

Gray Healthcare

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Outstanding



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Gray Healthcare provides a home based rehabilitation and recovery focused support and care for adults with mental health conditions, learning disabilities, acquired brain injuries and complex needs. The service supports clients to develop their own recovery strategies to manage behaviour that can be challenging.

- The service provided safe care in the premises where clients own homes. The service used safe systems and processes to ensure that staff were supported to work safely and to help clients to keep their premises safe and clean.
- Staff assessed and managed risk well and followed good practice with respect to safeguarding. Staff developed holistic, recovery-oriented plans informed by a comprehensive assessment that focused on relapse prevention. They provided a range of support suitable to the needs of the clients and engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with dignity, respect, compassion and kindness, and understood the individual needs of clients. There was a strong person-centred culture. Staff empowered clients to have a voice and realise their potential. Clients' individual needs and preferences were reflected in the way care was delivered. Clients were supported to access local community facilities for leisure activities.
- Clients were active partners in the delivery, review and development of their individual care packages. The service used clients' feedback to inform service development. The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.
- There was compassionate, inclusive and effective leadership at all levels. Senior managers were a visible presence. There were clear vision and values embedded within the service. Effective governance processes ensured that managers had a clear overview of service performance. There was a commitment to service improvement and innovation. Staff reported that they felt valued, supported and were encouraged to develop their knowledge and skills. Morale was positive, and staff worked collaboratively within their team and with external agencies. There was an open culture and staff were able to raise concerns without fear of victimisation.

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

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Good 

Location name here

Services we looked at

Community-based mental health services for adults of working age

Summary of this inspection

Background to Gray Healthcare

Gray Healthcare was initially registered with the Care Quality Commission (CQC) on 1 October 2010 as a domiciliary care agency. We do not consider the service now operates a domiciliary care service and the service it now provides fits with a community mental health model. The service provides a 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 and behaviours that are deemed to challenge and increases their vulnerability.

The regulated activity of treatment of disease, disorder or injury was added to their registration on 7 January 2011. When CQC last inspected the service on 4 December 2017, it provided domiciliary care and was rated as good. The service has a registered manager who was registered on 18 December 2018.

Gray Healthcare provides community based mental health rehabilitation services for people living with mental health and learning disability needs in their own homes. Care and support are delivered in several geographically dispersed locations across England and managed from a central office in Liverpool. At the time of the inspection, clients were using the service across 20 different local authority areas; all living in their own homes. 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 first inspection as an independent community mental health service.

Our inspection team

The team that inspected the service comprised one CQC inspector, an assistant inspector and a specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited two clients to observe them receiving care at home and spoke to five clients by telephone to discuss the care they received
- spoke with three relatives, carers or significant others of clients using the service

Summary of this inspection

- spoke with the registered manager, head of operations and head of quality and compliance
- received six share your experience responses from staff through the CQC website, making positive comments about working for Gray Healthcare.
- spoke with eleven other staff members including, nurses who led on assessment of clients, positive behaviour support planning and the service's approach to conflict resolution and physical intervention, an occupational therapist, support workers, team leaders, locality managers, clinical administrator, recruitment manager, recruitment compliance lead and training coordinator
- attended and observed the people and organisational development meeting, weekly ratification meeting and a review meeting via an on-line voice conference with a commissioner
- reviewed eight care and treatment records
- received one 'tell us about your care' comment card
- received feedback from nine commissioners who commission individual client care packages from Gray Healthcare
- checked the storage of medication in two clients' homes
- looked at policies, procedures and other documents relating to the running of the service

This was a short notice announced inspection, which meant we notified the provider of our inspection so key staff within the organisation were available. We also arranged to visit, (following their consent), clients receiving care at home and arranged to interview families, carers or significant others involved in clients' care.

What people who use the service say

Clients we spoke with praised the service and said that they were always treated with dignity and respect by staff who provided care at home.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The provider had systems to ensure the premises where clients received care were safe, clean and well maintained.
- The service had enough staff, who knew the clients and received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves. They developed relapse prevention, recovery and risk management plans to keep people safe.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely administer, record and store medicines.
- The service had a good track record on safety. 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.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the needs of all clients. They developed individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, goal focussed toward relapse prevention, recovery-oriented and updated them when appropriate.
- Staff provided a range of care and support interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of clients in their care. Managers

Good



Summary of this inspection

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 an induction programme for new staff.

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure that clients had no gaps in their care. The teams had effective working relationships with other relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. 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.

Are services caring?

We rated caring as good because:

- 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.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.
- Feedback from clients and commissioners was positive about the way staff treated people. Clients told us their care and support met their expectations.
- Staff involved clients in care planning and risk assessment and sought their feedback on the quality of care provided. Relationships between clients and staff were strong, caring, mutually respectful and supportive. These relationships were valued by staff and promoted by leaders. Clients told us they felt really cared for and that they mattered.
- There was a strong person-centred culture, with motivated staff who offered care that was kind and promoted clients' dignity.
- Staff were fully committed to working in partnership with clients and empowered them to have a voice and to realise their potential. Clients contributed toward the development of and improvements to the services provided.
- Clients' emotional and social needs were recognised as being as important as their physical needs.

Good



Summary of this inspection

- Staff informed and involved families and carers appropriately in clients' care and treatment.

Are services responsive?

We rated responsive as good because:

- The service was easy to access. Its 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.
- The design, layout, and furnishings of the provider main headquarters supported clients' independence, privacy and dignity.
- The service supported clients to engage with their communities. Staff offered clients opportunities to undertake voluntary work and be supported into training and employment.
- The teams met the needs of all people who use the service, including those with a protected characteristic. Information was produced in easy read versions for clients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Are services well-led?

We rated well-led as outstanding because:

- 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.
- The leadership, governance and culture in the service was used to drive and improve the delivery of person-centred care.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Vision and values were embedded in the delivery of care. Staff were positive about the organisation as a place to work and spoke positively of the culture. Staff at all levels were encouraged to speak up and raise concerns. There were good levels of staff satisfaction across the service.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Outstanding



Summary of this inspection

- 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.

There was a culture of understanding the challenges the service faced and prioritising service development for the future. There was a commitment to innovation and improvement. The service development plan was consistently monitored and delivered.

- 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.
- Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.
- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.
- The service engaged and collaborated with clients, families and carers, staff and stakeholders to plan and manage appropriate services, to help improve services for clients.
- All staff were committed to continually improving services. Leaders encouraged participation in innovation and improvement.
- An innovative approach was taken to working with clients and stakeholders to introduce a new model of care. There was a good record of sharing work nationally with stakeholders and commissioners.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received mandatory training in the Mental Capacity Act. This was delivered through face to face and e learning training and came in two modules. At the time of the inspection we found all staff had completed training.






Staff understood their responsibilities under the Act and knew who to contact for advice and guidance. Staff gave examples of how they would use this to support the clients in their care.

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	Good	Good	Outstanding	Good
Overall	Good	Good	Good	Good	Outstanding	Good

Community-based mental health services for adults of working age

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

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

Good 

Safe and clean environment

The provider had systems to ensure the premises where clients received care were safe, clean and well maintained.

The provider ensured care at home was delivered in a supporting environment which was safe. Care was delivered taking account of the premise's clients lived in and the equipment they used. Where responsibility for clients was shared with others, the provider ensured that care planning arrangements promoted clients' safety and welfare in a coordinated way across all the services they relied upon. When premises or equipment were unsafe in a way that impacted on providing care or clients' well-being, the provider took reasonable steps to work collaboratively with the client and with other agencies (for example landlords and care managers) to secure improvements.

Staff were provided with an environmental risk assessment when working in clients' premises, so they were aware of risks when supporting clients in their homes, for example, if the property had steep stairs. Risk assessment included details of the property's owner or landlord responsible for utilities or repairs, who staff could contact should they need to. Team leaders completed a weekly checklist of people's property to ensure it was safe and well

maintained, medicines were stored safely, staff had personal protective clothing available, the first aid kit and fire safety equipment was present, and records were completed.

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

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

The service had enough staff, who knew the clients and received training to keep clients safe from avoidable harm.

The service had a clear structure for offering support where staff were employed to support an individually commissioned client service. The service had vacancies in individually commissioned care packages at the time of the inspection. However, 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.

From June 2018 to July 2019 the service delivered 4030 shifts. The agency staff use for this period was 5% (178 shifts out of a total of 4030).

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

Assessing and managing risk to patients and staff

Community-based mental health services for adults of working age

Staff assessed and managed risks to clients and themselves. They developed relapse prevention, recovery and risk management plans to keep people safe.

We reviewed eight client records. All records included an up to date risk assessment and demonstrated good use of crisis and risk management plans. 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, risk management and positive behaviour support plans for each client.

Clients' physical and mental health was monitored through several recognised assessment tools. This included 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. The service also used behaviour charts, with a behaviour support plan to monitor clients' mood and indicate if they were at risk of a distressed reaction.

Staff understood how to identify warning signs of deterioration in a client's health and there were protocols for contacting Gray Healthcare clinical staff or other professionals if staff had concerns. Indicators of this could be changes in clients' mental or physical health.

Staff discussed harm minimisation, 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. They 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. At the time of the inspection, the service was procuring a personal alarm system linked to a central point of contact, so staff could summon immediate assistance. The provider's electronic recording system was used by staff to log into when working in clients' premises, so their working practice was monitored to ensure they were safe.

Gray Healthcare used a positive behaviour support approach to physical intervention and used physical interventions only out of necessity and in the best interest

of clients. The service did not use face down (prone) restraints or place clients to the floor during restraint. Restraint techniques used were based on the Restraint Reduction Network Guidelines. The most restrictive restraint used was a seated wrap (two staff, one either side, sat side by side with an individual in the middle). Following each incident when physical interventions was used, a debrief was undertaken to enable staff to reflect on the incident and how practice could be modified or improved to limit reoccurrence in the future. Data provided by Gray Healthcare showed that from 1 July 2018 to 30 June 2019 82 restraints had been used between two clients. From the period July to September 2019 for one client restraint had reduced from 30 to 15 restraints, a reduction of 50%. For the other client, the reduction during this period was a reduction of 65 to 62 restraints, a reduction of 5%.

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

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

All staff received training in safeguarding for children and adults. At the time of the inspection data showed 80% of staff had completed training for adults and 80% for children, though some staff were in the process of completing training at the time of the inspection. The 80% completion rate was above the 75% compliance target set by the provider. The registered manager was the safeguarding lead for the service. Arrangements had been made for the safeguarding lead to complete additional training to level 4. 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.

Community-based mental health services for adults of working age

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. During the inspection we spoke with two local authority safeguarding leads who told us about their positive experiences of the provider engaging with and improving the services safeguarding processes to protect vulnerable clients.

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 encrypted log in detail for the system so that they could have access to relevant and up to date information as they needed it. The electronic recording system was set up, so staff could record all caring interventions with clients and they would log for example if medicines were not administered or care plans were not reviewed.

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 premises.

Staff adhered to Gray Healthcare's policy on medicine management. They ensured clients were properly monitored when on medicines and staff supported clients who needed to administer their medicines safely or they would administer medicines to clients were needed.

Between October 2018 to July 2019, the provider identified 190 concerns related to medicine administration. These were identified as missing signatures on the medicine administration records 38%, medicine not being taken by the individual 86%, times of administration 59% and 11.5% related to the medicine administration record not being reflective of the information written in the medication support plan. During this period, the provider implemented an integrated electronic records system, which had an electronic medicine administration record which meant

medicine management could be audited more accurately. The system was configured to allow for more detailed analysis of medicines management. Between July to September 2019, the provider reported 18 medicine administration errors using the electronic medicine administration record. This system identified 72% of errors related to the absence of a signature from the electronic medicine administration record. The system allowed a monitoring report to be produced, identifying individual staff who did not complete the electronic medicine administration record. The provider acted to address staff performance and or competency to minimise the risk of repeated errors. This was addressed by the clinical team completing weekly medication audits and the quality and these audits was reviewed by the registered manager during the weekly medication audit cycle. Medicines management was also discussed in the care governance meetings and with team leaders and locality managers, which reflected the decrease in errors since the system was implemented.

Track record on safety

The service had a good track record on safety

Gray Healthcare reported no serious incidents in the period 01 July 2018 to 30 June 2019.

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 integrated electronic records system. The incident report enabled the reporter to evidence the time, date and location of the incident in addition to describing the type of incident. Staff knew what to report and how to do this. Senior managers and the clinical team reviewed incidents reported through the provider's integrated records system at the quarterly care governance meetings and incorporated into the service quality improvement plan. Feedback from managers was provided to staff through clinical de brief sessions, management, team meetings, supervision, periodic lessons learnt meeting and group clinical

Community-based mental health services for adults of working age

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 April to September 2019 when the transferred to the hospital directorate, we received 25 statutory notifications. All notifications received were completed as required. Learning from incidents was routine within the service. We looked at four 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.

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.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff assessed the needs of all clients. They developed individual care plans and updated them when needed. Care plans reflected the clients assessed needs. They were holistic, personalised, goal focussed toward relapse prevention and recovery-oriented.

We reviewed eight sets of care records. The 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 'in reach' commenced with the service supporting clients in the environment they were living at the time. The twelve-week period could be extended to allow, for example, accommodation arrangements to be confirmed and clients to develop relationships with their staff team prior to discharge. 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 passports and health action plans were in place.

Best practice in treatment and care

Staff provided a range of care and support interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

The records demonstrated staff supported clients to access a range of care and treatment options which were individualised and 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 ensured clients were referred to their GP for health checks.

Staff regularly reviewed positive behaviour support and recovery plans with clients and adjusted these to ensure they remained person centred and had goals which focussed on relapse prevention and recovery.

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. 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 an induction programme for new staff.

The service had a full range of staff to support clients. This included three mental health nurses, two learning disability nurses, an occupational therapist, an occupational therapy assistant and positive behaviour support lead in the clinical team.

Community-based mental health services for adults of working age

Gray Healthcare provided staff with a range of learning and development sessions to meet their needs. Mandatory training was completed when staff commenced employment at the organisation and prior to working with individual clients. The induction training consisted of safeguarding, medication management, basic life support, first aid, health and safety, infection control, food hygiene, General Data Protection Regulations and organisational policies and procedures. Staff were required to complete their mandatory e-learning modules within their first 12 weeks of employment. This was followed by additional training to support individual client need. For example, supporting clients with learning disability or autistic spectrum disorder needs.

Staff who did not complete this training within the 12 weeks were not able to pass their probation period.

Training compliance was updated monthly in line with Gray Healthcare policy. During the inspection, we found 100% of staff had completed mandatory training. Managers used an integrated electronic records system to ensure that staff kept up to date with training. When staff were due to complete or renew training, they received an email reminding them to complete training. Non-compliance gaps were flagged up on the system and managers followed these up in supervision and staff meetings.

Managers used a one to one session and the annual appraisal system to identify the learning and development needs for staff. For example, the safeguarding lead had identified that nursing staff would benefit from level 3 training on safeguarding as recommended in the safeguarding intercollegiate document roles and responsibilities for health care staff 2014. The safeguarding lead had arranged to undertake a level 4 qualification. Supervision took place monthly. Data provided by the provider showed that 61% of staff had received regular supervision and 75% an appraisal. The provider was able to demonstrate that these figures were related to staff turnover in some care packages. The provider told us that with the introduction of the integrated electronic records system, they anticipated an improvement with supervision and appraisal rates. In interviews with staff, they told us supervisions were arranged as part of their induction and shadowing shifts when introduced to clients and appraisals were completed annually.

The service used an electronic integrated recruitment system, introduced following a recent review of a

partnership arrangement with a recruitment agency to recruit staff. Following an audit of the recruitment process, the provider identified a gap in the recruitment agency's vetting of staff, which did not meet the required standard. Following the introduction of the electronic recruitment system, Gray Healthcare oversaw the recruitment process directly. Gray Healthcare amended their recruitment policy and guidance to ensure future partnership arrangements with on line recruitment agencies ensured all required vetting checks of staff were completed prior to interviews being offered. We checked the recruitment records for five recently recruited staff and saw for example all gaps in employment were followed up and references requested from all employers where applicants had multiple jobs. Non-United Kingdom residents had to provide evidence they had the appropriate residency visas or work permits to work in the UK.

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

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure that clients had no gaps in their care. The teams had effective working relationships with other relevant services outside the organisation.

We saw from the client records that a multidisciplinary approach had been taken to support clients and this had been recorded appropriately. Each client had an identified team of staff to support their care. This included a team leader, who worked shifts alongside the client and team. The service had regular team meetings at each local area the care package was delivered in. Staff attended a range of internal meetings depending on their role. This included team leaders and locality managers attending the people and organisational development meeting.

Staff liaised with a range of professionals working for each clients' health or social care service. This included health and justice, police, local safeguarding teams for both children and adults and mental health teams. Staff attended a range of meetings to help promote the service and build partnerships with other organisations. These included multi-agency safeguarding hub meetings and the multiagency public protection arrangements, a process

Community-based mental health services for adults of working age

through which various agencies such as the police, prison service and probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community.

The service reviewed and reduced or increased a care package to suit the needs of individual clients as agreed with commissioners until individual clients were able to manage their own relapse prevention and recovery.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. 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 during their induction which was face to face with a follow up module via e learning in the Mental Capacity Act. The provider safeguarding roles and competencies document 2019 sets out the minimum standards for training competencies set out in the Royal College of Nursing (RCN 2018) intercollegiate document Adult Safeguarding: Roles and Competencies for Health Care Staff

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.

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 people 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 eight 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 sight of the legal documents that underpinned these decisions. Staff adhered to the framework of the least restrictive practice in planning care and risk assessment. Staff ensured they sought consent from clients and clients had given their consent to care and this was reviewed regularly.

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

Good 

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.

We spoke to seven clients who said staff treated them with compassion, dignity and respect. We received one, 'tell us about your care' comment card, which said the client liked the staff who supported them. Clients shared their experiences of anxiety about having staff providing care in their own premises and said staff ensured their privacy and dignity was balanced against the need for staff to support them with their care and recovery. Clients clarified they understood the arrangements for receiving support in their home and their individual arrangements for being supported. For example, clients had sleep in or waking night staff or a combination of both. 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. Clients said they had positive relationships with most of their individual care teams. However, they said there could be times when less familiar bank or agency staff meant they became more distressed, but that was not the staff members fault. Staff were described as 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 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.

Community-based mental health services for adults of working age

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 in the wider community. If clients needed support to access these, staff helped them to do so.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.

Involvement of clients

Staff communicated with clients, so they understood their care and treatment. They had access to and were provided with information and feedback in an easy read format. Clients received assessments and care in a timely manner from staff who were professional and had the necessary skills to fulfil their roles.

We saw evidence that clients were given information about the local independent advocacy service in the area they lived in.

Each client using the service 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 focussed on the client's preferences and the resources they needed to promote and sustain their recovery. For example, the use of positive behaviour support plans to build resilience in relapse prevention. 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.

Gray Healthcare completed a client survey in January 2019 of all clients they supported at that time. The response rate was 38%. Eighty five percent of clients said the care they received overall was either good or excellent. One hundred percent said staff dealt with incidents well. One hundred percent said staff were either good or outstanding in having the right knowledge and skills to carry out their role and they had been asked permission to consent to treatment. Seventy one percent of clients said the service was excellent, and if they raised concerns or complaints there were always taken seriously. The area for improvement identified by clients from the survey was to involve them more regularly service improvement. As a result, the provider moved the survey to an online version the 'have your say' inbox. Clients could access this through their own information technology. The survey timescale was also extended to allow clients more flexibility and time to respond.

The service introduced the green light toolkit and completed an audit in July 2019. The green light toolkit was published by the Department of Health in 2004 to support improvement in mental health services for people with a learning disability and/or autism who displayed

behaviour that challenges, including those with a mental health condition. The provider set up a working group in August 2019 that included the clinical team, to review the findings of the audit. Three priority areas were identified as needing improvement. Accessible information, physical health monitoring and staff attitudes and values. The manager told us the working group will monitor progress through 2019 to 2020 via the providers governance processes against meeting the best audit criteria, for example improving services through involving clients.

Staff informed and involved families and carers appropriately in clients' care and treatment

Involvement of families and carers

Families and carers could access support through the service and staff understood the needs of carers. Staff enabled families and carers to give feedback on the service

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by speaking directly with support staff, team leader, locality manager or senior management team by telephone. This information was collated to help support service development. Feedback could also be provided by families and carers through review meetings of client's care, to which families and carers were invited. Carers assessments were provided by the local authority.

Are community-based mental health services for adults of working age responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

The service was easy to access. Its 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 and did not have any residential services from which clients were discharged. An initial clinical assessment was completed usually within 48 hours of referral. Once an assessment was agreed the provider's clinical team supported clients for an initial period of twelve weeks 'in reach' within the hospital or other setting they were accommodated in. This allowed the clinical team to form relationships with clients and get to know them. This period was used to work with clients and their other service providers, to discuss and agree the support clients needed and or clinical team issues relating to client's personal preference. This allowed the clinical team from Gray Healthcare to support clients to identify and participate in their personal therapeutic programmes and participate in recreational activities of their choice. The twelve week period was reviewed with clients, their clinical team, Gray Healthcare clinical team and families and carers to decide if further time was needed before clients moved into the community.

Relapse prevention and recovery and risk management plans reflected the needs of the client. They provided clear pathways to other services such as mental health and social services.

Staff included achievable recovery goals with clients so that they were clear about the timescales and length of time they were being supported. Three 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 clients health and social care networks were informed of clients' progress and they attended review meetings with client's health and social care professionals.

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 providers 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.

Clients' engagement with the wider community

The service supported clients to engage with their communities. Staff offered clients opportunities to undertake voluntary work and be supported into training and employment.

Staff encouraged clients to maintain contact with their families and carers. They provided families with support through general information about the service to help them provide support to the client. Staff supported clients to access the wider community for support for their recovery such as therapy sessions, days out, social and family occasions. Clients could aid their recovery through education and work opportunities and gain experience in the workplace by becoming volunteers.

Meeting the needs of all people who use the service

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The teams met the needs of all people who use 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 clients whose needs included mental health, learning disability and autistic spectrum disorder needs who were vulnerable.

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

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats, so clients could understand more easily.

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.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff

From 01 July 2018 - 30 June 2019 the service received six complaints, one of these was upheld. 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 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.

Gray Healthcare had a clear complaints procedure which was followed for all formal complaints. These were reviewed in the care governance and senior management meetings and feedback and learning was passed to the team through team meetings and supervision. The complaint procedure was available to clients in an easy read format for clients who need it.

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

Outstanding



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.

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

Successful leadership strategies are in place to ensure and sustain delivery and to develop 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 have a deep 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 knew who the organisations leaders were and stated that both they and clients could approach them at any time.

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 ensure that no client remained in hospital for a day longer than was medically

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necessary, by providing bespoke packages of support to enable clients to live independently in their own homes, in their chosen communities. The strategy, supporting objectives and plans of Gray Healthcare, are stretching, challenging and innovative, while remaining achievable. Strategies and plans are fully aligned and costed with commissioners in the local and wider health economy in which clients live. There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans with stakeholders.

The values of the organisation included being inspiring, collaborative, unique, innovative, honest and transparent. It was clear from the managers and the staff we spoke with that these values underpinned the work of everyone in the service. Clients were involved in value-based interviews of staff. All staff had a job description that included these values.

Staff stated that they felt included in the service's continuous development. They spoke of introducing new ideas and being able to develop these with the support of managers. They said they were trusted to do their jobs and the managers they worked closely with. Administration, training and recruitment staff talked positively about how valuable their contribution to the service was, for example improving the recruitment process and being involved in delivering induction training.

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 have an inspiring shared purpose and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act. Staff felt respected, supported and valued by managers. They spoke highly of the managers and the improvements that had been made as the service developed. New staff stated they had been well supported by both managers and the staff team. Staff and managers demonstrated a positive professional attitude toward the service they delivered.

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 appraisals and supervision included conversations about personal development and staff felt there were opportunities for this within the organisation. All staff we spoke with felt empowered to do their jobs and had time allocated for additional training and continuous professional development. They were passionate about their work and morale was good. The provider had a staff recognition programme and monthly rewards programme to recognise the contribution of staff. The provider weekly team brief highlighted staff contribution and recognised teams and individual contribution to promote a team culture.

Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The 2019 staff survey was completed by 42% of staff. Ninety two percent of staff said they were satisfied working for Gray Healthcare. Eighty seven percent said they would recommend Gray Healthcare to support their family, loved ones or friends. Seventy eight percent said they would recommend Gray Healthcare as an employer and 75% said they were valued by the organisation, colleagues and managers.

The culture of the service was that of being open, honest and transparent and managers said that they would always deal with cases of bullying and harassment if reported to them using policies set out in Gray Healthcare policies. They did not have any cases at the time of the inspection.

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.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the

Community-based mental health services for adults of working age

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.

Governance arrangements were proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes. Managers provided outstanding governance at this service. There were systems and procedures in place to ensure the service ran efficiently and staff were supervised and supported. These were reviewed regularly and updated.

The provider had a governance assurance framework to provide oversight and management of the organisation. The provider had its own quality improvement plan to monitor and measure progress. The provider does not own its head office and the building is leased on a five-year agreement. The provider's governance manual contained set standards for managing and maintaining safety of the head office as well as the quality within client packages. This included a safeguarding pledge to raise concerns and share feedback. The governance assurance framework set out how the provider assured itself it is providing safe and quality support, both operationally and financially.

Managers had a clear framework for using at meetings. Agenda items included incidents and complaints and staff received feedback and actions were implemented to improve the service for clients.

The provider governance meetings consisted of the senior management team, a monthly meeting to review performance, monitor risks and review strategy. This group undertook most of the functions which a board of directors would usually undertake. The team was made up of the chief executive, head of operations, head of finance, head of clinical practice and head of quality and compliance.

The people and organisational development meeting consisted of field-based managers, senior management team and human resource and training staff to review, design and implement developments to enable the organisation to maintain safe and effective practices. We observed this meeting at inspection and it included reviewing the quality and safety of the care delivered, including individual risks relating to clients, sharing

practice and lessons learnt. The meeting reviewed staff sickness and turnover rates by geographical area and identified mitigating actions the provider could introduce to reduce rates.

The contract performance review group reviewed contractual performance of client's care packages with locality managers to analyse budgets and spending to maintain fiscal controls and meet commissioned targets. This included reviewing the quality, safety and client experience.

A safeguarding steering group reviewed safeguarding and client safety including all safeguarding incidents. The group advised on necessary actions to take to share learning from incidents throughout the organisation. This group included senior managers, safeguarding lead and clinical staff.

The care governance meeting occurred quarterly and reviewed quality, safety, safeguarding and the client experience as the service delivery level of the organisation. The meeting brought together clinical teams and team leaders from client care packages to share learning, review practice, identify improvements and provide a forum for peer support and supervision.

Quality assurance and monthly compliance audit reports were produced and shared with senior management and locality managers. The information was taken from the people and organisational development audits and locality audits provided from team leader weekly audits, client and family feedback questionnaires, locality manager monthly audits, senior manager quarterly visits and senior management annual checks. This system provided assurance and consistent monitoring of individual client care packages.

Gray healthcare also produced a Brexit plan to ensure risks of the United Kingdom leaving the European Union without a deal to maintain its workforce and supply of goods and facilities is not interrupted. The plan covered several key areas, for example liaising with all European nationals employed to confirm their status to remain in the United Kingdom post Brexit.

A service improvement plan was updated in September 2019 to reflect how the service had been developed and delivered. The provider quality improvement plan was reviewed and information from the other governance meetings fed into this. For example, at the July care governance meeting, training and appraisal completion

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rates were reviewed, and an action plan was produced with set dates for completion to be followed up by managers. Ongoing discussion about the procurement of a lone worker protection device system was noted as being in progress.

Staff participated in clinical audits. These included client care and medicine management records where managers identified gaps and put actions in place for staff to make changes.

The service complied with the requirement to inform external bodies such as the Care Quality Commission of incidents within the service such as accident or incidents. These notifications were detailed and gave a full picture of what had occurred.

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.

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. All staff we spoke with stated they would not need to use this as managers listened well and acted on concerns raised.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff 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, 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 quality assurance and how this was implemented.

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. Managers could escalate concerns so that they were put on the organisation's risk register at the organisational level.

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, so, clients could still receive safe and consistent support.

Managers monitored sickness and absence rates. From 01 July 2018 to 30 June 2019 the total permanent staff sickness rate was 2%. Managers discussed issues around sickness in the people and organisational development meeting on 12 September to ensure this was being managed correctly.

Information management

The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

There was a demonstrated 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 or if the client was unwell and it was clearly documented and recorded that consent had been given. 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, to help improve services for clients.

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There were consistently high levels of constructive engagement with staff and clients, including equality groups. Staff, clients and carers had access to up to date information about the service. Clients, families and carers could give feedback in several ways. They could speak to a manager or team leader directly or contact the senior management team by telephone. The provider completed a client survey in January 2019 of all clients they supported at that time.

Clients, families and carers were involved from the outset of a care package being agreed with commissioners. This included working with the provider recruitment team to draft personal specifications, interview questions, being part of the interview panel and briefing the support staff on the needs of clients as part of their training. Clients, families were involved in the assessment by the nurse assessors and through operational managers continually engaging with them throughout the care package. In telephone interviews family members said they could contact senior managers directly and were positive about the response they received. They said they were involved in choosing staff, giving presentations to staff about their family members and staff training. They said there had been some teething problems with this being a new organisation, but the organisation had listened to their feedback about the service delivered and made changes as a result.

Rigorous and constructive challenge from clients, the public and stakeholders was welcomed and seen as a vital way of holding services to account. 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

teething problems with care packages around staff selection, recruitment and training. They said the provider worked hard to improve the problems and learnt lessons. This resulted in clients benefiting from regular staff, who had the right skills and training. Commissioners told us by feedback that staff developed good relationships with clients, who in turn continued to live in the community. Commissioners said Gray Healthcare was proactive in identifying, reporting and responding to risk and worked hard to ensure clients received safe care and treatment.

Learning, continuous improvement and innovation

All staff were committed to continually improving services. Leaders encouraged participation in innovation and improvement.

The provider care model was innovative in that it supported people who had been living in long term care facilities to live in their own premises. 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. Packages of support to people in their own homes were centred around relapse prevention and recovery, providing intensive support from teams of support workers and clinicians to meet individual client specific needs.

Improvement was embedded in the organisation as it strived to improve and deliver higher standards for clients and staff. This was reflected in investment in information technology, for example electronic records and human resource systems so the provider could accurately track and monitor the quality of the support provided in line with the provider quality improvement plan.

Outstanding practice and areas for improvement

Outstanding practice

The provider had engaged with an information technology company to design an information technology system that allowed their staff to work remotely and safely. The digital technology used meant the provider was paper-light and it supported agile working. It also supported staff to access care records, risk assessments, medication records and handovers.

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part of the interview panel and briefing the support staff on the needs of clients as part of their training. This included the assessment by the nurse assessors and through operational managers continually engaging with them throughout the care package. In telephone interviews family members said they could contact senior managers directly and were positive about the response they received. They said they were involved in choosing staff, giving presentations to staff about their family members and staff training.