

Outcomes Report 2023



Bringing
Healthcare
Home

About us

At Gray Healthcare we deliver packages of support to people in their own homes, to enable them to live safe and independent lives whilst receiving the clinical care that they need. We support young people and adults with mental health conditions, learning disabilities and brain injuries, including those with complex care needs or behaviours perceived to be challenging. Our innovative clinically-informed approach allows people to move out of secure or long-stay hospitals or other institutional settings to lead an 'ordinary' life in a community of their choice with the right support. Our approach to care exceeds the expectations of national guidance such as Building the Right Support and the White Paper 'People at the Heart of Care, Adult Social Care Reform' (December 2021).

We are registered with the Care Quality Commission (CQC) as a provider of healthcare in the community. This enables us to offer specialist, personalised care and treatment to individuals in their own homes. Being inspected through the CQC hospital directorate rather than the social care directorate ensures our services are clinically governed and enables us to deliver high quality, clinically-informed care and support.

Whilst we do provide support to individuals with less complex needs, we have gained a reputation for successfully supporting individuals with complex and profound needs, who have challenged other care providers.

This report outlines some of the key areas in which we have demonstrated success in positive outcomes and progress for the people we support. For the purpose of this report, rather than comment on individual scores, where necessary we have taken a mean average.



Gray Healthcare Limited

Gray Healthcare

Last rated
20 January 2022



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well-led?	Good



Regional Winner 2023
'Manager Award'

Highly Commended 2023
'Frontline Leader Award'



WINNER
Complex Care Provider
of the Year



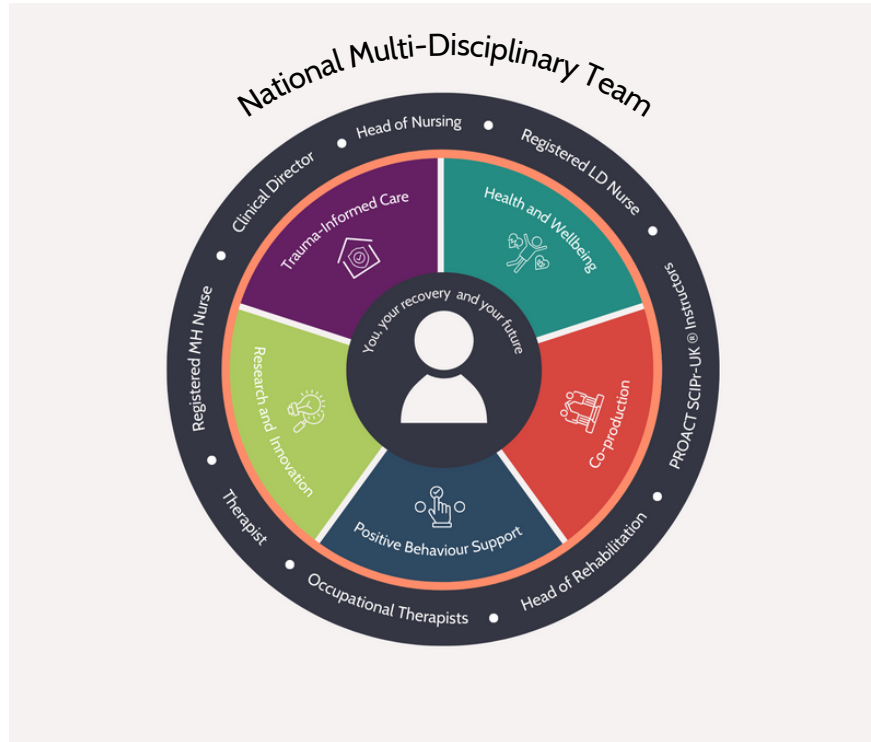
'Frontline Leader Award 2022'

Our Framework

Many of the people in our care have complex needs and, to enable them to live safely in the community in a home of their own, we have created a clinical approach that we can tailor to each individual's needs, wants and risks. Our clinically-informed framework is delivered by a Multi-Disciplinary Team (MDT) of professionals with the expertise we have identified as being key to successfully caring for this particular group.

Based upon each individual's needs and risks, we can build clinical hours into our packages of care if needed. On average, each person we support has five clinical hours of input from our MDT each week. Those individuals with more complex needs may require up to 10 hours of clinical support.

Our MDT led by our Clinical Director comprises a Head of Rehabilitation, Head of Nursing, Occupational Therapists, a Psychologically-Informed Therapist, a Psychologist and Mental Health and Learning Disability Nurses.



'His care plan is truly person-centred with the team at Gray listening to his needs and concerns and responding by providing a package focused on his anxieties and presentation. Gray Healthcare are understanding, have a brilliant clinical back up and are extremely focused on giving him the best life they can and we can't recommend them highly enough.'

(Referrer)



About the people we currently support

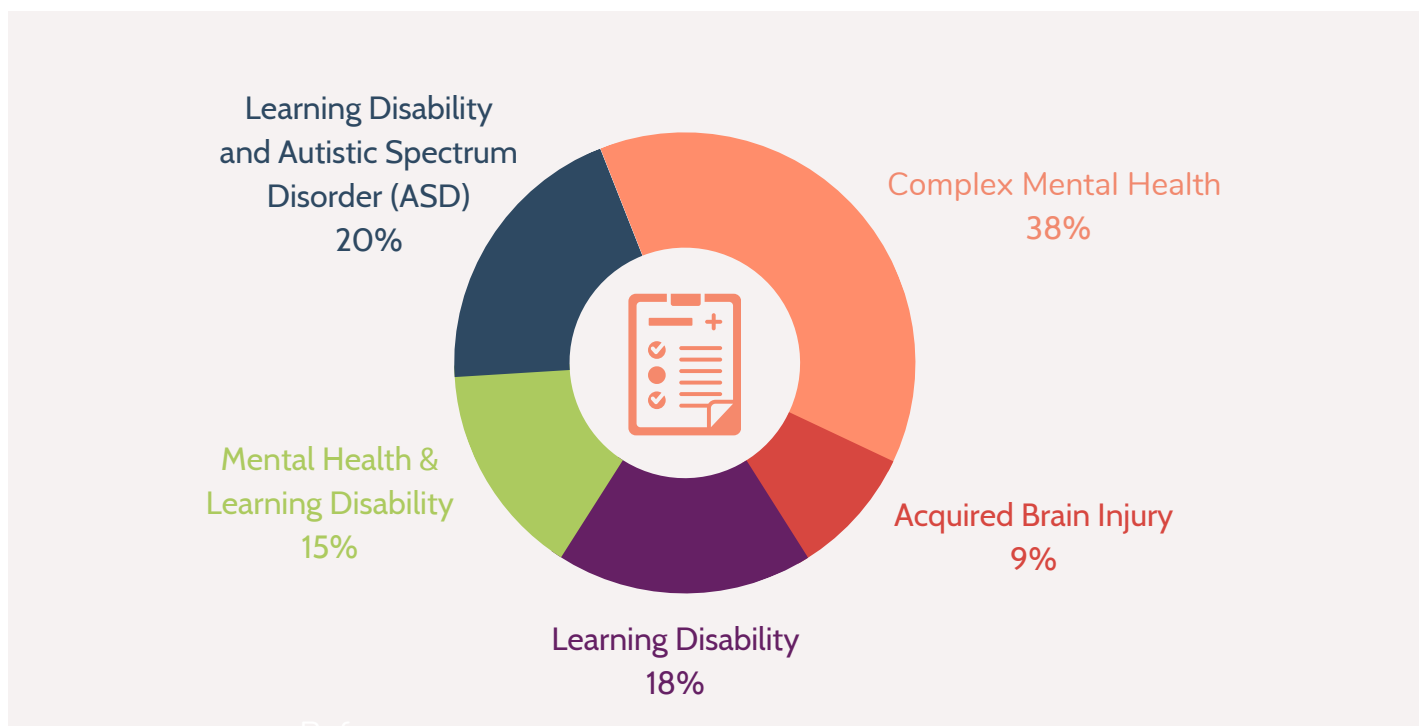
Many of the people we support have clinical care needs in relation to their learning disability, brain injury or mental health diagnosis and many have coexisting diagnoses of personality disorder and behaviours which have challenged services. Our 24 hour packages of care range from 1:1 support to 3:1 support with each package tailored to the individual's needs and risks. We also provide support on an outreach basis to those individuals with less complex needs.

Gender



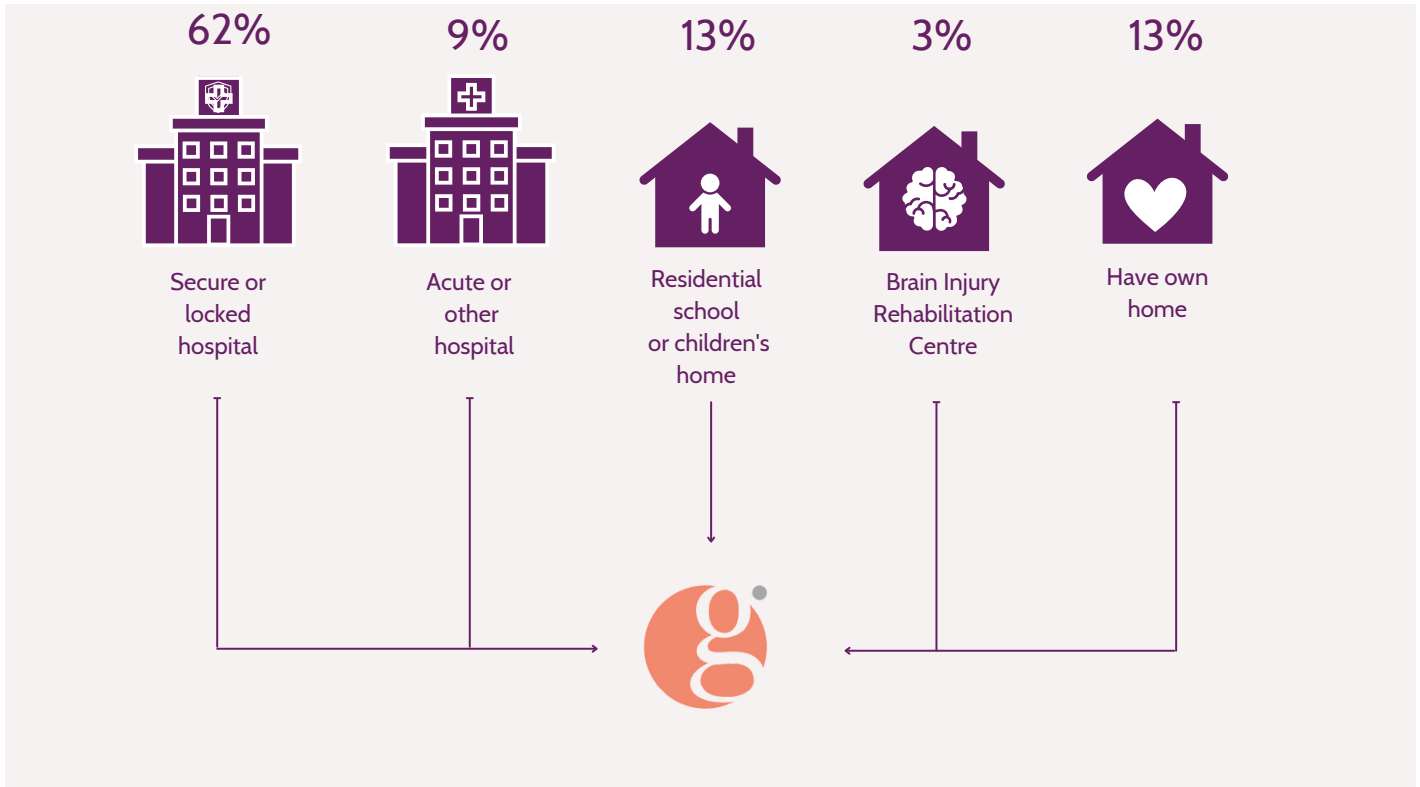
Presenting Diagnosis

We are supporting young people and adults with a mental health condition more than any other diagnosis. The category of mental health includes conditions such as Schizophrenia, Psychosis, Emotionally Unstable Personality Disorder (EUPD) and Schizoaffective Disorder. To give an indication of complexity of the people we support, just over one third have a dual diagnosis. This is similar to the previous year.



Where have the people we currently support come from?

Over half of the people we currently support have moved from either a locked or low secure hospital, where some have lived for many years. For the majority, the initial cost of a Gray Healthcare package of care is no more expensive than the cost of living in a hospital environment. The difference with our approach is that each individual has the opportunity to live in their own home, in a community of their choice with support from a team that has been recruited and trained with the individual's needs and risks in mind.



Some of the ways in which we measure success:



Package hours



Reduction in incidents



Reduction in restrictive practices



Gray Healthcare screening tool



Quality of Life Measure



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Package hours

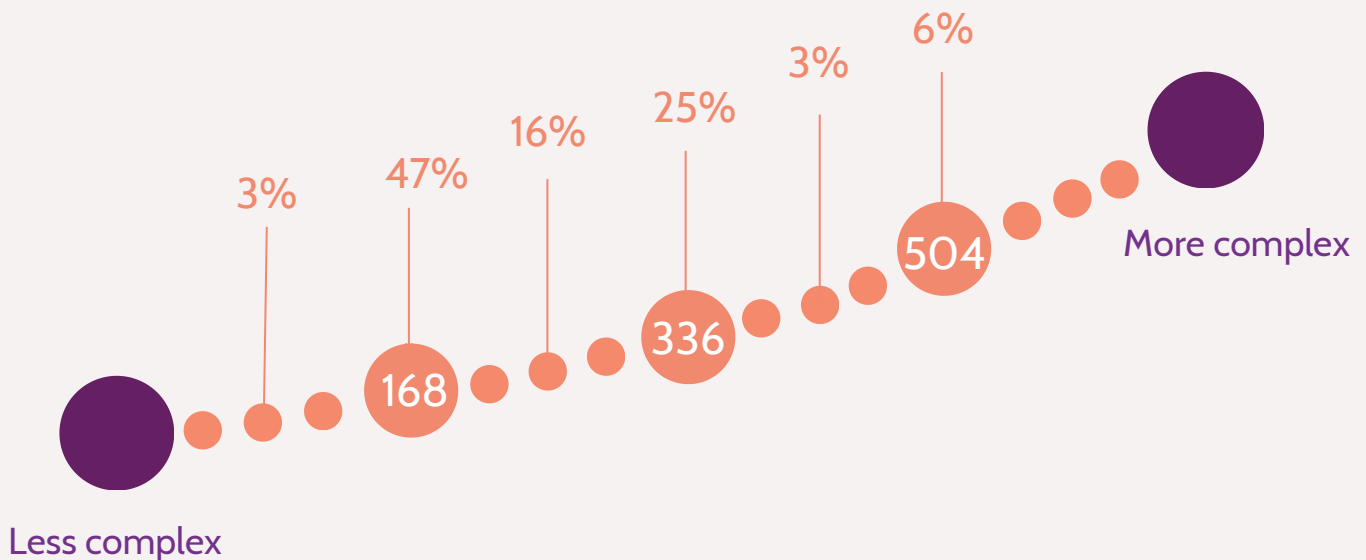
As part of our assessment process, our Multi-Disciplinary Team (MDT) calculate the weekly hours of staffing support that they believe each individual referred to us will need in order to live safely in their own home. Weekly clinical hours are also added to each support package where needed. For simplicity in presenting the data, we have not included the clinical hours within our package hours dataset.

Once we have agreed the weekly hours of support with the referrer and other professionals/stakeholders, these hours are recorded in our dataset as the 'package start hours'. For everyone in our care, we then routinely record the number of staffing hours needed each week to allow us to monitor any changes.

The 'package start hours' data also gives us an indication of the complexity of individuals we are supporting, the more hours needed, the greater the complexity.

'Package start hours'

Percentage of individuals requiring each level of support at the start of their package of support with Gray Healthcare.



Key: 168 hours (1:1 24 hr support), 336 hours (2:1 24 hr support), 504 hours (3:1 24 hr support).

How many people require less support now?

If we simply compare the weekly 'package hours start' for each individual with the average weekly hours for each individual for June 2023, we can see that:



Just over a third of the people we support need less support now compared with when they joined us. This percentage includes two individuals who began being supported by Gray Healthcare within the last two years, and who were not included within last year's outcome report as we did not have a complete 12 month dataset to be able to state confidently at that time that their reduction in hours was sustainable.

For the majority of the individuals who require less support now this has been achieved within the first two years of receiving our support.

With no individuals requiring more support, this demonstrates the robustness of our assessment process and ongoing care planning.



Reduction in incidents

As part of our clinical governance responsibilities, we routinely record all incidents and these are monitored closely by our Multi-Disciplinary Team (MDT). It should be noted that, for some individuals, incident data can fluctuate quite significantly from month to month as triggers can be related to time of year. By comparing the number of incidents for 1 July 2021- 30 June 2022 with 1 July 2022 - 30 June 2023 we found that:

74%



For 74% of the people in our care, we have recorded less incidents than in the previous year.

34%



For 34% of the people in our care, the number of incidents had more than halved.

51%



We have recorded a 51% reduction in the number of incidents.

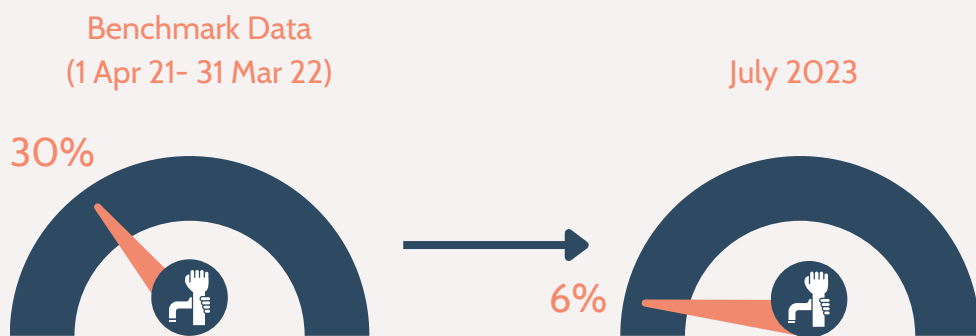




Reduction in restrictive practices

The focus of our Gray Healthcare clinical framework has always been to provide the least restrictive package of support possible. We use the PROACT-SCIPr-UK® framework, a 'whole approach' to supporting individuals who may present with behaviour perceived to be challenging, focussing on three core aspects: the individual, staff and organisation. The support we provide to the individuals in our care utilises proactive, active and reactive interventions, referred to as the PROACT-SCIPr-UK® gradient. Physical interventions would only be used as a last resort. To obtain a benchmark of our restrictive practices data, our PROACT-SCIPr-UK® Instructor undertook an audit looking at our data for the fiscal year 1 April 2021 - 31 March 2022.

Percentage of people we support receiving a restraint in the form of a physical intervention



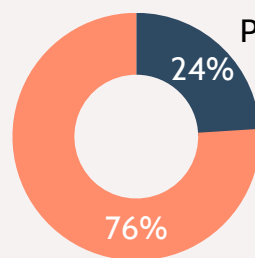
All colleagues across our organisation receive specialist regular training on the PROACT-SCIPr-UK® approach including those colleagues who are in management roles. This training is delivered by our PROACT-SCIPr-UK® Instructors. We routinely record all our physical interventions to monitor the success of our training programme. We compared data from the 1st July 2021 - 30th June 2022 with data from the 1st July 2022 - 30th June 2023. We can report:

31%



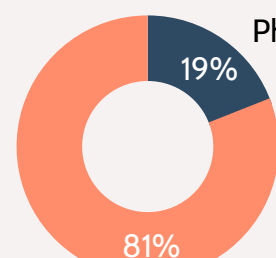
Reduction in the total number of physical interventions

Physical vs non-physical interventions



Non-Physical

1 Jul 21- 30 Jun 22



Non-Physical

1 Jul 22 - 30 Jun 23

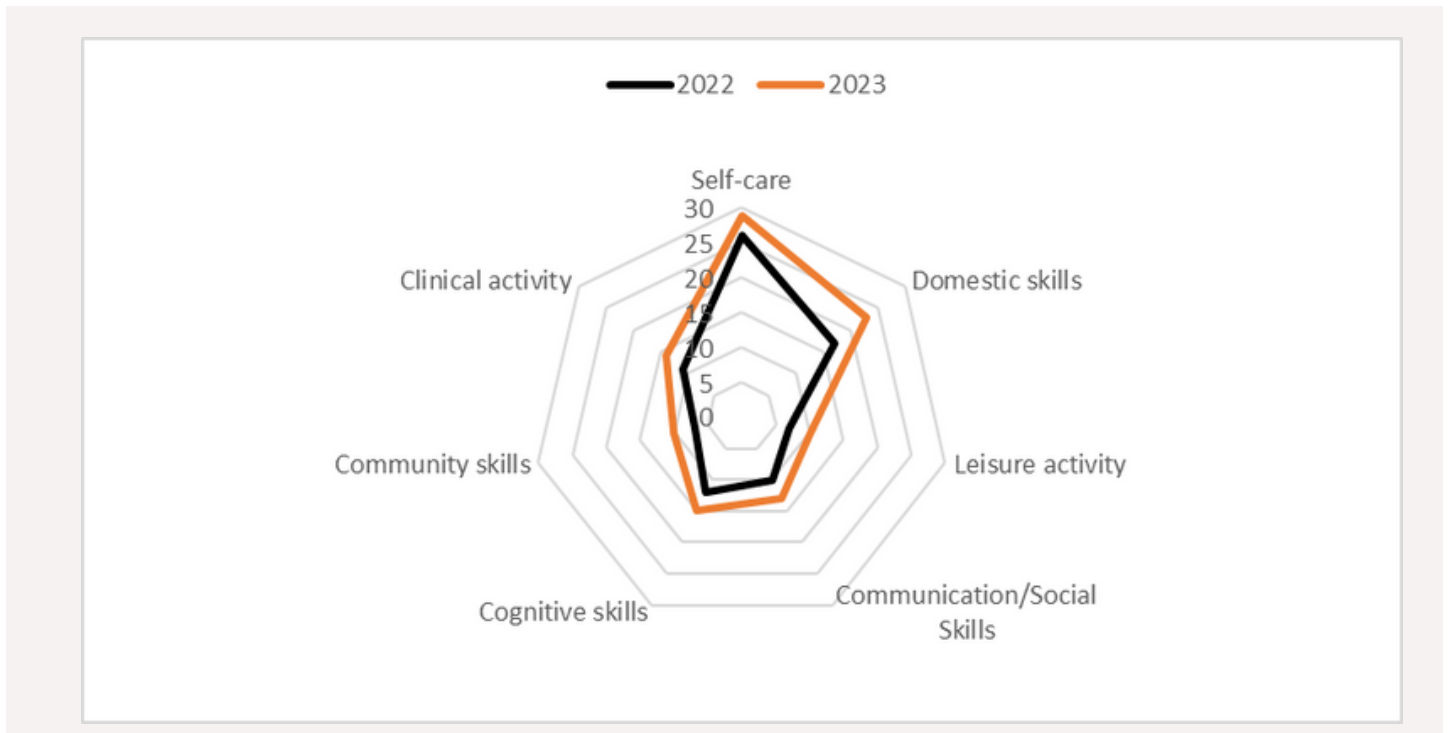
None of the people we support receive seated, prone or supine restraint.



Gray Healthcare screening tool

We have developed a Gray Healthcare screening tool that focuses on the following functional skills: clinical, self-care, domestic, community, leisure, cognitive and communication and social skills. This tool was piloted in 2022 with a small group of people in our care and each person within the pilot group had made significant progress towards achieving their person-centred goals identified during our initial assessment.

This tool was rolled out across our organisation during 2022.

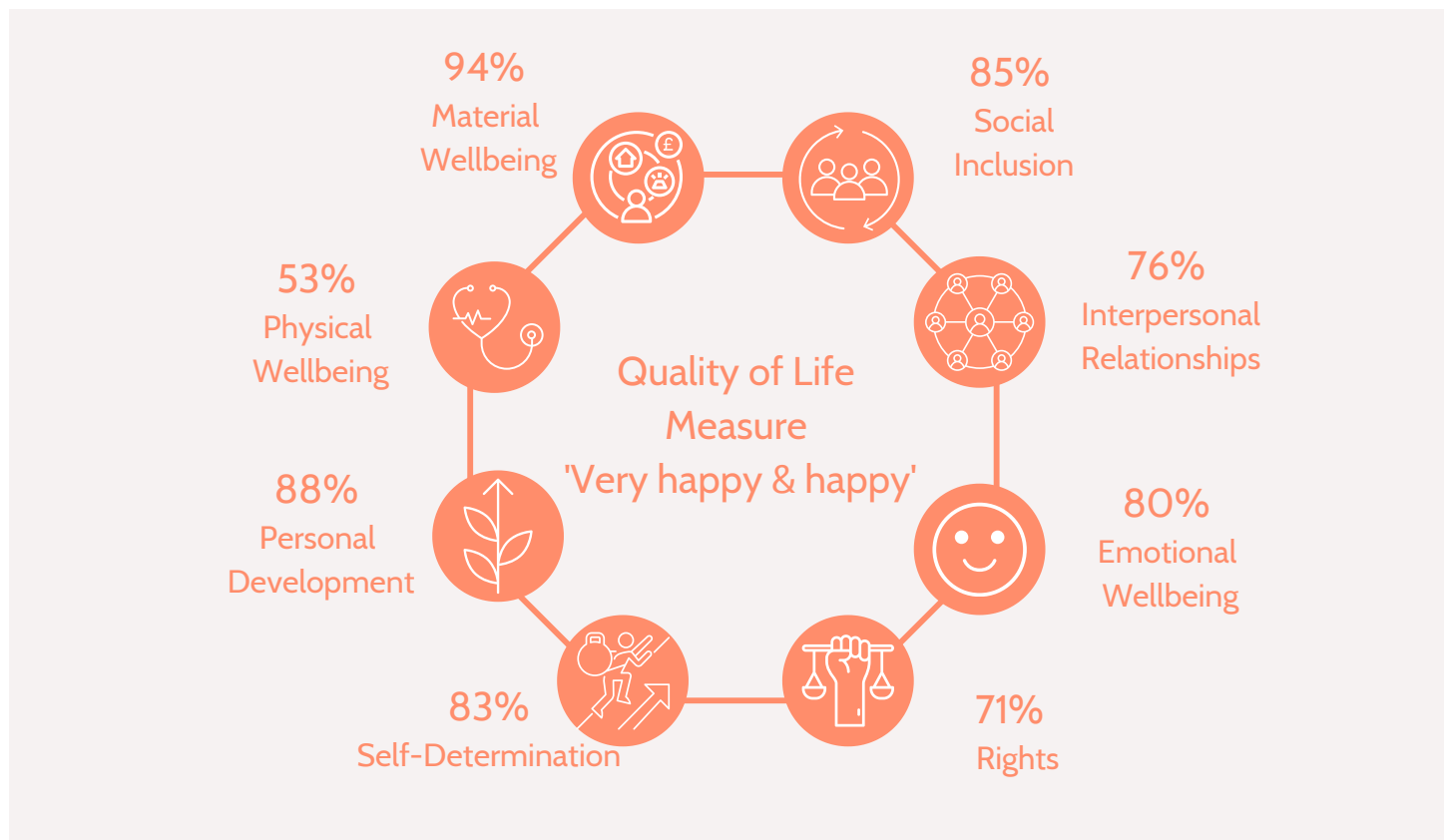


An increase in score of five points could mean a significant improvement in one task or it could mean smaller more consistent improvements over many tasks. For example, it could mean the difference between individuals needing their team to administer medication to being independent with managing their own medication. It could also indicate that an individual has become completely independent in managing their household budget successfully.



Quality of life measure

Last year we developed a Quality of life measure that uses a simple scoring system to help the people we support rate their level of satisfaction with identified key areas that impact on their quality of life. Working with a member of their team, each person we support scored each criteria on a score of one to five. A score of five means the person is 'very happy', a score of 'four' is happy and a score of 1 is 'very unhappy'. Every person we support completed our Quality of Life score sheet during 2022/2023. The figures below are the percentage of the people we support who scored either a four or a five for each criteria.



We were expecting a lower rating for 'physical wellbeing' as many of the people we support have chronic physical conditions such as epilepsy and diabetes and are therefore less happy with their physical health.

We have used individual's scores to set goals for the areas requiring improvement.

How do we achieve these results?



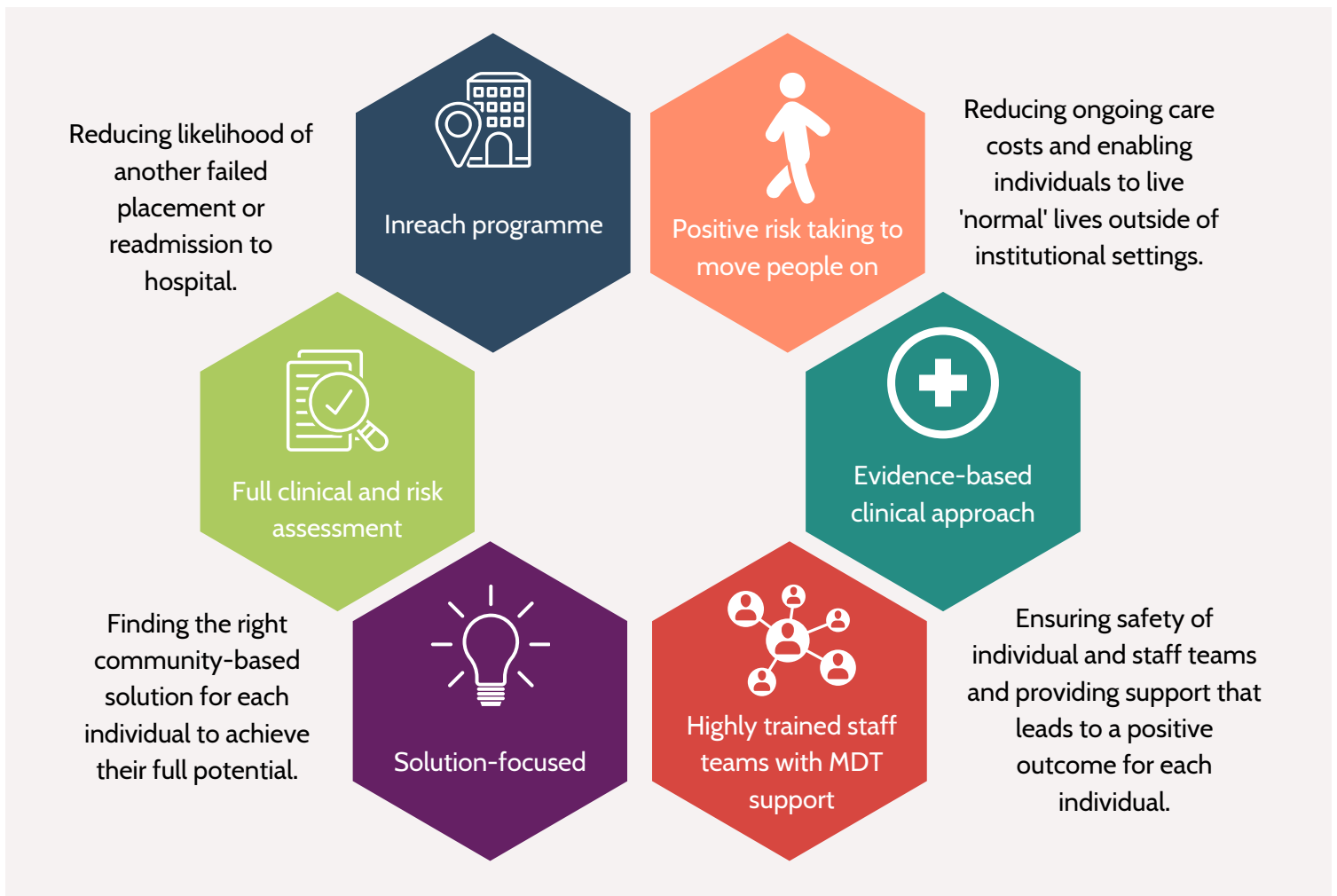
Our team visit the individual and their existing care team in their current setting for a period of time. This enables us to make sure the individual is fully prepared and that everything is in place to ensure the move home goes well.



We build clinical hours into a package of care for those individuals with ongoing therapeutic needs or complex behaviours. Our clinical framework is delivered by our national MDT comprising experts in the key foundations of our clinical approach: Trauma-informed care, PBS, co-production and PROACT-SCIPr-UK®



Some individuals will always need a high level of support to live in the community, but we will always try, where it is safe to do so, to move individuals towards independence. For some this might mean living completely independently, for others this might mean pursuing a 'normal' life with support for a sustained period.



We can support individuals from 1:1 support 24/7 or less, up to 3:1 24/7 support. Individuals will have their own 'front door' in either shared or individual accommodation. We will explore all the possible support options we can offer to find the best fit for each individual.



Our detailed assessment enables us to meticulously plan how to safely support each individual to live the life they want in the community. For those individuals who are not quite ready to safely move out of their current setting, our clinical team are happy to advise on how best to prepare these individuals and we are happy to reassess at a later stage.



Each individual has their own dedicated team. Each team member receives advanced skills training in PBS, PROACT-SCIPr-UK®, NEWS2 and WRAP. We operate a regional team of floating Support Workers who can 'parachute' in at any time for extra support. Our MDT provide clinical support to both the individual and to our teams.




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