



THE WOODMILL



Annual Report 2008

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Introduction

The Woodmill celebrated its tenth birthday in May 2008. This is the fifth annual review we have conducted. This report represents the activities of the calendar year 2008.

The Brain Injury Rehabilitation Trust is a branch of our parent organisation, the Disabilities Trust, which was founded in 1979.

The Disabilities Trust also provides specialist services for people with physical disability, learning disability and autistic spectrum disorders.

The Brain Injury Rehabilitation Trust provides a nationwide continuum of services, both residential and in the community, for people with an acquired brain injury. BIRT also has residential and rehabilitation units in Birmingham, Leeds, Aylesbury, Milton Keynes, York, Ely, Liverpool and Horsham. We also look forward to a new unit opening in Glasgow. The units in Aylesbury, Liverpool, Bristol Road in Birmingham and The Woodmill also provide Continuing Rehabilitation (sometimes referred to as slow stream) residential services.

Our treatment philosophy follows the neuro-behavioural model of rehabilitation, first developed by Professor Roger LI Wood. The Woodmill is a post-acute neuro-rehabilitative unit meaning that our clients are medically stable and have, in most cases completed acute medically based rehabilitation. As a neuro-behavioural treatment programme we focus on minimising the disabling effects of neurological impairments with particular emphasis on social behaviour.

All treatment programmes are individually tailored for each client and most focus on skills necessary for community re-integration. Our clinical programmes are supervised by a Consultant in Neuropsychology and Rehabilitation.. Our rehabilitation team includes a Consultant Neuropsychiatrist, Medical Director/ Specialist G.P., Clinical Psychologist, Assistant Psychologists, Occupational Therapists, Physiotherapist, Sports and Fitness Co-ordinator, Speech and Language Therapist, Vocational Trainer / Assistant Occupational Therapist and a host of Rehabilitation Support Workers, coordinated by three Team Seniors.

The Brain Injury Rehabilitation Trust Clinical Executive is comprised of nine senior Consultant Clinical Psychologists. It has responsibility for setting and monitoring clinical development, research and which has set standards overseeing clinical governance. Professor Mike Oddy, chairs the Clinical Executive.

CARF

CARF is an accreditation agency which has set standards in rehabilitation facilities for the past forty years. In March 2006 our sister units in York, Leeds and Liverpool were all awarded a full three year accreditation which is the highest level awarded. In June 2007 CARF inspected all remaining BIRT services, including residential units and community services and once again awarded a full three year accreditation throughout the service. We are all extremely proud to have been awarded this status which reinforces our reputation as leading the way in providing first class brain injury rehabilitation services. In order to bring all BIRT services into one time-frame for re-inspection we have decided to undergo a re-accreditation for all our units in Spring 2009.

Services Provided

At the Woodmill we provide a residential assessment and rehabilitation service for adults between the ages of 18 and 65 with an acquired brain injury. As a registered care home we also provide a number of longer stay 'continuing rehabilitation' residential placements. The accommodation in the main unit provides eighteen bedrooms, up to six specifically for assessment and rehabilitation. The accommodation at the main unit has continued to be adapted to meet client and development needs. A dedicated training flat now provides independent housing that is both safe yet close enough to the unit for the team to provide ongoing monitoring and input.

The Woodmill also supports a number of clients in our 'Near Reach' community supported houses. We have two houses, each with two residents, in the Cullompton area as well as an individual who receives support in his own home.



One of the near reach community houses managed by The Woodmill

We continue to work closely with our colleagues in the Community Services, also part of the Brain Injury Rehabilitation Trusts continuum of services. Our Community Services provides support packages in flats and houses throughout England and Wales.

The Woodmill provides an outpatient Cognitive Behavioural Therapy (CBT) Clinic. This service continues to receive a steady rate of referrals.

Other Local Providers

In the South West the business environment for Brain Injury services remains highly competitive. There are two main independent service providers in the immediate area as well as local NHS provision in the form of The Plym unit (attached to Derriford Hospital, Plymouth and formerly known as The Rowans), The Alfred Morris Unit, which is now ward based within Musgrove Park Hospital, Taunton and Mardon House in Exeter.

Service Objectives

Within the context of the Neurobehavioural Model and with a fully committed staff team we aim to achieve the following service objectives: -

- To provide a comprehensive assessment of individual needs in the most appropriate environment.
- To provide individual programmes that are based on comprehensive assessment reviewed regularly by all relevant parties.
- To provide professional intervention that ensures the skills acquired are translated into patterns of behaviour that are socially appropriate and lead to improved social functioning.
- To provide the service in the least restrictive living situation, based on a balance of choice and need that facilitates community integration and continuing skill acquisition.
- To assess individuals capacity to develop work skills and develop and utilise such skills in work context.
- To strive to establish partnerships that will enable us to utilise additional expertise to achieve our objectives.
- To ensure congruity between our value base and what we do.

Basic Values

The focus on basic values (listed below) forms an integral part of the way in which we offer our services to our client group. All staff, as part of their induction programme, become familiar with the value based model and are given opportunities to develop these basic principles further through consultation with clients and their families.

All staff adhere to the following values: -

PRIVACY The right of individuals to be left alone or undisturbed and free from intrusion or public attention into their affairs.

DIGNITY	Recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and personal needs: treating with respect.
INDEPENDENCE	Opportunities to act and to think without reference to another person, including willingness to incur a degree of calculated risk.
CHOICE	Opportunity to select independently from a range of options.
RIGHTS	The maintenance of all entitlements associated with citizenship.
FULFILMENT	The realisation of personal aspirations and abilities in all aspects of daily life.

Gail Leeder

Consultant in Neuropsychology and Rehabilitation

Service Managers Report

The unit and its near reach houses have enjoyed another successful start to the year and there continues to be a trend towards more movement in the unit than in previous years. Occupancy levels have remained high throughout the year with only one vacancy at Watermeadow remaining. This will soon be filled leaving us with a lengthy waiting list once again.

Performance to Date of Business Objectives 2007/2008

- ⇒ Increased links with Somerset and Dorset – **Achieved**
- ⇒ Psychology Undergraduate Placement – **Achieved**
- ⇒ Satisfaction questionnaires distributed and analysed - **Achieved**
- ⇒ Quality assurance and training plans developed and utilised – **Achieved**
- ⇒ Continued close working with Dr Mark Upton – **Achieved**
Dr Upton holds a monthly clinic at the Woodmill for our clients

Quality

To maintain and improve the quality of the services we provide it is important that we regularly review and, if appropriate, revise our approach. The review process should include purchasers, clients and families as well as other regulatory bodies such as CSC and CARF.

Our commitment to achieving quality standards remain as in the previous Business Plan and continues to reflect the dedication of the staff team to the continuing skill acquisition of the clients we serve. These objectives also reflect our adherence to the Minimum Standards, as laid out by the Commission for Social Care Inspection, and our desire to provide the support needed to maximise all clients independence and quality of life.

The Trust have also been successful in once again retaining their Investors in People award reflecting our commitment to providing quality as an employer as well as a service provider.

Action Plan 2009

⇒ Satisfaction questionnaires to be sent every 12 months or on change of circumstance to families and purchasers.

⇒ Monthly stakeholder audits to be completed and returned to Quality Assurance Division.

⇒ Prompt action plan implementation and formal consideration of recommendations following CSCI and CARF visits.

⇒ Weekly management meetings to address any environmental, any non-urgent Health and Safety items and review of unit activities.

⇒ Implement training in the responsibilities and application of the key worker system to maximise benefits to the client.

⇒ Review of the weekly rehabilitation program for each client to ensure that it is goal focused and client consultation is recorded.

⇒ Further development of the annual Quality Assurance plan – the progress of which to be discussed at the weekly management meeting.

⇒ Continuation of mock inspections with Team Seniors to prepare them for a CSCI inspection and also to raise awareness of the standards.

⇒ Compliance with the CARF standards and development of improvements plan in preparation of the next inspection.

Penny Blackmore Service Manager

Staff Team 2008

Woodmill Clinical Team:

Service Manager	Currently vacant
Deputy Manager/Head of Care	Chris Chitty RGN Level 1
Assistant Manager	Scott Ratcliff
Consultant in Neuropsychology & Rehabilitation/Clinical Team Leader	Gail Leeder MA (Hons) MSc in Clinical & Community Psychology, CPsychol, Full Practitioner status of D.O.N
Clinical Psychologist	Dr Abi Burridge BSc (Hons) DCLinPsy CPsychol
Assistant Psychologists	Fiona Shaw BSc Psych. (Hons) MSc Clinical Neuropsychology
Senior Occupational Therapist	Jenny Crothers BSc (Hons) OT
Occupational Therapist	Jen Sillett BSc Psych (Hons), BSc (Hons) OT, MSc. Neuroscience
Vocational Assistant/ Occupational Therapy Assistant	Maria Clarke
Physiotherapists	Lisa Greenslade BSc (Hons) MCSP SRP Fran davies BSc (Hons) MCSP BSc (Hons) Physiology
Health and Fitness Co-Ordinator	Mike Holder
Speech and Language Therapist	Jo Savery BSc (Hons) Speech and Language Therapy
1:1 Enablers x 8	209 hours total
Team Seniors x 3	98 hours total
Rehabilitation Support Workers x 18	532 hours total
External Consultants:	
Medical Director – G.P.	Dr Stephen Straughan
Consultant Neuropsychiatrist	Dr Mark Upton MA BM BCh MRCPsych MRCPGP DCH

Last year we were happy to welcome:

Malcolm Davies	1 to 1 Enabler
Amanda Parr	RSW Nights
Jo Savery	Speech & Language Therapist
Tracey Fyles	Kitchen Assistant
Lisa Greenslade	Physiotherapist
Fran Davies	Physiotherapist
Fiona Shaw	Assistant Psychologist
Mike Holder	Physio Assistant
Ruth Perry	CSW

Last year we said goodbye to:

Rachel Carpenter	Physio Assistant
Wendy Pitts	RSW Nights
Christine Ogden	CSW
Helen Richardson	Physiotherapist
Linda Pepperell	Kitchen Assistant
Louise Brownhill	Assistant Psychologist

Programme Developments

Timetabling and Orientation

The Woodmill has continued to develop the programme of therapeutic groups and activities offered to clients. We continue to improve the system of providing each of our clients with a typed weekly programme. For many of the clients this is an invaluable memory aid. In addition to this we have maintained a morning planning meeting each day to ensure that any daily timetable changes can be passed onto the clients during the morning orientation session. This morning orientation session is run by the Assistant Psychologist who has endeavoured to provide the clients each day with an exciting bit of information relevant to that day either in the past, present or future.

Client Forum

The Woodmill has continued to run regular client forum meetings, which the clients use as a forum to discuss what they would like to be doing, any issues relating to the operation of the unit and ways of using money donated or raised by the unit. This information is passed on to the clinical team in the clinical meeting and the outcome fed back to the clients in the following client forum.



Therapeutic Groups

Other therapeutic groups that have run throughout the year have covered the following topics: anger management, brain injury awareness, self-esteem, memory, confidence and communication, relaxation, relationships, moving on, potted sports, fitball, music therapy and pottery/art therapy.

Clients are encouraged to access community facilities where possible, including an increasing number of clients being involved in accessing the local gym. A monthly family support meeting is also held which is usually attended by between 4-8 relatives.

Training Opportunities for Clients

In 2008, three clients from The Woodmill have attended the Somerset College of Arts and Technology. The college has continued to work closely with The Woodmill to tailor a course in Humanities to the individual clients' needs, and create suitable learning goals. One client benefits from attending a session dedicated to teaching symbol communication. The college has provided several work placement opportunities including nursery assistant, classroom assistant and garage assistant. The attendance at college is set to continue during 2009. During 2008 The Woodmill has made new links with the CEDA centre in Exeter; an educational establishment set up specifically for individuals with various disabilities. The clients have benefited from attending specialized computing and photography courses, which will continue in 2009.

Clients have also been facilitated in accessing training from other teaching establishments including art training at Tiverton College and lip reading skills by the Workers Educational Association.

Vocational Placements

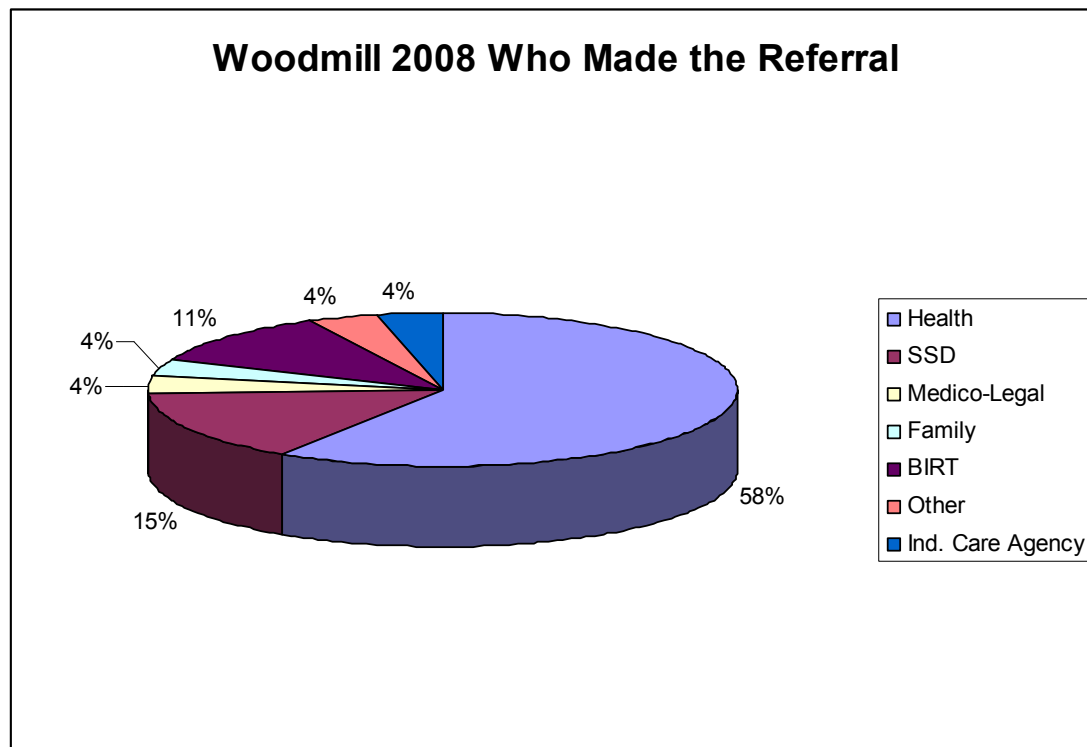
Clients at The Woodmill are continually encouraged to engage in vocational activities. The provision of a pottery group led by a trained potter coming in to The Woodmill has continued to be very popular with the clients who attend at least twice a month. During 2008 six clients have attended a local plant nursery that provides work experience in basic horticultural techniques. Four of those have attended on a regular basis. Individual placements have included work experience at a garage and cleaning golfing buggies, providing refreshments and company to people in a residential home, cat grooming,

hoovering the local town hall, helping at a recycling plant, work at a plant nursery and factory work experience.

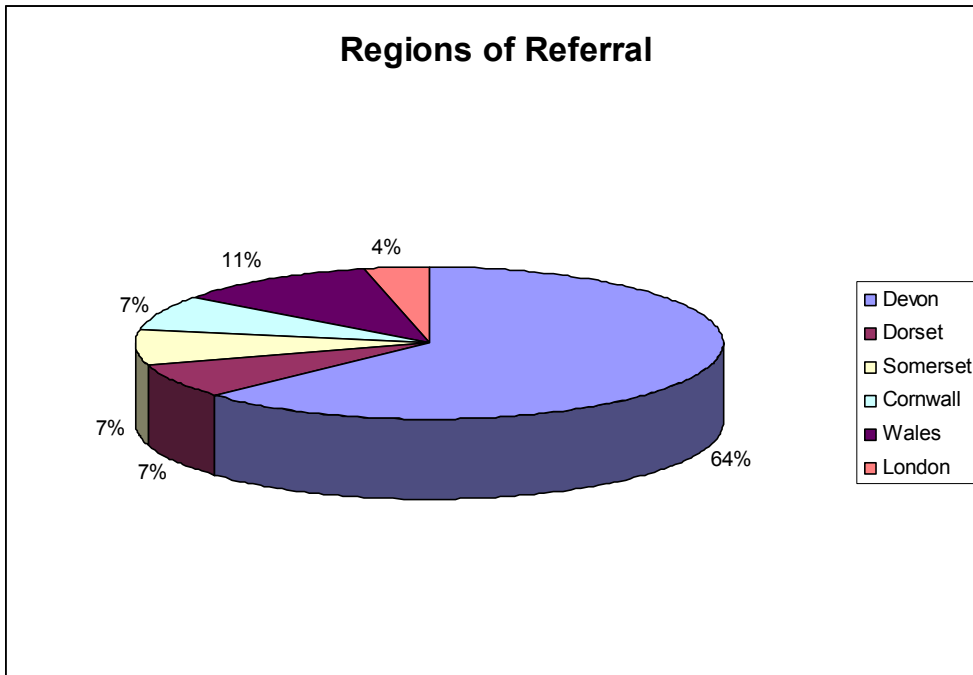
We are also pleased that we have been able to restart our in-house work skills session to further promote the vocational aspect of our program.

Clinical Activity at The Woodmill – 2008

Trend in Referrals in 2008



The volume of referrals in 2008 in relation to the number of available beds was high. In total there were 27 referrals and enquiries, (77% of whom were male). Of the 27 referrals 4 were admitted to the Woodmill and 5 admitted to other BIRT services. The single largest source of referrals in 2008 came from Health professionals (58%), followed by referrals by Social Services (15%), with Internal BIRT referrals at 11% and 4% of referrals to the Woodmill from Solicitors, Family, Independent Care Agency and other sources. Referrals / enquiries received from local sources in Devon were 64%, a significantly higher figure than last year, reflecting our central position within this area. In addition, a further 7% of referrals came from the neighbouring counties of Somerset, Dorset and Cornwall respectively, while 11% of referrals came from Wales.



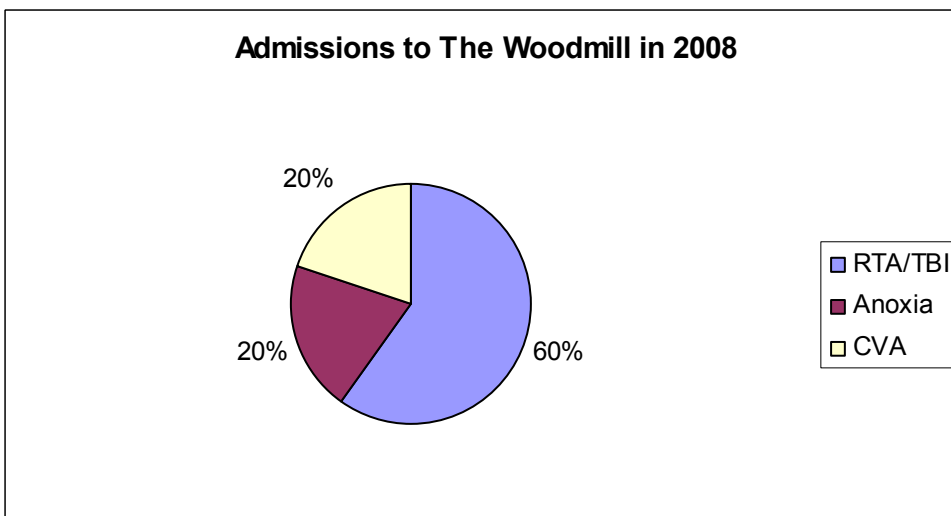
Admissions

Of all the enquiries made to the Woodmill during 2008 only 5 proceeded to admission. A further breakdown of these 5 admissions reveals that 4 are currently on assessment and the remaining admission underwent a period of assessment before moving back home.

Of the referrals made in 2008 resulting in admissions 4 were male and 1 was female. The overall mix of male and female clients within the unit is similar with the current ratio being 21% female and 79% male. The assessment / rehabilitation to slow stream residence ratio was 1:4.

Who was admitted to the Woodmill in 2008

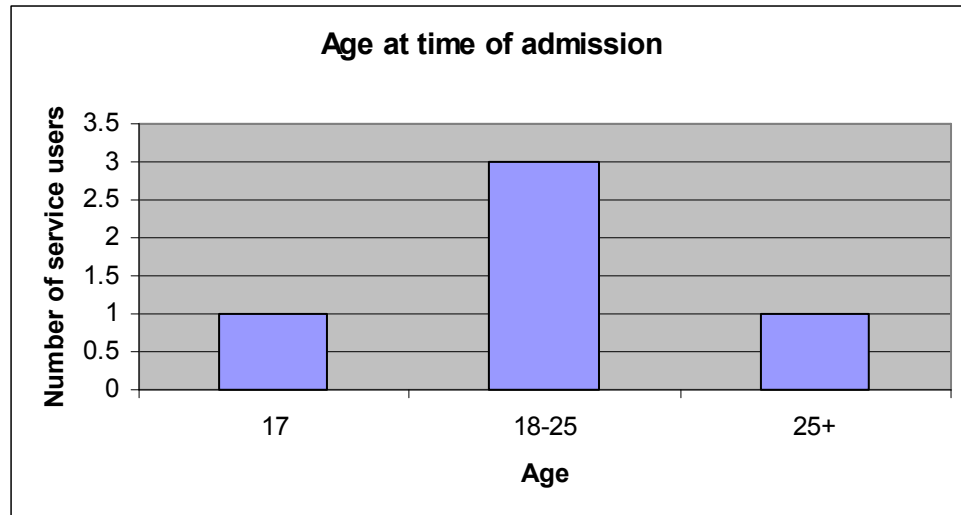
The chart below summarises the primary diagnosis of people admitted in 2008.



3 admissions were as a result of head injury (road traffic accidents), 1 as a result of anoxia and 1 as a result of CVA.

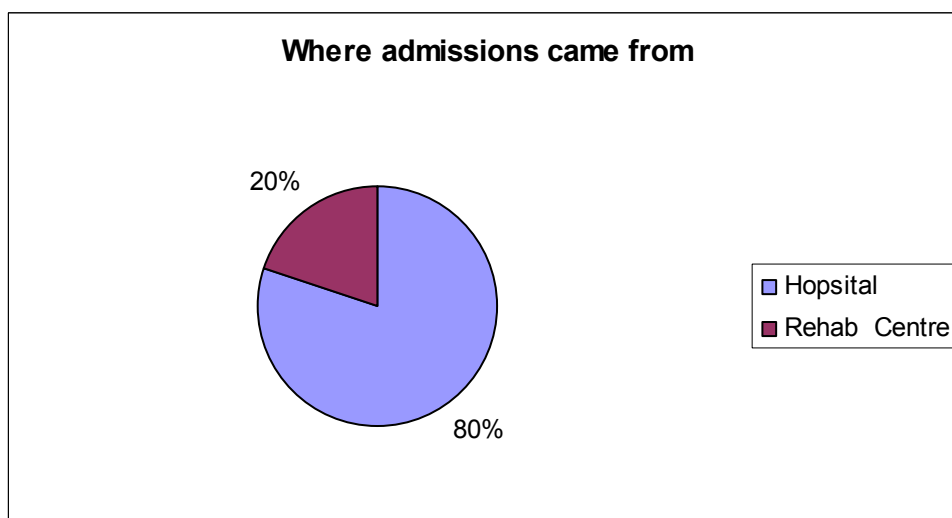
Age at time of admission

The age distribution for clients admitted following referral in 2008 is shown in the graph below; the average age was 27 years.



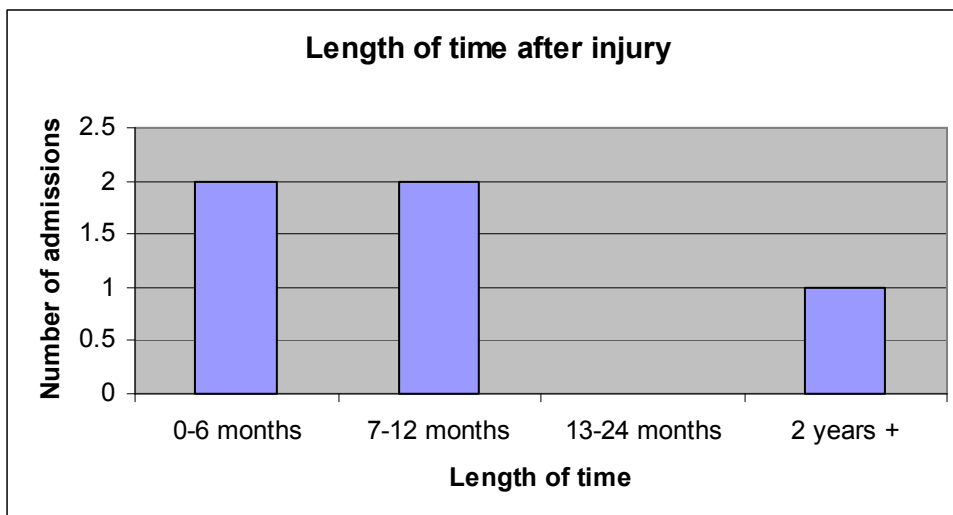
Where did people come from?

The chart below shows the pre-admission placements of all people admitted in 2008. The most common placement prior to admission during 2008 was from hospital.



How long after injury were people admitted?

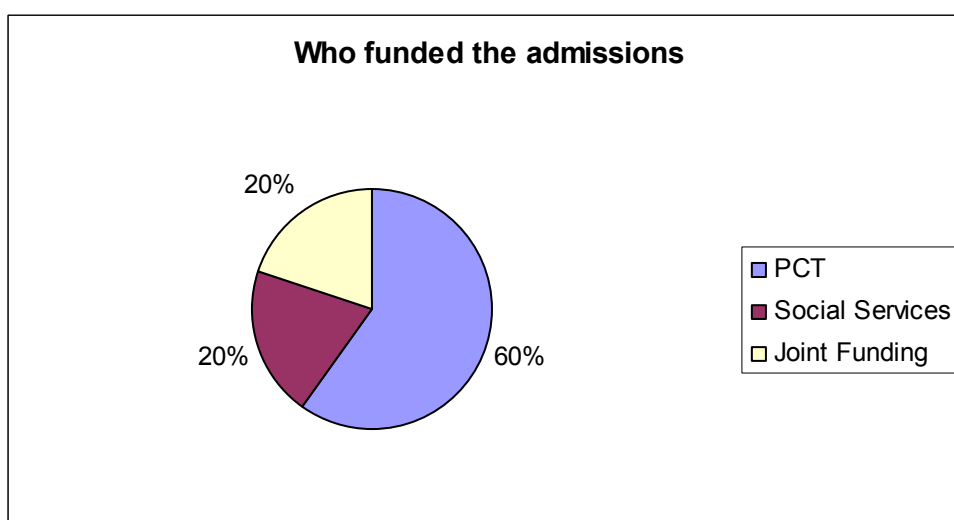
The graph below shows the time elapsed since injury or illness for 2008 admissions. There is a narrow range (3 months to 2 years 3 months) with an average of 10.8 months.



How are clients funded?

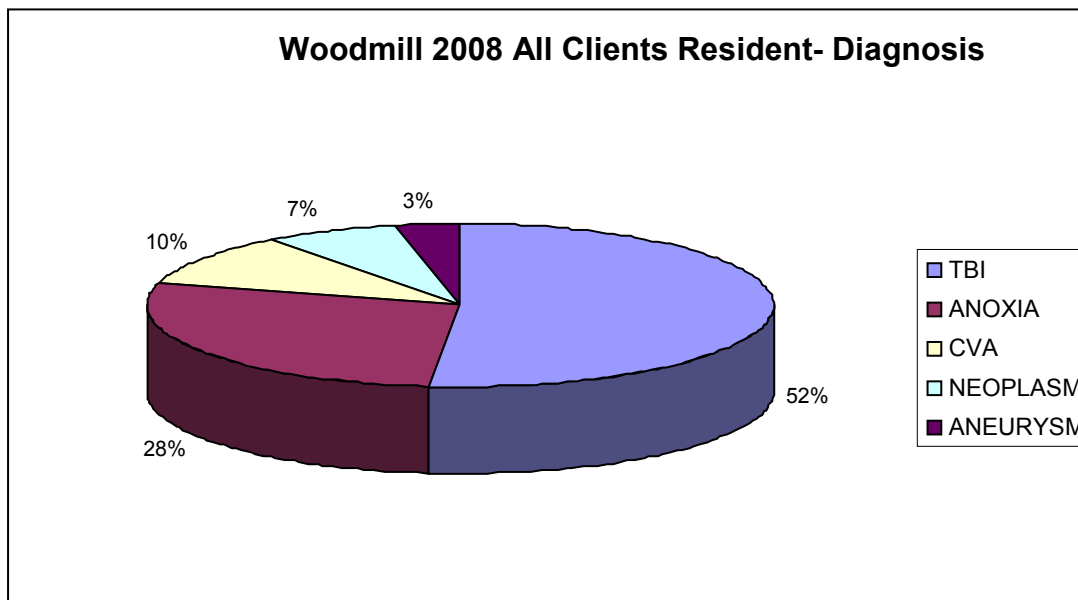
Clients' placements at the Woodmill may be funded through health services (PCTs), social services, a combination of both (joint funding), or through insurance payments (medico-legal funding).

The chart below shows the distribution of funding for admissions during 2008. Three people were funded by PCT's, one person by social services and one person was jointly funded by both PCT and Social Services.

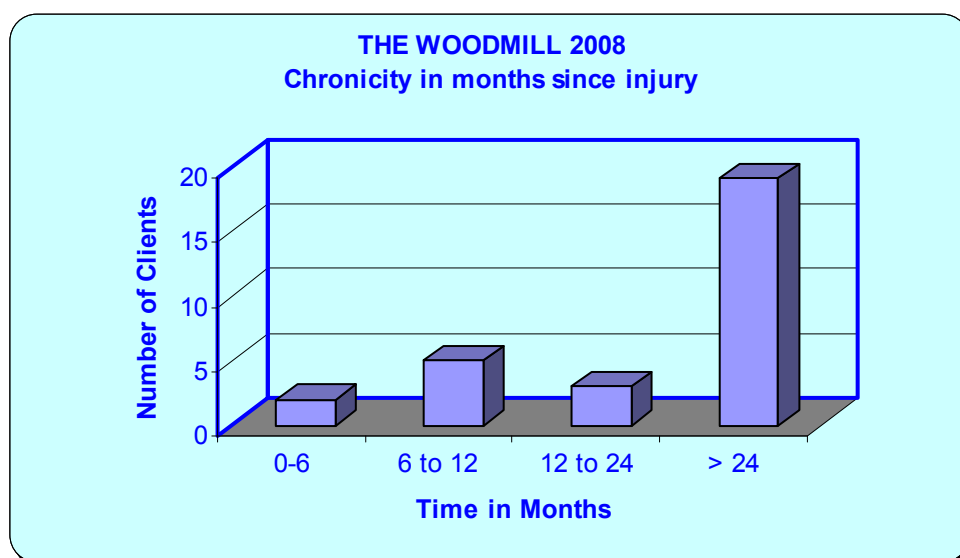


Profile of person served at the Woodmill: Including longer-stay residents and new admissions

An analysis of the clients who were resident at The Woodmill in 2008 was completed. Around 52% of our residents were injured by trauma (TBI), the second most prevalent cause of injury was hypoxia/anoxia (28%), followed by CVA (10%), neoplasm or tumour at 7% and aneurysms accounting for 3% of admissions.



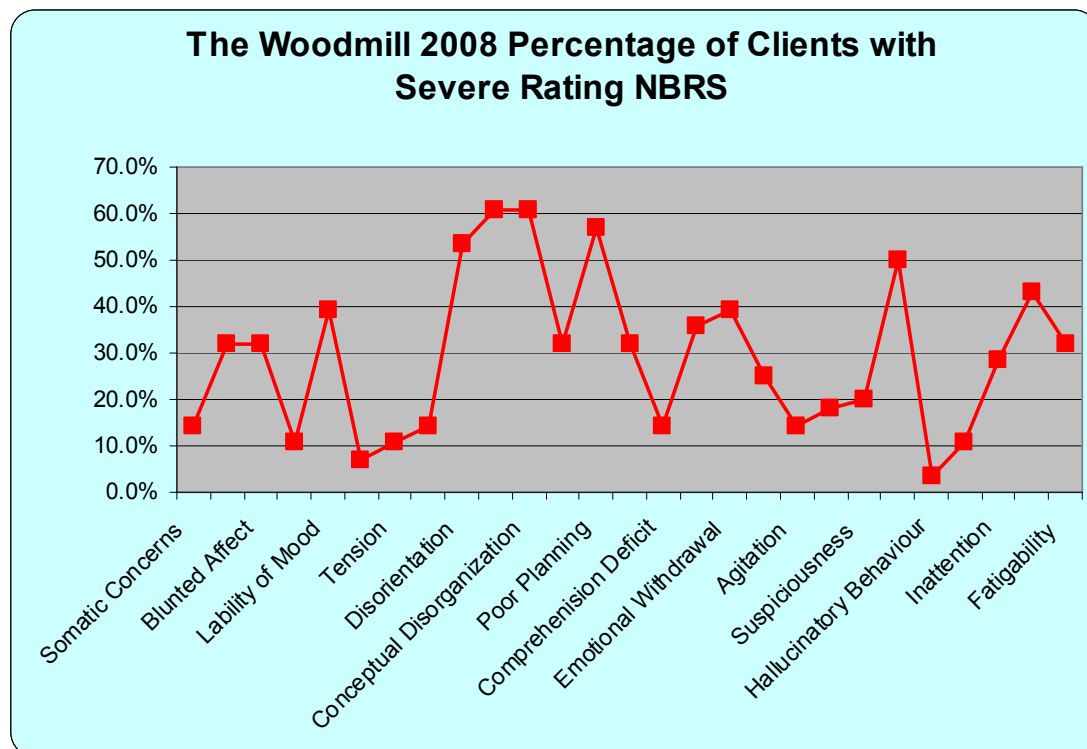
As a post acute unit, the time between injury and admittance generally varies, in 2008 two clients were less than six months post injury, five clients had acquired their injury between six months and one year, three clients between one and two years while nineteen clients had acquired their brain injury more than two years ago.



Our clients generally come to The Woodmill for a period of assessment in order to identify the consequences of their brain injury and identify their

rehabilitation potential. In addition to a full Neuropsychological, Occupational Therapy and Physiotherapy screen, a full cohort survey of all our clients was completed in order to identify differences among our diagnostic groups which may lead to improved means of service delivery.

The next graph is based upon a respected measure of neurobehavioural disability, the Neurobehavioural Rating Scale (NBRS).



In the area of impairment the NBRS is one of the most widely used measures of impairment available. Our measurements indicate that the persons served at The Woodmill, on average have a broad mix of cognitive, behavioural, executive and physical challenges.

What happens when people are admitted to The Woodmill?

Admission to The Woodmill is initially on the basis of a twelve-week period of residential assessment. The assessment includes formal neuropsychological and neuropsychiatric evaluation. The emphasis of the assessment, however, is on the systematic and structured observation of behaviour and skills in everyday situations and tasks, informed by detailed clinical assessment. This allows the team to understand the nature of a person's disabilities and their potential for more independent living. A formal review meeting is convened within the tenth week in which the team present their findings and recommendations for rehabilitation or support are made. The

recommendations are discussed with the client, their family and the funders and a plan is agreed for rehabilitation within a defined time period.

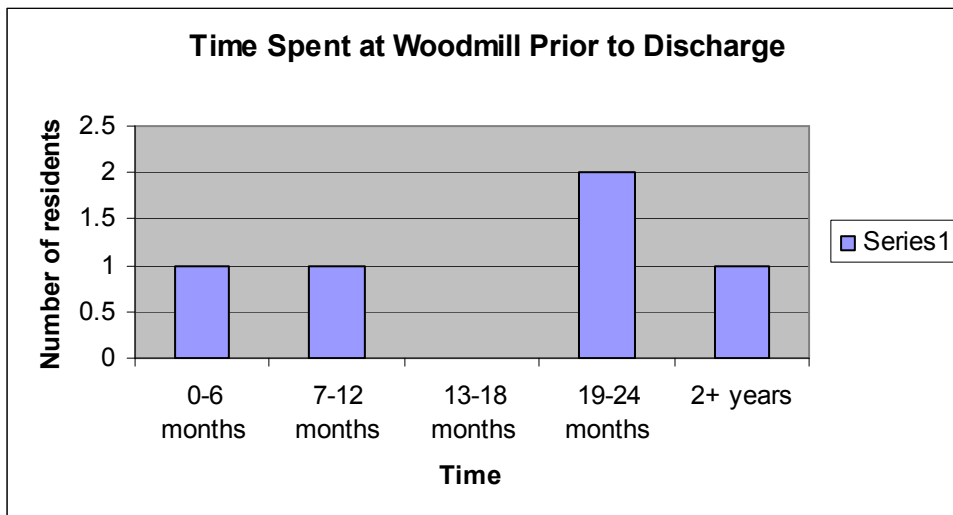
Once this has been established the treatment goals are established with the client and a rehabilitation plan is designed, on which progress is reviewed.

Review meetings are held at approximately three to six monthly intervals depending on the client and funders needs. Treatment goals are modified and a new rehabilitation plan is formulated. Discharge planning begins from the moment of admission. This is especially important if a person is unlikely to return home as it can often take many months for funding to be agreed, appropriate placements to be established and support to be arranged.

Discharges in 2008:

In 2008 we discharged 5 clients, 4 males and 1 female. The mean length of stay at The Woodmill prior to discharge in 2008 was sixteen months.

The table below shows time spent at The Woodmill or in near reach housing prior to discharge.



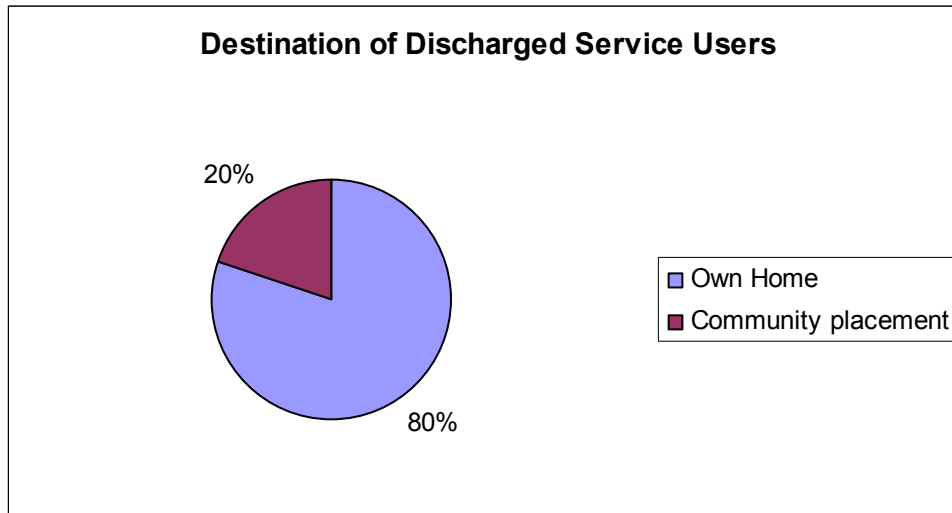
Where do people go when they leave?

We aim to achieve for every client a smooth, efficient transition through a continuum of care towards an agreed objective. This involves close working with other agencies and family members and often our colleagues in the BIRT/DT Community Services.

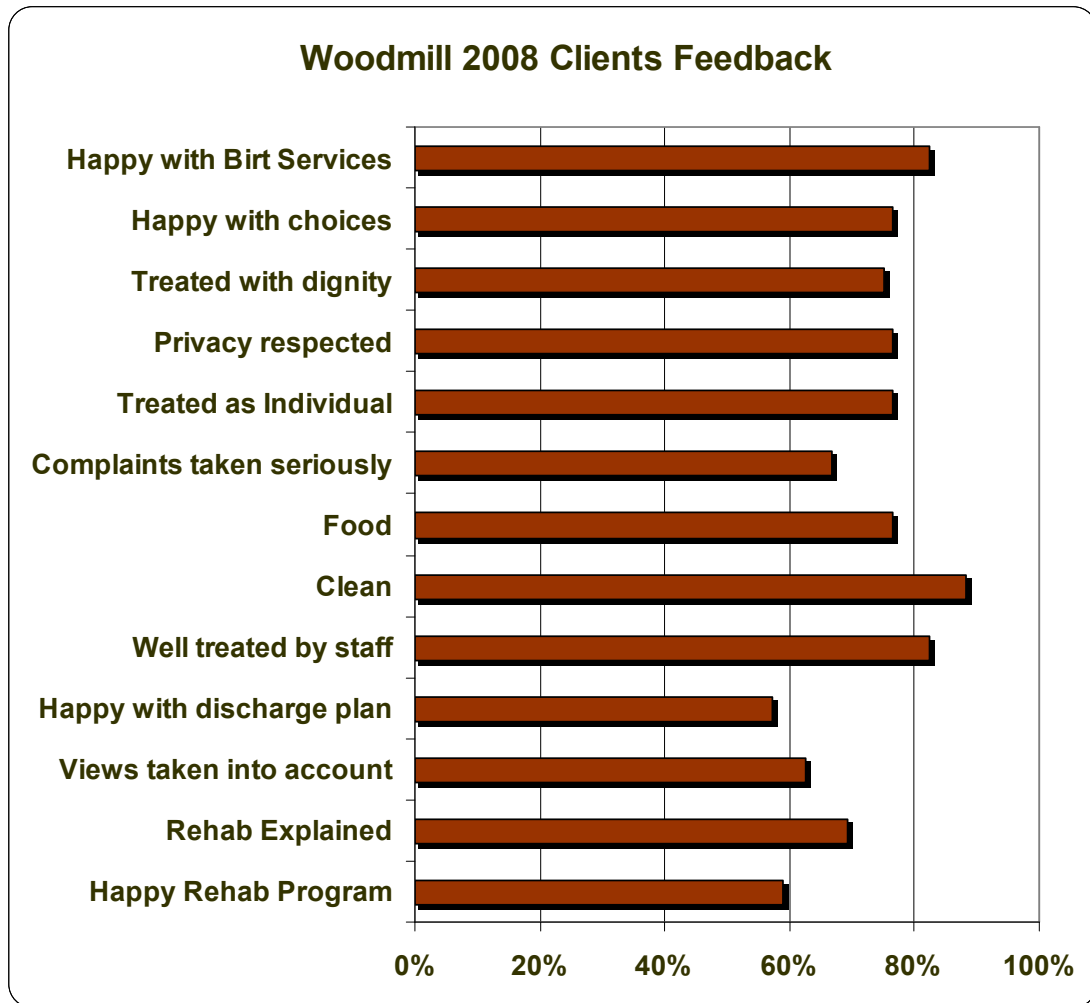
We are unable to seek and secure a community supported house for clients unless funding has been agreed in writing by social services. Unfortunately, there have sometimes been substantial delays in securing funding which has resulted in delays in discharging clients from The Woodmill. This is obviously an unsatisfactory situation for the clients involved and discussions have taken

place with key personnel within a number of social services in an attempt to rectify this situation.

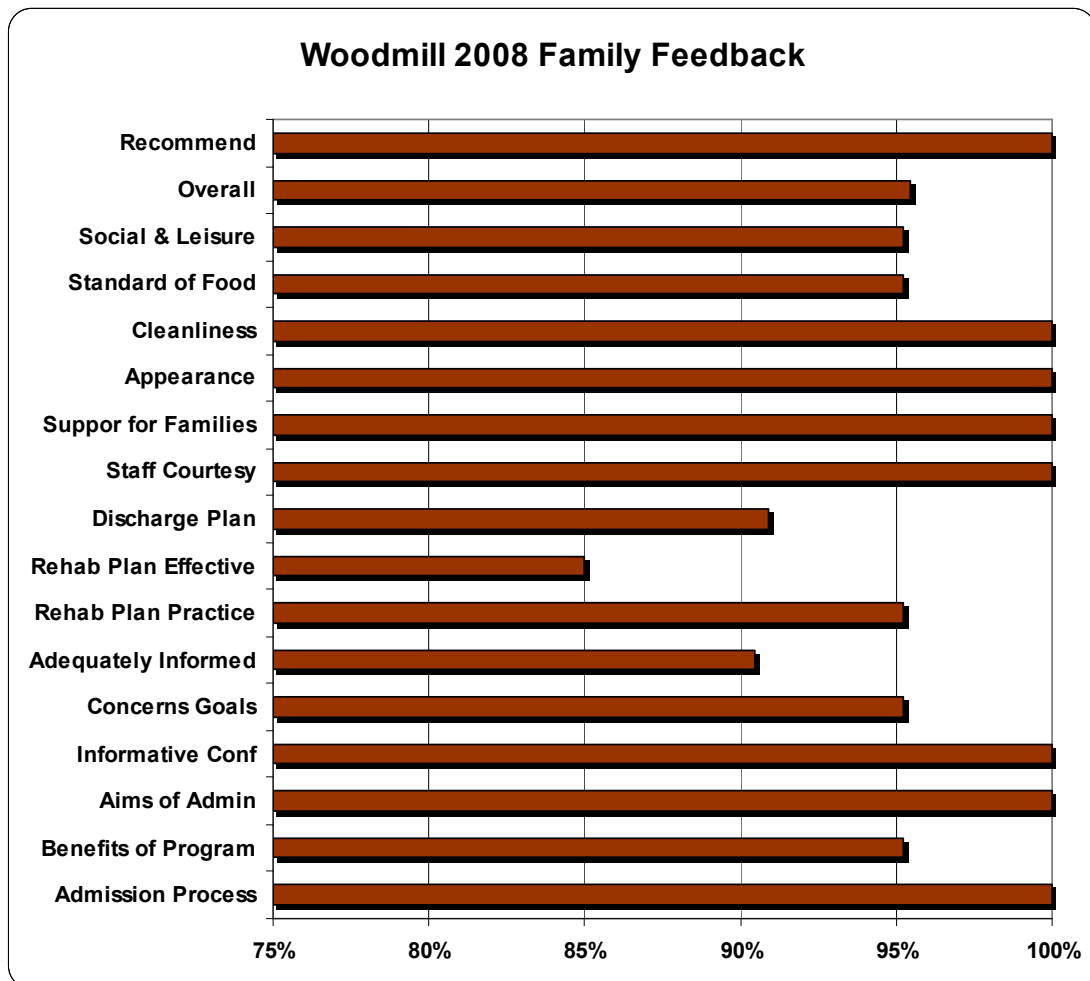
The chart below summarises the discharge destination for the 5 clients that were able to move from The Woodmill in 2008.



It is positive to report that all 5 clients (100%) returned directly to the community upon discharge, either to their own homes or in supported housing. 4 clients (80%) moved into their own home and 1 moved into a community-supported house (20%).



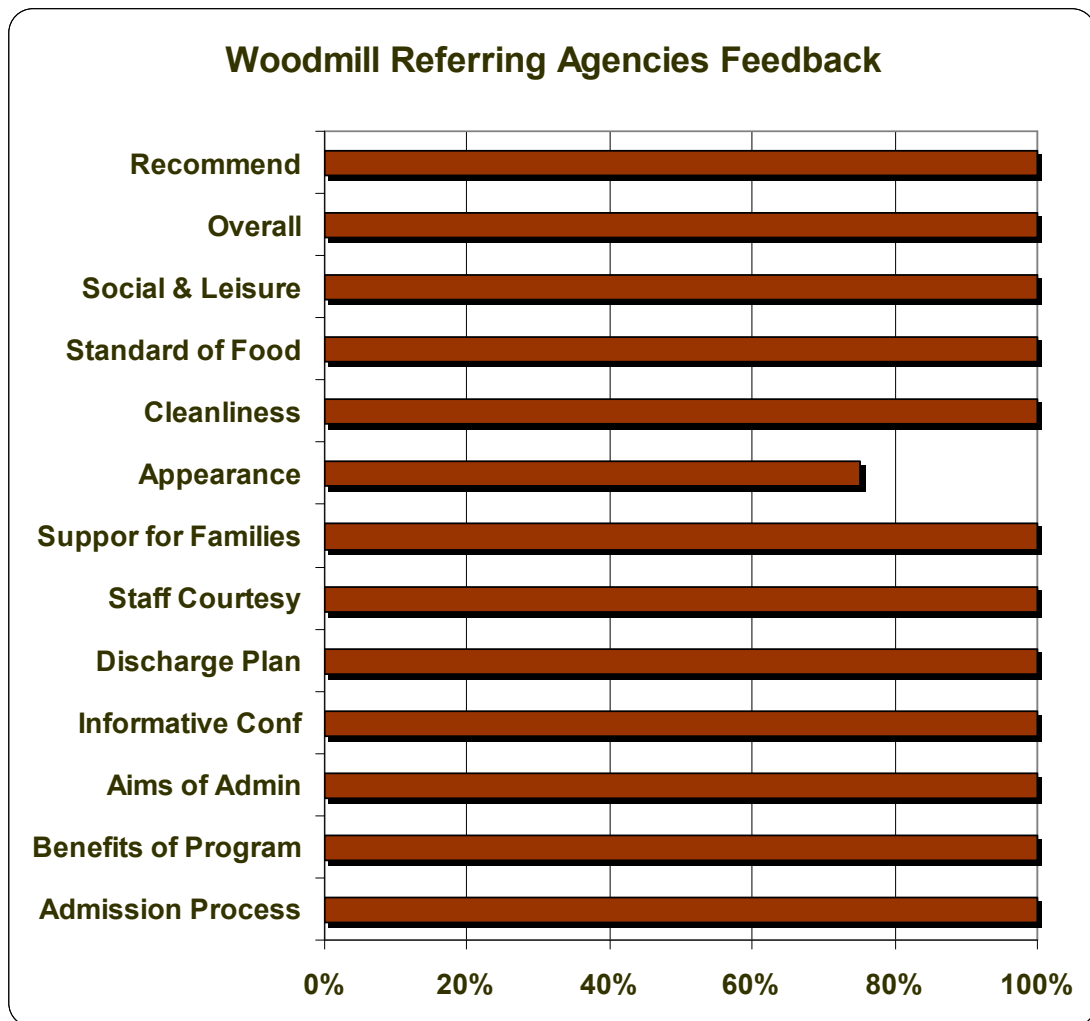
The Woodmill's Service Users completed a satisfaction survey (see bar chart above). In 2008 over 80% of clients were happy overall with BIRT's services, with almost 60% satisfied with their rehabilitation plan.



100% of families/carers reported that in 2008 they were satisfied with the aims of admission, the admission process itself, staff courtesy and responsiveness, general appearance and cleanliness of the unit, the support available for families along with their willingness to recommend BIRT's services to others.

Over 95% were satisfied with how the rehabilitation plan was put into practice, that their concerns and goals were considered in the rehabilitation plan, opportunities for social and leisure activities, standard of food, the benefits of the rehabilitation program and their overall satisfaction with BIRT services.

Between 90 to 93% were satisfied with the discharge plan and that they were kept adequately informed. 85% felt that the rehabilitation plan was effective. This result may reflect the fact that a significant proportion of our service users currently at the Woodmill are in fact longer stay residents who may have reached their full rehabilitation potential some years ago. For many the goals are primarily around maintenance of functioning, for others sadly there is a natural decline in abilities which is age related.



Of those who made referrals to the Woodmill in 2008, 100% felt they were satisfied with the benefits of the programme, the discharge plans and that they could recommend BIRT's services.

Staff Training

The past year has seen the Woodmill continue to provide the resources for staff development across the whole team as part of the emphasis on ensuring our staff feel valued and appreciated. External training facilities are constantly examined for their suitability to meet the standards at government, trust and unit level.

A continuous programme of training topics has been offered including the mandatory training such as Moving and Handling, Health and Safety (with COSHH), Food and Hygiene, First Aid, Crisis Intervention, POVA and Fire training. The organisation's internal training packages include induction level (in line with the latest TOPPS induction standards), basic and intermediate level. The advanced level programme has also remained an option for those that wish to attain it.

NVQ level 3 training via the Disabilities Trust NVQ centre has seen one staff member complete the award and a further two staff are nearing completion of level 2 and level 3 awards. The NVQ level 4 LMCS award training via the Disabilities Trust NVQ centre has recently been commenced by our Assistant Manager. One staff member has commenced the Assessor award and two staff members have commenced level 2 and level 3 awards.

We have continued to take advantage of the excellent training opportunities and conferences offered through our local area and nationwide. Our Service Manager completed the second year of an MSc in Acquired Brain Injury via Swansea University before taking up a new post. Our Clinical Psychologist has continued to work towards completing an MSc in Clinical Neuro-Psychology at Glasgow University. The Deputy Manager has continued with a Vocational certificate in Epilepsy at Leeds University and also during this year our Senior OT has attended an AMPS (Associated Motor Processing Skills) course and continues to work towards accreditation early next year. Our Occupational Therapist attained a certificate in Occupational Therapy for the Physical Rehabilitation of Neurological Disorders. Moving and handling training along with crisis intervention training has been offered to large sections of the staff team by qualified in-house instructors this year. The Woodmill has continued to provide placements for Trainee Clinical Psychologists studying for their doctorates..

Clinicians based at the Woodmill continue to provide specific training for the staff team including Behavioural training, CARF awareness training and 1:1 Enabler training.

The past year has continued to provide opportunities for appropriate training within the Woodmill to promote both personal and service development.

Scott Ratcliff, Assistant Manager and Penny Blackmore, Service Manager

Research

The Woodmill continues to be involved in any BIRT-wide research projects in order to increase our understanding of brain injury and its impact; this includes the Outcome Study, the Satisfaction Study and the BIRT Aggression Rating Scale Study.

Student Placements

The Woodmill continue to offer placements and training for students studying nursing, occupational therapy and clinical psychology degrees. We have been very fortunate to have Laura Sargent, an undergraduate psychology student, on placement with us since September 2007 for a year long placement as an Honorary Psychology Assistant, as part of her Industrial Placement experience. The relationship with Plymouth University continues to thrive and interviews will take place in March 2009 for a further placement beginning in September 2009.

Conclusion

2008 has been a very positive year for The Woodmill and its near reach supported houses. Staff training is at a very high level and all staff have continued to work with the enthusiasm and dedication that is such an asset to The Woodmill and to the Brain Injury Rehabilitation Trust.

Enquiries and referrals continue to be received on a regular basis from new sources as well as from existing funders.

We all continue to work hard to improve the quality of the service that we provide to our clients.

The rehabilitation programmes that we provide include a host of vocational and social activities as well as clinical interventions and programmes. Our staff remain committed to maximising the independence of our clients and enabling them to capitalise on many opportunities.