

Outcomes Report 2024/5



“ I’ve always been interested in boxing but never been able to try it. My team helped me find a gym so I could give it a go. It’s fun! ”

Family Testimonial



I just wanted to email to say how delighted we both are with the progress that our son has made over the past couple of months. There are so many good things going on, it's hard to know where to start, but

I need to say that securing weekly Speech and Language sessions which also advise staff has been invaluable

The most pleasing thing though, is the progress that he has made in his willingness to get out and about.

It is no secret to anyone that, when he came to you, he was a shell of his former self after a really traumatic period in his life. As a team, your staff went through a very difficult and testing few months, where he pushed almost every boundary that he could think of.

These wonderful people stood by him, they supported him and they invested in him. He feels the warmth and genuine care that they have for him and he trusts them. To him, they are his carers, his guides, but, more importantly, they are his friends, and, because of this, fabulous things are starting to happen. He has begun to get out and about and, not just on walks with us, but with his care team too. He has been to the safari park, he has been going to Snoezelen each week, he has tried swimming as well as the trampoline park. He has visited Warwick castle and the beach, he has been into a shop and chosen his tea. Most impressively of all, he has been to The Sea Life Centre in Birmingham during the day in half term week with lots of other people and he has loved it.

We want to give credit where credit is due and thank the guys for all they do. This is a team that is really going places and we feel very lucky and privileged to have them on our boy's side.

We are happy for you to share this if you want because this is a testament to what care and support can be. Thank you for all you are doing.

2024



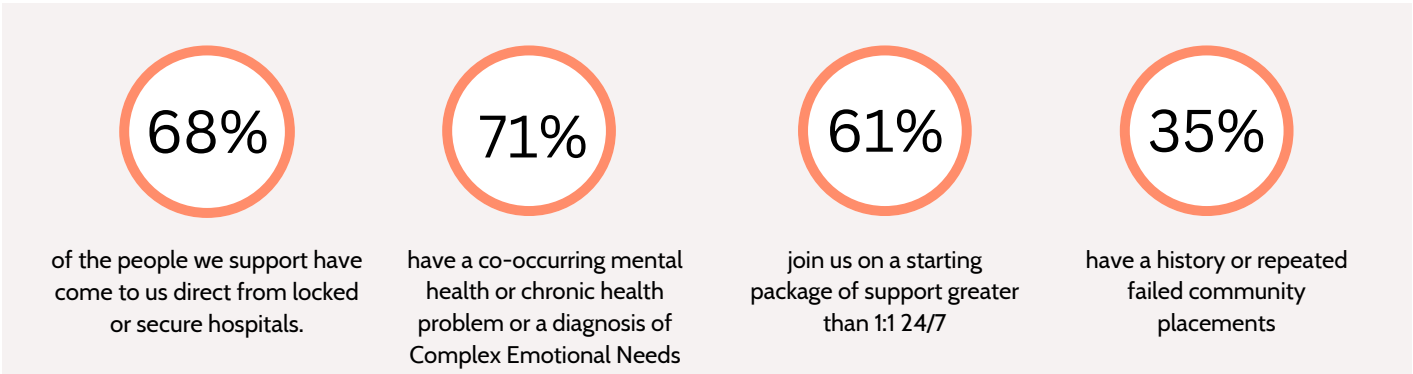
About us

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 ongoing clinical care that they need. We support young people and adults with mental health conditions, learning disabilities and acquired brain injuries.

With our clinical framework we are able to support individuals who have particularly complex needs, many with a history of successive failed community placements and/or behaviours perceived to be challenging, who other community providers have declined. For some people, a Gray Healthcare package of support is a last opportunity for a successful move home.

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).

To provide an idea of the complexity of the people we support:



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.

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.

Unless otherwise specified, this report compares data from January to December 2024 with data from January to December 2023.

Gray Healthcare Limited

Gray Healthcare

Last rated
20 January 2022

Overall rating

Inadequate	Requires improvement	Good	Outstanding
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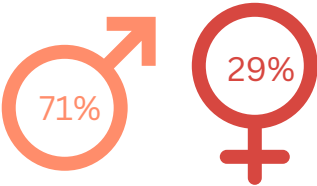
Are services

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

Our Awards



The People We Support - Demographics



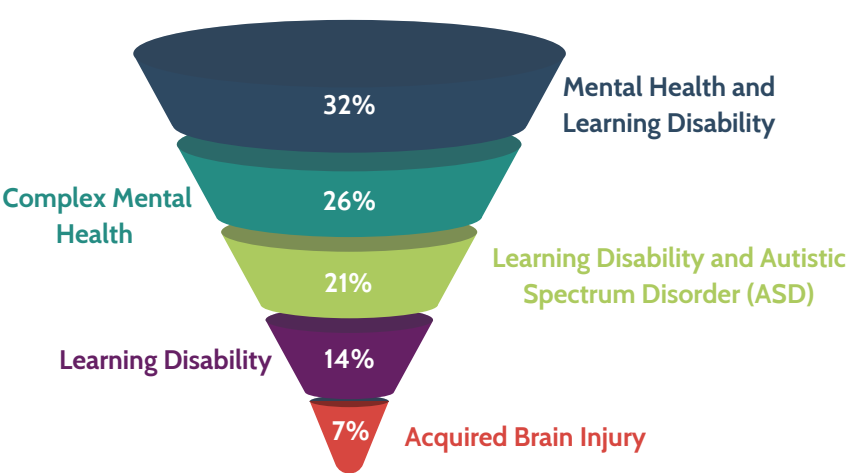
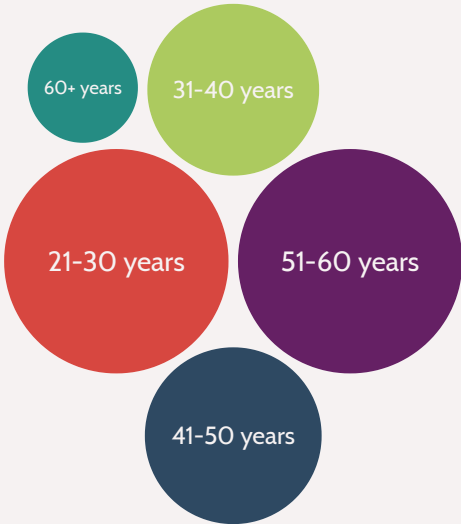
We expect this ratio to change shortly as the majority of the new packages of support we are mobilising are female. Of note, three quarters of the female people we support have a diagnosis of Complex Emotional Needs (formerly referred to as Emotionally Unstable Personality Disorder or EUPD)*

The diagnosis of 'personality disorder' is highly contested as is the label and its potential to stigmatise the people it seeks to describe. (Knowledge and Understanding framework <https://kuftraining.uk>). Currently the condition is often referred to Personality Difficulties or 'Complex Emotional Needs' (CEN) (UCL <https://www.ucl.ac.uk>) and in doing so, acknowledges complex, experiential developmental factors of trauma, adversity, attachment and symptomology of adaptive responses.



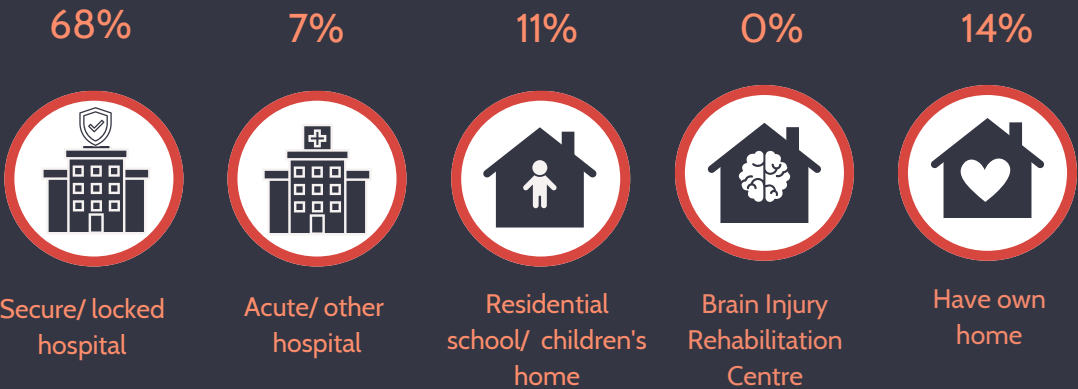
We support individuals aged 18 years and over. Of the people we currently support, the largest two age groups are 51-60 years and 20-30 years.

Throughout 2024 we saw an increase in referrals for younger people aged under 35 years.



Complex mental health includes conditions such as Complex Emotional Needs, Schizophrenia and Psychosis.

Just under 80% of the people we support have either a co-occurring condition or complex mental health needs.



Clinical Outcome Data

At Gray Healthcare, we routinely record data that enables us to determine the positive impact we are having on the lives of the people we support. The data we collect also informs our care planning processes. We collect data on the following:



Package hours

Our packages of support are clinically-informed and overseen by our in-house Multi-Disciplinary Team (MDT). For many of the people we support, our service is a stepping stone from locked or secure hospital settings to domiciliary, supported living or, in some cases, independent living. We record the number of weekly staffing hours each individual needs, so that we can assess when the time is right for them to move on from our service.



Incidents

As part of our clinical governance responsibilities, we routinely record all incidents and these are monitored closely by our Multi-Disciplinary Team (MDT). With a change of environment from a hospital to a home setting, it is not unusual for us to see a reduction in the frequency of incidents fairly early on in our packages of support.



Restrictive Practice

The focus of our Gray Healthcare clinical framework is 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. All new support staff receive intensive training on PROACT-SCIPr-UK® from our qualified trainers, and we provide annual refresher courses to all staff, including our central support team.



Gray Healthcare screening tool

We have piloted and 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. We use this tool to track the progress the people we support make in learning new life skills and becoming more independent.



Quality of Life Measure

Our Quality of Life measure uses a simple scoring system. Using this tool, the people we support can rate their level of satisfaction with key areas that impact on their quality of life. We use this data to track how the people we support feel about their lives and the support that we provide.





Package hours

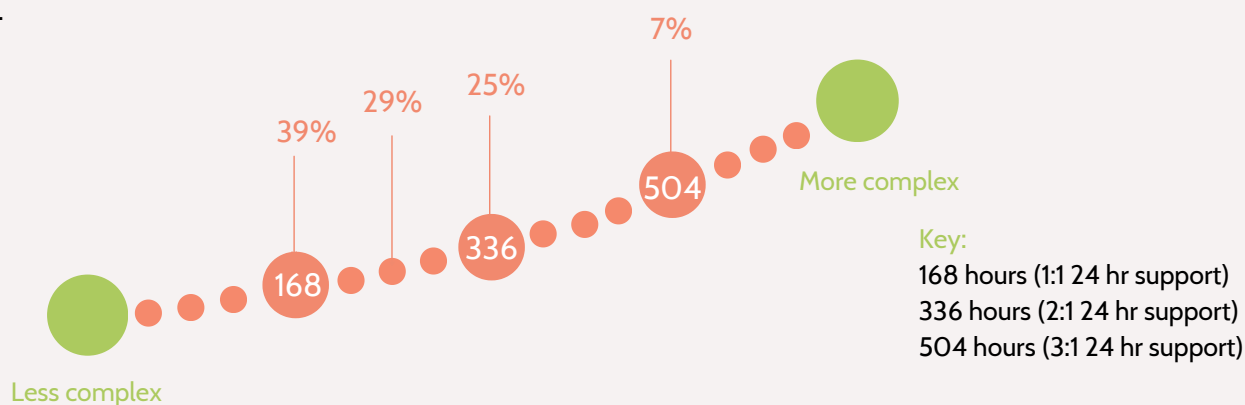
As part of our assessment process, our Multi-Disciplinary Team (MDT) calculate the weekly hours of staffing support that they believe each individual referred to us will need in order to live safely in their own home. Weekly clinical hours are also added to each support package where needed. For simplicity 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.



Package Hour Reductions

We compared the weekly 'package start hours' for each individual with the average weekly hours for each individual recorded at the end of December 2024.



36%

of the people we support need less support hours today

70%

had a starting package of support greater than 168 hours per week.

41%

had a primary clinical diagnosis of Complex Emotional Needs.

58%

were reduced to current levels within two years of receiving our support.



We have reduced our total package hours by 35%.

Some individuals we support have particularly complex needs and may always need our level of support throughout their lives. We believe that our clinical outcome tools, discussed later in this report, evidence that irrespective of complexity, we can provide individuals with a sustainable 'healthy, safe and fulfilling life' in a home of their own as specified in the Vision Statement from the Transforming Care Programme, 2015. With no individuals requiring more support, this demonstrates the robustness of our assessment process and ongoing care planning.



Incidents

All incidents are recorded for each person we support and these are monitored closely by our Multi-Disciplinary Team (MDT).

It should be noted that, for some individuals, the number of incidents can fluctuate quite significantly from month to month as triggers can be related to time of year.

In our last outcome report, we were able to report a large reduction in our number of incidents as we saw the impact of large reductions in the overall number of incidents from people who had completed their first full year of receiving our support. To do an accurate comparison between 2023 and 2024, we excluded individuals from the data who have recently started receiving our support during the year and for whom we do not have a complete 12-month dataset. As a result, we were anticipating that there might be little difference in the number of incidents as gains for the people we support had already been made in previous years. However, from our comparison we found:



For 30% of the people in our care, we have recorded less incidents than in the previous year.



For 13% of the people in our care, the number of incidents had more than halved.

While the number of incidents can fluctuate, we have seen a reduction in the intensity of incidents which can be evidenced by the significant reduction in the need to utilise restrictive physical interventions, as outlined on the following page.

“

I wanted to express how impressed I am with the improvements he has made whilst under your care. The staff team should be commended for the amount of time, effort and work they've put in to improving his life and helping him overcome his anxieties. Your dedication, care and genuine support of him is wonderful to see.”

Consultant Psychiatrist
(Cheshire)





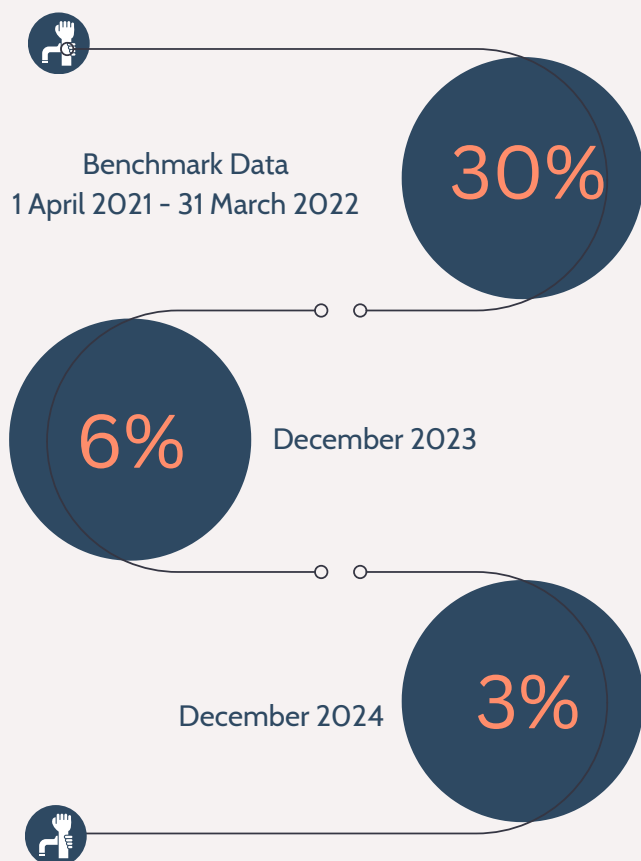
Restrictive Practice

As an organisation, we have chosen PROACT-SCIPr-UK® as our preferred approach as it has been proven to support positive outcomes and to reduce the need for the use of restrictive practices for people with behaviours perceived to be challenging. The benefits are twofold. By using a proactive approach, we can empower the people we support to become involved in their care by helping them learn how to appropriately handle situations they find difficult, which in turn helps them gain independence and control. From a staff perspective, with our rigorous training programme, our staff teams learn techniques that help them develop a positive therapeutic relationship with the people they are supporting, resulting in a better working environment for all and better clinical outcomes. We began the rollout of our PROACT-SCIPr-UK® training programme in 2021.

Our training is delivered by our own PROACT-SCIPr-UK® Instructors as part of our induction programme with annual refresher courses provided. Our specialist trainers also visit packages of support to offer further support and training to individual teams, if needed. Compliance with our PROACT-SCIPr-UK® training programme is consistently high and at the time of this report we were 95.2% compliant. Our physical intervention data enables us to monitor the success of our training programme as well as evidencing that we are delivering support that uses the least restrictive package of support as possible.

We compared our data for January - December 2023 with our data for January - December 2024. In order to report a direct comparison, we excluded those people we support who have not been supported by us for the full 24 months. To obtain a benchmark of our restrictive practices data, one of our PROACT-SCIPr-UK® Instructors undertook an audit looking at our data for the fiscal year 1 April 2021 - 31 March 2022.

Percentage of the People We Support receiving a restraint in the form of a physical intervention



68%



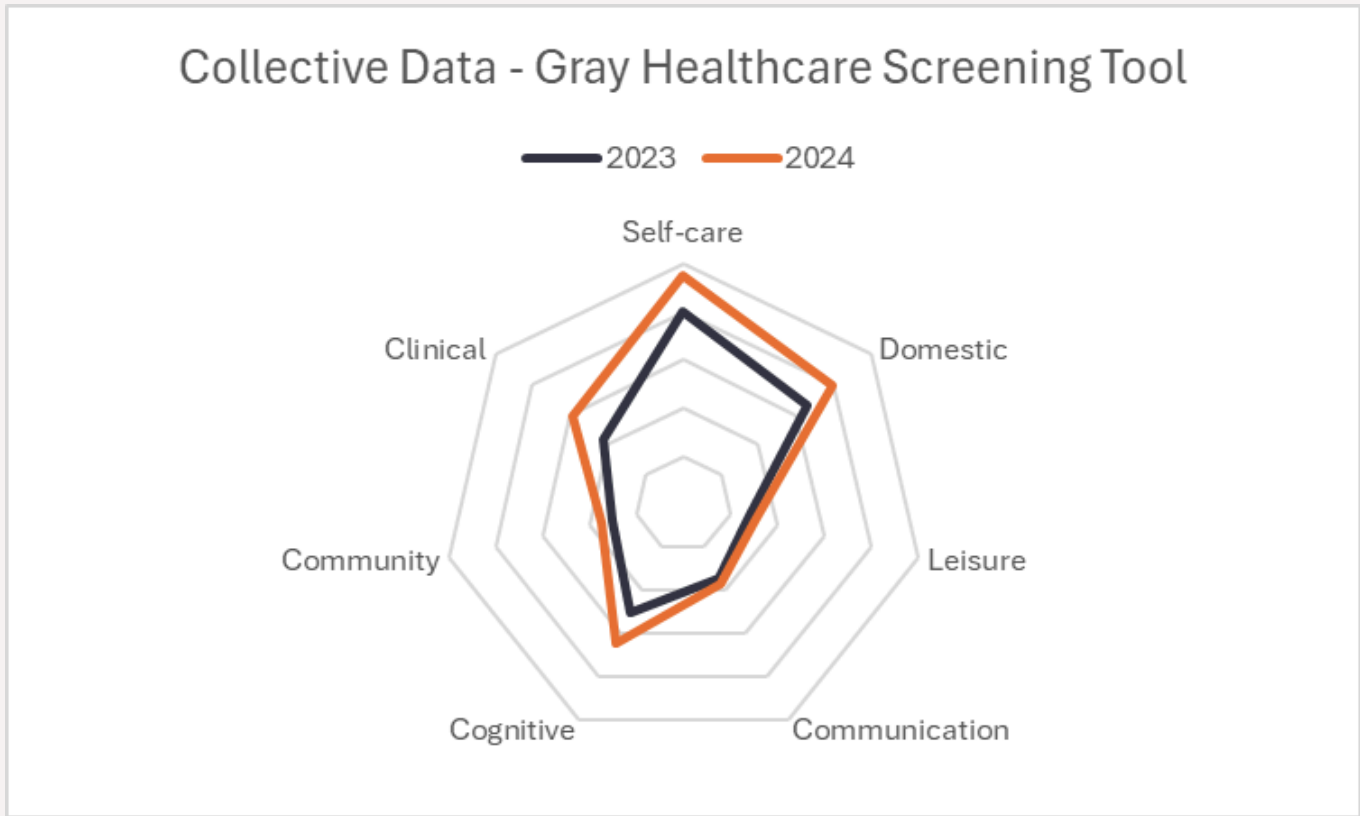
Reduction in the total number of physical interventions (in our last outcome report we our number of physical interventions had decreased by 31%.

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



Gray Healthcare Screening Tool

The Gray Healthcare Screening Tool allows us to assess and monitor progression of functional skills for the people we support. Skills have been identified within the domains of: Self-care, Domestic, Communication and Interaction, Cognitive, Community and Social, and Clinical. Collective data across 2024 has demonstrated progression in all domains in comparison to collective data from 2023. This tool supports goal setting and effective support planning to ensure that the people we support are accessing opportunity to take positive risks, develop their skills and engage meaningfully within their local communities.

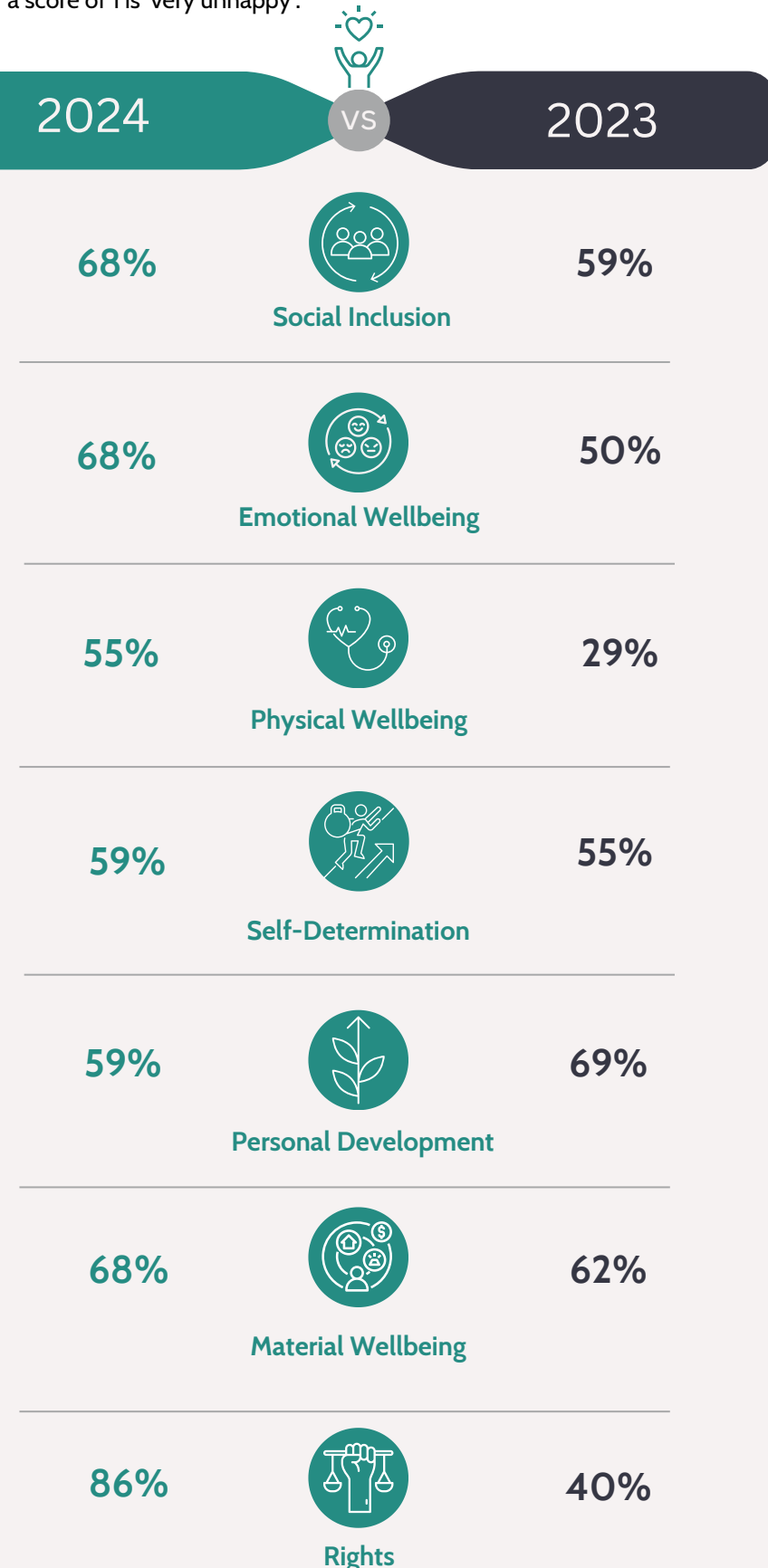


An increase in score of five points could mean a significant improvement in one task or it could mean smaller more consistent improvements over many tasks. For example, it could mean the difference between individuals needing their team to administer medication to being independent with managing their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



Quality of Life Measure

In 2022 we piloted and rolled out our Quality of Life Measure. This measure allows the people we support the opportunity to rate their level of satisfaction with key areas in their lives. Working with a member of their team, each person we support scores each criteria using a scale 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'.



This year we have been able to do a direct comparison of data with the previous year by only including scores from individuals who were supported by us for both January - December 2023 and January - December 2024.

The table shows the percentage of the people we support who have scored either a four or five against each criteria. Scores are used to set goals for the areas the people we support wish to improve.

Our ongoing use of the NEWS2 to monitor the physical wellbeing of the people we support is having a positive effect on how individuals perceive their physical health. In addition, we have been focussing on working more collaboratively with our community services, such as GPs and, as a result, we have been able to make reasonable adjustments to facilitate home GP visits for some of the people we support.

During 2024, a prime focus for us has been to encourage the people we support in their care and support planning, which we believe has an impact on people understanding their right to make their own choices and decisions regarding what their support looks like. This is again evidenced in our People We Support survey undertaken in November 2024, where we saw an increase from 65% to 76% stating that they had enough choice in their lives. We also saw an uplift from 5% to 43% in 2024 of people we support wanting to become involved in the wider organisation, helping with ideas and decisions. We are now developing an action plan as to how we involve the people we support in the wider organisation.

Our rigorous safeguarding process is having an impact in ensuring the rights of the people we support are protected and we can demonstrate clear learning from incidents even if they do not meet the safeguarding threshold.

How do we achieve these results?



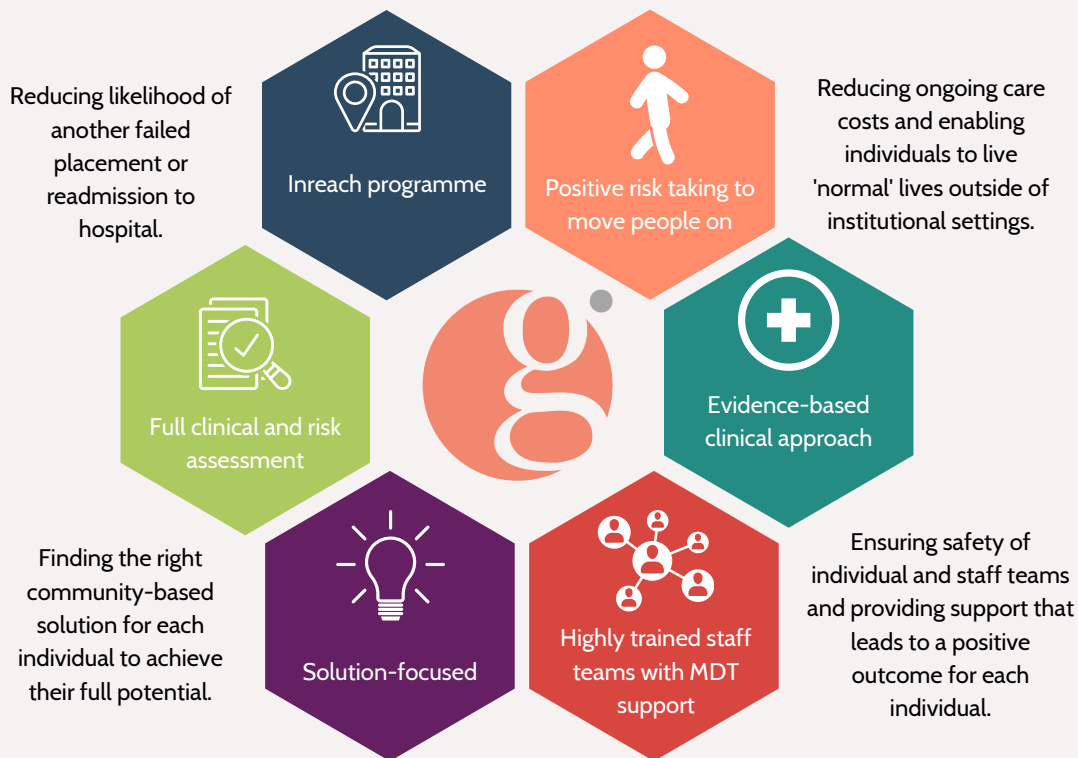
Our team visit the individual and their existing care team in their current setting for a period of time. This enables us to make sure the individual is fully prepared and that everything is in place to ensure the move home goes well.



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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Get in touch!

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