GRAY HEALTHCARE

Measuring Success 2022

Bringing Healthcare Home

At Gray Healthcare we deliver packages of care and 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 multi-disciplinary model of care 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 model of care also exceeds the expectations of national guidance such as Building the Right Support and the new 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, intensive care and support packages.

Whilst we do provide support to individuals with less complex needs, we have gained a reputation for successfully supporting those individuals with extremely 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. The report reviews our data for the 12-month period 1 July 2021 until 30 June 2022 and draws on data from those individuals in our care during this timeframe. This document does not include data from individuals discharged during this time. For the purpose of this report, rather than comment on individual scores, where necessary we have taken a mean across this cohort.

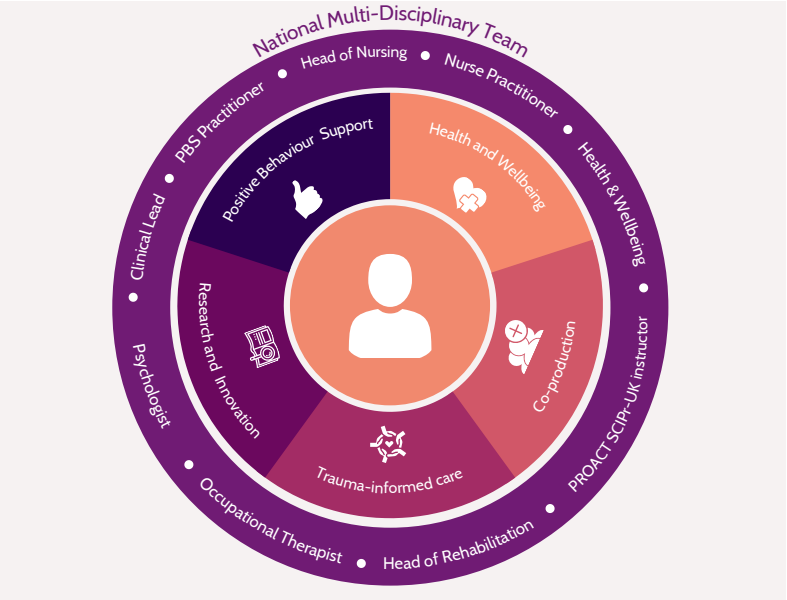
‘I think you have done a wonderful job of supporting C and to be honest I have not seen your level of support paralleled in anywhere else in the community, so really well done!’

Referrer

Our Clinical Model

All 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 model that we can tailor to each individual's needs, wants and risks. Our clinically-informed model of care 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 build clinical hours into all our packages of care. 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, Nurse Practitioners, Occupational Therapists, a Psychologically-Informed Therapist, a Psychologist and Mental Health and Learning Disability Nurses.

To obtain an objective measure of our clinical interventions, our clinical team have been developing new outcome measures from a robust evidence-base to map the progress of the people we support in the following key areas: Clinical Needs, Skill Building and Quality of Life.

We have developed a Gray Healthcare Screening Tool that focuses on functional skills. This tool was piloted for six months with a small group of people in our care. On review, each person in our pilot group has made significant progress towards achieving their individual person-centred goals, which were defined during our initial assessment. This tool has now been rolled out across our organisation.

We have also recently completed the Nursing Assessment for each person we support and are currently reviewing this data.

This year, we have 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. Using these scores we now set goals for the areas where improvement has been highlighted.

Focused Intervention Plans have been introduced to support all our assessments, allowing us to demonstrate clearly the use of evidence-based methods of intervention relating to person-centred goal planning.

We hope to share this new data in future outcome reports.

The people we support

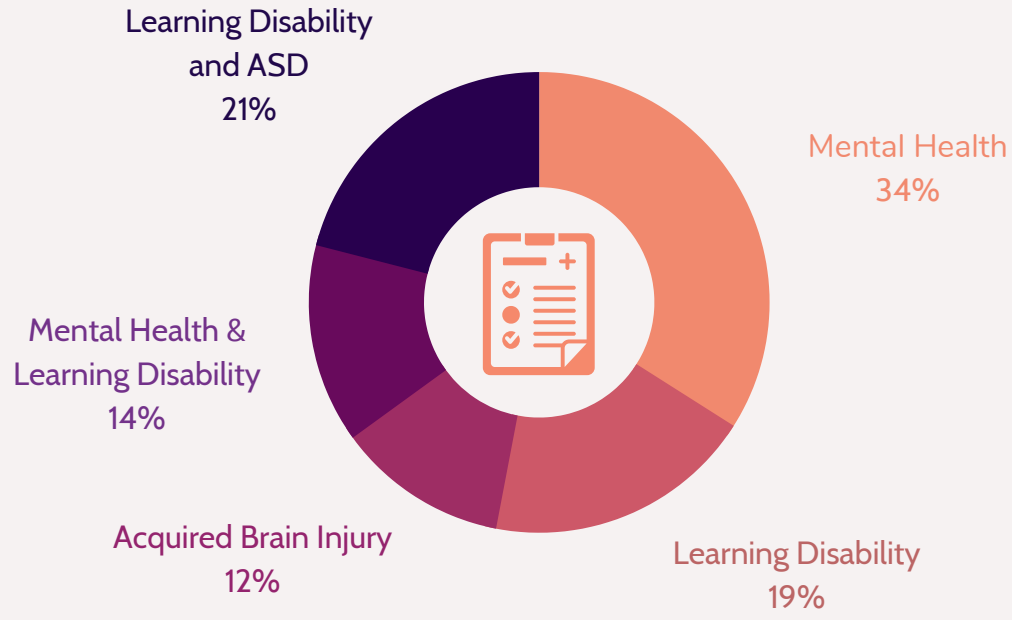
All of the people we support have clinical care needs in relation to their learning disability, Autism, brain injury or mental health diagnosis and many have coexisting diagnoses of personality disorder and behaviours which have challenged services. Our 24 hour packages of care range from 1:1 support to 3:1 support with each package tailored to the individual's needs and risks.

Gender

Two thirds of the people we support are male.

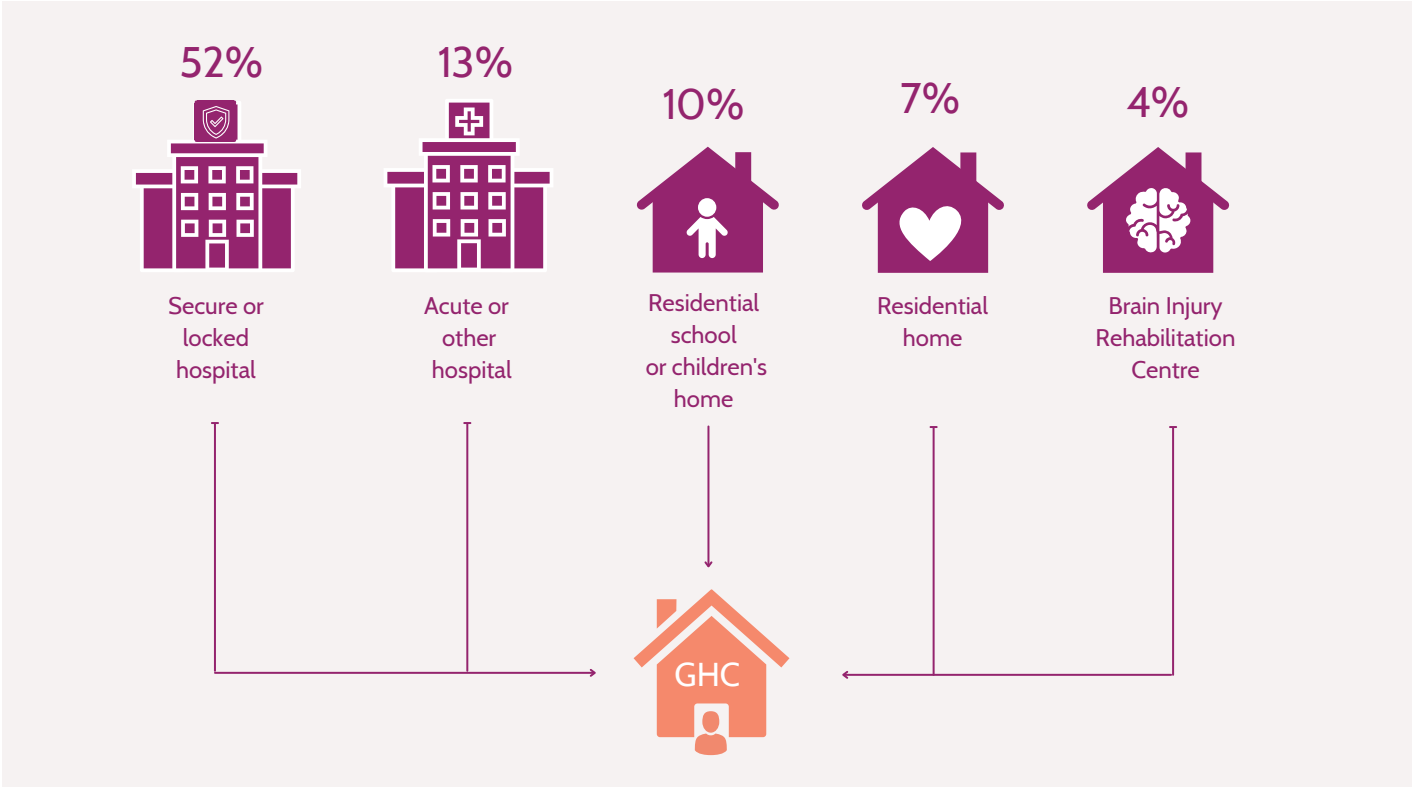
Presenting Diagnosis

We are supporting more young people and adults with a mental health condition 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 under one third have a dual diagnosis.



Where do the people we support come to us from?

Just over half of the people we 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 but the difference is that with our model of care each individual has the opportunity to live in their own home, in a community of their choice with their own staff team and to make their own decisions and live the live they want.



The remaining 14% already have a home of their own.

'Clients told us they were truly valued at Gray Healthcare, staff understood them and what they could achieve and that they had achieved much more than being cared for in long-term care. Clients told us that they went out to do shopping, cooked their own meals, ate healthily and enjoyed a variety of activities. Client said they were pursing hobbies and visiting places of interest to them.'

Care Quality Commission, January 2022

Some of the ways in which we measure success:

- Weekly number of package hours
- Sustained time living in the community
- Reduction in incidents
- Reduction in restrictive practices

Weekly number of package hours

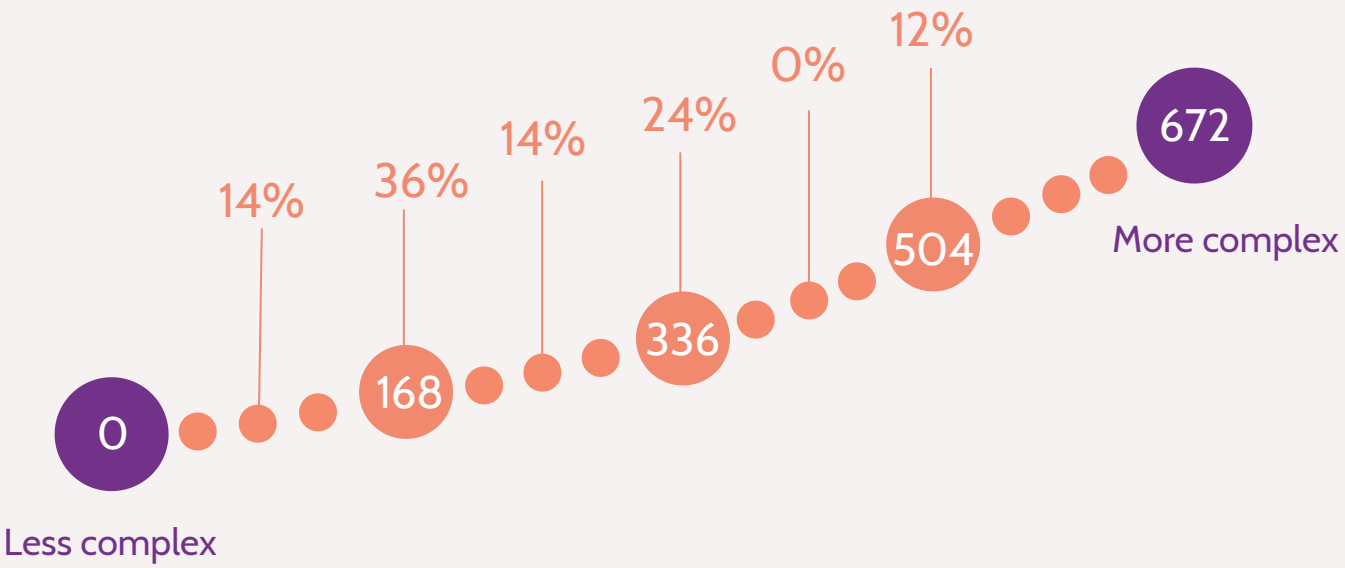
As part of our assessment process, we calculate the weekly hours of staffing support that we believe each individual referred to us will need in order to live safely in their own home.

Once we have agreed the weekly hours of care 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 care with Gray Healthcare.



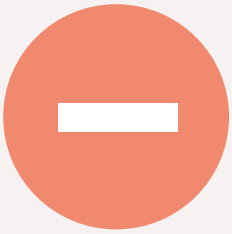
Key: 168 hours (1:1 24 hr support), 336 hours (2:1 24 hr support), 504 hours (3:1 24 hr support)

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 2022 we support, we can see that:

62%

require the same level of support



32%

require less support now

6%

require more support now

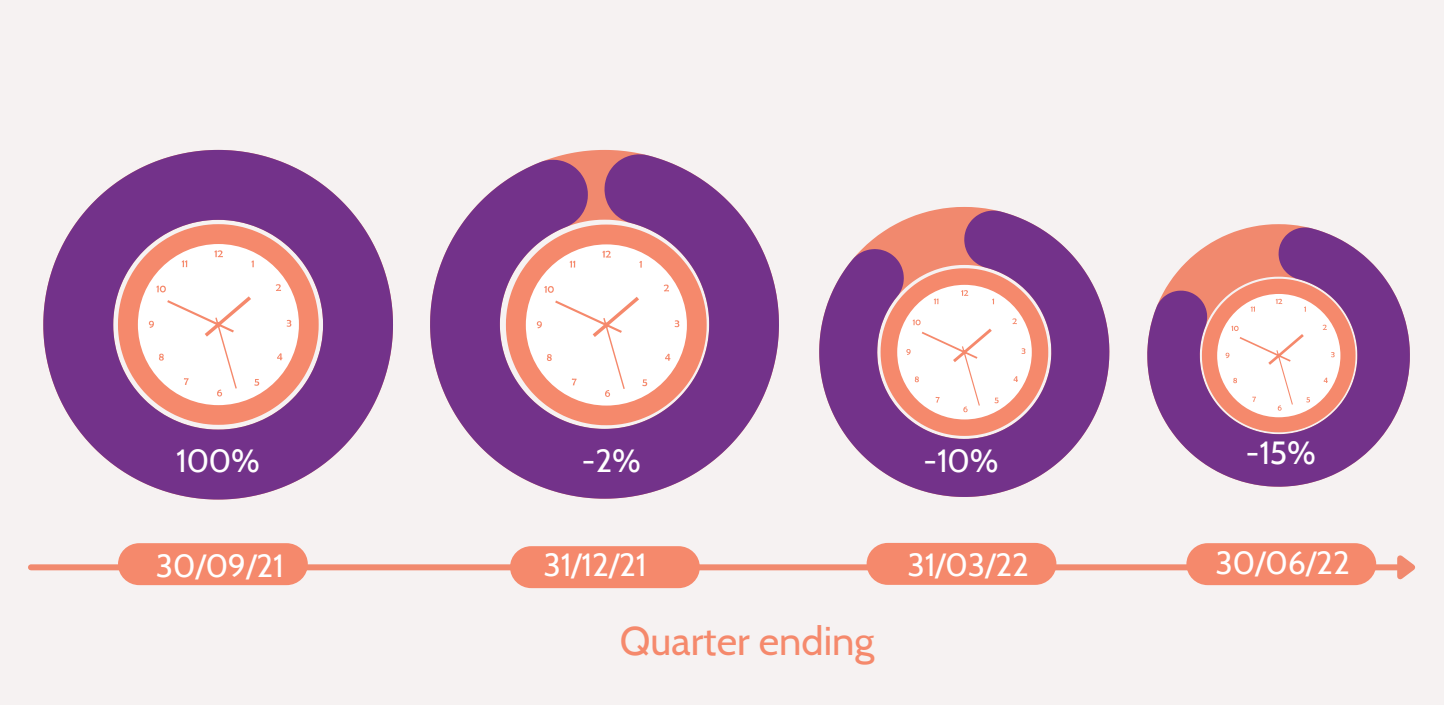
For two thirds of the individuals who require less support now than when they started their package of care with us, this reduction has been achieved within two years.

Two individuals need more support now. For one individual this increase in support is attributable to a change introduced simply to increase choice for the individual. Instead of two sleeping nights included in the original package of care, we have made an adjustment to 1 waking night to open up the option to look at two bedroom properties rather than being constrained by the original package requirement for a three bedroom property.

For the other individual needing more support now, we had to increase the level of support to meet the needs of the individual. The change of environment from a residential home to an individual house proved to be unsettling for the individual, so we have increased the level of support to allow time for the individual to feel more supported as he adjusts to living in a new environment.

By how much have we reduced our package hours?

The following data refers to individuals who were supported by a Gray Healthcare package of care between 1 July 2021 and 30 June 2022. We have excluded individuals who started their package of care during this timeframe as their dataset for the period does not cover the full 12 months. By the end of June 2022, we were able to see a reduction in the number of staffing hours. The following infographic shows the percentage decrease in staffing hours by quarter.



'You have time to build a proper relationship with the individual you support and to watch them grow and progress.'

Colleague

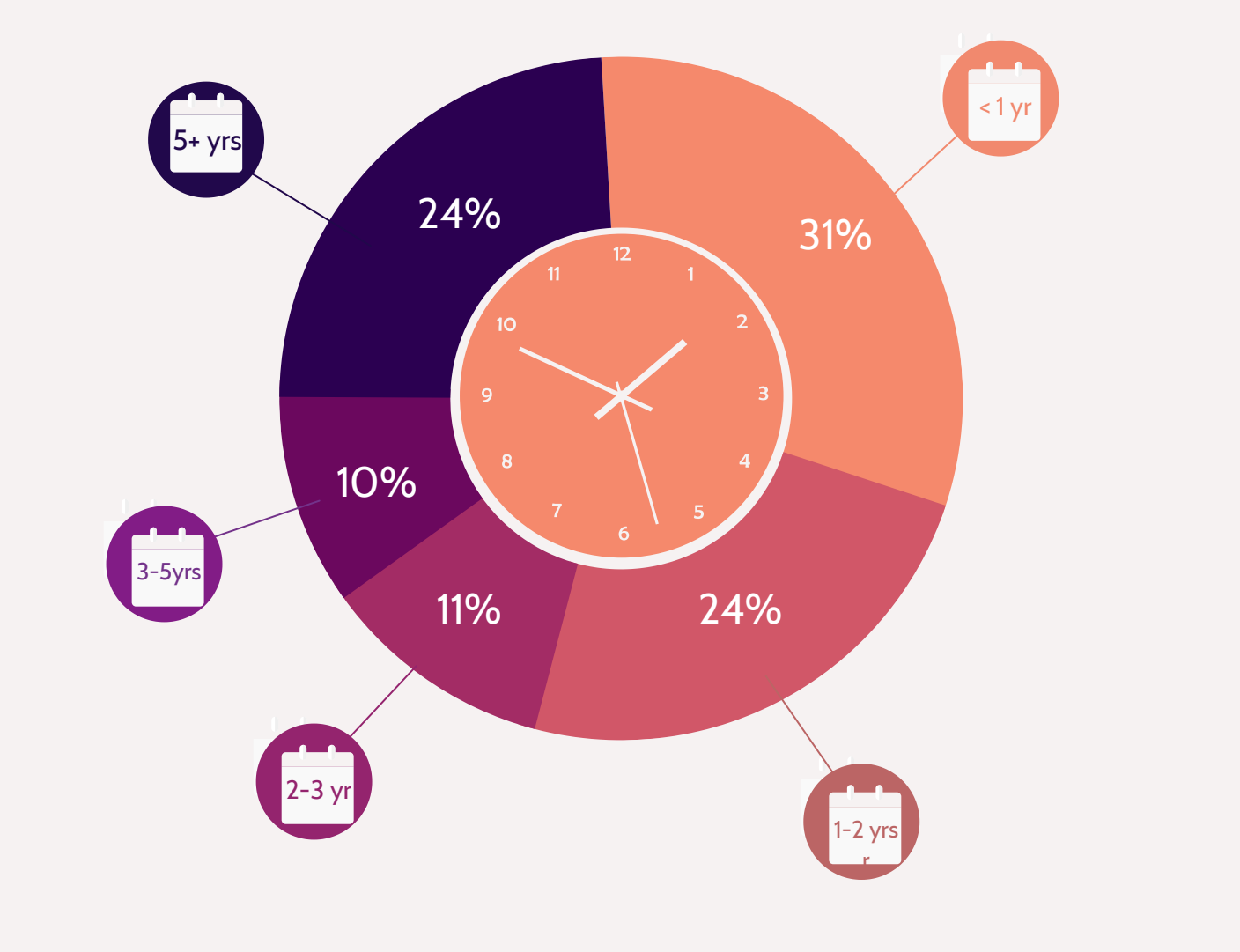
Sustained time living in the community

For us, one measure of success is to be able to demonstrate that we have continuously supported an individual with complex needs to live in a home of their own over a number of years and avoided the need for that individual to be readmitted to a hospital setting.

For this report, the time spent living in the community has been calculated from the date the people we support started to receive support from Gray Healthcare until 30 June 2022.

Nearly a quarter of the people we support have been living in the community for over five years with a Gray Healthcare package of care.

Six individuals have been receiving support from us for over 10 years. Of these six individuals, four have a diagnosis of Acquired Brain Injury, two a primary diagnosis of schizophrenia.



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. To allow for seasonal fluctations, we compared the number of incidents for 1 January - 30 June 2021 with the same period in 2022 (1 January - 30 June 2022).

31%

For 31% of the people in our care, the number of incidents had more than halved.

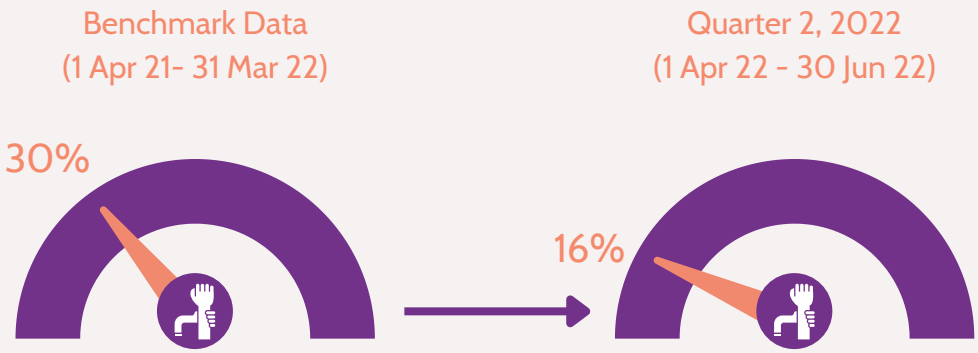
8%

We have recorded a 8% reduction in the number of incidents.

Reduction in restrictive practices

The focus of our Gray Healthcare model of care 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 are only 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 2021).

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 Instructor.

Get in touch!

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

0151 236 4807

referrals@grayhealthcare.com

grayhc.referrals@nhs.net

www.grayhealthcare.com

GRAY HEALTHCARE

Gray Healthcare Limited
2000 Vortex Court
Enterprise Way
Liverpool
L13 1FB

0151 255 2830