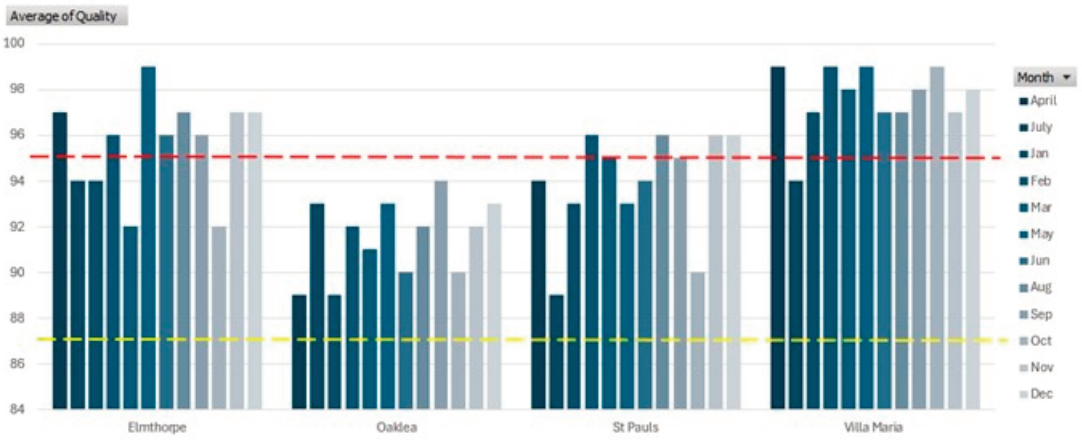


Older Communities Services

Older Communities services in SJOG provide support across 4 registered residential and nursing locations in England. Our services are unique in the context of the religious observations in which the people we support continue to be part of. Supporting people to sustain their life work as members of religious orders shapes our service delivery and is at the heart of our practice. We support members of:

- St Anthony's Convent of Mercy, Oaklea
- Sisters of the Charity of St Paul the Apostle, Selly Park
- Salesian Sisters, Elmthorpe Convent
- Sisters of the Marist Congregation, Villa Maria

Quality Overview:



Highlights

Throughout 2025, Older Communities services have demonstrated consistently high standards of quality, achieving an average quality rating of **94.5% and various services reaching a peak of 99% in a single audit**. These ratings evidence strong governance and a culture of continuous improvement, ensuring people supported in our older communities' services receive safe, compassionate, and reliable support aligned to their religious observations. On the graphs above, SJOG's KPI is highlighted in red and Care Quality Commission (CQC) rating threshold for a 'good' rated service at inspection is highlighted in yellow, evidencing that between September 2024 and September 2025 Older Communities services would have likely had positive inspections. Villa Maria is due CQC inspection having last been inspected in January 2021 and the service is 'looking forward' to welcoming CQC.

- Service activity and engagement remain strong, with **16 referrals** recorded in 2025 and **occupancy maintained at 75%**.
- In previous years there has been a reluctance within services to open their communities to the general population, in 2025 however through **strengthened relationships and partnership working** with local ICB colleagues, St Pauls in Birmingham is now opening their doors to be of more help to the local community. This is a fantastic step forward for the service that will provide **stability and longevity to their service**. Opportunities to **extend our expertise in dementia** is also a promising catalyst to service development throughout 2026.
- Alongside quality outcomes, our services have **received 89 compliments**, reflecting high levels of satisfaction among people we support, professional and family members. Positive feedback evidences **community trust and the value of services in improving outcomes for older people**.

  Compliments received include:

  > *"So appreciative of the care mum is receiving and so happy that she can live out her last days with dignity in a place where she can rest".*
  >
  > *"So pleased with how mum is getting along and how fantastic the staff are".*
  >
  > *"Great praise for the staff and care team, my stay was a healing process thank you for looking after me so well".*

- **External recognition** has also been achieved, with seven award nominations and shortlisting that highlight sector leadership and good practice including, Activity Co-ordinator for Dementia Care Awards and National Care Awards and Care home team for End of Life/ palliative care awards and National Care awards. Finals for these awards will be held in Spring 2026.

Key Outcomes

Clinically Relevant Practice

A key area of measurable impact has been the reduction in falls, **with incidents decreasing by 26%** from the previous year. Falls remain the leading cause of hospital admissions for older people and are estimated to cost the NHS £435 million annually with fractures most commonly occurring in the spine, wrists and hips. Falling is a cause of distress, pain, injury, loss of confidence, loss of independence and mortality. (Office for Health Improvement and Disparities, 2022).

Through collaborative approaches with the head of health & safety we have proactively addressed falls hazards within homes and ensured a measured approach to risk management and mitigation, 81.9% of colleagues have completed falls training with this being firmly embedded into colleague inductions in Older Communities services in SJOG.

Overall services have directly **reduced risk, prevented avoidable hospital admissions, and delivered tangible savings to the health system**. This preventative approach aligns with national priorities around reducing hospital pressures and supporting people to live safely at home for longer.

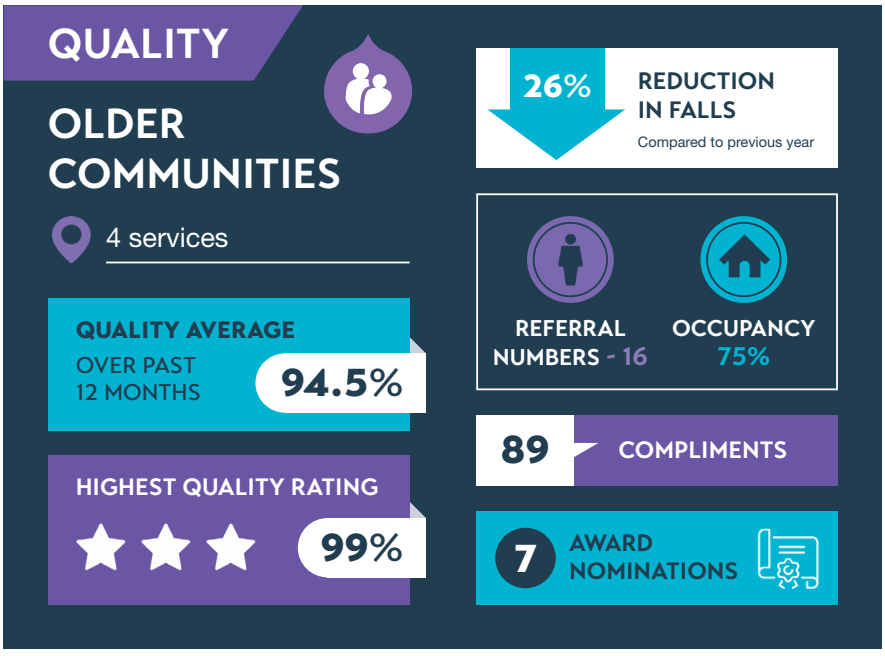
Innovative Practice

Looking ahead, Older Communities Services will strengthen its position further through participation in the Vivaldi Project in 2026. This national research initiative aims to improve quality of life in care homes, reduce infection risks, and avoid unnecessary hospital admissions.

Engagement in Vivaldi demonstrates a commitment to innovation, evidence-based practice, and contributing to sector-wide knowledge, directly supporting NHS and government ambitions around integrated care and research-informed improvement.

With support from SJOG data protection officer and IT team, the services have embedded the necessary data requirements for the Vivaldi Project into Nourish Better Care resulting in a streamlined approach to data collection without disruption to service delivery.

In summary, Older Communities has established itself as a high-performing, preventative service that delivers measurable benefits for older people, families, and the wider health system. By combining consistently high ratings, significant reductions in falls, and active participation in national research, SJOG Older Communities Services are well placed to continue driving quality, reducing NHS costs, and supporting commissioners in meeting strategic priorities for ageing populations.



Complex Care Services

SJOG has 4 Complex Care services in the North of England, these services span residential services and supported living for autistic people and those with complex behaviour. Services range from long standing services such as 1 Bede's Close in Bradford and the re-provision of a service in Stockton opening in late 2024, Fairfields, to two newer services in the Old Vicarage and Complex Care Supported Living.

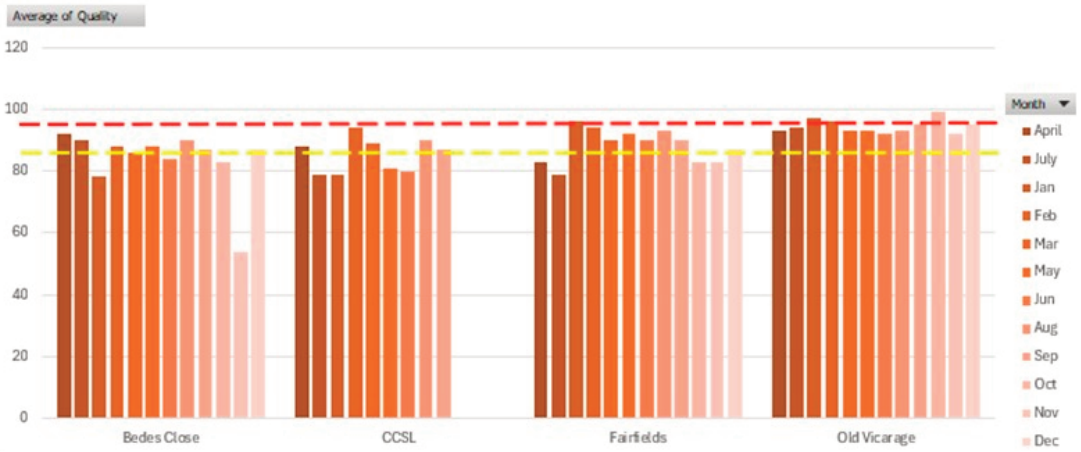
We support 13 autistic individuals with varying needs and diversifying and tailoring support to meet complex behaviours, comorbid conditions and age-related transitions is something that the services do extremely well. Transitional support has also been provided directly into hospital environments to support consistency and relationship building for future persons supported.

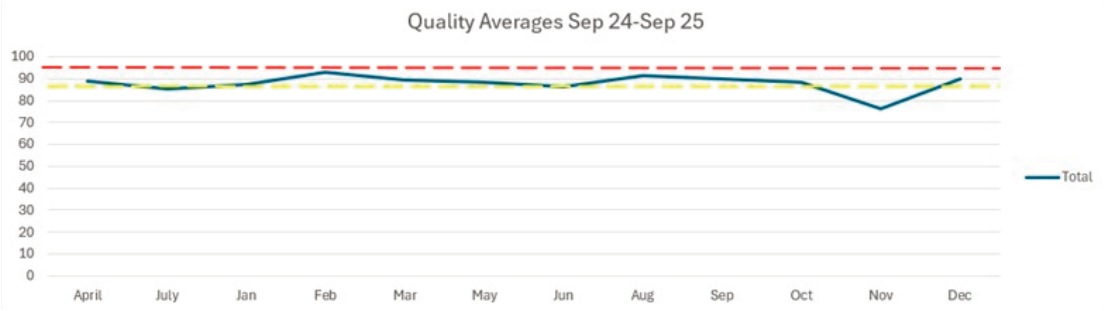
The age range of people supported in Complex Care is 18-58 years old. Tailored support must encourage the development of independent living and relationship skills in adulthood but also adapt to age-related health changes such as menopause, sensory processing shifts, and long-term planning in midlife.

These transitions can be particularly difficult for an autistic person and to remain responsive to this we expanded our Complex Care offer in 2024 to include supported living. Supported living has diversified our approach to support, we can offer singular, more personalised environments for individuals who are unable to share their homes and have successfully retained consistency for people we support by offering varied types of living spaces.

By ensuring we have environments fit for purpose such as self-contained bungalows, an extraordinary outcome for a person we support is that she has been able to retain consistent support from SJOG for over 18 years.

Quality Overview:





Highlights

Over the past year, services have achieved consistently high standards of care, with an overall quality average of 90% and a highest single service rating of 99%. Quality auditing for Complex Care was strengthened in 2025 **with the co-design of quality domains** linked directly to our responsiveness to strategic aims such as Transforming Care and Restraint Reduction. Fostering relationships and trust with ICBs and health professionals has continued to support us to grow our Complex Care services and sustain positive ratings at localised monitoring reviews inspection and with our regulator.

The Old Vicarage's first Care Quality Commission (CQC) inspection in December 2024 resulted in an overall 'good' rating with 'outstanding' scores in the domains of Safe, Systems, Pathways & Transitions, and Assessment. This outcome evidences the service's ability to **deliver exceptional standards of safety and governance**, ensuring that autistic people are protected from harm and supported through robust, well-designed strategies.

Recognition in 'Pathways & Transitions' highlights the **service's strength in managing complex journeys**, such as moving between services, entering adulthood, or navigating health and social care support systems, areas that are often particularly challenging for autistic people and their families.

The 'outstanding' rating in 'assessment' demonstrates that the service **excels in identifying needs** accurately and holistically, tailoring support to sensory, communication, and autism profiles into actionable co-designed care planning. The service has been pivotal in the embedding of SJOG's ASQoL (autism quality-of-life measurement) and helping to digitise this within our new care management system, Nourish Better Care.

For the people we support in the Old Vicarage, the CQC inspection and rating **means care that is not only safe but also personalised, rights based, and responsive to individual needs**. For commissioners and families, the inspection outcome provides assurance that The Old Vicarage is delivering sector leading practice, embedding autism informed approaches, **and setting a benchmark for quality** across SJOGs complex care provision. In complex care we do have one service with a delayed inspection of 7+ years however we continue to support this service to maintain SJOG's high standards of service delivery.

Occupancy has remained at 100%, evidencing both demand and the organisation's ability to sustain full utilisation. Referral activity has been strong, with **39 referrals recorded in 2025** and the development of a new service to meet local need is underway in the Stockton area. With new services already planned for 2026, capacity and reach will expand further, strengthening the charity's role in meeting the needs of autistic people and their families.

Alongside this, the service has received **35 compliments, demonstrating high levels of satisfaction** among families, and professionals. Services have worked hard to capture the voices of those supported and have produced evidence of satisfaction in the form of videos and modifying traditional feedback opportunities using accessible communication and technology. The Happiness Programme is confidently embedded into the Old Vicarage with plans to utilise this further across Complex Care.

Key Outcomes

National Autistic Society – Specialist Autism Accreditation

Specialised outcomes linked to autism practice are often evidenced through external validation. Three complex care services have achieved National Autistic Society (NAS) Autism Specialist accreditations, confirming outstanding autism practice and alignment with exceptional industry standards. Accreditation provides **assurance that services are delivering person-centred support**, with environments and approaches made capable to those accessing them.

Restraint Reduction Network – Accreditation

Compliance with Restraint Reduction Network (RRN) accreditation has been maintained at 100% in 2025 with 16 colleagues specialising in varying levels of training in Positive Behaviour Support (PBS). Evidencing a drive to meet exceptional standards of support and training for colleagues to ensure that autistic people are supported in ways that **minimise restrictive practices** and colleagues uphold **rights-based approaches**.

Clinically Relevant Practice

Clinical outcomes have also been strengthened, with an 80% reduction in the use of PRN (as required-) medication. This achievement reflects full compliance with the national STOMP initiative (Stopping Over Medication of People with a Learning Disability, Autism or Both). By reducing reliance on medication, services have **promoted wellbeing, improved quality of life, and demonstrated commitment to evidence-based, non-restrictive- practice**. This outcome is particularly significant for autistic people, who are disproportionately affected by over-medication and its associated risks, (NHS England, 2018).

Outcomes combined with quality assurance demonstrate services that are high performing, autism specialist, and fully aligned with national priorities. With strong quality ratings, full occupancy, practice accreditations, and measurable reductions in medication use, Complex Care Services are well positioned to continue delivering **outstanding outcomes for autistic people** while expanding its provision in 2026.


QUALITY
COMPLEX CARE
4 services
QUALITY AVERAGE OVERALL
90%
HIGHEST QUALITY RATING
97%
REFERRAL NUMBERS - 39
OCCUPANCY 100%
3
NAS ACCREDITATIONS
COMPLIANCE WITH RRN ACCREDITATION
100%
35
COMPLIMENTS
NUMBER OF SERVICES
4
80%
REDUCTION IN PRN MEDICATION
Compared to previous year

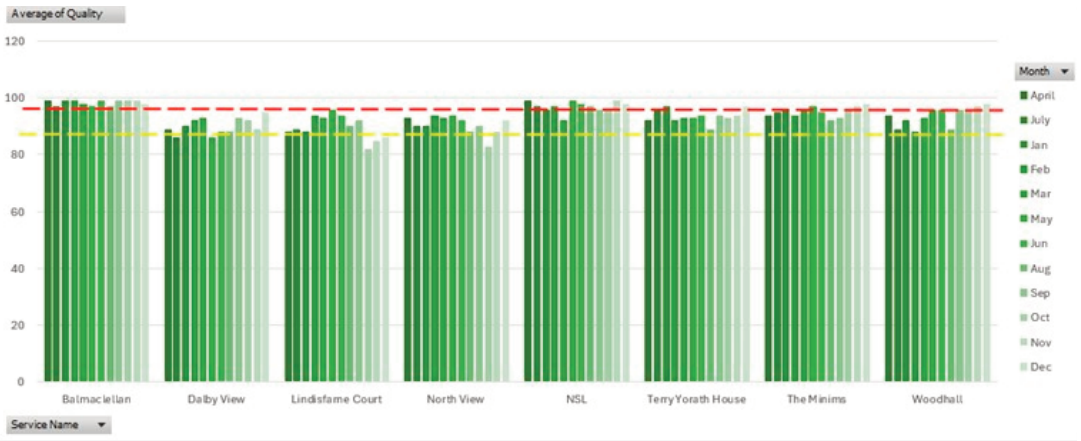
Disability Services

SJOG's Disability Services represent our most extensive area of care expertise, operating across thirteen Local Authority areas in England – from Hertfordshire in the south, to South Tyneside in the north.

We deliver high-quality, person-centred care and support for individuals with physical disabilities, learning disabilities, and sensory impairments. Our provision spans residential services, supported living, domiciliary care, and day opportunities, ensuring a continuum of support that promotes independence and inclusion.

With a strong presence across diverse localities, we have developed good relationships with local authorities and ICBs and we continue to work in partnership to ensure our services meet the needs of people supported throughout various stages of their lives. Our age range in Disability services is 19-94 years old.

Quality Overview:



Highlights

Disability services have achieved an overall **quality average of 93.3% with the highest rating of 99%** for a single audit, evidencing consistent governance and practice despite some of the challenges that the services have faced in 2025 linked to finances and recruitment. Overcoming these challenges has supported increased resilience around rota management, diversifying service specifications and working closely with commissioning colleagues to sustain service delivery.

Referral activity has however remained healthy, **with 35 referrals recorded in 2025 and 98% occupancy** and the introduction of a respite provision in South Tyneside. Recruitment remains ongoing for a service manager in Lindisfarne Court however this position is expected to be filled before the year end.

171 compliments demonstrate high levels of satisfaction and trust from families, and professionals across disability services. People supported also exhibit high levels of satisfaction with an overall percentage of **94% satisfaction** in the SJOG Annual People's Survey and three services attaining both above quality KPI (above 95%) and 100% satisfaction.

Key Outcomes

Best Practice Initiatives

The service leadership in local initiatives further strengthens our impact across disability services. **Five projects have been delivered or supported**, focusing on **better health and nutrition, diabetes awareness, co-production, and speech and language development**. As a result of this **published research** on dysphagia coproduced with the chief of operations and head of health & safety is being utilised across the UK and **Gold Standard Award** has been achieved in MUST in Dalby View.

The Minims continues to demonstrate **excellence in person-centred care** and multi-disciplinary collaboration through active participation in networks such as the Herts Care Providers Association Diabetes Pilot. This initiative is equipping staff with the skills to monitor blood sugar levels and administer insulin, potentially transforming diabetes management across residential homes in Hertfordshire.

Positive Health & Wellbeing

Across various disability services multidisciplinary approaches have led to significant improvements in health and wellbeing, for example, individuals previously nil-by-mouth with PEGs now enjoy regular tasters under safe guidance, enhancing mood and quality of life. One resident, previously experiencing recurrent chest infections and disengagement, has shown **remarkable progress** following a best-interest decision to fit a PEG, resulting in **improved seizure control and nutritional stability**.

Disability Services have explored clinical approaches to behavioural intervention resulting in a dramatic reduction in behavioural incidents after the removal of a catheter linked to recurring UTIs. For individuals with complex presentations, services continue to pursue specialist input, exploring rare conditions like Retts syndrome to inform tailored support. Our **staff's investment in intensive interaction training** has further enhanced emotional wellbeing and communication for key residents, **demonstrating our commitment to continuous learning and responsive care.**

Inclusion and Coproduction

The commitment to person-centred care is reflected in both the meaningful community connections they foster, and the positive outcomes achieved by those they support. Residents actively participate in local networks such as Community Inclusion Groups, Gateway Club and the 'Our Place, Our Say' initiative, promoting social inclusion, peer interaction, and engagement in diverse activities. **Disability Services continue to champion co-production**, with people supported collaborating with our learning and development manager to design training on mental capacity and respectful support.

The approaches above **directly address health inequalities** that disproportionately affect disabled people, such as higher prevalence of long-term conditions and barriers to communication. Preventative health projects reduce demand on acute services, while speech and language initiatives **improve accessibility and inclusion**.

Co-production ensures that disabled people are actively involved in shaping the support they receive, aligning with rights-based frameworks and the Care Quality Commission's emphasis on personalised care. By combining strong quality ratings, measurable health outcomes, and active leadership in local initiatives, disability services **are delivering tangible benefits for disabled people** while contributing to wider system goals of reducing NHS costs, tackling health inequalities, and strengthening community-based opportunities.

Modern Day Slavery & Trafficking Services

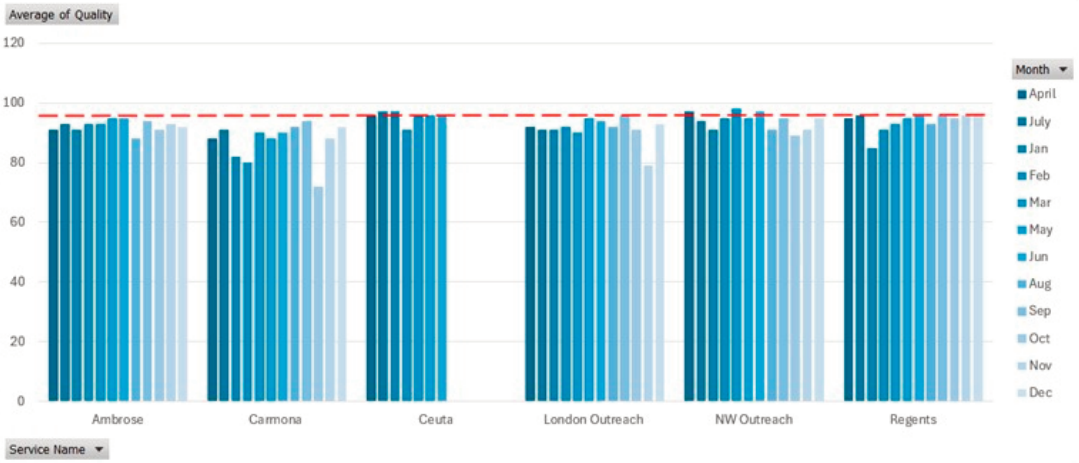
SJOG continues to deliver trauma-informed services with a strong track record across key quality indicators associated to the TSA (The Salvation Army) contract. With 4 Safe house accommodation services and two outreach services we have successfully supported a further 515 referrals in 2025 whilst sustaining for support for those already residing in our accommodation.

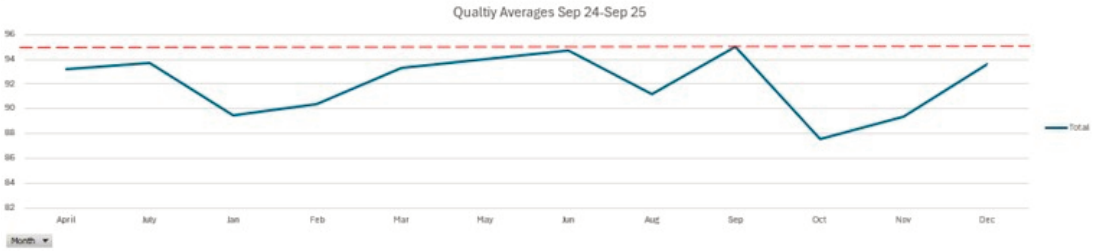
SJOG's MDST services are not subject to assessment under the CQC Single Assessment Framework, however do receive CQC inspections based upon The Slavery and Trafficking Survivor Care Standards, (Human Trafficking Foundation, 2018;2025). These standards set out the standard of support that should be provided for those accommodated in safehouses and in outreach support following modern slavery, including how professionals should support survivors and work with referring agencies to help them.

The framework is approved by the Home Office and services are inspected with reference to the requirements set out in the Modern Slavery Victims Care Contract (MSVCC), (Home Office, 2021;2024). Inspectors are also given an understanding of how to work with survivors in a way that is trauma-informed and led by The Trauma Informed Code of Conduct (TiCC), 2018.

For this reason, SJOG has consistently applied best practice approaches to quality auditing and MDST services in SJOG follow the same quality framework as all services we provide. With minor amendments to quality domains, in reflection of contractual obligations, MDST services are audited to affirm our commitment to delivering care that is Safe, Caring, Responsive, Effective, and Well-led.

Quality Overview:





Highlights

With an average quality rating of **92.5% and a peak rating of 97%** for a single service audit, MDST services have successfully navigated several contractual and quality obligations throughout 2025. The services have not received any KPI breach penalties and undergone four safe house accommodation Inspections from the prime contractor (TSA) ensuring **our environments remain safe and aligned with trauma-informed principles**.

Services have received **40 compliments** and people we support expressed an **overall satisfaction of 94%** for the services they receive in SJOG. In a recent CQC inspection colleagues informed inspectors they felt listened to and were supported by senior managers, endorsing an open-door policy to support.

Key Outcomes

Trauma Informed Approaches

Collaborative working between SJOG housing teams and colleagues supporting in our MDST accommodation has been instrumental in driving service improvement and enhancing outcomes for people we support.

Through joint development of trauma-informed policies and procedures, teams have created consistent, rights-based approaches that **prioritise safety, dignity, and recovery**. The development of effective systems and processes to address risk associated with room checks, fire safety and substance use has strengthened our approach to empowering people we support to **develop skills in maintaining habitable living spaces** and improving their health and wellbeing. Colleagues in the Housing Team and Health & Safety Team have worked closely with support colleagues to ensure environments are not only physically secure but emotionally stabilising, enabling victims to begin rebuilding their lives.

Colleagues in our MDST services work with a range of networks and local authority services, this partnership approach has led to improved access to health services, legal advocacy, and therapeutic support.

Co-designed Practice Development

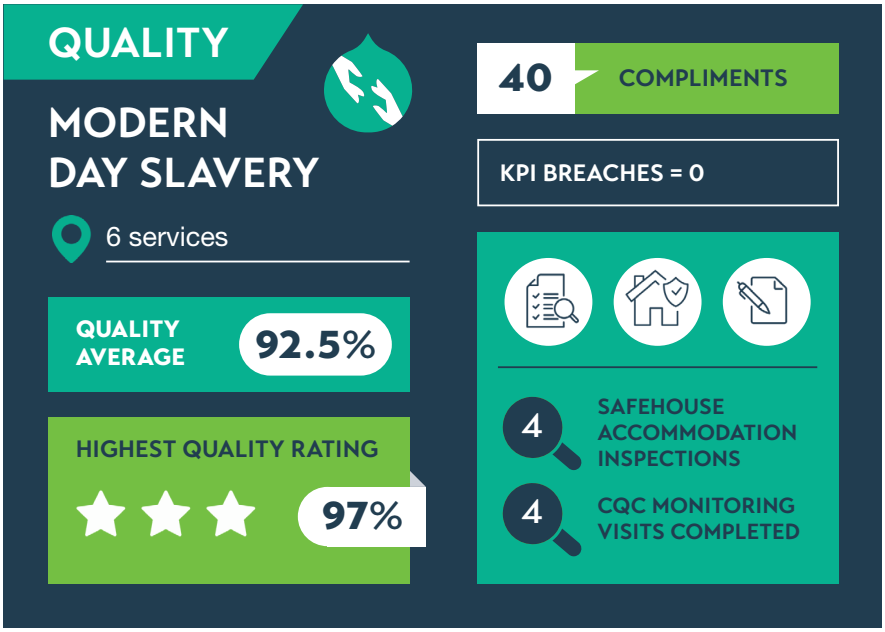
Regular multidisciplinary reviews and shared training initiatives with the TSA have strengthened frontline practice, while co-produced frameworks ensure that lived experience informs aspects of service delivery. 2025 was the first-year people we support in MDST services, participated in an advisory panel to inform the wider development of a Values Framework. Together, these efforts foster a culture of compassion and empowerment ensuring that individuals affected by modern slavery receive holistic support they need to live safely and with hope for the future.

Personal Outcomes

Our impact is further evidenced by **493 successful move-ons** from services. This achievement demonstrates the significant impact of SJOG's services in enabling individuals to transition safely and sustainably into independent living or appropriate longer-term support. Each move-on represents not only the effectiveness of our trauma informed care and move-on support, but also the empowerment of people supported to rebuild their lives free from exploitation and instability.

Tailored support has been provided to **94 individuals with substance misuse needs and 690 people supported are receiving therapy or mental health support**.

These outcomes highlight the strength of our collaborative working with local authorities, health partners, and community networks, ensuring that people are supported to access secure accommodation, maintain wellbeing, and develop resilience. The scale of these successful transitions evidences our role as a trusted provider within the Modern Slavery Victim Care Contract, **delivering measurable change and lasting recovery for hundreds of individuals**.



Closing Reflections

In closing, 2025 has been a year of sustained quality and meaningful progress across SJOG's portfolio of services. Through robust governance, accredited frameworks, and a culture of co-production, we have continued to deliver safe, person-led support that meets the diverse needs of the people we serve.

Our consistently strong quality ratings and positive inspection outcomes provide clear evidence of both resilience and innovation in practice. Guided by our core values of hospitality, compassion, and respect, this success is underpinned by the high standards of service delivery that we observe and embed in our practice every day. These values are not only reflected in our interactions but are systematically governed through a robust Quality Framework, enabling us to benchmark performance against sector-wide best practice and regulatory expectations. The framework has evolved to strengthen accountability, drive continuous improvement, and ensure that learning from audits, inspections, and co-production is translated into tangible enhancements across all services.

As we look ahead to 2026, we remain committed to driving continuous growth in service provision, strengthening sector partnerships, and ensuring SJOG continues to be a trusted provider of choice and a leader in shaping inclusive, high-quality care.

SJOG

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