Brain Injury Rehabilitation Trust

The woodmill

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was undertaken on 14 and 17 November 2014 and was unannounced. This meant that the staff and provider did not have notice that we would be visiting. At the last inspection on 7 February 2014 we found that the service met the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides support and accommodation for up to 19 people with acquired brain injury. At the time of the inspection there were 14 people living at the home. Some people were being assessed as part of a planned rehabilitation programme, some people stay at the home 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 more community based setting.

A new manager was in post and was in the process of registering with the Care Quality Commission (CQC) at the time of the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager was successfully registered with CQC on 30 December 2014.

Summary of findings

People told us they felt safe, and that staff were caring, friendly and respectful. They said they could speak with staff or the manager about any concerns or worries about their safety. One person said, "I have no worries about my safety". Staff had received training about how to recognise and report abuse and were aware of how to report any concerns.

The quality of care records was good and staff were provided with detailed information about the needs of people and how best to support them and keep them safe. People's risks were well managed and the service encouraged 'positive risk-taking that really challenged clients'. One visiting health professional said "risks are managed well". They added that they were always informed of any changes to people's health needs in a timely way. The management of medicines was safe and people received their medicines as prescribed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Where people using the service did not have the ability to make decisions about aspects of their care and support, the service followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the systems in place to protect people who could not make decisions.

People were encouraged and supported to maintain their independence. They made choices about their day-to-day lives which were respected by staff. People were involved in the planning and delivery of their care and rehabilitation programme and each rehabilitation programme was devised to meet the individual's needs.

People had access to a variety of therapeutic activities, as well as vocational opportunities, and social activities within the local community. One person said, "Things are really getting better since I came here." Relatives and visiting professionals gave positive feedback overall about the service. One relative said, "The care is second to none." A visiting professional described the "significant improvements" made by one person and said the service was "very person centred".

The attitudes and approach of the staff team confirmed there was a positive culture within the service, with the focus on supporting people to develop their independence and fulfil their potential. Staff had a good knowledge of people including their needs and preferences. Staff were well trained and there were good opportunities for on-going training and for obtaining additional qualifications.

People knew who to speak with if they wanted to raise a concern or discuss a worry. People said they were happy with the service provided and how staff provided their support. No concerns were raised with us by people using the service. There were processes in place for responding to complaints, although one relative's complaint had not been responded to by the organisation in a timely way. The manager took immediate action to address this.

The service was well-led. There were effective quality assurance processes in place to monitor care and plan on-going improvements. There were systems in place to share information and seek people's views about the running of the service. Accidents and incidents were appropriately recorded and analysed and action taken when necessary to reduce foreseen risks.

Summary of findings

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 was safe because staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The service managed risks well whilst ensuring people led a full life and had opportunities to explore new and challenging activities.

People were supported by sufficient numbers of staff that were skilled to meet their needs. Recruitment practice ensured staff were suitable to work with vulnerable people.

People were protected against the risks associated with medicines.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were up-held.

Staff had a very good understanding of people and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to, which ensured they received appropriate care and treatment. People were provided with a choice of food and refreshments and the service was working with people to improve the variety of food available.

Is the service caring?

Good

This service was caring. People said staff were kind and caring. People were treated with respect and the staff provided care and support in a manner which respected people's privacy and dignity.

Rehabilitation was centred on each person's individual needs and the service took account of people's diverse needs. One therapist said there was no 'one size fits all'.

People were involved in their care and rehabilitation goals. Care and support was delivered in accordance with their needs and preferences.

Is the service responsive?

Good

The service was responsive. People's needs were comprehensively assessed and they were involved in planning and reviewing their care. Personalised care and support was delivered, which was responsive to changing needs.

People were supported and encouraged to take part in a range of therapeutic, recreational and vocational activities which were organised to suit people's rehabilitation goals and preferences.

The service recognised the important role family members and friends played during people's rehabilitation. Family members were involved in the planning and review of the care and support provided where appropriate.

People were able to raise complaints or concerns with the manager and the staff if they needed to. They felt confident they would be listened to. The manager took immediate action to address one outstanding complaint.

Summary of findings

Is the service well-led?

Good

The service was well-led. People, staff and visitors spoke positively about the new manager. She was described as approachable; open, friendly and fair.

People had opportunities to influence the development of the service. People attended regular 'forums' to share ideas and make suggestions for areas of improvement. Satisfaction questionnaires were sent to people, relatives and professionals annually to gather their views and identify and address any suggested areas for improvement.

Systems were in place to make sure lessons were learnt from events such as accidents and incidents, safeguarding alerts and errors. This helped to reduce the risks to the people using the service and promoted continual improvement.

People benefitted from the good links with health and social care professionals and other local organisations made by the service.

The service had notified us of any incidents that occurred as required.

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.

The inspection team included one inspector, a member of staff from the strategy and intelligence team, a pharmacist and a special advisor for acquired brain injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the home does well and improvements they plan to make. We also reviewed the information we held about the home, including notifications. Providers are required to submit notifications to the Care Quality Commission about events and incidents that occur including unexpected deaths, any injuries to people receiving care, and any safeguarding matters.

We spoke with eight people using the service, three relatives, and 14 members of staff, including therapists, care staff, ancillary staff, and the manager. Some people were not able to fully express their experiences to us. We observed care and support delivered to them. We reviewed six people's care files to help us understand the care they required. We also reviewed three staff personnel files, staff training records, a selection of policies and procedures and other records relating to the management of the service.

As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three professionals; a community nurse and two commissioners. We also spoke with the local safeguarding team.

Good

Is the service safe?

Our findings

The Woodmill had a large staff team, consisting of care staff, enablers and therapy staff, such as psychologists, physiotherapists, occupational therapists (OT) and speech and language therapists (SALT). Ancillary staff are also employed such as administrators, cooks, kitchen assistants and a gardener. The occupational therapy, physiotherapy and speech & language therapy services are led by senior therapists, who all have extensive and specialist experience in working with people with acquired brain injury and associated neurological disorders. A 'well-knit' multidisciplinary team (MDT) that 'worked really well together' was described to us by all three senior therapists.

One relative said their family member did not always get their allocated one-to-one time, because of staff absence on occasion. This meant opportunities for one-to-one activities were not provided as planned. The manager said this happened "occasionally" due to unplanned staff absence, such as short notice sickness. Another relative said, to the best of their knowledge there were always enough staff on duty. They said their family member was "getting the care and support they needed".

People said staff were available when needed to support them with personal care needs and activities inside and outside of the home. One person said, "There is always someone around to help me. I get to go out and do things I enjoy." During the inspection, a number of people were out of the home taking part in activities with care staff or one-to-one enablers. Staff were available to people throughout the inspection, supporting people to access the computer suite; attend the pottery class or cook a meal. Staff were able to spend time chatting with people; they were responsive to people's needs and requests and their interactions were unrushed.

Professionals did not have concerns about staffing levels, one said, "Staff are always available to discuss issues when I visit."

Staff said there were enough staff on duty to meet people's needs and preferences, unless short notice unplanned sickness occurred. On these occasions' existing staff covered shifts, or bank staff or agency staff were used where necessary. This was confirmed when we reviewed the staff rota. Members of the therapy team said they would also assist if there was a shortfall in care staff, by helping to provide personal care or supervise activities. One-to-one support had been commissioned for four people for various times during the day to aid their rehabilitation. One person had a clearly designated one-to-one enabler to support them at all times, whether in the home or out in the community. The manager said where one-to-one support was not provided due to unplanned staff absence, commissioners were informed.

People said they felt safe living at The Woodmill. One person said, "Yes I am safe here. No harm comes to me. The staff are nice." Another person said, "I have no worries about my safety." People said they would be happy to speak with staff should they have any worries or concerns about their safety. One family member said they could go home "without any worries" about their relative's safety. Health care professionals said in their experience the service was safe. Comments included, "I have never seen or heard anything to concern me, risks are well managed, and staff are good at alerting us to any concerns." And, "I have been very impressed by the service."

People were supported by a staff team that had been trained and were knowledgeable about issues relating to potential abuse. Staff were able to explain the various forms of abuse and what they should do should they suspected abuse or poor practice. Staff were confident any concerns raised would be taken seriously and acted upon by the manager and other senior staff. A review of training records confirmed staff received safeguarding training as part of their induction and refresher training was also offered. There were policies and procedures in place to guide staff about how to recognise and respond to concerns about possible abuse. The service had made appropriate alerts to the local safeguarding team and CQC when necessary. We contacted the local safeguarding team who confirmed they were alerted to any concerns, and that the service was open and cooperative in their dealings with them.

People's risks were well managed. Individual risk assessments were completed and included the risks associated with activities and behaviours within the home and out in the community. Staff were provided with information as to how to manage these risks to ensure people were protected. Staff described "positive risk-taking that really challenged clients" and how they promoted and supported people to maintain their independence. For example, a number of people used a local community gym.

Good

Is the service safe?

One member of staff explained that people wishing to attend the gym were booked in for a full induction with local gym staff. Physiotherapist's from The Woodmill then supervised the gym programme while local staff implemented it on-site. These details were reflected on the care records.

Where people's behaviour had been identified as a risk to themselves or others, staff said they managed each person's behaviour differently according to their individual plan of care. For example, care records showed one person's behaviour was on occasion challenging. Particular triggers had been identified with strategies in place to follow. Staff were familiar with appropriate distraction techniques to be used to reduce the risk of the person's behaviour as set out in their care records. Daily records detailed incidents that had been managed, together with feedback from members of the multidisciplinary team around periods of particularly unsettled behaviour. Risks had been reviewed regularly by the multidisciplinary team, and records showed there had been a decrease in incidents for the person as they became more settled.

Staff had received training in managing behaviours which challenged, which focused on positive behavioural support techniques. Staff were knowledgeable about how to support people when they became frustrated or distressed. One visiting professional said, "The complex behaviour is managed very well. Staff are skilled and competent and use a consistent approach."

Medicines were given in a safe and caring way. There were no people looking after their own medicines at the time of this inspection, but we were told people can do this if it has been assessed as safe for them. We spoke with two people who told us they were happy with the way they received their medicines. Records showed that medicines were given by staff who had received regular training and had been checked to make sure they gave medicines safely. There were policies and procedures to guide staff, and that medicines information was available for staff and people using the service.

Medicines were stored safely, securely, and at appropriate temperatures. There were suitable arrangements for storage and recording of controlled drugs, and for the ordering, receipt and disposal of medicines.

We looked at the medicines records of 14 people. These were accurately and fully completed, showing when people received their medicines. Where medicines had not been administered the reasons why this had happened, for example the person refusing the medicine, was recorded.

Some people were prescribed creams and we found that some of these were recorded on the medicines charts when they were applied. However some people had separate charts in their rooms for recording this, although these were not always completed. This issue had already identified as a concern by an internal medicines audit, and was being addressed.

This audit had also identified that for some medicines prescribed to be given 'when required', there was not always detailed guidance in people's care plans to help staff decide when to give a particular dose. However we also saw two examples in people's care plans where this detailed guidance was in place. The home confirmed that draft plans were being drawn up for other people and would be completed very shortly.

Safe recruitment procedures were in place, and the required checks were undertaken prior to staff starting work. This included obtaining relevant references and Disclosure and Barring Service checks to help ensure staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

Many people at The Woodmill were able to be involved in decisions about their care and treatment. For example a person said staff explained the care and treatment they would need as part of their rehabilitation and they felt involved in the rehabilitation programme developed for them.

Consent to care was recorded in the physiotherapy notes to show people had agreed to the therapy offered. Throughout the inspection staff involved people in making decisions about their daily activities. Staff sought people's consent before delivering care and support. A therapist had clearly recorded one person did not wish to participate in occupational therapy sessions thus upholding personal choice.

The manager and staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and how to ensure people's legal rights were protected where they did not have the mental capacity to make decisions for themselves. Staff had received training relating to the MCA and the Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best-interest decisions were clearly recorded and sensitively made. In one example, a best interest decision had been made in relation to a medical procedure involving the family, therapists and care staff working with the person.

Where people required some restrictions to be in place to keep them safe, applications to the local authority to deprive them of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) had been submitted. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Discussions had taken place with appropriate professionals and advocates. Staff were aware of the implications for people's care.

In response to a recent court ruling, several DoLS applications had been made to the Local Authority for consideration. The Local Authority DoLS team had advised the service to notify them immediately in the case of any change in the peoples' circumstances, and that an assessor would be in touch once applications had been prioritised. In the meantime, staff were aware they needed to ensure they were following the principles of the MCA.

People were happy with the care and support they received. One person said, "Things are really getting better since I came here." Another commented, "I can honestly say I get good care." Relatives and visiting professionals gave positive feedback about the service. One relative said, "The care is second to none." Another said, "The staff are fantastic." A visiting professional described the "significant improvements" made by one person and said the service was "very person centred". Another professional said, "The service is very good overall."

People had access to health care professionals to meet their specific needs. Care records showed health and social care professionals were involved in people's care, including GPs, dentists, specialist consultants and district nurses, as well as in-put from the in-house therapy team. People said they could see the relevant professional if they were unwell, for example their GP. The staff team demonstrated a good understanding of people's needs and challenges. Staff were able to describe how they supported people to ensure they received effective care and rehabilitation.

There were regular reviews of people's physical and mental health by the multidisciplinary team and staff responded to changes in need. A GP visited the service for a weekly surgery and we were told by staff that communication between the local surgeries and the service was good. A community nurse specialist said the home worked well with them, sought advice and acted on it appropriately to make sure people's needs were met. They said, "I have no concerns about this service. They do an amazing job here. Staff are proactive and think about prevention. We rarely see pressure damage and catheter care is good." Another visiting professional commented they had seen "considerable progress" in one person's condition in a short space of time.

Where people presented with epilepsy, the types of seizures observed were carefully detailed with protocols for rescue clearly laid out for staff to follow. Staff confirmed they were aware of the actions to take should someone experience a seizure. One person required their nutrition to

Good

Is the service effective?

be delivered via a tube feeding system (PEG). There were detailed instructions about how this should be managed and a nurse specialist said this aspect of care was well managed.

People at The Woodmill received effective care and support from well trained and well supported staff. Several staff said they found their job 'enjoyable and rewarding'. One said, "I am happy working here"; another said, "This is an amazing company to work for. The training and support is fantastic". Training records showed that staff had received training suitable to their role.

There was a twelve week induction programme for new staff and on-going training available to all staff to make sure they had the skills and knowledge to effectively meet people's needs. Training included core subjects such as moving and handling; infection control; first aid; health and safety; safeguarding and fire safety. Additional training was provided to assist staff with their understanding of people's needs and conditions. For example basic and intermediate courses in acquired brain injury; epilepsy; managing challenging behaviour and non-violent crisis intervention. A staff training matrix was in place and clearly showed training completed and when refresher training was required. We saw evidence that where refresher training was needed this had been scheduled.

People spoke highly of the staff working with them. One person said "I like the staff. They are friends. I can talk to them." Another person said, "All of the staff are very good to me." Visiting professionals told us staff were skilled and competent. One said, "I can tell staff are skilled and knowledgeable by the way they speak about issues." Another said, "The staff do an amazing job."

People said they mostly enjoyed the food offered at mealtimes. One person said, "The grubs not bad at all. They know what I like and that's what I get." Another person said, "The food is so-so." The minutes of the 'service user forum' meeting for October 2014 showed that some people had received food they did not like. There was an action for key workers to ensure all kitchen staff, in particular agency staff, were aware of people's preferences. We saw from the minutes of the meeting in November 2014 people reported this had improved and no concerns were raised about the food.

People said they were offered an alternative to the main meal if they wanted something different. Care records had noted people's likes and dislikes of various foods and these were displayed in visual format. Kitchen staff had information about people's dietary needs and preferences and seasonal menus were created from this information.

We spoke to the cook on duty and looked at the food stores. The store room contained a good supply of fresh vegetables and fruit, which the catering staff said was made available daily. The gardener also confirmed fresh fruit and vegetables grown on the allotment were used by the kitchen when preparing meals. Food diaries were completed where there were concerns about people's intake so staff could monitor and report any concerns to the GP or therapy staff, for example the speech and language therapist. Where one person was identified as being at risk nutritionally and was not eating much at main meal times, a variety of snacks were offered throughout the day, which were accepted by the person.

Some people were supported by staff to plan their meal, go to the local supermarket to buy ingredients and then cook their meal as part of their rehabilitation. One person commented how much they enjoyed cooking and that it made them feel more able and independent.

The manager responded quickly to comments made by one relative on the first day of the inspection that the food was 'not always healthy' in their opinion. On the second day of the inspection the manager had developed a 'healthy eating five a day policy', which highlighted to all staff the need to demonstrate that a health and balanced diet was being offered and taken. The manager had arranged for all menus to detail the ingredients of the meals so that everybody could see the nutritional content of what they were eating. For example, the sweet and sour pork dish contained at least two vegetables and a pasta bake dish contained three types of vegetables. We looked at the menus for November 2014. They were varied and reflected people's preferences. Fresh fruit and side orders of salad were offered daily as well as a well-balanced main meal.

Good

Is the service caring?

Our findings

Interactions between people living at the home and staff were positive and relaxed. Staff's approach was kind, respectful and friendly. People said they had good relationships with staff. One person commented, "It (The Woodmill) is a very good and friendly service." Another person said staff took time to discuss issues with them and that the help and support they got from the occupational therapist OT was invaluable and had helped them with their ongoing anxiety issues. Staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes.

It was clear from our observations of staff interacting with people living at the home, that the value base of the organisation upheld people's dignity and privacy. People were appropriately dressed, in their own style. Personal care was carried out in a way that upheld the dignity and choice of people. For example, staff offered assistance to people in respect of their personal care if they required it and ensured their cleanliness was maintained both in the home and while on outings into the community.

Rehabilitation was centred on each person's individual needs and the service took account of people's diverse needs. One therapist said there was no 'one size fits all' and that each person and their families had different needs to meet. For example, one person had limited insight and did not believe they had any difficulties to address. To assist the person, the OT compiled a list of goals for them, with tables detailing each of the component parts that made up each goal. The chart was offered to the person for them and their family and friends to score. In this way the person felt the results were far more meaningful than an assessment completed only by the therapy team. The person then engaged with their therapy programme successfully to attain their goals. This showed that staff had developed positive caring relationships with people which enhanced their rehabilitation.

Staff spoke compassionately and with great understanding about the devastation a brain injury brings to the individual and their families. Staff said the involvement and education of families was an important part of personalised care and The Woodmill worked in a number of ways to address this. For example, sessions on a one-to-one basis or family groups were devised as necessary. In addition, leaflets were available for families to provide them with information about acquired brain injuries and the therapies and treatment available. One therapist said they were "a partner working with families".

One relative described how grateful they were for the service and how kind and considerate all staff had been with them. They said, "As you can imagine, this has been a difficult time. But the support and advice from staff here has been really helpful and much appreciated". Another relative said they found communication with the therapy team difficult at times although they felt communication with care staff teams was "good". They added that things had improved over the past weeks with the appointment of the new manager as they now had 'one person to go to' should they have any queries or concerns. People were supported and encouraged to visit their family members and to keep in touch.

People expressed their views and were involved in making decisions about their care and treatment. It was clear people were listened to by the staff team and their wishes carried out in matters relating to their care, treatment and personal environments. For example, prior to admission to the home, people were invited to choose the colour for their rooms during pre-admission visits. In this way people were respected and given the freedom to choose what colour they would like their room to be. We saw people had personalised their rooms. One person told how much they like their room, which was decorated with lots of photographs and poster important to them. People moved freely around the home and chose where they sat and what they did when not engaged in planned activities or their rehabilitation programme. People were able to spend time alone in their bedrooms and there were several areas around the home where people could choose to spend time with others or alone.

Several staff spoke about promoting and supporting people's independence and helping them to develop 'daily living skills' to fulfil their potential. Discharge-planning was detailed and carefully assessed at every stage. The OT kitchen was used for food preparation assessment and was fitted with rise-and-lower work surfaces for those in wheelchairs. The OT described shop & cook assessments, where people were encouraged to plan their meals, complete and carry out their shopping lists and then

Good

Is the service caring?

prepare their food. There was also a laundry facility for people to be assessed in their use of the washing machine and dryer. This meant that people were enabled to regain the skills needed to enjoy independence where possible.

There were regular meetings for people living at The Woodmill to voice their views about their care, planned social events and menus, and any other issues they wished to discuss. The 'service user forum' was held monthly and the minutes of the meetings were displayed on a notice board in the reception area. From the minutes we could see that people's suggestions had been taken on board. For example, one person expressed a wish for group activities at the October meeting. As a result, a number of suggestions for activities were brought to the next meeting and people were encouraged to choose group activities that appealed to them. People expressed an interest in a relaxation group; a dance group, newsletter group and goal planning group. The manager said these would now be established as requested.

The manager said where possible people were involved in the recruitment of new staff. They were invited to sit on the interview panel or show prospective staff around the service, get to know them and be involved in making decisions about which staff would be recruited.

Good

Is the service responsive?

Our findings

Before people moved to The Woodmill a comprehensive assessment was undertaken to ensure the service could meet the person's individual needs. Following the assessment, a tailored rehabilitation plan was developed by the therapy team for each person to 'maximise their functional independence and quality of life'. This meant that people were assessed and supported by qualified, professional staff.

People were offered the opportunity to visit the service prior to admission. The visit provided an opportunity for people to decide whether The Woodmill was a suitable service for them. One person said, "I liked it when I visited. Staff were friendly and welcoming."

Assessments completed by the speech and language therapists; occupational therapist, physiotherapist, psychologist and the consultant neuropsychologist formed the 'rehabilitation plans' for each person. Rehabilitation 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 of the service visiting for a review said there had been an "effective assessment; goals had been set and achieved". They remarked on the "considerable progress" made by one person in a short space of time. Another professional said, "The care and therapy has been very good overall and they have done really well".

People's care files included detailed information about how to provide support, manage risks, what the person liked and disliked and daily notes. Staff said care plans were easy to follow and always up-to-date with regards to any changes. Any changes to people's care and support needs were discussed at each handover. Staff said there was good communication within the team.

Each person had a weekly activity plan in place, which outlined the activities and treatments each they were due to have on a particular day. People had access to extensive community activities to increase their levels of independence and maximise each person's potential in activity meaningful to them. In addition to visits to the local gym, people had the opportunity to safely engage in outdoor pursuits or undertake work experience. A therapist noted how people were 'positively viewed by the local community'.

Some people used a hydrotherapy facility in Exeter and a 'warm swimming pool' which they not only enjoyed but also benefited from therapeutically on both physical and psychological levels. Rebound Therapy, which uses trampolines to provide therapeutic exercises for people, was available for those that benefited from this form of sensory stimulation.

Twice-weekly pottery groups are run by the occupational therapy (OT) service. The OT explained the life skills that were gained through these sessions, as well as the creative aspects. It was clear that appropriate consideration had been given to the make-up of the pottery group and the therapeutic benefit of the tasks set to each member of the group. 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. Two people told us they enjoyed the group and were proud of their achievements.

Staff took time to get to know people and understand what was important to them. People were supported to be able to continue with past interests. For example, one person was supported to access activities associated with their past profession. The physiotherapist talked about a person who would only engage with gym-based work and their preference was accommodated in order to optimise their potential. It was clear that staff acted on people's views and decisions.

Opportunities for vocational rehabilitation were offered by a local garden centre for people who benefited from engagement with gardening activities and potting-on plants. Both the OT and physiotherapist said if people did not initially wish to engage with the therapists then alternative ways were sought to engage them with a rehabilitation programme that was meaningful to them.

People said they could make a complaint or raise any concerns or worries with staff and they felt their concerns would be listened to by staff. One person said, "I would have no hesitation is telling them if I was unhappy about anything." When asked, people we spoke with did not raise any concerns with us during the inspection.

Good

Is the service responsive?

The complaints procedure was in the service users' guide, which was shared with people and their families when they were admitted to The Woodmill. 'Complaints' information cards were freely available in the reception area and a poster in the dining room advertised a confidential whistle blowing line for staff to use if needed. The manager described one complaint that had been received from a relative since the last inspection. The records showed the concerns had been recorded, action taken and response sent to the complainant within seven days. The complaint was resolved.

A relative said a complaint they had made in August 2014, had not been responded to. They agreed to allow us to speak with the manager about the lack of response. The manager was unaware of the complaint as she had not been post at that time. Following the inspection, the manager completed a full investigation of the complaint and why it had not been responded to. She wrote to the relative apologising for the delay and with the outcome of her investigations.

Good

Is the service well-led?

Our findings

The ethos and values of the provider were understood and delivered by the multidisciplinary staff team, led by the manager. Privacy, dignity, independence, rights and fulfilment were at the centre of the care and support people received.

People using the service knew who the manager was; she spoke with most people on a daily basis and was very much in evidence on the unit throughout the inspection. The service had been without a registered manager for several months and staff described it as an 'unsettled time'. All staff spoke positively about the manager and her style. One member of staff said, "She is a strong manager, very approachable, transparent and fair". Another said, "Having the manager here has made a big difference. We have direction, guidance and support." Staff said morale was good and how much they enjoyed working at The Woodmill. The management structure provided clear lines of responsibility and accountability. All staff were aware of their roles and responsibilities and were motivated and enthusiastic.

A system of auditing the quality and safety of the service was in place. Monthly audits were carried out across a number of areas of the service. For example, health and safety; safeguarding alerts, infection control and medication. The divisional manager for the South also visited regularly to monitor and review the service to ensure a safe and effective service was being provided. Audits were evaluated and action plans were in place to ensure improvements were made where necessary. Prompt action was taken where improvements were identified. For example, medicines audits had been completed and actions were being implemented where needed, to help improve medicines handling and management.

The manager was mindful of when the Care Quality Commission should be made aware of events and the responsibilities of being a registered manager.

Incidents and accidents were monitored monthly by the manager and discussed by the multidisciplinary team for trends and patterns. Where necessary action was taken to reduce any avoidable risks. There were clear procedures in place for reporting any errors, issues or concerns with medicines. We saw an example of how this system had been used, and investigations and improvements had been put in place to make sure the problem did not recur, and that lessons were learnt from any incidents.

The provider's services have received independent recognition from CARF International (The Commission for the Accreditation of Rehabilitation Facilities). CARF accreditation signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community. Services operated by the provider were re-inspected in May 2012 and awarded a further three year accreditation with many areas of the service described as exemplary.

The Woodmill, along with the rest of the provider organisation, retained their Investors In People status in 2013. Investors In People is a nationally recognised framework which focuses on improving performance through a system of support, training and development of staff.

To improve the service, satisfaction surveys were used to obtain feedback from people using the service, families and referrers at the time of discharge and on an annual basis. The results of the latest survey showed high levels of satisfaction from all respondents relating to the overall service provided. The lowest satisfaction response related to the food with 73% of people happy with the food. As a result, additional work had been completed through the regular 'service user forum' to improve the food offered.

The manager was preparing the 'service development plan' at the time of the inspection and she highlighted a number of improvements planned for the coming year. For example, improvements to the environment. Major adaptation was planned in the near future to bring all the therapy areas into one wing of the unit, incorporating the step-down flat, IT Room, OT kitchen & laundry assessment area, Physiotherapy treatment areas and therapists' offices. There were also plans to earmark a wing for four females to provide privacy should this be necessary.

Regular staff meetings were held to ensure staff were kept up-to-date with important issues and provide them with an opportunity to discuss their work, and make suggestions to improve the service. All staff said they received regular 'supervision' with their line manager. This enabled staff to

Good

Is the service well-led?

receive feedback about their performance and raise any concerns or request training. Staff said they were able to speak with their line manager or the manager at any time should they have queries or concerns about their work.

One senior member of staff acknowledged the impact on staff working with adults with acquired brain injuries. They described the support network all staff had, whether care staff, kitchen, administrative or business. They described the organisation as a "truly multidisciplinary" in the way all parts worked together and staff would assist each other to ensure the best possible outcome of people using the service.

The service worked in partnership with other organisations including health and social care professionals, commissioners and the safeguarding team. 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 of the service.