

# Outcomes Report 2025/2026

Analysis of Clinical Outcomes for the People We  
Support using 2025 Year-End Data

# About us

Gray Healthcare delivers highly personalised packages of support to people in their own homes, enabling safe and independent living with the clinical oversight they require. We support young people and adults with mental health conditions, learning disabilities and acquired brain injuries, including individuals with highly complex needs. For many, a placement with us represents their final opportunity for a successful return to the community.

Our clinically-informed framework ensures that support is grounded in evidence-based practice and exceeds the expectations of national policy and guidance, including 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:



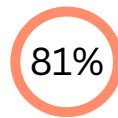
of the people we support have come to us direct from locked or secure hospitals.



have a co-occurring mental health or chronic health problem or a diagnosis of Complex Emotional Needs



join us on a starting package of support greater than 1:1 24/7



have experienced at least one failed community placement (62% have experienced four or more)

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 supports strong clinical governance and enables us to deliver high quality, safe, effective and well-led services.

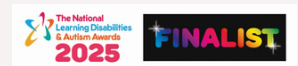
This report outlines some of the key areas in which we have demonstrated success in positive outcomes and progress for the people we support. For the purpose of this report, rather than comment on individual scores, where necessary we have taken a mean average. Unless otherwise specified, this report compares data from January to December 2025 with data from January to December 2024.

Care Quality Commission  
Gray Healthcare Ltd  
Gray Healthcare

Overall rating: Good (Last rated 15 May 2025)

Are services:

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



'Great Autism Practice' Award



HealthInvestor Awards 2023 WINNER  
Complex Care Provider of the Year



Manager Award and Highly commended for 'Frontline Leader' Award

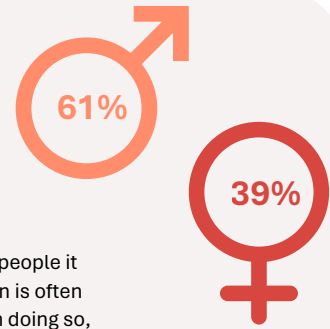


'Specialist Care Award'

# The People We Support

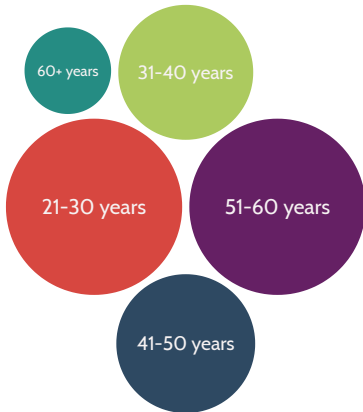
As predicted in last year's outcome report, the ratio of males to females has changed to reflect an increase in the number of female packages of support mobilised during 2025. Of note, three quarters of the female people we support have a diagnosis of Complex Emotional Needs (formerly referred to as 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.



## Age Range

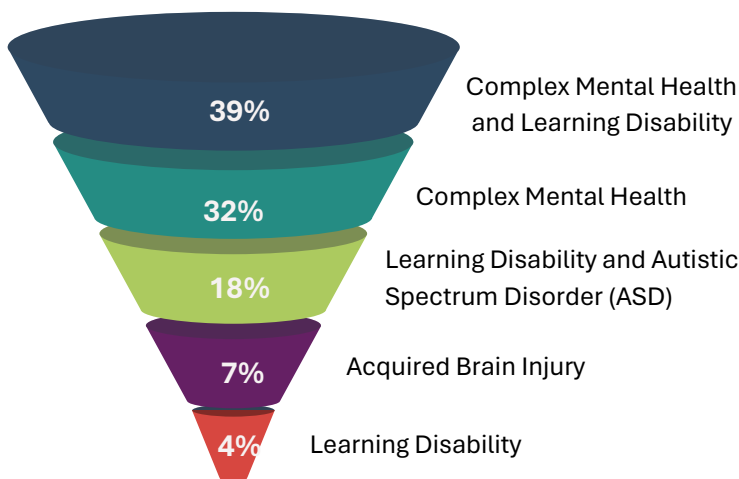
We support individuals aged 18 years and over. Of the people we currently support, the largest two age groups are 51-60 years and 21-30 years.



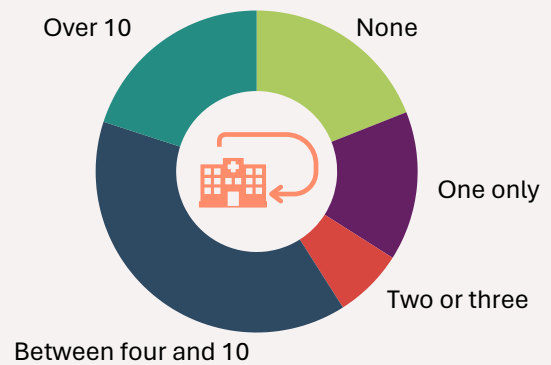
## Clinical Diagnosis

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

75% of the people we support have either a co-occurring condition or complex mental health needs.

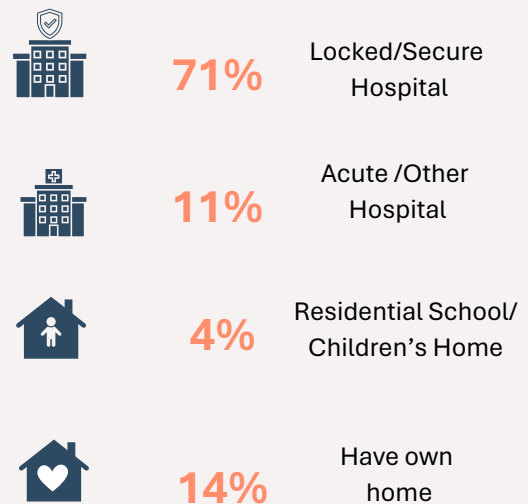


## Number of Prior Failed Placements



One person we support had over 30 failed placements

## Pathway to Gray Healthcare



# Clinical Outcome Data

At Gray Healthcare, we routinely record data that enables us to determine the positive impact we are having on 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 bridges the gap between hospital settings and traditional supported living or domiciliary care services. We maintain a weekly record of staffing hours for each person we support, enabling us to quickly identify any reductions in their allocated hours.

## Restrictive Practice



Our focus is to deliver the least restrictive package of support possible. We use the PROACT-SCIPr-UK® whole organisation framework, a proactive and preventative approach to supporting individuals who may present with behaviours perceived as challenging.

Key features include: intensive face-to-face induction training for all new staff; annual refresher training; on-site coaching and bespoke support from qualified instructors and routine monitoring of physical interventions through clinical governance.

## Incidents



As part of our clinical governance responsibilities, we maintain robust systems for the routine recording, reporting and review of all incidents. These are overseen by our Multi-Disciplinary Team (MDT), ensuring effective clinical scrutiny, timely learning and appropriate action in line with CQC expectations around safety, risk management, and continuous improvement. When individuals transition from hospital to a community setting, it is common - particularly during the initial settling-in period - to see a natural reduction in the frequency and severity of incidents as they begin to adapt to a less restrictive, more personalised environment.

## Gray Healthcare Screening Tool



Our Gray Healthcare Screening Tool tracks progress across key functional domains: self-care, domestic skills, community engagement, leisure, cognition and communication, social interaction and clinical skills. Each activity is scored 0-4, with higher scores indicating greater independence.

## Quality of Life Measure



Using our quality of life measure, the people we support can rate their satisfaction across key domains that directly influence their wellbeing. We analyse this feedback systematically to understand how individuals feel about their lives and the support they receive. This enables us to monitor outcomes over time, identify trends, and ensure that the care we provide remains person-centred, responsive, and aligned with CQC expectations around lived-experience evidence, continuous improvement and outcomes-focused practice.



# Package Hours

A member of our Multi-Disciplinary Team (MDT) undertakes a structured assessment to determine the weekly staffing hours required to support each person to live safely in their own home. Clinical hours are added where specialist input is needed, however, for clarity within this dataset, clinical hours have been excluded. This assessment process ensures people receive the right level of personalised support from the outset, aligning with CQC expectations for safe and effective care.

Once weekly hours of support are agreed with the referrer and other key professionals/ stakeholders, they are recorded in our dataset as the individual's

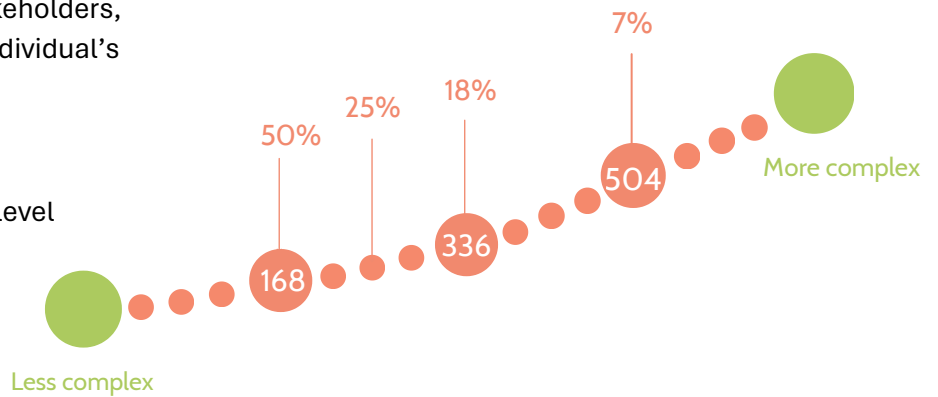
'package start hours'. We then systematically monitor weekly staffing requirements to identify any changes in need. This ongoing review allows us to respond promptly and proactively, demonstrating safe, effective and continuously improving support arrangements. The Number of support hours allocated at the start of a package provides insight into the complexity of each person's needs: higher hours reflect greater complexity. This information enables us to plan resources effectively and ensures personalised, needs-led support, consistent with CQC's focus on responsive and person-centred care.

## Package start hours

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

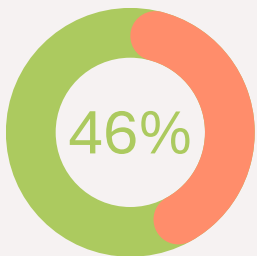
Key:

- 168 hours (1:1 24 hr support)
- 336 hours (2:1 24 hr support)
- 504 hours (3:1 24 hr support)



## Package Hours - Comparative Analysis

We analysed each person's weekly 'package start hours' against their average weekly hours at the end of December 2025.



of the people we support need less support hours today



We have reduced our total package hours by 15%.

For 36% of individuals, support needs reduced with two years. In 2025, we achieved reductions for a higher proportion of people (45% vs 36% in 2024), though the overall reduction in hours was smaller (15% vs 35% in 2024). This is partly due to more individuals joining us with lower baseline hours, reducing the scope of larger package hour reductions.

A small number of people have highly complex and enduring needs for whom significant reductions in support hours may not be appropriate. Our focus remains on ensuring they receive consistent, safe and personalised care throughout their lives.

# Incidents



All incidents are recorded for each person we support and these are regularly reviewed by our Multi-Disciplinary Team (MDT). As incidents patterns may vary seasonally, we analyse annual incident data to ensure accuracy. This approach reflects robust governance and supports CQC expectations around safe practice and continuous learning.

To ensure a fair comparison between 2024 and 2025, only individuals with a complete 12-month dataset for both years were included. People who joined or moved on during this period were excluded. This ensures reliability and transparency in our reporting.

44%



For 44% of the people in our care, we have recorded less incidents in 2025. In 2024 this figure was 30%.

20%



For 20% of the people we support, their number of incidents had more than halved when compared with 2024 data. In 2024, the corresponding figure was 13%.

Ongoing reductions in incidents can be attributed to consistent delivery of support by our highly trained support teams, tailored support plans that adapt as individual's needs change, proactive risk taking approaches (for example, going on holiday) and ensuring that environments are adapted to meet individual needs.

In several cases, extensive home modifications have created more personalised environments and contributed to greater stability and fewer incidents. In one case, an individual has recently moved home to be closer to his sister, reflecting improved relationships and increased stability.

“ I am SO thankful for the support I have received from Gray Healthcare. The level of support I've received from the nurses, and my support workers has been outstanding. Bit weird but some nights I can't sleep due to how excited I am to see my staff. I am six months out of hospital, which is the longest I have lasted in seven years, which must have something to do with the care provider I am receiving support from. Thank you so much for everything. ”

**Person we Support,  
October 2025**





# Restrictive Practice

We adopted PROACT-SCIPr-UK® as our preferred approach in 2021, because it is proven to reduce the reliance on restrictive practices.

Our proactive approach empowers people to better understand and manage situations they find difficult, promoting independence and dignity in line with CQC's expectations for least-restrictive, person-centred support.

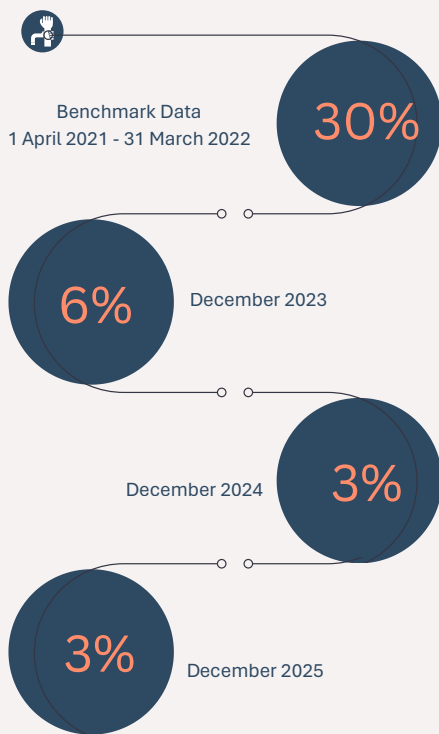
With our rigorous in-house training programme, our staff teams learn techniques that help them develop a positive therapeutic relationship with the people they are supporting, resulting in a better working environment for all and better clinical outcomes.

Following the roll-out of training in 2021, the majority of staff were fully trained by March 2022. Training is delivered during induction and refreshed annually by our specialist PROACT-SCIPr-UK® Instructors. Our instructors also provide on-site coaching to individual teams where needed.

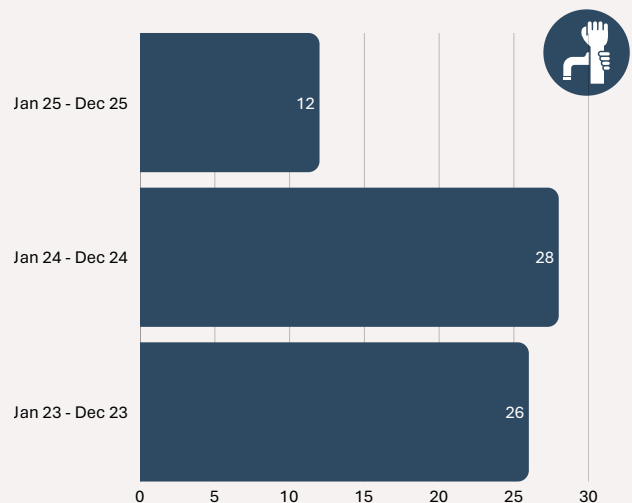
Monitoring of our physical intervention data demonstrates that our workforce is skilled, safe and well-led in delivering least restrictive support.

For the purpose of this report, we have looked at our data for January to December 2025 and compared it with the previous years and, if possible, our benchmark data.

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



## Number of audit based interventions



Since the rollout of PROACT-SCIPr-UK® training, the number of audit based interventions has remained stable over the past three years, with a reduction observed in 2025. This reflects the positive impact of our training programme and reinforces our commitment to safe and least-restrictive practice.

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

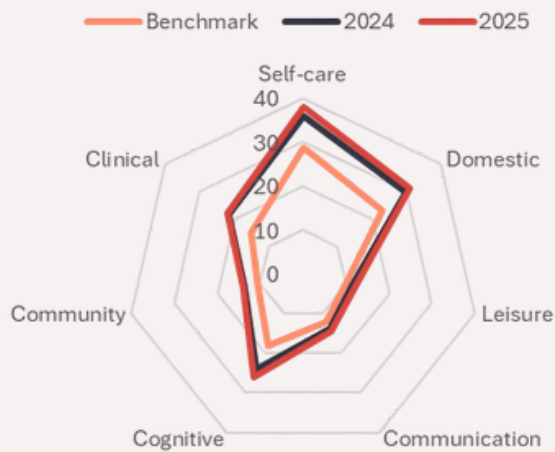
# Gray Healthcare Screening Tool



The Gray Healthcare Screening Tool assesses functional skills across self-care, domestic tasks, communication and interaction, cognition, community participation and clinical needs.

Each activity is scored 0-4, with higher scores indicating greater independence. Scores within each domain are totalled to monitor progress over time, supporting personalised and outcome-focused care.

## Collective Data - Gray Healthcare Screening Tool



Collective data for 2025 shows modest progress across all domains compared to 2024. While gains were smaller than in 2023-2024, it should be noted that achieving significant gains becomes increasingly difficult for a number of reasons: individuals may reach a plateau as they approach their personal ceiling, motivation can change over time with higher initial engagement often leading to stronger earlier gains; and fluctuations in physical and mental health may slow progress.

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.





# Quality of Life Measure

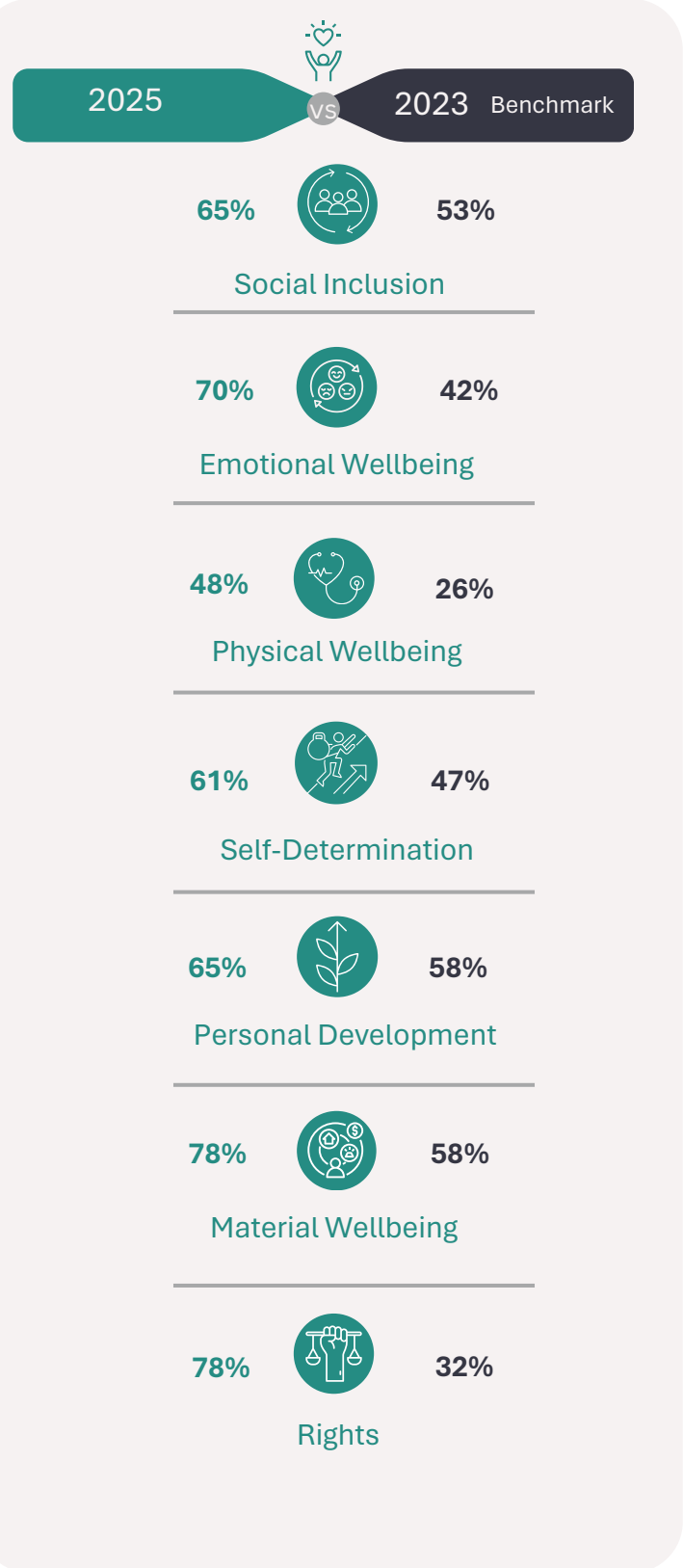
Our Quality of Life Measure provides individuals with the opportunity to rate their satisfaction across key life areas using a scale of 1-5. Scores of 4 and 5 indicate that a person feels 'happy' or 'very happy'. This approach ensures that people's views and experiences directly inform care planning.

Benchmark scores were established in 2023; however they may be higher due to the inclusion of people who had already experienced improvements before 2023.


The table shows the percentage of the people we support who have scored either a four or five against each criteria.

In 2025, the most significant improvements were in emotional wellbeing, material wellbeing and rights. Support with holidays and personalising home environments contributed to higher satisfaction levels. Increased involvement in care planning has strengthened people's understanding of their rights and reinforced feelings of respect, fairness and empowerment.

Safeguarding is embedded throughout our organisation as a non-negotiable priority. Our rigorous safeguarding processes ensure people's rights and safety are protected at all times. Even incidents that do not meet the safeguarding thresholds are reviewed to ensure learning and continuous improvement, demonstrating strong governance and accountability.




# How do we achieve these results?



## Inreach programme

Our inreach programme enables our teams to work closely with individuals in their current setting prior to transition.


This preparation ensures safe, well-planned moves aligned with CQC expectations for effective and person-centred transitions.



## Positive risk taking

We support individuals to access capable, enriched environments where they can explore interests, develop skills and take positive, planned risks.

Collaborative working with multi-disciplinary colleagues ensures risk is managed safely with promoting independence, autonomy and wellbeing.



## Clinically-informed framework

Clinical hours are embedded into support packages for people with therapeutic or behavioural needs. Our national MDT provides expertise in trauma-informed care, Positive Behaviour Support (PBS), co-production and PROACT-SCIPr-UK®, ensuring evidence-based and effective support.


Reducing likelihood of another failed placement or readmission to hospital.

Reducing ongoing care costs and enabling individuals to live 'normal' lives outside of long-stay settings.




Finding the right community-based solution for each individual to achieve their full potential.

Ensuring safety of individual and staff teams and providing support that leads to a positive outcome for each individual.



## Clinical assessment


Our detailed clinical assessments enable us to develop tailored plans to ensure each person can be safely supported in their home. For those not yet ready to transition, our clinical team provides recommendations and preparatory steps to support future progress.



## Property in chosen area

Our model is built around a single, planned move into a long-term 'forever' home, shaped around the individual's preferences.

Tenancy is separate from support, ensuring people can remain in their chosen home even if providers change. This promotes stability, choice and genuine person-centre care.



## Dedicated teams

Each person is supported by a dedicated, highly skilled team trained in PBS, PROACT-SCIPr-UK®, NEWS2 and WRAP.

Our MDT provides ongoing clinical support to both individuals and team, ensuring safe, consistent and high-quality support.



## Get in touch!

For more information or to make a referral,  
contact us now on:



**0330 123 123 9**



referrals@grayhealthcare.com  
grayhc.referrals@nhs.net

[www.grayhealthcare.com](http://www.grayhealthcare.com)

Building 2000, Vortex Court, Enterprise Way,  
Liverpool L13 1FB

**Bringing Healthcare Home**