

The Disabilities 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

About the service

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 seven 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).

The service had not accepted any new referral for the past 18 months. The regional manager explained, "We are currently reviewing the delivery models across the organisation and reviewing overall fee structures, it would seem wrong to admit to the Woodmill at this time. Therefore we would like to advise that we are not currently progressing referrals at this point in time until we are clear on the outcomes of this work, but will accept referrals onto a waiting list for future assessment."

People's experience of using this service and what we found

The service continued to place a very strong emphasis on person centred care. People received care and support that in many cases was life changing for them. The staff team excelled at managing people's complex needs, including distressed behaviours by using techniques that had a positive impact on people's well-being. One person told us proudly of the progress they had made at the service. They added, "I am doing really well now."

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

Staff ensured people's communication opportunities were maximised. Various communication methods were used to ensure people were fully included and able to express their wishes.

People's needs were comprehensively assessed, and rehabilitation support plans and goals were highly personalised. People were supported by the staff team 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.

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. Evidence based practice was embedded within the culture of the service. The provider continued to seek new and imaginative solutions to meet the needs of people with acquired brain injuries.

Staff were highly motivated, skilled and enthusiastic, ensuring people's needs were met in a person-centred way, which benefitted their rehabilitation. People were treated with dignity and respect and staff promoted their independence and helped to increase their confidence.

The service was safe. People felt safe at the service and relatives and professional expressed their confidence in the staff team. There were enough staff to support people, including those who required one to one support. Staff recruitment processes ensured people were protected from unsuitable staff. Medicines were managed safely, and people received their medicines as prescribed. The environment was safe, clean and well maintained.

People's dietary needs and preferences were met, and they received appropriate support at meal times. Health needs were monitored, and people had accesses to a range of health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection The last rating for this service was Outstanding (published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

The Woodmill

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Woodmill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people, one relative, 13 staff, including the registered manager, regional manager; consultant clinical psychologist, assistant psychologist; physiotherapist; occupational therapist; speech &

language therapist and member of the care support team.

We looked at the personal care and support plans for two people and the medicines records for seven people. We also looked at two staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive safe care. They told us they felt safe because they trusted the staff who supported them. One person said, "Safe? Yes, for sure. I trust the staff and know them all". Another said, "I feel safe as the staff are nice to me". A relative said, "(Person) is completely safe here. I have the highest regard for the staff team."
- The staff understood the importance of safeguarding and all knew how to raise concerns.
- There were systems in place to reduce the risk of abuse or harm. Safeguarding concerns were thoroughly investigated and reported to external agencies by the registered manager as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to take risks to retain their independence whilst known hazards were minimised to prevent harm. Positive risk-taking, that challenged people, was supported to promote their independence and aspirations to explore new experiences. For example, people were supported and encouraged to take part in activities outside of the service, including horse riding, rock climbing and sailing.
- Staff understood and provided the individual support people needed to keep safe, including when people experienced episodes of anxiety and distress. Staff were trained in positive behaviour support and considered specific triggers, which may prompt an emotional reaction. Positive strategies were devised to help individuals begin to recognise their triggers and manage these themselves, where possible, through positive techniques.
- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the specific requirements each person had to ensure they could be safely evacuated in the event of an emergency. Fire safety was well managed. Action was being taken to address recommendations from a recent fire risk assessment.
- The provider had systems in place to check the safety of the premises. Radiators were low surface heat to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Gas and electrical checks were carried out at the required intervals.
- Accidents and incidents were recorded and investigated by the registered manager and provider to ensure appropriate action was taken. The registered manager shared learning with the staff team to promote safe working practices and further reduce the likelihood of repeat events.

Staffing and recruitment

- There was always enough experienced and competent staff on duty to ensure safe practice and that people's needs were met. Most people required one to one support and this was always provided.

- The team were highly skilled and motivated, consisting of care staff, enablers and therapy staff, such as psychologists, physiotherapists, occupational therapists (OT) and speech and language therapists (SALT).
- There had been changes to the staff structure since the last inspection and some full-time therapy posts had been removed. However, people using the service continued to have access to the full range of therapies provided by BIRT, including monthly access to a consultant clinical psychologist.
- The service had some staff vacancies and regular agency staff were used to cover, which ensured they were familiar with people's needs and preferences. Agency staff said they were well supported by the team. They received an induction, along with good instructions and had been able to view people's support plans. One agency staff said, "I rate this place very highly. The staff are very committed"; another said, "This is a nice place to work. The best one I have been to."
- Staff recruitment systems continued to be robust. Records showed all pre-employment checks were completed to help protect people from staff who may not be suitable to work with them.

Using medicines safely

- There were suitable arrangements for the safe storage, management and disposal of medicines. Staff responsible for the administration and management of medicines were trained and their competency had been assessed to ensure practice was safe.
- Since the last inspection the provider had introduced an electronic medicines system. Electronic medicine administration records (MAR) alerted staff immediately if a medicine had not been given as prescribed. The system prevented staff from moving from one person to another unless the records had been completed to say the medicine had been given or if not, why. The registered manager was able to monitor the system remotely on a daily basis. The service reported a significant decrease in recording errors since the system was implemented.
- Arrangements were in place to ensure medicines prescribed as "when required" were used appropriately. Where needed, protocols were in place for the management of seizures. People's allergies were noted to ensure staff and external professionals were aware of any possible risks.
- A system of audits was in place to monitor practice and highlight any errors. Where errors had occurred, these were addressed.

Preventing and controlling infection

- The control and prevention of infection was well managed. The service was clean and odour free throughout.
- Staff had access to training and policies and procedures on infection control; they had to personal protective equipment such as disposable gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were completed prior to a move to the service to determine the individual's potential for rehabilitation, social reintegration and increased independence. Assessments were completed by the speech and language therapists; occupational therapist, physiotherapist, and consultant psychologist. Detailed support plans were developed with each person, with clear goals and identified outcomes. This helped people to maximise their independence.
- A relative described their first impression of the service. They said, "I was totally impressed by (staff member) and the service. It is person centred. I was impressed with the general treatment of people. They are treated as individuals". A professional wrote, "The assessments are very comprehensive and we are provided with detailed reviews, which shows (the person's) progress".
- Staff were supported to deliver care in line with best practice guidance. The provider ensured staff were kept updated with good practice in relation to acquired brain injury and any changes to legislation or guidance. For example, CQC guidance on oral health in care homes. This helped to promote positive outcomes for people.

Staff support: induction, training, skills and experience

- Staff were well trained and supported to ensure they had the right skills, knowledge and approach to deliver high-quality care and support. The provider had a full training programme which included core training to ensure staff work safely with people, and also specific training related to acquired brain injury.
- New staff completed a full induction process which included the Care Certificate if they had not worked in a care service before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Formal staff supervision sessions, and appraisals were carried out by the registered manager and senior staff. This helped to identify and address any staff training needs or areas for development and offered an opportunity for staff to feedback any issues or concerns.
- Staff said they were well supported with regards to training and supervision. They were aware the provider was reviewing the delivery models across the organisation, and although this had caused concerns, they continued to focus on delivering a high standard of care and support. Staff praised the registered manager for their support; one said, "Staff morale is ok under the circumstances. (The registered manager) has a fabulous attitude and is boosting all our morale. He has a can-do approach".

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. The catering staff were fully aware of people's special dietary requirements and preferences and these were well catered for. A cook explained that cooks were part of the

team and were always given the necessary information.

- People said they enjoyed the meals provided. Comments include, "The food is good. I like it and get the things I like" and "I like the food here". One person explained they had made an effort to lose weight, which had been achieved with the support of staff guiding them around healthy eating choices. The person was very proud of their weight loss.
- Specific guidance from the speech and language therapist was followed by staff to ensure people's nutritional needs were safely met, such as providing fortified or soft textured food.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People using the service had access to expert health care, support and therapy within the service. The staff team had a range of varied skills to ensure a personalised approach was taken to people's health and wellbeing.
- Staff were proactive and had formed good links with external health and social care services to improve people's health and well-being. Timely referrals were made to external services if people's needs changed.
- An internal speech and language therapist had completed oral health support plans for each person, with clear instructions about the support each person needed to maintain their oral health. People had access to local dental services as needed.
- Feedback from relatives and professionals demonstrated the positive impact the service had in supporting people to live healthier lives. A relative said, "We have seen amazing progress in (person's) overall condition".

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA and DoLS. The service was pro-active in supporting people to make decisions and had used various methods to help people express their preferences and make choices about their care and lifestyle.
- 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.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

Adapting service, design, decoration to meet people's needs

- The environment was designed and developed to meet people's needs and promote independence. Each person had a private room with en-suite facilities. Bedrooms had been personalised.
- There were pleasant communal areas and outside spaces for people to enjoy. The service had a gym; training kitchen and laundry room; IT room and activities rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of committed, caring and friendly staff. Staff received equality and diversity training to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Staff demonstrated a person-centred approach, and everyone provided positive feedback about the staff team's approach. Comments included, "My staff are brilliant. They help me a lot" and "Staff listen to me". A relative wrote, "The team at The Woodmill are brilliant. They could not have done anything better."
- Throughout the inspection staff displayed sensitivity and empathy towards people. They took time to support people with activities and personal care and provided reassurance when one person became restless.
- Relatives and professionals felt people were at the centre of the service. A professional said, "The team here are genuinely full of care and take the time to get know the service users..." A relative echoed this, "Their (staff) care and attention has been amazing and we are so thankful to them". A therapist told us, "I have been to many care homes and seen staff talk down to service users without realising; but they don't do that here. They (staff) listen and take on board what people want".
- Staff showed their commitment to providing a person-centred service during our conversations. One therapist said, "Care staff do an amazing job. I have worked in many homes and this is my favourite. I do not see this as work. It is like an extended family" and "I come to work because I love my job and I want to give them the best care I can".

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff that were committed to enabling and empowering them to have as much choice, autonomy and control over their lives as possible. Monthly care reviews were undertaken with each person, to discuss their care and support and provide an opportunity for people to share their feedback and suggestions.
- The service was pro-active in supporting people to make decisions and had used some innovative methods to help people make choices about their care and lifestyle. For example, the use of 'talking mats'. During the inspection, one person was involved in their care review and plan for discharge. Their relative explained, "Everything is centred on (person) to find a way forward."
- People's spiritual needs were acknowledged, and people could be supported to attend a place of worship of their choice.

Respecting and promoting people's privacy, dignity and independence

- Staff had developed positive and caring relationships with people; they communicated sensitively and appropriately with people.
- People's privacy, dignity and independence was respected and promoted by the staff team. Staff were passionate about making a difference for people and supporting them to achieve their goals and improve the overall quality of their life.
- Staff supported people to learn new skills and improve their independence. For example, some people used the training kitchen with therapy staff to develop their meal preparation skills; others were supported to undertake daily tasks such as laundry and cleaning their bedrooms. One person was very pleased with the progress they had made and told us, "I feel I am improving. I am able to do more now."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service continued to provide highly personalised and responsive care, with a staff team that was focused on providing high quality care that achieved the best possible outcomes for people. The staff team worked together extremely closely to improve people's stamina and postural strength as well as improving memory retention, concentration and dexterity.
- People, their relatives and professionals provided exceptionally positive feedback. One person told us about the progress they had made, adding, "I am doing good now". Another told us, "I know this place has helped me get better."
- A relative explained the "amazing" improvements to their loved one, saying, "The improvement has been phenomenal. They (staff) understand that success is what is achievable by the individual; it is person centred. I was so impressed with the general treatment of people; they are treated as individuals". Another commented, "We believe that The Woodmill provides a unique environment that is able to tailor individual care and therapy needs..."
- Comments from professionals were equally positive and confirmed the service was highly personalised, responsive and effective. Comments included, "The Woodmill deserves a big pat on the back for the difference they have made to (person) and the quality of life" and "People here are very complex, and the expertise here has been to such a high level". At a recent review with commissioners a professional said, "I could not believe it was the same person".
- We heard many examples which demonstrated how people's quality of life and levels of independence had significantly improved at the service. Staff understood the frustration people felt when coming to terms with their disability and limitations and worked with them to overcome some of the difficulties they faced.
- For example, on admission, one person had a history of experiencing behaviour that challenged, including aggressive outburst, which resulted in them requiring two to one support from staff. Due to the behaviour, the person was not able to progress with their rehabilitation. However, over time, the therapy team worked with the person to understand the behaviour and develop strategies for them to use to reduce the behaviour. At the time of the inspection, the person's aggressive incidents had reduced significantly from 38 incidents per month to five aggressive incidences per month, and their staffing had been reduced to one to one. This meant the person was able to focus on their successful rehabilitation. As a result, they were engaging with activities; enjoying cooking and spending time in the local community.
- Due to the nature of another person's illness and trauma they were very introverted and would not engage with others. Over time, staff supported and nurtured the person, gaining their trust. As a result, the person's concentration, focus and attention improved significantly and they were able to begin enjoying activities they had previously loved. For example, a trip to ballet was organised; the person was using public transport

and accessing the wider community. They were regularly going out for coffee and on shopping trips. The consistent reassurance, compassion, and skilled support of staff had enabled them to open up their world more. Their relative said, "They (staff) have looked at what (person) liked to do and are engaging with that. They have given (person) some self-esteem again. Their care and attention has been amazing and we are thankful to them".

- Another person had a very restricted range of physical and cognitive abilities on admission to the service. The therapy and care team developed a personalised plan with the person and their relatives which included structured learning, practising daily living skills, promoting community access skills, behavioural management interventions, social skills training, and psychological therapy. As a result, the person's cognitive and physical skills had developed to the degree where they were now enjoying Triking and accessing the services in the wider community. Feedback to the service from family members included, 'We were nowhere near considering (person's) future. (Person) could not hold their head up without support, they could not speak. Now we are discussing options with them. It's a miracle. (Person) has 'woken up' thanks to the Woodmill'.
- Following the initial assessment, a tailored rehabilitation plan was developed by the therapy team for each person to 'maximise their functional independence and quality of life'. People's rehabilitation plans included detailed information about how staff should 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.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a bespoke activity plan, developed according to their rehabilitation needs; personal goals and preferences. People enjoyed a wide variety of activities, including new experiences and revisiting previous hobbies as their abilities and confidence developed.
- People had access to extensive community activities to increase their levels of independence and maximise each person's potential to engage with activities meaningful to them. For example, one person was supported to use the local gym. Another person had begun to go horse riding again, which their relatives said they never thought they would be able to do. A therapist explained the physical benefits included improved balance. People were supported to take part in swimming, sailing, climbing and Triking in local woods.
- The internal activity programme was varied and offered group and individual activities. These included regular exercise classes and relaxation and wellbeing groups, run by the experienced physiotherapy assistant. We heard people benefitted from the relaxation session in particular and staff had worked to develop strategies with people to reduce their anxiety, enabling them to take more control. A regular walking group enabled people to improve their cardiovascular fitness and increase stamina and muscle strength as well as being a social opportunity.
- Twice-weekly pottery groups were organised by the occupational therapist. The group provided valuable opportunity for creativity, socialisation, exercise and assessment of hand-eye co-ordination, seating posture, and observation of both fine and gross motor control. Several people enjoyed this group and they had produced lovely ceramic pieces, many of which were displayed in people's rooms and around the service.
- We observed exceptionally good interactions between people and staff throughout the inspection. Staff had time to chat with people, to listen to their requests and to assist them to spend their day as they chose. We heard lots of laughing and good humoured banter.
- The staff recognised the importance of people maintaining important relationships. One person, with very complex needs, was supported to visit their relative who live several hundred miles away. Staff worked with the person to plan a two-night stay in a hotel. They ensured the person was fully prepared for the trip,

explaining exactly what was planned in order to reduce their anxiety. As a result of meticulous planning and staff support, the person enjoyed time with their relative.

- Family and friends were welcome at the service and involved in the care of their loved, as much as was appropriate for each person. One relative said, "I feel very much part of the team, which I haven't felt anywhere else".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The entire staff team were exceptional at understanding and responding to people's communication needs. Communication needs, including non-verbal, behavioural communication, were identified and met. This had a positive impact on people's day to day life by enhancing opportunities to express their views and reducing frustration and anxiety.
- Innovative methods had been used to help people communicate their wishes and to understand and make choices about their care and lifestyle. Each person's communication needs were assessed by the therapy team.
- The speech and language therapist (SALT) worked with individuals to identify interventions which would give people a voice and the ability to express their wishes. For example, the SALT had worked with one person using a special application, using specific questions within a topic and providing options for the person's response. This had enabled the person to take part in their care review and initial discharge planning. The person was able to say what type of accommodation they would like and the location they wanted to live in. The person's decisions were then mapped and recorded.
- Talking mats were also used to aid communication. Talking Mats can help people with communication difficulties have a greater understanding about the chosen topic. It can increase engagement and can enable them to make informed choices.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people and their relatives were aware of. People they could speak with staff or the registered manager if they had any concerns or worries. Relatives said if they made suggestions, these had been responded to positively. They felt they would be listened to.
- No complaints had been received by the service in the past 12 months.

End of life care and support

- The registered manager explained that as a rehabilitation service, it was extremely rare for people to require end of life care and support at the service. However, support plans had a detailed format to record people's wishes should they require care at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and staff team continued to develop and sustain a positive culture. The ethos of the organisation promoted an exceptionally strong person-centred culture where people were empowered and were at the heart of the service. Staff demonstrated these values through their passion to empower people to live their lives and reach their full potential as demonstrated in the responsive section of the report. A professional said, "I have been very impressed by this service. The team are extremely professional and knowledgeable".
- Evidence based practice and research was embedded within the culture of the service, which meant people received an effective and exceptionally responsive service. Comprehensive neurobehavioural assessments were undertaken to determine each person's potential for social reintegration and increased independence.
- The ethos of the service meant people, relatives, staff and professionals felt they were partners in developing personalised rehabilitation programmes and generally enhancing the service. A relative explained, "This place is transparent and open and a place I can trust. Here they recognised any weak links and address them immediately. It is an amazing service. Outstanding."
- The provider continued to improve engagement with people. Since the last inspection the provider had introduced a new 'Personalisation Project Plan', which aimed to ensure that everyone's inclusion and involvement was encouraged, recognised, valued, and celebrated. People using the service were referred to by the provider as 'experts by experience' and the project focused on ensuring people were fully involved in all aspects of the service. For example, involving people in the recruitment of staff; involvement in training and undertaking quality audits of other services.
- Regional and nation forums were being established to encourage more in-put and engagement with people using the service. The purpose was to provide opportunities to be involved in meaningful decision making about the management and future development of services.
- The service employed a person who had experienced an acquired head injury and had been unable to return to their usual work following their rehabilitation. They had approached the service as they were keen to get back to meaningful work but found other potential employers did not fully understand their condition or limitations. The person was employed part time; fully trained by the provider and given a meaningful role. They explained how their role had been "amazing" for their continued rehabilitation as well as being a role model for others at the service. They said, "I understand the journey of people here and I wanted to give something back. I love my job. My speech and confidence have really improved. I feel part of the team here".

- The service continued to provide education and emotional support to individual families and had a wide range of family information and resources available. A relative explained how valuable the support and information from the therapy team had been for them. They added, "I feel very much part of the team, which I haven't felt anywhere else, which is outstanding for me".
- People using the service were involved in the recruitment of staff where possible. 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.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was a clear written set of values that staff were aware of, displayed in the service, so that people, their relatives and professionals knew what to expect from the care and support delivered.
- The provider's policies and procedures were in line with best practice and regulatory requirements. This supported staff to deliver care which consistent and safe.
- The registered manager and provider were committed to being open and honest when things went wrong and learning from any incidents or complaints. Accidents and incidents were well managed; the registered manager investigated any incidents and shared lessons learned with the whole team and the provider. Multidisciplinary reviews were undertaken following an incident. We saw the system was very effective as there had been a reduction in the risks of falls for one person and the number of aggressive incidents for another had significantly reduced. The systems in place ensured senior managers and the provider had oversight of incidents, their management and learning.
- A relative said they found the service very open to suggestions and responsive where improvements could be made. They added, "This place is transparent and open. A place I can trust. Here they recognised any weak links and address them immediately".
- The local safeguarding team confirmed that any concerns were taken seriously and the registered manager worked with them to ensure any necessary investigations were completed to a good standard. We had been notified of events where necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was effective leadership at all levels within the service. The day to day management of the service well led by an experienced registered manager, who was highly thought of among the staff team. The registered manager was well known to people using the service and they had a strong presence throughout the service. Feedback about the management of the service from relatives and professionals was excellent. They confirmed the person-centred culture established at the service inspired people to achieve positive outcomes. One relative said, "Our whole experience has been outstanding".
- The registered manager was fully aware of the regulatory requirements.
- The clear management structure ensured the staff team were fully aware of their role and responsibilities. Staff were highly motivated and focused on promoting a personalised service that encouraged people's independence and social inclusion.
- Staff felt supported and valued and explained the registered manager had provided additional support and information as the future of the service was being reviewed. Comments included, "The manager has a fabulous attitude and is boosting all our morale. He has a can-do approach."
- The service was effectively monitored by the provider and registered manager, through robust systems of governance. The range of management information was comprehensive. Regular audits, monitoring visits, meetings, reports and targets were used to ensure people received a safe and effective service. This supported effective decision making and allowed for prompt action where necessary.
- The provider continued to carry out research in relation to acquired brain injury, working in close

collaboration with academic institutions on a range of projects. For example, the development of a social cognition screening tool which is a useful instrument to screen for problems in social cognition after brain injury and other neurological conditions. 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 provider had introduced a new format to monitor staff performance, called "being our best". This aimed to ensure all staff were aware of the behaviours and values of the service, and that they were working to the set objectives. This meant all staff were supported to work within the ethos of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly consulted about the service and their ideas were used to improve people's experience.
- Monthly 'service user's' meetings were held at the service to provide an opportunity for people to share their suggestions and views. Key workers held monthly reviews with people to discuss their care and support to ensure they were happy and achieving their goals. As a result of these regular meetings changes had been made to menus; activities and staff supporting one individual. A relative explained how staff were chosen to work with their family member. They said, "(Person) enjoys being with the staff and they always think who is best to be with (person). They are not just about covering the shift".
- Staff also had numerous opportunities to have input into the development of the service. They were able to share feedback during regular supervision meetings, staff meetings or directly with the registered manager.

Working in partnership with others

- The service continued to work effectively in partnership with other organisations including health and social care professionals, commissioners and the safeguarding teams, for the benefit of people. 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.