Gray Healthcare Limited

Gray Healthcare

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Gray Healthcare provides home based rehabilitation and recovery focused support for adults of working age with severe and enduring mental health needs, autistic spectrum disorder, learning disability, or an acquired brain injury, who may have additionally complex health care needs, which increases their vulnerability.

Our rating of this location stayed the same. We rated it as good because:

The service made sure client's homes were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

Staff developed person centred, recovery-oriented care plans which focused on the whole picture of clients' needs. They provided a range of treatments suitable to clients' needs and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. For example, health care monitoring of clients with long term health conditions and regular reviewing of positive behaviour support plans with clients and their families, This helped clients and their families to work with the provider support and clinical staff to discuss what was working well for the client and identify areas for growth and development.

The teams included or had access to the full range of specialists required to meet the needs of clients in their care. Managers made sure staff received training, supervision and appraisal. Staff worked well together as a bigger team and with relevant services outside the organisation.

Staff treated clients with compassion and kindness and understood their individual needs. They actively involved clients in decisions and care planning. Clients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptionally caring service. Clients told us the service exceeded their expectations in terms of support from staff and finding them a suitable home. For example, involving clients in choosing their homes, furniture and decor and client's able to have pets of their own and care for them.

Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Services were tailored to meet the needs of individual clients and were delivered in a way to ensure flexibility, choice and continuity of care. For example, agreeing when clients would have unsupported hour from staff or when visiting families, and staff remained on call to support clients if needed.

Discharge from the service was well planned and coordinated with commissioners and other services so clients had alternative access to services whose needs it could not meet.

The service was well led with thorough leadership strategies in place to make sure a positive culture was developed. Objectives and plans were challenging and innovative, while remaining achievable.

The leadership team had a shared purpose and worked hard to deliver and motivate staff to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture.

The governance processes were proactively reviewed to make sure that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Gray Healthcare

Gray Healthcare provides home based rehabilitation and recovery focused support for adults of working age with severe and enduring mental health needs, autistic spectrum disorder, learning disability, or an acquired brain injury, who may have additionally complex health care needs, which increases their vulnerability. They provide the regulated activity of treatment of disease, disorder or injury. The service has a registered manager who was registered on 18 December 2018. At our last inspection in 2019 the service was rated as good overall.

Gray Healthcare provides home based rehabilitation services for client's living in their own homes. Care and support are delivered in several geographically dispersed locations across England and managed from a central office in Liverpool. Clients also accessed the provider's head office to participate in feedback sessions about the service, support value-based interviews of staff and support induction training for staff who would support their care. This was Gray Healthcare's second inspection as an independent community mental health service.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

What people who use the service say

We spoke with six clients during the inspection. Clients felt the service exceeded their expectations in terms of support from staff and finding them a suitable home. Clients told us their homes were safe and clean. Clients spoke highly of the service and felt their care was flexible to support their chosen lifestyle. Clients highlighted how positive, caring, compassionate and supportive the staff were and were involved in how they were supported.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

visited the service location and looked at the quality of the environment.

spoke with six clients who were using the service

an expert by experience spoke to 3 family members of clients.

spoke with the registered manager, director of operations and senior managers.

spoke with 24 other staff members; including support workers, team leaders, locality managers, area managers, occupational therapist, recruitment, academy and clinical staff.

visited a client in their own home and used a talking mat to understand their experience of using the service.

Summary of this inspection

looked at eight care and treatment records of clients

received feedback from stakeholders who commission services from the provider

looked at a range of policies, procedures and other documents relating to the running of the service

as part of this inspection we used an online staff survey. Information from staff in services is a key source of evidence to inform and support CQC's monitoring, oversight and assessment of the quality of health care services. We use the survey to support further exploration of key issues within the service where other evidence sources were not present

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

Clients and their families were involved in reviews of care through practice workshops. These took place 12 weeks, or sooner if required, and were part of the provider PBS strategy. These workshops helped clients and their families to work with the provider support and clinical staff to discuss what was working well for the client and identify areas for growth and development.

Through working with clients and NHS services the provider realised the health benefits of using pet therapy to improve clients' wellbeing. As a result, the provider partnered with a canine national charity to provide support dogs for clients living with a disability, neurological disorder or autism. The provider had carried out some research with clients who were shown to have benefitted from pet therapy and seen positive results.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure they provide information in a timely way to local authorities and commissioners about safeguarding concerns and investigations.

The service should ensure completed actions noted in the audit reviews, are recorded in client records, to demonstrate there is ongoing monitoring of identified improvements in client's care at a local level.

The service should ensure information relating to client's care and treatment is kept in one place or system as staff showing us how the information systems available worked, found difficulty in finding this information.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Community-based mental health services for adults of working age

Good

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

Are Community-based mental health services for adults of working age safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

The provider had systems to ensure clients homes were safe, clean and well maintained. Care was delivered taking account of clients' homes and adaptations or equipment they used. Where responsibility for clients' homes was shared with others, the provider shared care planning arrangements to promote clients' safety across all the services they relied upon. When clients' homes, adaptations or equipment were unsafe and impacted on clients' safety, the provider took reasonable steps to work collaboratively with the client and other agencies (for example commissioners, private and social landlords and care managers) to make the environment safe.

Each client had a risk assessment of their home environment prior to discharge, which was checked by senior staff. The risk assessment included details of the property owner or landlord responsible for utilities or repairs (when the client had a tenancy agreement), who staff could contact should they need to. Weekly checks included safety of the property, medicine storage, staff had personal protective clothing, the first aid kit and fire safety equipment present, and records were completed. Testing of carbon monoxide and smoke detectors fitted as advised by the fire and rescue service were checked routinely as part of the home risk assessment.

Where medicines were kept in clients' homes, the provider ensured there was safe lockable storage, so clients medicines were stored safely.

The provider used a Covid 19 risk assessment when the national lockdown was introduced. This identified several infection prevention control measures, including increased cleaning, wearing personal protective equipment in client's homes, social distancing and regular hand washing or use of hand sanitiser. Staff followed good infection controls principles when supporting clients with their care. They had access to hand washing gel and personal protective clothing. They had the equipment they needed for managing cleaning.

Safe staffing

Community-based mental health services for adults of working age

Good

The service had enough staff, who knew the clients and received training to keep clients safe from harm in their home and when they went out. The service had a clear staff structure for offering support in client's homes. The service had vacancies in individually commissioned care packages at the time of the inspection. To make sure clients had enough staff, the service over-recruited staff for each care package to act as bank staff, so the ratio of staff to clients was maintained as agreed in the contract with the commissioner.

The service had reducing rates of bank and agency support staff. The service also introduced a workforce planning tool to identify the immediate and future recruitment needs of the service. This included only using approved agencies to provide regular agency staff. Regular agency staff were used to support clients, so clients care was not disrupted by unfamiliar staff.

In addition, the service had introduced a flexible team, which travelled to clients' homes to help staff supporting clients where needed. This team was recruited specially to help provide stability on a short-term basis, without disrupting the clients' regular care team.

As part of the inspection online staff survey, we asked staff about their experience of working remotely in clients' homes. Eighty three percent of all staff agreed/strongly agreed that they were able to meet all conflicting demands on their time at work, while 6% did not. Fifty seven percent of staff agreed/strongly agreed 'that there were enough staff at the organisation for them to do my job properly', while 25% did not.

Managers and staff had completed mandatory training including health and safety, the Mental Capacity Act and Mental Health Act.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to clients and themselves. They developed relapse prevention, recovery and risk management plans to keep people safe. We reviewed six client records. All records included an up to date risk assessment, positive behaviour support plan and crisis and risk management plans. The service also used behaviour charts to monitor clients' mood and indicate if they were at prone to irritability or changes to their mood. This information was shared at handovers and used to inform staff if clients needed extra help and support them to stay safe.

Staff used a recognised clinical risk assessment tool. This consisted of separate checklists to assess clients' risk of violence, neglect and self-harm or suicide and were used to develop risk assessment and risk management plans for each client.

Staff understood how to identify changes in client's mental and physical health and there were processes for contacting Gray Healthcare clinical staff or other professionals if staff had concerns.

Staff discussed harm reduction, relapse prevention and recovery with clients following incidents and risk assessment reviews and this was documented in their care records.

Staff understood the lone working policy and had access to mobile phones and computer tablets to raise concerns. There was a system to alert managers to staff's need for assistance and this was understood by all staff we spoke to. The system included code words staff could use to summon help. The provider's electronic recording system was used by staff to log into when working in clients' homes, so their working practice was monitored to ensure they were safe.

The provider used a positive behaviour support approach to physical intervention and used only a non- physical intervention approach. Restraint techniques used were based on the Restraint Reduction Network Guidelines (RRN). Data provided by the provider showed that from 1 April 2021 to 30 September 2021, 41 restraints had been used between 7 clients. The service used the British Institute of Learning Disabilities (BILD) accredited audit-based interventions, which were advised for individual clients following an assessment and training needs analysis, based on clients' individual needs for support. Over the last six months there has been a significant decrease overall in the use of the four non- physical restraint methods used by the provider. In March 2021 there was seven restraint incidents and in September, three restraint incidents across seven clients. Commissioners reported a reduction in restraint, for example for one person this was a 95% reduction compared to when the client was accommodated in an inpatient service.

As part of the assessment process for each client, the provider agreed with the commissioner to provide lockable medicine storage in clients' homes where this was needed. Staff completed a risk assessment of clients' understanding of the risk of keeping medicines in their homes.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. The service uses the Herbert protocol, an initiative introduced by the Police and other agencies which encourages care providers to compile useful information which could be used in the event of a vulnerable person going missing. This was used for clients who were known to have previously or had gone missing from their home. The service provided details to local police forces for example, a photograph, mobile numbers, medicines and previous addresses. We had seen examples where the Herbert protocol was used with clients to support their safety when they went out.

Staff had training on how to recognise and report abuse, and they knew how to apply it. All staff received training in safeguarding children and adults and the completion rate at the time of inspection was 100% for safeguarding adults and 80% for safeguarding children, which was above the provider target of 75%.

The registered manager was the safeguarding lead for the service and was trained to safeguarding level 4. In addition the head of nursing and two quality and implementation manager were also trained to safeguarding level 4. safeguarding champions were also trained to safeguarding level 3. Staff gave us numerous examples of recognising and reporting safeguarding issues. Staff were open with clients about making safeguarding referrals and this helped them to maintain their working relationships with the clients concerned.

Staff understood the need to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010.

Members of the senior management team attended safeguarding strategy meetings with local authorities and worked well with the safeguarding teams throughout England. The service liaised with local hospitals, mental health teams, police and probation when they had safeguarding concerns. Local authorities and commissioners told us there were examples of delays in sharing information as part of requesting information from the provider or in monthly commissioner reports, which meant additional information and assurance needed to be sought from the provider. Sharing information without delay would improve commissioner and local authorities understanding of local safeguarding issues.

The service had a safeguarding steering group which reviewed all safeguarding incidents to ensure incidents were categorised appropriately, discussed and learning shared to improve practice. Learning from safeguarding concerns was also used when assessing new clients to help improve the delivery of care and support. We saw the provider used a staff

debriefs following safeguarding and incidents to identify additional concerns or learning. The safeguarding process could be improved if information arising from incident reporting and staff debriefs, was shared with local authorities were concerns arising about staff practice had been identified, to clarify if these concerns met the threshold for a safeguarding referral.

Between 01 April and 30 September 2021, the service reported 9 safeguarding notifications to CQC.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff used an electronic recording system for client records. All staff had access to computer tablets or mobile telephones via an application. They had their own personal log in to access relevant and up to date information as they needed it.

Medicines management

The service used systems and processes to safely administer, record and store medicines. No medicines were held at the provider location as clients kept medicines in their own homes.

Staff followed Gray Healthcare's policy on medicine management. They made sure clients were supported to take medicines independently and or they would administer medicines to clients were needed.

Between 01 April and 30 September 2021, the provider identified 105 concerns related to medicine administration. Medication audits were completed monthly by nurse practitioners and included reviewing the electronic medicine administration record (eMAR). The audit included ensuring medicine was copied appropriately and administered accurately in accordance with the provider policy. It also included the safe storage and management of medicine and ability of staff. Medicine audits were sent to the senior management team monthly. The service reported a 17% medicine error during this period.

The provider had an improvement plan for medicine management, and audit rate at the time of inspection had increased to 94% from 74% in the previous month. All the clients who were prescribed as required medicines (PRN) for individual circumstances had a PRN medicine plan in place which was completed with the client, their family or medical team. This linked to each client's positive behaviour support plans so staff used a non-medical approach to managing clients' mental health needs. Instructions included that clients could ask for the medicine or if they needed encouragement or alternate support for example, to do something to help them be less irritable or overcome boredom, so the use of PRN medicine was reduced or not needed.

Clients who self- administered their own medicine had a risk assessment present. Due to client's broadband technical issues, some areas experienced connectivity issues to the provider operations system, so paper records were available in client's homes so staff could record medicine administration. Paper copies were then uploaded to the system so a permanent record was available.

Track record on safety

The service had a good track record on safety Gray Healthcare reported no serious incidents in the period 01 April to 30 September 2021.

Community-based mental health services for adults of working age

Good

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately.

Managers investigated incidents and shared lessons learned within the wider service. When things went wrong, staff apologised and gave clients an explanation and suitable support.

Incidents were reported through the providers electronic records system. The incident report enabled the reporter to evidence the time, date and place of the incident in addition to describing the type of incident. The service kept a record of each client incident and categorised these as critical, high, moderate or low and was able to monitor over time any themes arising from incidents.

Staff knew what to report and how to do this. Senior managers and the clinical team reviewed incidents reported through the provider's records system. Root cause analysis was used where needed. Learning from incidents was identified and shared throughout the organisation.

Feedback from managers was provided to staff through clinical de brief sessions, management, team meetings, supervision, periodic lessons learnt meeting and group clinical supervision. Staff could seek further support after distressing incidents through Gray Healthcare's employee assistance programme or from managers within the service.

During the period 01 April to 30 September 2021, CQC received 69 statutory notifications. All notifications received were completed as required. Learning from incidents was routine within the service. We looked at six incidents notified to us and saw incidents were discussed with care coordinators and other statutory agencies involved. Learning from incidents and recommendations from health professionals were incorporated into reviews of risk assessment, risk management and positive behaviour support plans.

The majority of staff felt they heard about incidents when they happened and that changes were made following incidents, As part of the inspection online staff survey, 76% of all staff agreed/strongly agreed they were given feedback about changes made in response to reported errors, near misses and incidents while 5% did not. Seventy six percent of all staff agreed/strongly agreed they heard about incidents that happened in their part of the organisation and the learning from them while 7% did not. Fifty eight percent of all staff agreed/strongly agreed they heard about incidents that happened in other parts of the organisation and the learning from them while 18% did not.

Clients and families were offered feedback and support following incidents. Staff understood their responsibilities under the duty of candour and the provider policy provided guidance and advice to staff on how to follow this process. Medicines errors were reported under the duty of candour and an apology sent to the client and or their family. As part of the inspection online staff survey 84% of all staff agreed or strongly agreed that in this organisation, they were encouraged to be open and honest with clients and staff when things go wrong. 4% disagreed or strongly disagreed.

Are Community-based mental health services for adults of working age effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Community-based mental health services for adults of working age

Good

Staff assessed the needs of all clients, developed individual person - centred care plans and updated them when needed. Care plans reflected the clients assessed needs. They were holistic, personalised and strength based with, goal focused toward relapse prevention and recovery- oriented. We reviewed six sets of care records.

A clinical nurse lead completed an assessment of client needs within 48 hours of the provider receiving a referral. Once a care package was agreed, a twelve-week period of getting to know the client in the service they were living in commenced until their time of discharge from the service. The 12-week period could be extended, for example, to allow adaptations to clients' homes to be made. Staff supported clients leading up to discharge and developed relationships with their inpatient staff team, family and other support services involved in a clients' care. The provider clinical team worked with the clients' health and social care multidisciplinary team and developed care plans based on individual client need. The care plans included risk assessments and management plans and had been updated regularly.

Care planning was focused on the client's whole life, including their goals, skills, abilities and how they preferred to manage their health. Where appropriate, hospital and autism passports and health action plans were in place. Individual client teams were supported by the providers clinical team and clinical leads to create risk assessment and management plans, positive behaviour support and care plans.

There were three tiers for clients dependent upon their needs. The frequency of how often clients were reviewed was set by which tier they were placed in. Tier one every six months, tier two every eight weeks, tier three every four weeks. Reviews were completed with the full staff team and included a positive behaviour support refresher specific to the client's care and treatment. Reviews were arranged for a day and time to accommodate families and carers. For example, we saw a review was completed on a weekend when the parents of a client and their staff team could attend.

We saw in care records that multi-agency teams supported the provider staff, where increased levels of care and or risk were identified. For example, intensive support team when clients were in crisis.

Best practice in treatment and care

Staff provided a range of care and support based on national guidance and best practice, which involved clients. They made sure clients had good access to physical healthcare and encouraged clients to live healthier lives.

Records showed staff supported clients to access a range of care and treatment choices, suitable for their needs. This was in line with guidance from the National Institute for Health and Care Excellence. For example, NICE guideline NG54, mental health problems in people with learning disabilities: prevention, assessment and management.

Care plans included information about healthy lifestyles and the clinical team nurses supported this through offering advice and guidance about healthy eating. Staff made sure clients were introduced to their GP for health checks.

Staff understood clients' positive behavioural support plans and regularly reviewed positive behaviour support and recovery plans with clients to ensure they remained person centred and focussed on clients' personal goals. We saw evidence that clients made their own appointments and followed up referrals to out-patient appointments at NHS clinics.

Community-based mental health services for adults of working age

Good

Staff made sure clients had support for their physical health needs through the provider physical health lead, who reviewed their physical health pathway and revised the physical health assessment. This included monitoring of clients underlying with long term health condition, especially those prescribed high dose antipsychotic medicines. In addition, clients were monitored for the risk of sepsis and their vital signs were monitoring as part of an ongoing health assessment based on NICE guidelines, for example clients at risk of type 2 diabetes.

We saw clinical care plans for physical health monitoring were reviewed monthly and updated as.

Clients' physical and mental health was monitored through several recognised assessment tools. This included the Liverpool University Neuroleptic Side Effect Rating Scale, a psychiatric assessment tools that allows for the monitoring of side effects related to anti-psychotic medicines and a malnutrition rating scale used to monitor diet and nutrition, with a food diary.

When clients were on a care and treatment review or known to pose a risk to self or others, the provider had adapted the NHS England 'blue light' protocol, a commitment to improving the care of people with learning disabilities and aimed at reducing admissions and unnecessarily lengthy stays in hospitals. The provider had worked with agencies across England to support clients to either remain in their home or be discharged home after a short assessment and or treatment at hospital. Feedback from commissioners was the blue light process was improving the safety of clients living in their own homes through collaborative working with the police and other agencies.

The provider completed clinical audits on areas such as safeguarding adults, medicine management, health action plans and infection control.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients in their care. This included mental health nurses, learning disability nurses, an occupational therapist and occupational therapy assistant, psychologist and positive behaviour support lead in the clinical team. The clinical team included a head of nursing and clinical leads in infection control, physical health and wellbeing, mental health, learning disability and autism.

Managers made sure they had staff with a range of skills needed to provide care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided a local induction programme for new staff following the completion of a nine-day residential training academy course. The academy was created following learning from incidents, which identified a shortage of skilled staff with the specialist knowledge, skills, experience and knowledge the provider needed. Each academy training was planned around the group of staff recruited to care for an individual client.

The provider made sure staff received appropriate and relevant training through the academy -based learning, mandatory training and care certificate. Induction training consisted of positive behaviour support, safeguarding, medicine management, basic life support, person centred approaches, epilepsy and the Mental Capacity Act as some examples. Staff who did not complete the first stage of the academy training did not progress into stage 2 and employment with the provider.

Staff could access additional training on communicating with clients and for example complete training on British sign language and other communication methods. As part of the inspection online staff survey 72% of all staff were satisfied/ very satisfied with the opportunities they had to use their skills.

Community-based mental health services for adults of working age

Good

Feedback from staff we interviewed was very positive about the academy training team, content and way in which the person-centred sessions were facilitated and included clients' families and professional who were involved in their care. As part of the inspection online staff survey 93% of all staff agreed they could access the mandatory training for their role, 81 % agreed they had access to additional training that supported their continuous development and met the requirements of their professional registration, and 90% agreed the training they received was appropriate to meet the needs of clients'.

Data provided by the service demonstrated 100% of staff had completed mandatory training through the academy.

Staff received regular monthly supervision and annual appraisals. Managers used a one to one session and the annual appraisal system to identify the learning and development needs for staff.

Staff had access to regular team meetings and the majority felt supported by their immediate manager.

Managers made sure that poor staff performance was addressed promptly through supervision and if required the formal process with support from Gray Healthcare's human resources team.

The Gray Healthcare recruitment team oversaw the recruitment process directly. Recruitment records evidenced that all gaps in employment were followed up and references requested from all employers where applicants had multiple jobs. Non-UK residents had to provide evidence they had the appropriate residency visas or work permits to work in the UK.

Since the last inspection the provider had appointed 3 executive directors. The provider had followed the process for appointing and ensuring these executive directors were compliant with the Fit and Proper Persons Regulations.

Multi-disciplinary and inter-agency teamwork

Staff from different disciplines worked together as a team to support clients. Locality, area and regional managers supported the local teams alongside the Gray Healthcare clinical team. The service had regular team meetings at each local area the care package was delivered in.

Staff worked alongside other agencies and attended multi-agency meetings to ensure information was shared that supported the staff to manage risk and provide the appropriate care and support for clients.

Good practice in applying the Mental Capacity Act

Staff encouraged and supported clients to make decisions about their care. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received training in the Mental Capacity Act. One hundred percent of staff had completed level 2 e-learning and level 3 face to face training at the time of the inspection. Staff told us they had access to the providers safeguarding adults and children policy on-line.

Community-based mental health services for adults of working age

Good

Staff showed an awareness of the policy on the Mental Capacity Act and knew where to find this policy. They understood their responsibilities under the Act and could give examples of supporting clients who lacked capacity to make decisions for themselves in a way that recognised the needs to include the client's wishes, feelings and beliefs. They knew who to contact for advice and guidance if it was required.

We looked at 6 care records of clients of who three were subject to restrictions under the Mental Capacity Act. The records we looked at showed the staff team who support these individual clients were aware of the of the individual restrictions that applied to each person and had copies of the legal documents that underpinned these decisions. Staff adhered to the principles of the least restrictive practice in planning care and risk assessment. Staff made sure they asked clients about their care needs and made sure clients understood and agreed to staff involvement in their care. Understanding clients' capacity was reviewed regularly and updated in support plans.

Are Community-based mental health services for adults of working age caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with dignity, respect, compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

Feedback from clients, families, unpaid carers and stakeholders was continually positive about the way staff treat people. Feedback received was that staff go the extra mile and their care and support exceeds their expectations.

We spoke to six clients in total. One client used a talking mat to tell us about their experience of the service. A talking mat is a visual communication system to help clients with communication difficulties communicate with others. The mat is made of Velcro and symbols are placed on it to ease a topic of discussion using picture cards and the mat.

Clients told us staff treated them with compassion, dignity and respect. Clients shared their experiences about being cared for in their own premises. Clients told us staff were highly motivated to provide the highest level of care they could, put clients at the centre of their care and that the relationships with clients were highly valued by staff and promoted by leaders.

Clients told us staff were, caring, respectful and supportive and the ways in which staff supported them as individuals exceeded their expectations. Clients told us their lifestyle choices were balanced against the need for staff to support them with their safety, care and recovery. Staff and relatives told us their personal communication styles, preferences and abilities were understood and staff were patient with them.

Clients told us they were truly valued as people 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 they had been supported to find a home so suit their needs, which they never thought they would achieve when in long term care. Clients told us they went out to do their shopping, cooked their own meals, ate healthily and enjoyed a variety of activities, for example a quiz club. Clients said they were pursuing hobbies and visiting places of interest to them. Clients said that during the

Community-based mental health services for adults of working age

Good

COVID-19 pandemic, staff continued to encourage them to make progress and were creative in supporting them to maintain the things they enjoyed. For, example going out for walks, maintaining family contacts and for a drive when a client had a car. Clients told us they had been encouraged to have their own pets, something they could not have in long term care and had desired to have all their lives.

The service checked with clients, families and or unpaid carers about how their support was working. Clients' care hours were reduced, increased or remained the same to suit their needs and agreed arrangements with commissioners, so clients were able to influence how their support hour were arranged around their needs.

Through working with clients and NHS services the provider realised the health benefits of using pet therapy to improve clients' wellbeing. As a result, the provider partnered with a canine national charity to provide support dogs for clients living with a disability, neurological disorder or autism. The provider had completed some research with clients who benefitted from pet therapy and had seen positive results.

Support arrangements were flexible to suit clients' needs and clients understood their individual arrangements, for example, some clients had sleep in or waking night staff or a combination of both. Some clients had agreed unsupported hours where they went out and met with family or friends.

Clients said they could ask to be left alone in private and not to be disturbed. Clients said they were not checked on at night unless this was agreed as part of their risk management plan.

Staff said if clients needed to have their safety monitored due to legal restrictions, this would be done in the least restrictive and intrusive way, for example a clients' family had asked staff to use an audio monitor for their family member as this was used successfully to listen to them when in a different room, when they wanted to be left alone. When clients went to visit or stay with their family, they did not need to have their support staff stay with them. The support staff would remain on call in case of a family emergency, should the client need to return to their home.

Clients told us they had positive relationships with their individual care team, although there could be times when less familiar bank or agency staff provided care which could cause them distress. Staff were described as honest, understanding, respectful, outstanding, supportive, caring and friendly. Staff offered practical and emotional support while maintaining the boundaries of their role. Relationships with clients were built on trust and a good understanding of the clients' concerns. Clients told us that adjusting to having staff working in their homes impacted on their privacy. Staff were not allowed into the private areas of client's premises without their consent unless a legal restriction was placed upon the clients to be supervised at all times.

Staff stated they could raise concerns at any time about disrespectful, discriminatory or abusive behaviour or attitudes from clients and managers would listen to them. Staff told us they had reported disrespectful care to managers and staff had been removed from the care of a client pending an internal investigation. Staff told us staff had been dismissed from the service or had not progressed through a probation period because they did not demonstrate the right values.

Staff supported clients to understand and manage their care and treatment and we could see from the records and from what clients told us that they were fully involved in all aspects of their care. For example, clients were aware of their rights not to have information about them shared without their consent and this was documented in care records we reviewed. Staff told us how treatment was adapted for clients with additional needs or who needed a different care pathway. Staff had a good knowledge of services in their local areas and supported clients with information about what would be available to them when they went out if needed. If clients needed support to go out staff helped them to do so.

Community-based mental health services for adults of working age

Good

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided, though regular reviews with their care team and local authority and NHS staff. Clients told us they were involved in writing their own risk assessments when they moved out of long-term care. Clients told us staff encouraged them to use their care plans to reduce stress and anxiety because staff recognised when they were becoming distressed or irritable and this had helped them develop better ways of coping with their feelings. An example given by a client was how they had written a plan to reduce harming themself, and how staff would check on their safety. As a result, the client told us the numbers of times they harmed themself had reduced because staff trusted them. Clients told us they managed their own medicines and cooked their own meals. Staff made sure clients had easy access to independent advocates.

Clients and their families were involved in reviews of care through practice workshops. These took place 12 weeks, or sooner if required, and were part of the provider positive behaviour support strategy. These workshops helped clients and their families to work with the provider support and clinical staff to discuss what was working well for the client and identify areas for growth and development. We saw examples of the workshop when a client shared their experience of their care with their family, and another where a family could not attend the session but were able to provide feedback through a questionnaire.

Involvement of clients

Staff used the client's own communication style, so they understood their care and treatment. Clients had access to and were provided with information and feedback in an easy read or picture format. Clients received assessments and care in a timely manner from staff who had the necessary skills for their roles.

We saw evidence that clients were given information about the local independent advocacy service in the area they lived in. Two clients we spoke with also had support from advocates in the area they lived in.

Each client had their own personalised relapse prevention, recovery and risk management plan and positive behaviour support plan in a format which was easy for them to use. These focused on the client's choices and the resources they needed to promote and sustain their recovery. For example, the use of positive behaviour support plans to strengthen their coping skills and reduce further setbacks. Relapse, recovery and risk management plans showed that clients and their families, where appropriate, had been fully involved in the planning of their treatment. This helped staff to ensure that clients had the information they needed to make informed decisions and choices about their care.

The service offered opportunities for clients to be involved in their care through the recruitment of their staff team. They were able to be part of the meeting and greeting of candidates for interviews and if they were unable or did not want to be part of the interview panel, could submit questions via the interview panel.

The provider completed a client survey in September 2021 of all clients they supported at that time. The response rate was 22% (8 out of 37 clients). Clients said they felt safe and involved in decisions about their care by their support staff. Clients said they were treated with dignity and respect, their opinions were listened to, valued by staff and managers and could talk to someone if they were unhappy with the service they received. The survey demonstrated there was a high client satisfaction rate with the service.

The service continued to monitor the green light toolkit and completed an audit in September 2021. The green light toolkit was published by the Department of Health in 2004 to support improvement in mental health services for people

Community-based mental health services for adults of working age

Good

with a learning disability and/or autism who display culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the client or others is likely to be placed at risk. The priority areas identified as needing improvement from the 2021 audit were to deliver training on talking mats to all nurse practitioners, reduce medicine errors and commence research on quality of life standards and health inequalities. The working group planned to monitor progress through regular meetings.

Involvement of families and carers

Staff informed and involved families and carers appropriately in clients' care and treatment. Families and carers could access support through the service and staff understood the needs of carers.

Our expert by experience spoke with three family members about their experience of being involved in client's care. Families told us they were valued by the providers' staff and managers, and had contributed to the care of clients, though reviews, daily contacts and visiting clients in their homes and visits to family homes. Families told us clients were safe, had regular support, access to GP's and dental services, and were involved in social and leisure activities of their choosing.

Families told us they saw positive changes in their family members since discharge from long term care, for example being involved in activities again, showing a sense of humour, reading, going out and spending time with other siblings and relatives. Families continued to be involved in delivering training to staff about the care of their family member which helped them to feel more assured the team understood their needs.

Families were aware of the different options they had to provide feedback and said they preferred to do this at the time, by phone, in person or at a review. The provider also used a confidential 'have your say' email address, which clients, relatives, staff, members of the public or stakeholders could use

Staff signposted nonpaid carers and families to the local authority for a carers' assessment if this was needed.

Are Community-based mental health services for adults of working age responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

The service was easy to access, and the referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated people who required an assessment for the service promptly and shared this with commissioners.

Gray Healthcare provided a community service to people living in their own homes following discharge from long term care. An initial clinical assessment was completed usually within 48 hours of referral. Once a referral was agreed, the provider's clinical team supported clients for an initial period of twelve weeks working with the client in the service they were to be discharged from. This allowed the clinical and support staff teams to form relationships with clients and get to know them.

Community-based mental health services for adults of working age

Good

This period was used to work with clients, their families, other service providers and the provider clinical team, to discuss and agree the support clients needed, based on their personal preferences. This allowed the support and clinical teams time to put together a positive behaviour support plan to help clients to choose how their care and treatment would be provided once they were ready for discharge. Clients' needs included their wishes, aspirations, choice and consent.

Clients could have their discharge deferred if there was a delay in sourcing the right property or adapting it.

Recovery and risk management plans reflected the needs of the client and provided clear routes to other services should they be needed, such as mental health and social services.

Achievable recovery goals were planned with clients so that they were specific, realistic, and clear about how clients were achieving their goals and the length of time they were being reviewed. The four clients we spoke with told us their care packages were reviewed regularly and their care package had been reduced as their recovery progressed.

Clinical and support staff ensured others involved in clients care were informed of their progress. Clinical support staff attended review meetings with health and social care professionals and provided progress reports to commissioners. In the last 12 months 12 clients have been discharged from the provider, this includes clients being transferred to the care of another care provider. The service collaborated with other providers to make sure client's discharge was safe.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the provider main headquarters supported clients' independence, privacy and dignity. The provider's registered office had disabled access to all floors of the buildings used. Clients visiting the site had access to disabled toilet facilities and drinks making facilities. Clients visited the site to participate in recruitment of staff and reviews of their care.

The service had a facilities team which supported clients and their families to access private and social landlords for accommodation. The assessment of potential accommodation included the assessment of premises for accessibility and usability of accommodation.

Clients' engagement with the wider community

The service supported clients to go out for leisure or recreational activities. Staff encouraged clients to undertake voluntary work and be supported into training and employment. Clients were supported to attend health appointments, for example physiotherapy, community mental health services and dental appointments. Staff encouraged clients to maintain contact with their families and carers.

Meeting the needs of all people who use the service

The teams met the needs of all clients who used the service, including those with a protected characteristic. Information was produced in easy read versions for clients.

Staff showed an understanding of the issues affecting the clients they worked with. This included mental health, learning disability and autistic spectrum disorder and clients who identified as transgender.

The service could support and plan for people with disabilities, communication needs or other specific needs.

Community-based mental health services for adults of working age

Good

Staff made sure clients could access information on treatment, local services, their rights and how to complain in a way that was accessible for them.

The service had information leaflets available in languages spoken by the clients and local community. Managers made sure staff and clients could get hold of interpreters or signers when needed. Throughout 2021, the provider had invested in more accessible and useable systems so clients and staff could access information through tablets and mobiles from the main provider office. Clients could access digital support sessions and use the equipment to have contact with family or attend virtual appointments. Plans for further digital improvement included enabling clients to access digital voting and the census.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with all staff. Gray Healthcare had a clear complaints procedure which was followed for all formal complaints. The complaint procedure was available to clients in an easy read format for clients who need it.

In the 12 months prior to inspection, the service had received 13 complaints, all which were investigated and responded to in writing, with outcomes of complaints explained. The provider had acted upon feedback about staff conduct and engaged the providers human resource processes to ensure staff always acted as they should.

Staff supported clients to make complaints and protected those who did from discrimination and harassment. Clients were encouraged to give feedback about the service through the staff and an on-line client survey. The information from these was included in the quality improvement plan, which allowed managers to make changes and develop the service.

Are Community-based mental health services for adults of working age well-led?

Good

Our rating of well-led went down. We rated it as good.

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.

Since the last inspection the organisation has doubled in size and there had been significant additions to the senior leadership team. New positions included heads of operations, commissioning, finance, human resources, project management and property. The provider had also appointed three executive directors; a managing director and directors for finance and commerce. In addition, the provider had increased the number of client care packages and commissioners it serviced across integrated care systems (ICS) within England, with plans for further expansion. The new leadership roles relationships need time to embed in an expanded organisation. A challenge for the provider for the future is how they will maintain their existing local system relationships while the expansion of the organisation continues, and transition posed by the introduction of ICS and different commissioning arrangements being introduced in 2022.

Community-based mental health services for adults of working age

Good

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated the levels of experience, capacity and capability needed to deliver sustainable care. They demonstrated they were knowledgeable about the service provided and had the experience and skills to lead the team and support clients.

Leadership strategies were in place to make sure services were developed and sustained and created the desired culture. The service had a clear definition of recovery and how this impacted on the support provided to clients. They did this by offering a tailored package of care to anyone experiencing difficulties with mental health, learning disability, acquired brain injury and autistic spectrum disorder needs.

Leaders had a good understanding of issues, challenges and priorities in their service, and beyond.

The senior leadership team had a visible presence within the service. They attended local area reviews of client's care with clients, families, carers and commissioners. Staff knew who the leaders were and told us they attended local area staff meetings and were a visible presence. Staff told us leaders were supportive and accessible to both themselves and clients.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The vision of Gray Healthcare was to make sure clients had the choice and opportunity to live in their own homes, in a place of their choosing, by providing single packages of support to clients. The strategy, supporting objectives and plans of the provider were challenging and innovative, while remaining achievable. Strategies and plans were agreed with commissioners in the local area in which clients lived.

Staff told us about the organisational values and how these were a theme of the recruitment process, job descriptions and the academy training programme. Clients we spoke with were involved in value-based interviews of staff.

Staff stated that they felt included in the service's continuous development. They told us they were involved in developing positive behaviour support plans once they completed the person centred element of the academy training, so were part of supporting a person centred approach to care and were trusted to do their jobs and the managers they worked closely with.

Culture

Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear.

Leaders were motivated and strived to educate the public and stakeholders about the model of care. The culture of the organisation was forward thinking, for example, in areas of digital technology.

Staff we spoke with, including those with protected characteristics, told us they were respected, supported and valued by managers. They spoke positively about their induction, training and development and how this promoted a positive professional attitude toward the service they delivered.

Community-based mental health services for adults of working age

Good

Staff told us they were supported by managers at all levels, their training and induction supported them to do their job and the equality and diversity policies supported clients and staff.

Staff told us appraisals and supervision included culture conversations about personal development and staff felt there were opportunities for this within the organisation. Staff were committed to working with other organisations for the benefit of their clients. Where they felt it was needed, staff and managers worked to improve these relationships and develop pathways to make it easier for clients to access a full range of services.

The provider had a staff recognition programme and monthly rewards programme to recognise the contribution of staff. The provider used a three times weekly team brief to highlight staff contribution and recognised teams and individual contribution to promote a team culture.

Staff were proud of the organisation as a place to work. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures supported this process. The results of the 2020 staff survey were available at the time of the inspection. The provider had looked at the main survey headlines and identified training, personal development and teamwork as their main strengths. Action plans were identified to improve recruitment and retention of staff.

The culture of the service was one of being open, honest and transparent and managers said that they would always adhere to policy in managing cases of bullying and harassment, although there were none at the time of the inspection.

The staff survey, carried out as part of this inspection, showed that 73% of staff felt the provider treated them with respect and took action to reduce bullying and harassment, while 91% had not experienced discrimination at work.

Gray Healthcare had a policy for staff to use if they wanted to raise a concern anonymously and did not feel they could raise it at a local level. Some staff we spoke with stated they would not need to use this as managers listened and acted on concerns raised and others said they would use the confidential helpline available through the employee assist programme to raise concerns. Gray Healthcare provided an employee assistance service for staff who needed additional support and staff could be referred to this or access it themselves if they needed to.

Staff reported that Gray Healthcare promoted equality and diversity in its day to day work, and 88% of all staff surveyed felt confident raising concerns through the organisation's whistleblowing process. Eighty seven percent of all staff felt safe to report concerns without fear of what will happen as a result, and 71% of all staff agreed the organisation had a fair and transparent process to deal with staff grievances.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The governance assurance framework is effective and has been enhanced throughout 2020 and 2021 following the appointment of a new operations lead and project manager. The CQC saw these prototype dashboards in summer 2021 through engagement meetings and again at this inspection. We saw the provider continues to embed and refine these systems to provide the CQC and stakeholders with assurance of the effectiveness of the model of care and operational performance as part of its drive to be a data driven organisation.

Community-based mental health services for adults of working age

Good

The provider had a governance assurance framework to provide oversight and management of the organisation. This included a range of meetings, including senior management team, personal and organisational development, care governance, lessons learnt, and clinical team meetings as some examples. Lessons learnt focused on specific incidents and involved clients and their families in the review of the incidents and agreeing lessons learnt.

In the last 12 months, the provider moved to an academy-based training programme for staff. The academy-based training programme was also being reviewed at the time of the inspection to refine the delivery of this following feedback from staff who had completed it.

The provider used key performance indicators to measure improvement against organisations objectives supported by a clear agenda during meetings

Quality assurance and monthly compliance audit reports were produced and shared with senior management and locality managers. This system provided assurance and consistent monitoring of individual client care packages.

There was a consistent approach to monitoring, reviewing and providing evidence of progress against the service commissioned and working with clients, their families and local NHS and local authority stakeholders.

Staff participated in clinical and other internal audits. These included incident reporting, medicine management, physical healthcare, care records, health and safety and care and treatment reviews. Where audits identified gaps, actions were identified and put in place for staff to make changes, though in the client records we reviewed we did not see these actions were routinely updated. For example, two client records identified medicine recording errors. Appropriate action was taken and completed actions were noted in the audit reviews, but not in client care records. Recording actions in client records, as well as audits, would demonstrate there was ongoing monitoring of identified improvements in client's care at a local level

The service complied with the requirement to inform external bodies such as the Care Quality Commission of incidents within the service.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They made sure risks were dealt with at the appropriate level. Clinical leaders contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

The service had regular meetings between senior managers, clinical staff, regional, area, and locality managers, team leaders and staff to ensure the governance assurance and performance framework was integrated across the organisation's policies and procedures. The senior management team spoke with confidence about how the revised quality assurance process would improve monitoring of risk and performance through the risk register and audit programme.

The provider risk register included assurance ratings and there were no items on the risk register that required an action plan. Staff could contribute to the risk register through team meetings and supervision

The service had plans for emergencies in the business interruption plan such as staff sickness, adverse weather and arrangements for clients to access alternate accommodation, should an event render their accommodation unsafe.

Community-based mental health services for adults of working age

Good

Information management

The service collected information and analysed it to understand performance and to enable staff to help clients make decisions and improvements in their care and treatment. The information systems were joined up and secure, though information about clients was not held in one place. For example, finding information about meeting the ongoing needs of clients was not within their care records but held on another system. The senior clinical leads and or system as staff showing us how the information systems available worked, found difficulty in finding this information, as would new staff or those who did not know the client well. We saw clients had several care plans relating to one need, which again duplicated information. The provider clinical team were aware of this and we were told working to reduce the amount of duplicated information. Reducing the duplication of information and ongoing monitoring of identified improvements will provide staff at a local level with concise information on how to support client's care.

There was a commitment to best practice performance and risk management systems and processes. Staff had access to information through internet applications on their work tablets and mobile phones to ensure they could complete their work and access information as they needed to. The service had a lead administrator and a full administration team who supported the staff team. Policies were in place to ensure clients' information remained confidential and this was stored on an electronic system which staff accessed with their own log in details and passwords.

Staff ensured that they had discussions with clients about who they would need to contact in an emergency. This was reviewed regularly with clients by key workers who also discussed confidentiality and the policy used for this.

Engagement

The service engaged and collaborated with clients, families and carers, staff and stakeholders to plan and manage appropriate services.

Staff, clients and carers had access to up to date information about the service.

Clients, families and carers could give feedback in several ways. Clients, families and carers were involved from the outset of a care package being agreed with commissioners.

Managers engaged with external stakeholders on a regular basis. This included the local authorities and clinical commissioning groups who commissioned the service. Commissioners gave us feedback that Gray Healthcare listened when they reported improvements in clients care, support, independence and reduction in incidents. They said the provider had improved the continuity of clients' care through the model of care and learnt lessons through incidents and safeguarding. Commissioners told us staff developed good relationships with clients. Commissioners said Gray Healthcare was a responsive service and staff worked flexibly to support clients' aspirations.

Learning, continuous improvement and innovation

The providers care model challenges existing models of care by supporting clients to live in their own homes. Feedback from commissioners and families was positive about the way the service was commissioned and the detail and time the provider took to engage with families, carers and health and social care staff involved with individual clients.