

Brain Injury Rehabilitation Trust

The Woodmill

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Woodmill provides specialist neurobehavioral assessment and rehabilitation services for people with disabilities resulting from acquired brain injury. The service can accommodate 19 people. At the time of the inspection there were 12 people living at the home. Some people were being assessed as part of a planned rehabilitation programme, some people stay at the service for a period of time and then move into community housing with support. The service also offers longer term residential care for people with complex needs who are unable to live in a community based setting. The service forms part of the nationwide network of rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT).

At the last inspection in November 2014, the service was meeting all requirements and the service was rated Good overall. At this inspection we found the rating remain good overall but with an improved rating of outstanding for responsive and well-led. This unannounced inspection took place on 24 and 30 March 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We had received a notification informing us the registered manager was on secondment to another part of the provider organisation, developing a new service. At the time of the inspection a registered manager from the supported housing services was managing the service as the interim manager until their return.

The care and support planned and provided was exceptionally responsive, personalised and effective. People were at the centre of their care. Their needs were comprehensively assessed and rehabilitation support plans and goals were highly personalised and drawn up with the full involvement of each person together with their family, friends and/or advocates. A person using the service said, "I have really progressed here. My concentration has improved and my moods. This has been a good place for my recovery." One professional said, "The service is person centred and compassionate. Everybody there is very skilled...It is a gift from heaven in terms of having a specialist assessment for my client..." People were supported to learn and develop daily living skills. Comments included, "This is a good place for my recovery..." and "I am enjoying my stay. It has helped with my confidence. I feel I am improving." People were supported to take part in innovative and challenging social activities, which developed their confidence, skills and abilities.

The service had a positive atmosphere, and an open and inclusive culture had been developed. The service continued to operate an open and inclusive management style where people were supported to influence the running of the service. There were effective systems to continually monitor the quality of the service and there were on-going plans for improving the service people received. Evidence based practice was embedded within the culture of the service and the provider was committed to seeking new and imaginative solutions to meet the needs of people using the service. For example, a comprehensive neurobehavioural

assessment was completed for each person prior to admission to determine their potential for social reintegration and increased independence. The service also supported people to regain skills and confidence leading to positive discharges to more independent living and work opportunities.

People were supported by caring staff. We saw many examples of positive and supportive care being delivered, with people having opportunities to develop new skills and positive supportive relationships. Staff were very caring, paying attention to people's health, well-being, privacy, dignity and independence.

Staff were skilled at ensuring people were safe whilst encouraging them to fulfil their potential and achieve as much independence as possible. Positive risk taking was supported, which enabled people to experience new and interesting activities. Systems were in place to ensure people were safe in respect of safeguarding incidents, staffing levels, safety of the premises, staff recruitment, the management of medicines and infection control.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS); ensuring people's rights were protected. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

People were promptly referred to health care professionals when needed and health care professionals expressed their full confidence in the service, telling us people's health needs were monitored and managed well. People enjoyed varied and nutritious meals and mealtime were sociable and relaxed occasions.

The Woodmill had a highly experienced and motivated staff team, consisting of care staff, enablers and therapy staff, such as psychologists, physiotherapists, occupational therapists (OT) and speech and language therapists (SALT). Staff received training, induction and supervision to ensure they understood people's needs and were able to work effectively and safely. Staff said they were well supported to do their job.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service provided outstanding responsive care.

The service placed a very strong emphasis on person centred care. People were supported by staff to be fully involved in making decisions about their care, support and goals. They felt involved and their wishes were listened to and respected. This had led to the people feeling motivated, empowered and in control of their support.

Staff were highly motivated, skilled and enthusiastic, ensuring people's needs were met in a person centred way, which benefitted their rehabilitation.

People were supported to try new things, such as interesting and challenging social activities, and to develop their daily living skills and confidence.

Care records contained very detailed and personalised information to guide staff about the care to be provided. People's care, support and goals were reviewed regularly with them to ensure the information was fully reflective of the person's current support needs.

There was an appropriate procedure for dealing with complaints. People, relatives and professionals were confident any concerns would be listened to and acted upon.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

The Woodmill provided an effective and exceptionally responsive service, founded on evidence based practice and research. The provider was committed to seeking new and imaginative solutions to meet the needs of people using the service.

The management team, therapy and staff team shared a vision of rehabilitation and recovery, which created a culture which was person centred; focused on the best possible outcomes for people.

People were encouraged to have a voice about the service they received. They were invited to attend regular 'service user forums' to raise issues, make suggestions and have input into the management of services.

Robust and frequent quality assurance processes ensured the safety and quality of the service.

The Woodmill

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 30 March 2017. It was unannounced and carried out by one inspector and a special advisor for acquired brain injury. The second day of the inspection was completed by one inspector.

We reviewed information we held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Some people were unable to provide detailed feedback about their experience of life at the service. During the inspection we used informal observation to help us understand the experience of people who could not comment directly on their care and support.

We spoke with five people using the service and one relative. We also spoke with 20 members of staff including the interim manager, consultant psychologist; two assistant psychologists physiotherapist; occupational therapist and speech & language therapist. We also spoke with five support workers. We received feedback from four health and social care professionals.

We reviewed the care records of four people. We looked at a range of other documents, including medication records, three staff recruitment files and staff training records, and records relating to the management of the service.

Is the service safe?

Our findings

People said they were safe at the service. One person told us, "Yes I feel safe. I like and trust the staff." Another person said they were "as safe as houses!" They added, "It has been very good for me here." A relative said "Yes it is absolutely safe, never, never a doubt. When we walked in we said 'yes'. The care, the atmosphere, communication is all excellent." Responses from surveys sent to people using the service, relatives and professionals confirmed people were safe at the service, with the exception of one relative's comments. The registered manager had followed this up with the relative.

Health and social care professionals expressed their confidence in the service. All felt the service provided was safe. One said, "Staff are on the ball. They know what they are doing. I have been really impressed with the service."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The Woodmill had a highly experienced and motivated staff team, consisting of care staff, enablers and therapy staff, such as psychologists, physiotherapists, occupational therapists (OT) and speech and language therapists (SALT). The therapy team was led by a full time consultant psychologist. Therapy staff had extensive and specialist experience of working with people with acquired brain injury and associated neurological disorders. Ancillary staff were also employed such as administrators, cooks, kitchen assistants and a gardener.

People felt there were enough staff to support their needs and preferences. Several people received extensive one to one support. Regular agency staff were used to cover some of the one to one support hours. Agency staff confirmed they were well supported by the team; they received an induction; good instructions and had been able to view people's support plans. Agency staff commented on the professionalism displayed by senior support staff and care staff. One said, "I love it here. The staffing is good, you never feel rushed. This is the best service I visit."

Individual risks associated with people's care had been identified and measures put in place to minimise the risk for the person and others. Detailed support plans were in place, which guided staff about the care and support people required to keep them safe and focused on positive behavioural support techniques. Staff, including agency staff, were able to describe the risks and how they supported people to reduce them.

Some people living at the service displayed behaviour as a way of communicating their feelings or needs, which could be challenging. The interim manager and consultant psychologist explained some behaviours exhibited were as a result of acquiring a brain injury. Staff had received training to support people safely at these times. There had been an increase of incidents relating to one person recently and as a result the service had arranged additional training for staff, which was taking place during the inspection. Where incidents of behaviour had occurred the multidisciplinary team analysed the incidents to determine if any changes were needed to the person's support with the aim of preventing further risk and harm. To ensure the safety of visitors to the service, they were provided with an emergency alarm should it be required. The consultant psychologist explained, "We work with human beings. We acknowledge we can't eradicate all risk

but our processes are rigorous."

People were supported to take risks to retain their independence whilst known hazards were minimised to prevent harm. Staff described positive risk-taking that challenged people and how they promoted and supported people to maintain their independence. For example people were supported and encouraged to take part in activities outside of the service, including rock climbing and sailing.

People were protected against the risks of potential abuse because staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had received safeguarding training and were aware of their responsibility to report any concerns to the registered manager or external agencies, such as the local authority or the Care Quality Commission (CQC). The registered manager had reported any suspected safeguarding incidents promptly to the local authority and CQC.

There were suitable arrangements for the safe storage, management and disposal of medicines. Medicine administration records (MAR) were accurately completed, showing when people received their medicines. There were three handwritten entries on MAR charts, entered the day before the inspection, which had not been signed by two staff to ensure accuracy and accountability. The interim manager said they would ensure this was addressed immediately and staff responsible would be given an opportunity for reflective learning. Staff responsible for the management of medicines had received training and their competency had been monitored. Where medicine errors had occurred these had been investigated and staff had received additional training and support. Medicine errors had not caused harm to people using the service. A visiting GP said they were happy that medicines were administered as prescribed. They added, "They are very thorough with good systems in place."

Effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. Full employment histories had been obtained and any gaps had been explained. Reference checks from previous employers and Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People were cared for in a safe environment. Systems were in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced regularly. Hoists were serviced regularly. Gas and electrical checks were carried out at the required intervals. The kitchen had been assessed by the local environmental authority and had been awarded a five star rating in February 2017; the highest score demonstrating good standards had been maintained.

Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff received a range of training delivered in various ways, some face to face and some by electronic learning programmes. Training records were maintained which evidenced that staff had completed training including core training such as moving and handling; infection control; first aid; health and safety; and fire safety. Additional training was provided to assist staff with their understanding of people's needs and conditions. For example courses in acquired brain injury; epilepsy; managing challenging behaviour and non-violent crisis intervention.

New staff received a comprehensive induction to ensure they were safe when they first starting work. New and inexperienced staff were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

Staff said they were well supported with training and supervision. Supervision enabled staff to meet with their line manager to discuss any training needs or concerns about their work; and to receive feedback about their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA and DoLS. Where people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, such as independent advocates. The staff team worked closely with people to ensure they were as involved and included as much they could be in any decision making. A visiting health professional described how the service "promoted people's autonomy" and their right to make decisions, which others, including family members may struggle to accept. They added, "It's a fine balance but people are supported with positive risk taking". Best-interest decisions were clearly recorded and sensitively made.

People's right were protected as applications had been made to the local authority where it was assessed there were restrictions on people's liberty. A number of applications had been granted and the service was working within the recommendations. The interim manager and staff had completed training to help them understand the MCA and DoLS and they demonstrated a very good understanding of the principles that

protect people's rights.

People using the service had access to expert health care, support and therapy. The staff team had a range of varied skills to ensure a holistic and personalised approach was taken to people's health and wellbeing. The provider had invested in support from specialist mental health professionals including a neuropsychiatrist. One person and their relative described the improvements to their mental and physical health as a result of the input from the therapy team. They said, "I have really progressed here. My concentration has improved and my moods. This has been a good place for my recovery." Their relative said there had been "incredible improvements" during the person's rehabilitation from a serious head injury.

Staff worked with external healthcare professionals in order to ensure people's physical and mental health care needs were monitored. For example, people also saw their GP and dentists when needed. They were supported to attend any hospital appointments. A GP held a weekly surgery at the service. A health professional said they were always alerted appropriately to people's changing health and staff acted on their recommendations. They added, "It is a pleasure to come here...we have good communication with the service...we work together."

People said they enjoyed the meals provided. The menu was varied and included food people liked. The food was well presented. People were offered hot and cold drinks throughout the day and staff ensured people were supported to eat and drink if they needed assistance. Where people were at risk of choking, detailed assessments had been undertaken by the speech and language therapist (SALT). Records showed the SALT reviewed the person regularly to check the suitability of foods and the person's sitting position.

Is the service caring?

Our findings

All of the people we spoke with said staff were kind, caring and understanding. They said staff were their friends. Comments included, "(My key worker) is ace! Everyone is nice"; "It is perfect here. We can have a laugh and bit of fun. Staff are very good to me" and "I like the staff. They have helped me and they listen to me..."

Relatives and professionals described how staff ensured people were at the centre of service. Comments included, "Staff really do care. They think about what is best for each person"; "The staff are very caring and responsive. The service scores highly from our point of view..." and "They manage a difficult and challenging group of people in a really lovely way. Compassion here is at the forefront of practice."

It was clear that respectful friendly relationships had been developed between people and staff. Staff knew people well and spoke about them respectfully and with affection. One member of staff said, "I love my job and feel we make a difference for people." Another said, "My work is very rewarding". People were relaxed in staff's company and were confident when approaching them for support or advice. One person said, "The staff are lovely and I can talk to them if I am down or worried. They make me feel better..." People also described the friendships they had developed at the service. One person said, "I have made friends. There are nice people here. We can have a laugh..." A professional commented, "I have found The Woodmill is a very friendly place."

Staff demonstrated a caring attitude towards people and showed they were interested in their well-being. A relative explained their family member had been reluctant to leave their room for a period of time. To avoid social isolation staff ate their meals with the person. With support and encouragement the person's well-being and mental health had improved to the point where they were looking forward to moving towards more independent living. On another occasion the person was admitted to hospital; staff stayed overnight with them to ensure they were comfortable and their anxiety level was not increased. Their relative said this had meant a great deal to them, to know their family member was taken care of. They added, "There is nothing I could fault..."

Staff communicated effectively with people, they were aware of any communication problems people may have with expressing their feelings and thoughts. While clear boundaries were in place, staff were non-judgemental in their attitude relating to some people's behaviour. They were sensitive and understood behaviour was an expression of feelings or frustrations. One person did not speak English as their first language. An interpreter had been arranged for care reviews to enable them and their family members to fully participate in reviews.

People's privacy and dignity was promoted by the staff team. Staff paid attention to people's personal care needs. People said they chose their clothes and dressed in their preferred style. We saw people were dressed to reflect their personality. Staff ensured people's clothes were clean and assisted people to change if needed. People were able to customise their bedrooms with their personal effects. Bedrooms were personalised and reflected people's interests and style.

People were supported to maintain relationships with people who were important to them. People's relatives were able to visit the service and there were private areas available for them to use during visits. People were assisted to make home visits to spend time with family members. They were also supported to use video calling to keep in touch with friends and family on a regular basis. One relative told us, "If I couldn't collect (person) then staff would bring him home..." One person was supported by two care staff to visit their family member and go out for meals with them. Staff had also ensured the person had a Mother's Day card and present when they visited over that period.

The Woodmill provided education and emotional support to individual families and had a wide range of family information and resources available. One relative explained how valuable the support and information from the therapy team had been for them.

The service proactively advocated for people when dealing with other professionals or other services. For example, one person was being supported to move on from the service to more independent living. Staff had written letters on the person's behalf to the local authority about their future housing needs in preparation for this discharge. The person told us how important this was to them. A health professional said, "(The psychologist) has written letters on their behalf. They are very good advocates for people." People also had access to independent advocates. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

The care and support planned and provided was exceptionally responsive, personalised and effective. Feedback from people, relatives and professionals confirmed that people were at the centre of their care and actively involved in their goal setting. One person using the service said, "This is a good place for my recovery..." Another said, "I am enjoying my stay. It has helped with my confidence. I feel I am improving."

Relatives and professionals were equally positive about the responsiveness of the service. One relative said, "It is really superb and tailored very well to each person." Another provided written feedback to the service, saying, "Within one week I have seen an improvement in (person's) posture which enables (person) to be more relaxed...I cannot believe how quickly I have seen results." Professional's comments included, "... Everybody (staff) there are very skilled. They are all excellent...I have been really impressed..."; "It is a very specialised service. It has been a gift from heaven in terms of having a specialist assessment for my client..." and "I have been really impressed. It is heart-warming to see what is being achieved."

When people moved to the service they underwent a comprehensive neurobehavioural assessment to determine their potential for social reintegration and increased independence. Assessments were completed by the speech and language therapists; occupational therapist, physiotherapist, and consultant psychologist. This included assessments of physical and cognitive skills, the nature and frequency of any challenging behaviour and the person's ability to engage with the community and undertake functional daily tasks. Initial goals were identified with the person and the first phase of the rehabilitation treatment programme was then established. One person said to us, "You need a goal...I am getting the help I need to achieve my goal." A professional explained, "The whole service is very professional; the assessment process is thorough and reassuring...staff are very aware of people's needs and respond well to the unpredictability of people (with acquired brain injury)."

Highly personalised rehabilitation support plans were drawn up with the full involvement of each person together with their family, friends and/or advocates. Support plans included structured learning programmes, practising daily living skills, community access skills, behavioural management programmes, social skills training, vocational support and psychological therapy. There was an initial twelve week assessment period, during which the person's progress was reviewed with the individual; their family; the funding authority and staff from the unit. One commissioner told us, "I sense that the client's well-being is always central and the primary aim is always to meet their needs as a priority. The subject of funding has always been secondary in the discussions... This is refreshing..."

The service was very flexible and responsive to people's individual needs and preferences and staff were naturally perceptive about people's individual changing needs and moods. For example one person seemed unusually tired during a physiotherapy treatment and so the treatment programme and goals were quickly adjusted to accommodate their current status and sustain their concentration. Staff recognised that people's motivation and engagement waxed and waned at times. Rehabilitation programmes and goals were adjusted accordingly. For example, one person had been disengaged and reluctant to participate in various aspects of their rehabilitation initially; however with encouragement and support the person had re-

engaged. They spoke very positively about the skills they were recovering, including being able to cook with support. They said they were being fully supported by the therapy team to achieve their goal to move to more independent living. Their relative spoke with us about the person's "incredible improvement..."

Some people found new environments and changes difficult and one person had displayed aggression and anxiety early during their admission. The therapy team and support staff had supported the person; introduced techniques to reduce anxiety and worked with the neuropsychiatrist to review the person's medicines. As a result of the interventions there had been a reduction in their anxiety and incidents of aggression. We observed exceptionally good interactions between people and staff, both permanent and agency staff, throughout the inspection. For example, staff engaged with people positively, they had time to chat with them, to listen to their requests and to assist them to spend their day as they chose. We heard lots of laughing and banter between people and staff.

Promoting independence was a key part of supporting people's rehabilitation. We saw numerous examples of people being supported to regain daily living skills to promote their potential and improve the quality of life. The occupational therapy (OT) kitchen was used for food preparation assessment and was fitted with rise-and-lower work surfaces for those in wheelchairs. The occupational therapist undertook shop and cook assessments, where people were encouraged to plan their meals, complete and carry out their shopping lists and then prepare their food. There was also a laundry facility for people to be assessed in their use of the washing machine and dryer. Other people were supported with budgeting and the management of money. This meant that people were enabled to regain the skills needed to enjoy independence where possible. Three people told us how much they enjoyed these sessions and they were obviously very pleased with the improvements to their independent living skills.

We heard of other successes. For example, physiotherapists, psychologists and the occupation therapists worked together extremely closely to build up one person's stamina and postural strength. They also focused on other aspects that would help the person, such as improving memory retention, concentration and improving dexterity. Their goal was to return home and resume their career as a chef. The team approached a local two star Michelin chef, to ask if he would assist with the person's rehabilitation therapy. Following an interview, the person was offered a placement at the restaurant, having demonstrated the required skills.

Discharge-planning was detailed and carefully assessed at every stage. People were fully supported with their aspirations to move on and enjoy a more independent life. One person told us about their plans for the future and the goals set to achieve their wish. They added, "They (staff) have been really great. Patient with me. They are helping me to move on." A commissioner said "I have been very, very pleased and relieved regarding this placement...I can't praise it enough." Another told us, "My client is ready to move on and the Woodmill have taken them to see a prospective placement." A recent survey for professionals rated the overall effectiveness of caring for people with complex needs as 'very good'. One wrote, "The service user's needs are met in every area and to a high standard."

People were supported to take part in innovative and challenging activities, for example a 'Leap of Faith' activity day. This provided them with a bespoke introduction to new and exciting activities such as archery; kayaking; and climbing. People said how much they enjoyed experiencing new and challenging activities, which increased their confidence and well-being. One person said, "It was scary (rock climbing) but I could have gone higher. I can't wait to have another go!" People spoke about enjoying sailing sessions, swimming; recumbent biking and going to the gym. Two vehicles were available to support people to attend external activities.

Access to the wider community formed an important part of people's rehabilitation and they were supported to access the community and use local facilities. For example some people used a local gym. People had regular visits to local pubs, shops and cafes. One person was a huge football fan and one of the assistant psychologists had written to their favourite premiership football team and obtained two free tickets to attend a match in London in May 2017. The person was very excited about this event.

There were many onsite facilities and activities. These included a physio and therapy gym with access to an exercise bike, trampoline and standing frames. This enabled people to gain confidence with their mobility with support from therapy staff. Other onsite facilities included a computer suite and access to Wi-Fi. There was space for outdoor activities. There was a poly tunnel and vegetable patch, along with raised beds. One relative had commented that their family member had "so" enjoyed the work in the garden.

Twice-weekly pottery groups were run by the OT service. The aim of the activity was to improve life skills, as well as enabling people to explore creative aspects. The group provided valuable opportunity for socialisation, exercise and assessment of hand-eye co-ordination, seating posture, and observation of both fine and gross motor control. People said how much they enjoyed the group. One person displayed several ceramic pieces they had created with great pride. Feedback from people using the service, relatives and professional confirmed there were many and varied activities offered to people.

People's spiritual needs were supported and people could be supported to attend a place of worship of their choice. There was a regular 'church group' supported by volunteers from a local church.

Information was available about how to make a complaint, including an easy read format, and people said they would be happy to speak with the registered or staff if they had any concerns. The complaints procedure was also displayed in the entrance hall. No concerns were reported to us during this inspection. The interim manager was responsive to people's concerns. A record of complaints and concerns was kept, along with evidence of a thorough investigation, the action taken and the response to the person. A recent service users' questionnaire showed key workers listened to their questions or concerns. A recent survey showed that all relatives responding were able to speak to a member of the management team when needed, that they responded in a timely manner.

Is the service well-led?

Our findings

The registered manager was on secondment to another part of the provider organisation, developing and enhancing a different area of the rehabilitation service. At the time of the inspection a suitably qualified and experienced registered manager from the local supported housing services was managing the service as the interim manager until their return.

There was effective leadership at all levels within the service. The manager and consultant clinical psychologist had a well organised team of therapy staff, care staff and enablers. All staff, including agency staff, were clear about the purpose of the service. The management style had led to people who used the service, relatives, staff and professionals feeling they were partners in developing personalised rehabilitation programmes and generally enhancing the service.

People, their relatives and professionals spoke very highly of the management and the staff team. One person said, "My well-being has improved and I have felt safe since I got here." Professionals and a relative told us about the positive impact the service had on people's health and welfare. A professional said, "The service is very well managed. I'm impressed with the place..." A relative said, "The team here are fantastic. There is nothing I can fault." Another wrote to the service saying how very happy they were with (person's) progress; with how well the service coped with people's complex needs and the caring nature of staff.

Staff were confident in the management arrangements and felt supported and included in the running of the service. Comments included, "There is a good structure for management. I feel confident speaking with any of the senior staff. (The manager) is doing a fabulous job"; "Even with the recent changes to management, the service is managed very well. The manager has been brilliant and works with the team well. There is an open culture and the manager's door is always open" and "We are one team here. Our concern is the welfare of the people here. We all work to that aim..."

The Woodmill provided an effective and exceptionally responsive service, founded on evidence based practice and research. The provider was committed to seeking new and imaginative solutions to meet the needs of people using the service. Evidence based practice was embedded within the culture of the service. For example, comprehensive neurobehavioural assessments were undertaken to determine their potential for social reintegration and increased independence.

There was an emphasis on empowering and involving people. For example, the service was not risk adverse but proactive in enabling people to have control over their lives and to receive care and support which was personal to them. New and exciting activities were organised based on people's preferences and interests, which increased people's confidence to take on new challenges despite their injuries. People and their relatives confirmed the progress they had achieved as a result of the therapeutic interventions. Clinicians within the organisation carried out research, working in close collaboration with academic institutions on a range of projects. The provider organised an annual brain injury awareness seminar to provide free training to local commissioners, health and social care professionals with the aim of showcasing developments in rehabilitation.

The interim manager, therapy and staff team shared a vision of rehabilitation and recovery, which created a culture which was person centred; focused on the best possible outcomes for people. The staff team were committed and enthusiastic and all were aware of their roles and responsibilities. All staff were very clear about what the service was aiming to achieve and totally committed to its onward journey. Staff comments included, "Staff here have to be team players and we all are"; "Friendly supportive environment with everyone working with the same aims for the service users" and "This is a good place to work. I have been inspired by the physiotherapists here to do a Masters." One professional told us, "I think this (service) ticks the boxes in a number of areas including person centred care, dignity and respect and providing a professional framework to deliver their service... I'm impressed with The Woodmill and would be happy to work with them again." Other commissioners of the service confirmed they would also happily commission the service again.

The service operated an open and inclusive management style where people were supported to influence the running of the service. People were encouraged to have a voice about the service they received. They were invited to attend regular 'service user forums' to raise issues, make suggestions and have input into the management of services. We were invited to attend a planned 'service users' forum' during the inspection, which was facilitated by the clinical psychologists. There was lively discussion and the meeting ensured people were included in discussion and everyone was encouraged and supported to have their say. For example, they were able to reflect on the past month, including, which activities had been enjoyed and any suggestions for future events or activities. Where suggestions were made, for example where people requested various activities, these were arranged. This meant people's contribution influenced the service and ensured people's choices and preferences were acted on. Menus were a regular feature on the agenda and people were encouraged to put forward any suggestions they may have. People confirmed that the menus reflected their input and offered them the choices they liked. Representatives had been elected at service user forum and they were invited to attend part of staff meetings. The purpose was to ensure people had representation at staff meetings and to enable them to hear from the staff team and contribute to their thoughts and feelings during the staff meeting.

Annual satisfaction surveys were given to people using the service, their relatives and visiting professionals involved in people's care. Results from the surveys showed high levels of satisfaction with all aspects of the service. For example respondents felt the service was safe and secure; staff responded quickly and appropriately if any concerns were raised; communication was good with relatives and professionals; and the majority of people were 'extremely likely' to recommend the service to others.

There were established and effective systems in place to check the quality and safety of the service and identify areas for improvement. Regular audits and safety checks were completed by the registered manager and other staff in order to monitor all aspects of the service. These included health and safety, infection control, medication, care plans and premises checks. Actions resulting from the audits were recorded and checked by the registered manager. Regular and comprehensive audits were also undertaken by a representative of the provider, including detailed health and safety checks. Where improvements had been identified at the last monitoring visit in January 2017, these had been addressed. For example minor maintenance issues. The provider had also completed a quality assurance review in February 2017, which was focused on the five CQC domains of safe, effective, caring, responsive and well-led. As a result of the audit an action plan had been compiled to ensure areas for improvement were addressed.

The accident and incident reporting and monitoring system in place was effective. The interim manager and therapy team monitored all accidents and incidents and collated details monthly to help identify any themes or trends. The provider had a health and safety lead, who reviewed accidents and incidents, providing extra external scrutiny. Appropriate investigations of all accidents and incidents were undertaken

and actions were implemented where necessary to reduce a reoccurrence. The provider and management team recognised the environment could be demanding on staff and they were 'debriefed' after incidents which could cause distress. An external counselling service was also available to support staff if needed.

The provider had achieved accreditation as an Investor in People. Investors in People set the standard for better people management. It is a nationally recognised accreditation, which defines what it takes to lead, support and manage people well for sustainable results. Staff spoke highly about the specialist training and support they received in order to do their jobs well. One member of staff said, "The training is very good and we get plenty of refreshers...everyone here (senior staff) is approachable, any problems and you can always speak with someone..."

The provider supported staff and valued and recognised their contribution. Three of the staff had been nominated, as part of the provider's 25th anniversary celebrations, for Silver Star Awards to recognise achievements in brain injury rehabilitation and celebrate the positive impact they had on people's lives. The interim manager and consultant psychologist had received long service awards. The work of the registered manager had also been recognised. They had received an internal award for innovative ways of working on devising a new and individualised funding structure for commissioners and for developing a new approach for community outreach services.

The service worked in partnership with other organisations including health and social care professionals, commissioners and the safeguarding teams. Good links had been made with community groups and people at The Woodmill had access to a number of community facilities to enhance their rehabilitation. For example, training and education, work placements and experiences, and opportunities for socialising with their peer group outside the service.

Records including staff files, care records, daily notes and audits were up to date. Records were securely stored to ensure data was protected. All records requested during the inspection were readily available. Visiting professionals commented on the detail of care records and explained the records were well organised and easy to review.

The interim manager was aware of their responsibilities to notify CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with. The CQC rating was displayed at the service and on the provider's website.