

THE WOODMILL

Cullompton, Devon



Annual Report 2009

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Introduction

The Woodmill celebrated its eleventh birthday in May 2009. This is the sixth annual review we have conducted. It is our aim to produce such a report on an annual basis. This report represents the activities of the calendar year 2009.

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, Milton Keynes, York, Ely, Liverpool, Glasgow and Horsham. The units in Aylesbury, Liverpool, Bristol Road in Birmingham and The Woodmill also provides Continuing Rehabilitation (longer term) 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 service users 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.

Additionally we help service users become more functionally independent so they can eventually develop interdependent relationships within their community. All treatment programmes are individually tailored for each service user and most focus on skills necessary for community re-integration. Our clinical programmes are supervised by a Consultant Clinical Neuropsychologist. Our rehabilitation team includes a Consultant Neuropsychiatrist, Medical Director/ Specialist G.P., Clinical Psychologist, Assistant Psychologists, Occupational Therapists, Physiotherapists, 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 Board 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, heads the Clinical Executive Board.

CARF

CARF is an accreditation agency which has set standards in accredited 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 then 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 quality brain injury rehabilitation services. In order to bring all BIRT services into one time-frame for re-inspection we decided to undergo a re-accreditation with our Northern units in Spring 2009 and once again achieved full three year accreditation throughout the service.

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 'slow stream' 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 service user and development needs. Additionally, a dedicated training flat provides independent housing that is both safe yet close enough to the unit for the team to provide ongoing monitoring and support.

The Woodmill also supports a number of service users 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

The Paddock is a separate house close to The Woodmill which provides continuing rehabilitation services for up to four people with acquired brain injury.

Its proximity to The Woodmill means that service users will be able to live in a community setting with 24 hour support, and the expertise and support of The Woodmill's clinical team when it's required. It will open early in 2010 with two residents.

We continue to work closely with our colleagues in the Community Enabling Services, also part of the Brain Injury Rehabilitation Trusts continuum of services.

Our Community Enabling Services provide support packages in flats and houses throughout England and Wales.

The Woodmill provides an outpatient Cognitive Behavioural Therapy (CBT) Clinic. This service continues to do well and receives 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, Plymouth (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 and 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 service user 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 service users 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 their 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 Manager's Report

The unit and its near reach houses have enjoyed another successful year and there continues to be a trend towards more movement in the unit than in previous years. The opening of The Paddock has enabled some movement and increased flexibility, allowing a more responsive service with regard to the number of assessment and rehabilitation places within the unit. Occupancy levels have remained buoyant throughout the year, although we did experience a vacancy at one of the near reach houses, Spindlebury from May to November; however this vacancy has now been filled.

Achievement of Action Plan Objectives 2008/2009

- ⇒ Satisfaction questionnaires distributed and analysed every 12 months or on change of circumstance to families and purchasers. – **Achieved**
- ⇒ Prompt action plan implementation and formal consideration of recommendations following CQC and CARF visits. – **Achieved**
- ⇒ Weekly management meetings to address any environmental and non-urgent Health and Safety items and review of unit activities. – **Achieved ongoing**

- ⇒ Further development of the Annual Quality Assurance Plan – the progress of which to be discussed at the weekly management meeting. – **Achieved ongoing**
- ⇒ Continuation of mock inspections with Team Seniors to prepare them for a CQC inspection. – **Achieved ongoing**
- ⇒ Compliance with the CARF standards and development of improvements plan in preparation of the next inspection. – **Achieved ongoing**
- ⇒ Quality assurance, Training and Marketing plans developed and utilised – **Achieved ongoing**
- ⇒ Continued close working with Dr Mark Upton. Dr Upton holds a monthly clinic at the Woodmill for our service users. – **Achieved ongoing**

Quality

To maintain and improve the quality of services that we deliver, it is imperative that we regularly review and, if appropriate, revise our approach. The review process should include purchasers, service users and families as well as other regulatory bodies such as the Care Quality Commission and CARF, (the Commission for the Accreditation of Rehabilitation Facilities).

Our commitment to achieving quality standards, remains as in the previous Business Plan and continues to reflect the dedication of the staff team to the continuing skill acquisition of the service users we serve. These objectives also reflect our adherence to the Minimum Standards, as laid out by the Care Quality Commission, and our desire to provide the support needed to maximise all service users' independence and quality of life. As a measure of the quality of service that The Woodmill delivers, we were extremely proud to have gained a further 3 years accreditation by CARF, (the Commission for the Accreditation of Rehabilitation Facilities) in May 2009.

The ability to deliver quality services within the specialised area of acquired brain injury relies significantly upon the people we employ. In order to achieve, maintain and improve quality, The Woodmill places a great emphasis upon recognising and increasing the skills, abilities and knowledge of the entire team. For these reasons, we are seeking further accreditation with 'Investors in People', again in 2010. The Investors in People award reflects our commitment to providing quality as an employer, as well as a service provider.

One of the main goals within this year's Business Plan is to improve our ability to provide effective support for family members. In December 2009 we consulted with family members, in order to determine what areas of support were most important to them. The information that we gained from this questionnaire will be used to implement the most effective form of 'Family Support Group'.

Development

We are incredibly proud to have recently opened a new service in Cullompton, The Paddock. The opening of The Paddock has been achieved through an immense amount of hard work, and the culmination of thoughts and ideas from those with the ability to recognise local need for people with complex needs with an acquired brain injury. This vision has then been put into action with the opening of The Paddock, providing a specialised service for 4 service users with an acquired brain injury within a community setting. In order for people to make the move from The Woodmill to The Paddock, funding had to be secured through the process of 'Personal Brokerage'. This system and process, that applies to Devon, has proved to be an extremely difficult and protracted system to engage within. Sadly for me as a manager, this drawn out and laboured system has denied service users the right to make the move from The Woodmill to The Paddock. In real terms, this means that those people who have lived long-term within the unit may have been denied their only opportunity of moving to a specialised homely service, within the community.

Action Plan 2010

- ⇒ To reassess the effectiveness of the 'Family Support Group' and to implement change as a result of consulting with internal and external stakeholders and maximising collaboration.
- ⇒ Further development of the annual Quality Assurance plan – the progress of which to be discussed at the weekly management meeting.
- ⇒ Prompt action plan implementation and formal consideration of recommendations following CQC and CARF visits.
- ⇒ Further development of a comprehensive training plan for the forthcoming 12 months and monitoring and evaluation of attendance and effectiveness of the training.
- ⇒ Implement training in the responsibilities and application of the key worker system to maximise benefits to the service user.
- ⇒ Review of the weekly rehabilitation program for each service user to ensure that it is goal focused and service user consultation is recorded.
- ⇒ To implement a discharge and planning process that is more responsive and clearly involves all stakeholders.
- ⇒ Continuation of mock inspections with Team Seniors to prepare them for a CQC 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.

Mark Robson Service Manager

Programme Developments

Timetabling and Orientation

The Woodmill has continued to develop the programme of therapeutic groups and activities offered to service users. We continue to improve the system of providing each of our service users with a typed weekly programme. For many of the service users 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 service users during the morning orientation session. This morning orientation session is run each day by the Assistant Psychologists who have endeavoured to provide the service users with a topical quiz and information relevant to that day.

Service user Forum

The Woodmill has continued to run regular service user forum meetings, which the service users 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 service users in the following service user forum.

Therapeutic Groups and Vocational Activities



Therapeutic groups have continued to run throughout the year, tailored to meet the varied and specific needs of service users. These groups have included understanding brain injury, anger management, anxiety management, circuit training, memory and attention group, art and craft groups, flower arranging groups. The joke group has been particularly successful in promoting appropriate interactions.

In addition to these groups The Woodmill has continued to develop and enrich its vocational provision and has plans to develop it further. Service users are encouraged to access community facilities where possible, including an increasing number of service users being involved in accessing the local gym.

Training and Educational Opportunities for Service Users

External sources of training and education are investigated at every opportunity. This is because we can see how valuable it is for service users to go back into the outside world and have contact with other people, but with the support they need to interact. Suitable opportunities are hard to find in a rural area, but we have been lucky with two establishments.

The Woodmill has a longstanding arrangement with SCAT (Somerset College of Arts and Technology) in Taunton. Two of our service users (one from The Woodmill and one from a near reach Community Supported House) have attended for one afternoon every week for a number of years. The College runs a course solely for people with acquired brain injury. In addition to the stimulation provided by the content of the course (communication, computer work) there is a very great benefit from the group discussions and being part of a mainstream educational facility.

CEDA (Community, Equality, Disability in Action) is an educational centre run in the Clare Milne building in Exeter and provides learning opportunities in a very modern facility for young people with disability. They specialise in computer work, as well as courses which range over a number of topics (sport, environmental issues, photography). Two service users attend every week from The Woodmill and would describe it as the highlight of their week. It has proved to be of immeasurable value in creating opportunities for learning social skills.

In addition to the above, the local Youth Club has been very welcoming and one service user was so keen to attend that it had to be arranged that he go twice a week. It is anticipated that another person will start in the New Year.

Vocational Activities

Whenever appropriate, opportunities are sought for service users to become involved in outside placements. However, the potential for this does depend on the abilities and behaviours of the service users and the goodwill, co-operation and immense generosity of outside providers. We are very grateful to a major nearby horticultural concern (Otter Nurseries of Ottery St Mary) who welcome and enable up to 6 of our service users to visit their special small organic nursery unit (West Hill Nursery) every week, where the two staff from the nursery give up their time to tutor the service users in real tasks. This can involve any number of gardening activities; seed sowing, bulb planting, making wreaths, planting up flower pots, sweeping.

Another local firm is kind enough to include Woodmill as part of their outreach work force. Badger Design employs outreach workers to package tax discs for the firm Halfords. The Vocational Assistant liaises with the firm and collects the objects, gets the work done in a Workskills group at The Woodmill, and then returns it when finished. Unfortunately, this year, owing to the recession the amount of work has decreased and this is not currently a very regular activity.

The local golf club has provided the opportunity for one service user to continue with cleaning golf buggies, and the same person sometimes helps with stacking books in the local library.

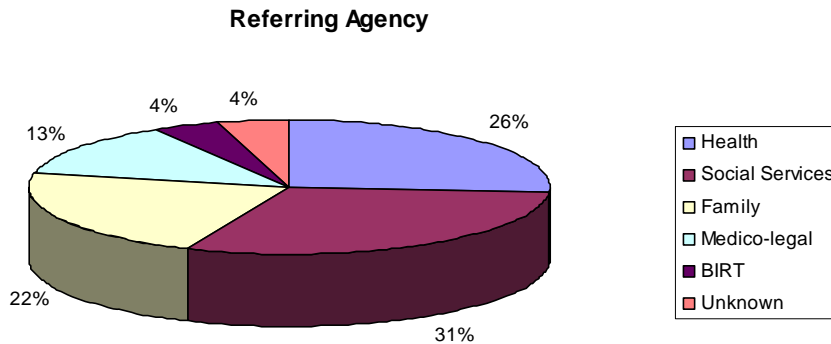
These external activities and links are extremely valuable. They provide an essential link to the outside world for service users but there are many difficulties in setting up and maintaining these links. Service users who require 24 hour residential support in a brain injury unit are more than likely to have a range of physical or behavioural difficulties and local businesses are understandably reluctant to help, especially in the current economic climate. There is a knock on effect all round in transporting a number of people who need to use wheelchairs.

In view of this, The Woodmill has expanded its already very successful Pottery Group to cover a second session. Many more service users can now participate in this very popular group.

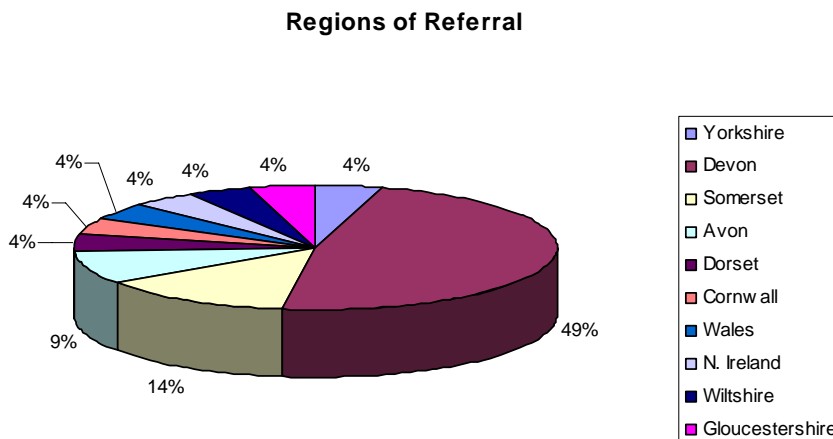
An external experienced Pottery Tutor is employed to provide the craft expertise and materials, and the Vocational Assistant and OTs run the sessions on two mornings a week. They provide the essential management structure to ensure that the activities are therapeutically focussed. It has been found that, by employing a properly experienced person to provide the expertise, the quality of the activity offered is very high and because the service users are so highly motivated to attend, it has been possible to instil good work type behaviours, e.g. they attend and leave punctually; they build up tolerances to negative triggers. As a result of this experience the OT Team hope to expand this type of group still further and run another regular group (making mosaics), and hopefully to build raised beds in an accessible part of the garden for use by wheelchair users.

Clinical Activity at The Woodmill – 2009

Trend in referrals 2009



In total there were 23 referrals and enquiries (74% of which were for male service users). Of the 23 referrals, 14 Pre-admission Screening Assessment visits and reports were completed by our Consultant in Neuropsychology and Rehabilitation. The single largest source of referrals in 2009 was Social Services (31%) followed by health professionals (26%), family members (22%), those involved in the medico-legal process (13%), internal BIRT referrals (4%) and other sources (4%).



Referrals and enquiries received from local sources in Devon were marginally lower than last year at 49% but we have experienced a large increase in diversity of region of referral. Second to Devon, referrals from Somerset were at 14%, followed by Avon (9%). Subsequent to this, Yorkshire, Dorset, Cornwall, Wales, Northern Ireland, Wiltshire and Gloucestershire all contributed 4% of referrals each.

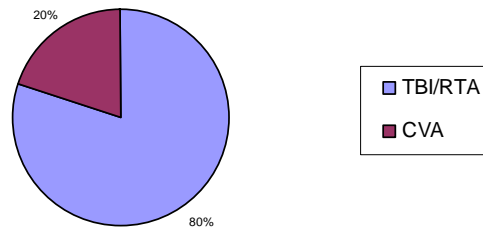
Admissions

Of all the enquiries made to the Woodmill 5 proceeded to admission, all of whom were male.

Who was admitted to the Woodmill in 2009

The chart below summarises the primary diagnosis of people admitted in 2009.

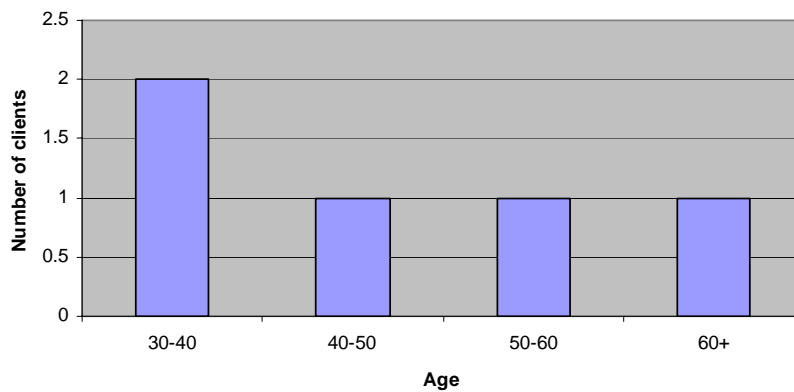
Primary diagnosis of admissions to the Woodmill 2009



Of the admissions, 4 were due to head injury (road traffic accidents, assault or falls) and 1 was due to a CVA.

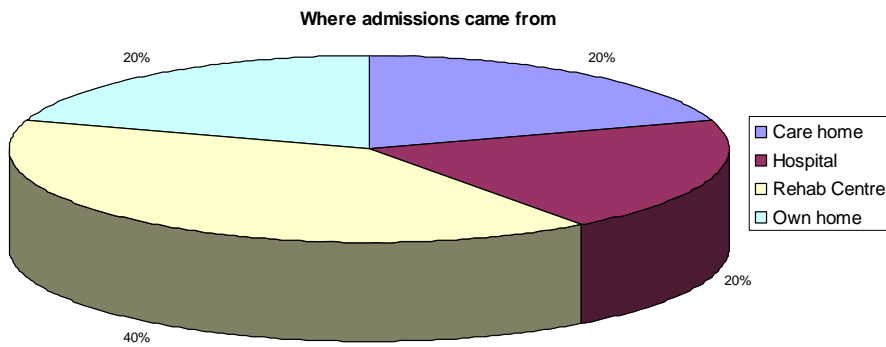
Age at time of admission

Age at time of admission



The age distribution for service users admitted following referral in 2009 is shown in the graph below. The mean age was 46.3 years.

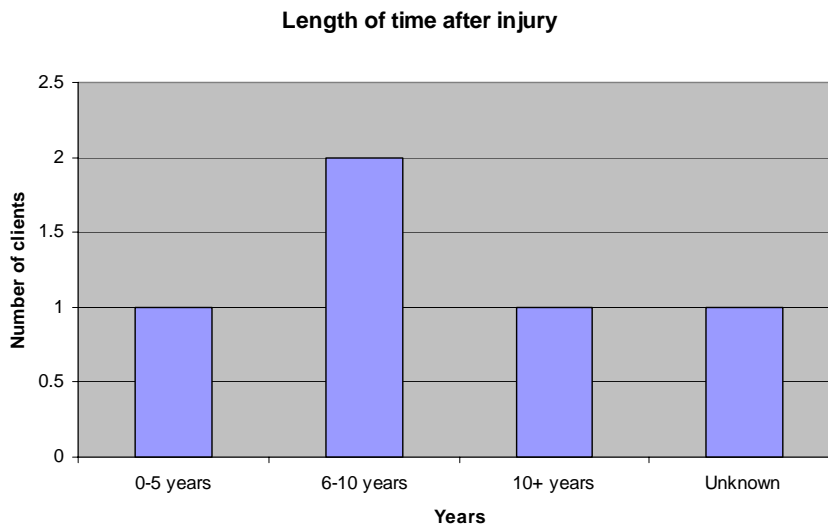
Where did people come from?



The chart below shows the pre-admission placements of all people admitted in 2009. The most common placement prior to admission during 2009 was from another rehabilitation centre.

How long after injury were people admitted?

The graph below shows time elapsed since injury or illness for 2009 admissions.

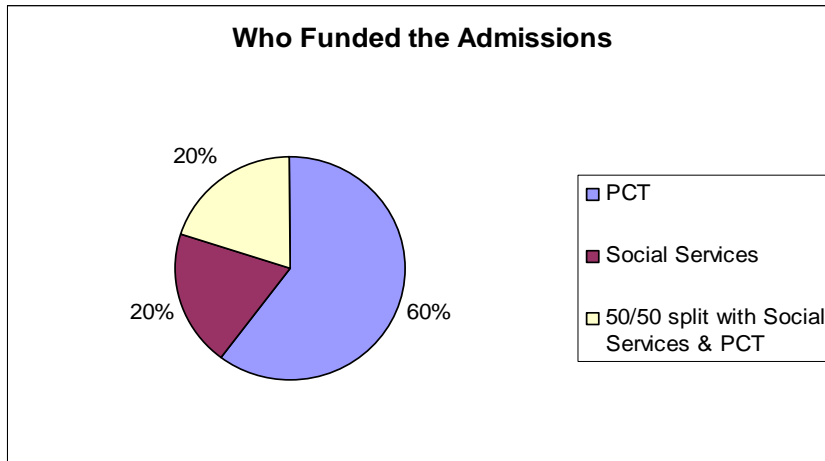


There is a fairly wide range of 4.4 to 10.4 years which is considerably greater than the range of last year's admissions (3 months to 2.25 years). Seventy five per cent had their brain injury more than 5 years ago.

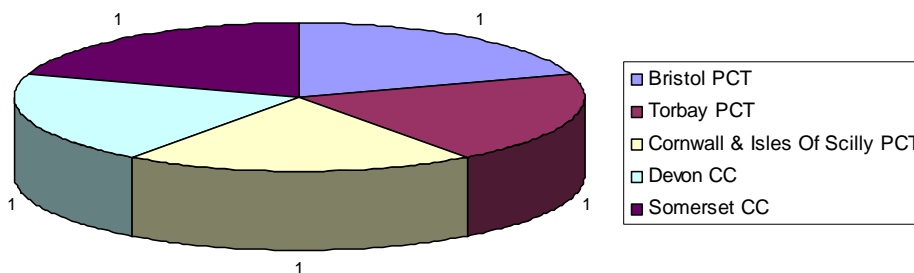
How are service users funded?

Service user's 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 2009. 3 people were funded by PCTs and 1 person by social services and 1 person jointly funded by the PCT and Social Services.

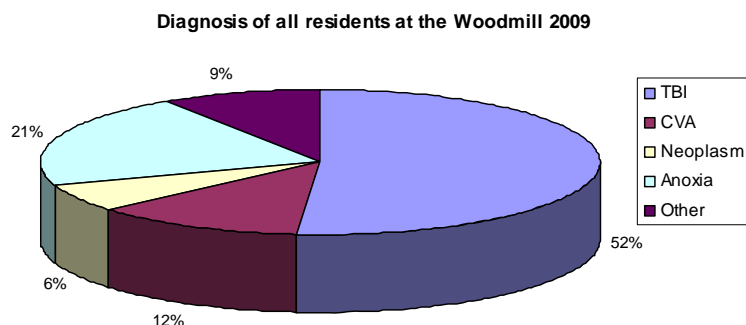


Funding bodies of clients admitted in 2009

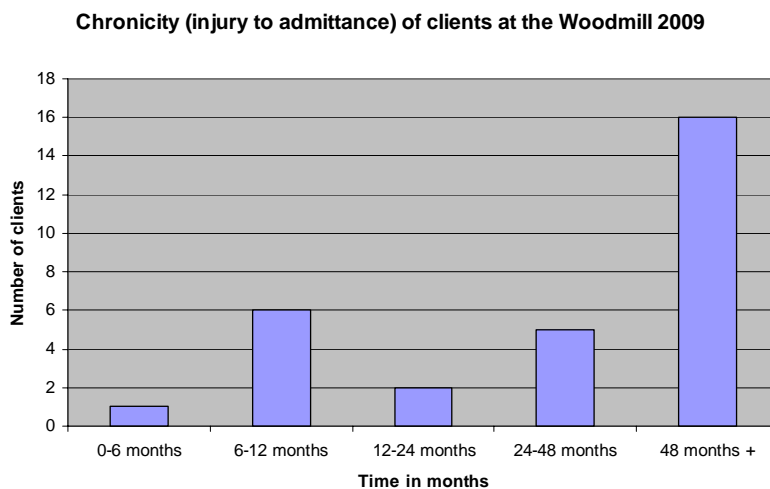


Profile of service users at the Woodmill: including longer-stay residents and new admissions

An analysis of service users who were resident at the Woodmill in 2009 was completed. 52% of service users sustained traumatic brain injuries (TBI); the second most prevalent cause of injury was hypoxia/anoxia (21%), followed by CVA (12%), neoplasm or tumour (6%) with other causes making up the remaining 9%.



As a post acute unit, the time in between injury and admittance generally varies. In 2009, 1 service user was less than 6 months post-injury, 6 service users had acquired their injury between 6 months and 1 year prior to admittance, 2 service users were between 1 and 2 years, 6 were between 2 and 4 years, whilst 16 acquired their injury more than 4 years ago.



Our service users generally come to The Woodmill for a period of assessment in order to identify the consequence 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 service users was completed in order to identify differences among our diagnostic groups which may lead to improved means of service delivery.

The next two graphs shown below are based upon a respected measure of neurobehavioural disability, the Neurobehavioural Rating Scale (NBRS).

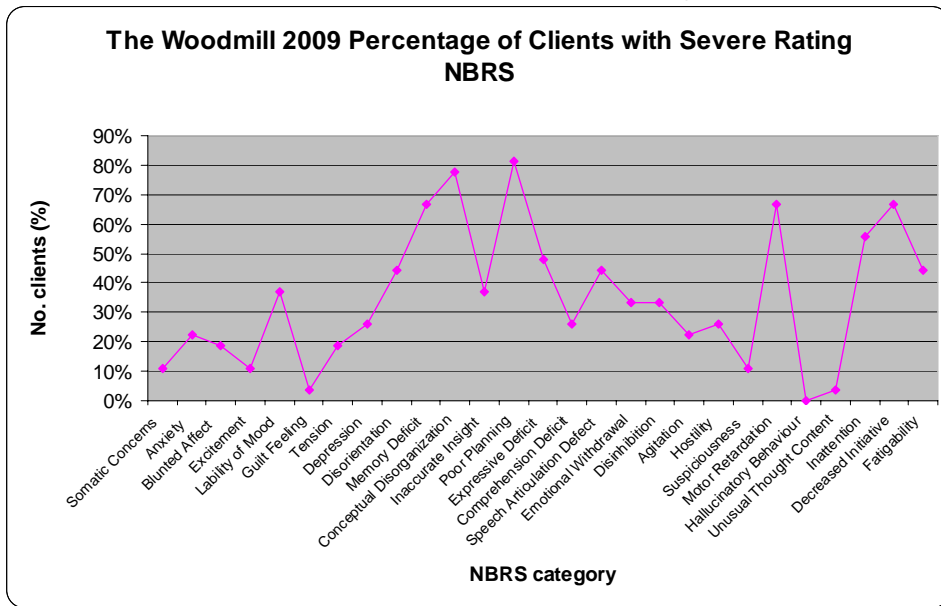


Fig. 1. The percentage of service users at the Woodmill with scores of 4 and above (moderately severe to extremely severe) on the NBRS

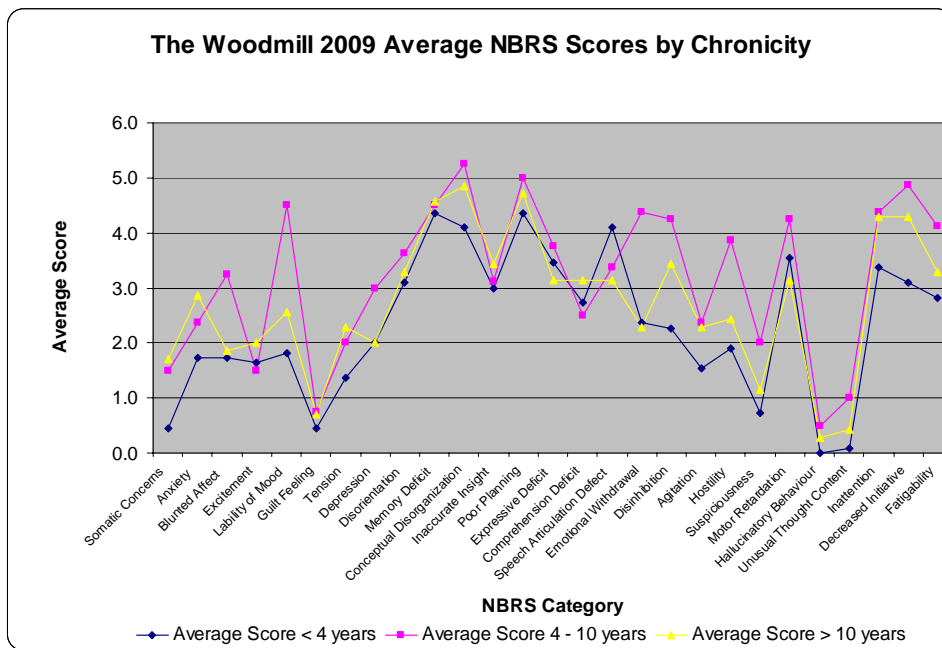


Fig. 2. The average scores on the NBRS scale by chronicity (time between injury and admission) for service users in 2009.

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 service user, 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 service user 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 service user and funder's 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 2009

In 2009 we discharged 4 service users, 3 males and 1 female. The mean length of stay at the Woodmill was 39.2 months (3.3 years).

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



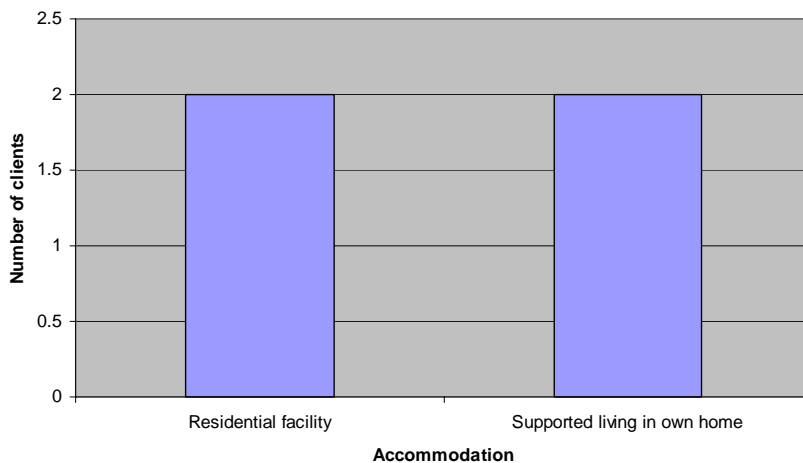
Where do people go when they leave?

We aim to achieve for every service user 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 Community Services.

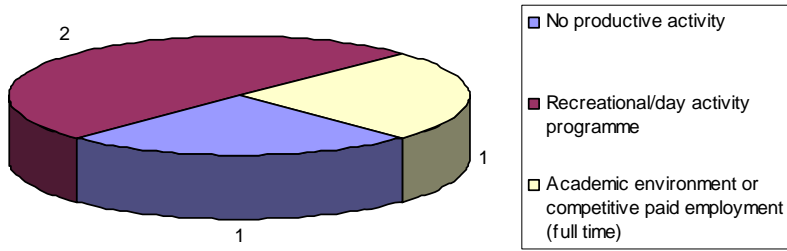
We are unable to seek and secure a community supported house for service users unless funding has been agreed in writing by social services. Unfortunately, there have sometimes been substantial delays in securing funding which has resulted in delays in discharging service users from The Woodmill. This is obviously an unsatisfactory situation for the service users involved and discussions have taken place with key personnel within a number of social services in an attempt to rectify this situation.

The charts below summarise the discharge destinations and occupations of the 4 service users that were able to move from The Woodmill in 2009. Of these, 2 moved into a medium to long stay residential facility, one of whom has self-reported no productive activity; the other is currently in full time employment/education. The remaining 2 discharged service users were able to move into their own homes in the community; both of these are attending recreation or day activity programmes.

Destination of discharged service users

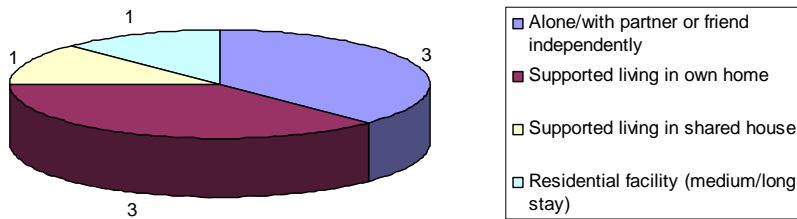


Community Disposition Rating of occupational engagement for discharged clients



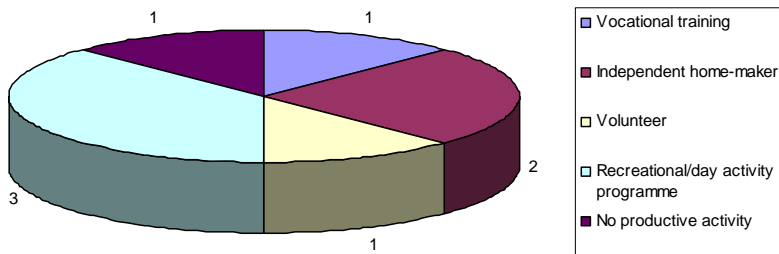
Discharged service users are contacted to collect follow-up data 6 months after discharge (NB: n = 8; 5 of these service users were discharged in 2008 and were followed up in 2009. Only 3 of the 4 discharged in 2009 were followed up before this report was written). The charts below show the kind of placements they went into and their levels of occupational engagement.

Community Disposition Rating for accommodation for follow-up post discharge



Comment [o1]: Why are there more of these?

Community Disposition Rating of occupational engagement: follow-up on discharged clients



OUTCOME DATA 2009

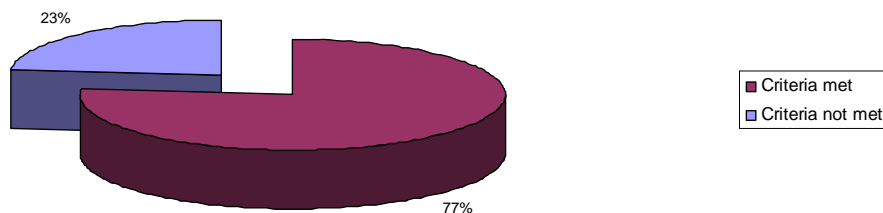
In brain injury rehabilitation we usually work at helping people to find ways of successfully accomplishing tasks and activities such as shopping, cooking, managing their finances, organising their daily routines etc. The ultimate goal of our rehabilitation is to enable our service users to participate in life as fully as possible and with the least assistance possible.

Due to the strong emphasis on evidence-based practice in recent years, BIRT has been using outcome measures designed to reflect these aims and to evaluate how successful we have been in achieving them. The main measures of outcome BIRT uses are the Supervision Rating Scale (SRS), the Neurobehavioural Rating Scale (NBR) and the BIRT Aggression Rating Scale (BARS).

We offer a range of services and each has slightly different aims. For some service users we offer a comprehensive rehabilitation service with the aim of reintegrating them back to their homes or into the least dependent setting the individual can achieve. These service users may or may not exhibit some challenging behaviour and have the highest aims. Our target is for 75% of service users to achieve a reduction in one or more levels of supervision on the Supervision Rating Scale (SRS).

Effectiveness 1a – To increase Service User Skills as measured by scores on the Supervision Rating Scale

Percentage of Service Users with at least a 1 point improvement in the Supervision Rating Scale



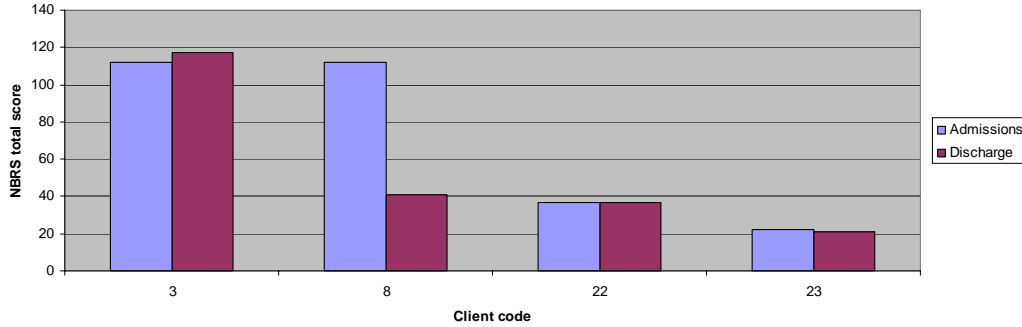
Over three quarters of the service users at The Woodmill have experienced a reduction of at least one point in the amount and type of supervision that they now require and receive.

Comment [o2]: Are these the right way round- chart shows most did not meet criteria

Effectiveness 1b – Reduce frequency of challenging behaviour as measured by NBRS

Our target for service users discharged from The Woodmill on the Neurobehavioural Rating Scale was for a reduction of three points on this scale.

Comparison of Admission and Discharge NBRS scores for Service Users discharged in 2009

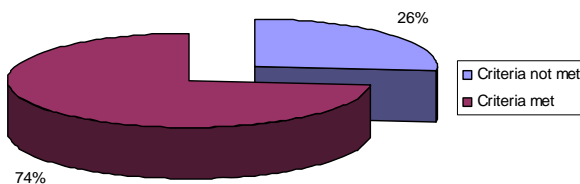


A total of 4 service users were discharged from the Woodmill in 2009. Of these, 1 was in the Community Integration (CI) stream at the time of discharge and 3 were on long-stay Continuing Rehabilitation (CR). 3 service users have maintained or reduced NBRS scores from admission to discharge. For one service user his overall scores increased by 5 points. This reflected deterioration in his overall condition resulting from further neurological decline. He was transferred to a more appropriate long stay facility closer to home.

There was one Community Integration (CI) service user discharged in 2009; this service user maintained the same NBRS score on admission and discharge.

In our long-stay continuing rehabilitation services service users are also working towards goals which are regularly set and reviewed, but are less likely to make major changes year after year. We therefore set our targets more conservatively. Targets set are a one point reduction on the NBRS, no change on the BARS and no more than 10% regressing on the SRS.

Percentage of Continuing Rehab (CR) and Community Services with average 1-point reduction on NBRS at Annual Review



Of the 19 service users in the Continuing Rehabilitation (CR) and Community Services (CS) streams, 74% have shown an average reduction of at least 1 point on the NBRIS.

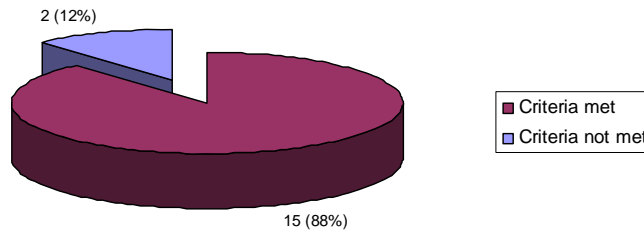
Effectiveness 1c – Reduction of frequency of violent behaviour as measured by the BARS/AI Index

Similarly we set ourselves the target of a 20% reduction in aggression/irritability on the BIRT Aggression Rating Scale for those service users who had significant levels of aggression/irritability on admission.

There were no Community Integration (CI) service users in the 2009 cohort with a BARS/AI Index score ≥ 6 .

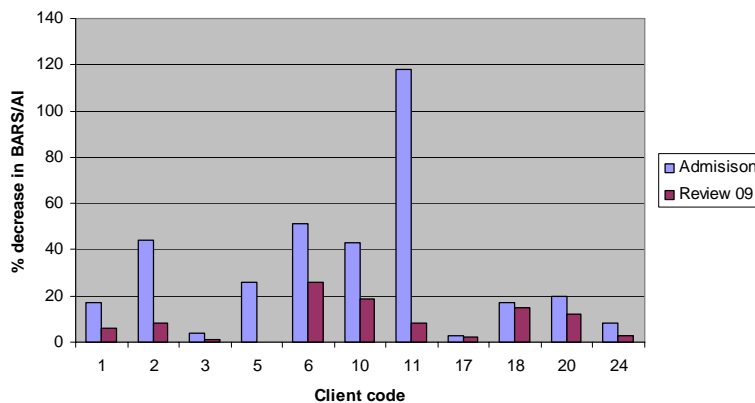
A total of 15 service users in the CR and CS Streams had BARS scores of ≥ 3 and were included in the analysis below. Of these 88% met criteria in that their BARS scores did not increase.

Percentage of Continuing Rehab (CR) and Community Services (CS) Users showing no increase in BARS/AI scores



Not only was there no increase of BARS/AI for 88% of CR and CS service users, but 11 of these service users decreased their score, in some cases highly significantly, as depicted in the graph below.

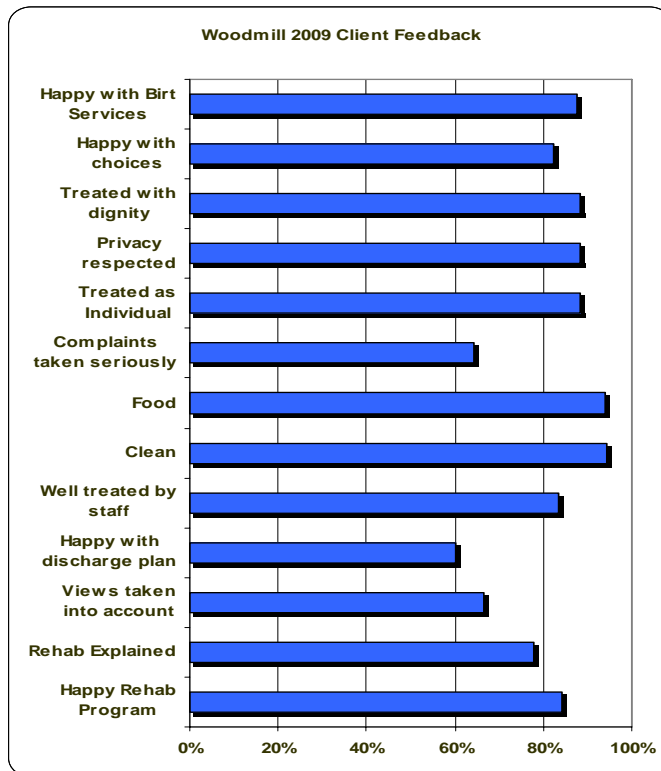
Decrease of BARS/AI scores of service users in Continuing Rehab (CR) and Community Services (CS)



We plan to use this information to direct and shape our services. The feedback it gives will help us to identify which aspects of our approach are most or least successful and allow us to direct our resources towards the most successful aspects. It also helps us to identify which groups of service users we are most successful with and those for whom we need to find improved solutions.

2009 SATISFACTION SURVEY

All BIRT Service Users, their families and referrers are asked on an annual basis, or on discharge from the service, to complete a satisfaction survey (see bar charts below for 2009 survey results).

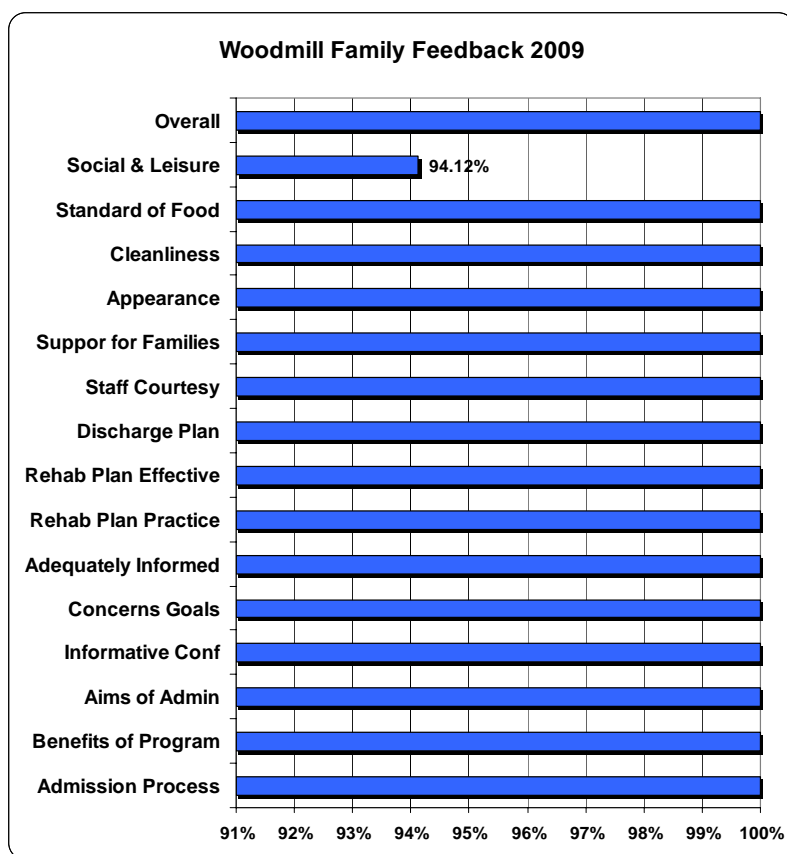


In 2009 over 87% of service users (16 responded) reported being happy overall with BIRT services. 82-94% of all service users were happy with the choices they are given, that they are treated as an individual, the quality of food provided, the general cleanliness of the environment and their rehabilitation programme; they feel they are treated with dignity and privacy is respected. 60-70% felt that complaints are taken seriously, that their rehabilitation programme had been explained to them, were happy with their discharge plan and that their views are taken into account. Some of these results are somewhat disappointing. Since these questionnaires are anonymous and are collated centrally by BIRT's clinical director it is impossible to establish who has reported that they are less than satisfied with the aforementioned. These results may reflect the fact that a significant proportion of our service users currently at The Woodmill are longer stay residents (CR) and are no longer in

receipt of a more intensive rehabilitation programme since they may have reached their full potential some years ago. For many their rehabilitation goals are primarily around maintenance of functioning, for others there may be a natural decline in abilities which is age related.

Also many service users present with diminished insight and awareness as a direct result of their brain injury and may have rather unrealistic expectations e.g. holding out hope of walking once again even though neurological damage is such that this would be unachievable. Others cannot understand why their families are unable to cope with them at home due to the levels of challenging behaviour exhibited by them.

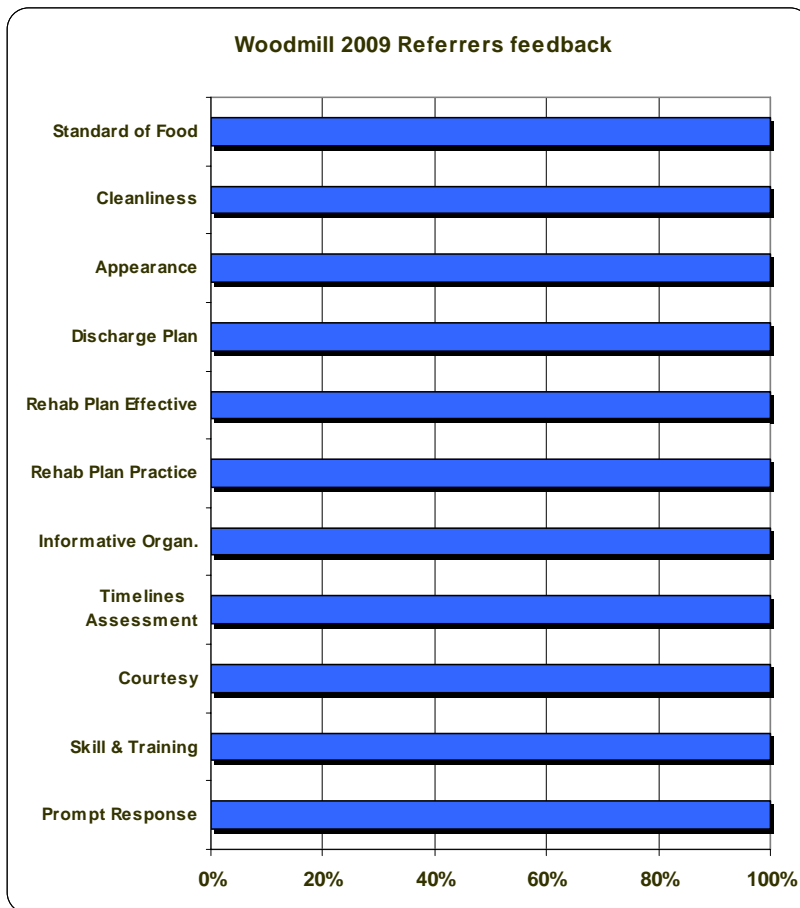
Another significant factor may well be that for many of the CR service users there are no immediate discharge plans since the current placement is deemed by funders and families as most appropriate for them at present. Unnecessary delays to discharge plans are often encountered due to factors beyond our control such as funding issues and absence of appropriate services willing to offer a placement to some of our service users.



The results from the 2009 family feedback were overwhelmingly positive. The Woodmill achieved 100% in all areas bar one - families (17 responded) 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 and their willingness to recommend BIRT's services to others, the way the rehabilitation plan was put into practice, that their concerns and goals were considered in the rehabilitation plan, standard of food, the benefits and effectiveness of the rehabilitation program, the discharge plan, that they were kept adequately informed and their overall satisfaction with BIRT services. 94% were satisfied with opportunities for social and leisure activities; 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 2009, 100% of respondents felt they were satisfied with all aspects of the service such as the benefits of the programme, the discharge plans; everyone felt that they could recommend BIRT's services to others.



Quality Improvement Plan

Overall we are very pleased with the 2009 Satisfaction Results. However, in response to some of the feedback given by our service users, the following recommendations have been made to look at improving our service, particularly around those areas where less than 70% satisfaction was indicated.

1. Every effort is made to ensure that service users' views are taken into account regarding all aspects of their daily living and rehabilitation programme. We will continue to ensure that before all review meetings service users participate in a pre-review meeting with their clinical lead to discuss progress around goals and the formulation of new goals. Every review report should contain a section on service users' views.
2. Service Users are invited and encouraged to participate in a fortnightly Service Users Forum meeting. This provides another opportunity for service user's views and choices to be given on a number of issues. A review of feedback processes from management and the clinical team to this meeting will be undertaken.
3. Rehabilitation plans and care plans are formulated with and signed by the service users. We will make sure that all service users are given a copy of these to be kept in a prominent place. It is recognised that many of our service users have significant memory problems and require prompting to look at their rehabilitation and care plans.
4. Discharge planning is a process that often begins even before service users are admitted to the Woodmill. Service users are involved in discussions, particularly during reviews regarding progress and indeed potential barriers or delays in discharge. In order to help service users understand and remember discussions, decisions and reasons for delays in their discharge planning we will provide them with a copy of the minutes of any review meetings where it is appropriate.

Staffing Issues 2009

Woodmill Clinical Team:

Service Manager	Mark Robson BSc (Hons)
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 Member of D.o.N
Clinical Psychologist	Dr Abi Burridge BSc (Hons) DClinPsy PgDipCPsychol
Assistant Psychologist Honorary Psychology Assistant	Alanna Palmer BSc (Hons) Psych. Philippa Partridge
Senior Occupational Therapist	Jenny Crothers BSc (Hons) OT
Occupational Therapists	Jen Sillett BSc (Hons) Psych, BSc (Hons) OT, MSc. Neuroscience Rose Wisdom BSc (Hons) OT
Vocational Assistant/ Occupational Therapy Assistant	Maria Clarke
Physiotherapists	Lisa Greenslade BSc (Hons) MCSP SRP Lisa Hagger BSc (Hons)
Sports Co-Ordinator/Physio Assistant	Mike Holder
Speech and Language Therapist	Currently vacant
1:1 Enablers x 15	406 hours total
Team Seniors x 3	98 hours total
Rehabilitation Support Workers x 15	434 hours total

External Consultants:

Medical Director – G.P.	Dr Stephen Straughan
Consultant Neuropsychiatrist	Dr Mark Upton MA BM BCh

MRCPsych MRCGP DCH

This year again sees the Woodmill, along with the rest of the organisation, looking to retain our Investors In People status.

Last year we were happy to welcome:

Jane Poulson	RSW
Ashleigh Glennon	RSW Bank
Ryan Meffe	1:1 Enabler
Rosemary Wisdom	Occupational Therapist
Emma Bassham	1:1 Enabler
Lydia Paiva	RSW Bank
Rachel Bateman	RSW Bank
Emma Webb	RSW
Philippa Partridge	Honorary Psychology Assistant
Amy Wagstaff	RSW Bank
Petya Tarleva	RSW
Lisa Hagger	Physiotherapist
Alanna Palmer	Assistant Psychologist
Georgi Kalvachev	RSW Bank

Last year we said goodbye to:

Kendle French	RSW
Karen Goddard	CSW
Emma Robertson	RSW
Mary Grist	Team Senior
Fran Davies	Physiotherapist
Fiona Shaw	Assistant Psychologist
Jo Savery	Speech & Language Therapist
Zeina Brewit	RSW Nights

Staff Training, Development and Supervision

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 the desire for our staff to 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 have been offered including the mandatory subjects such as Moving and Handling, Health and Safety (with COSHH), Food and Hygiene, First Aid, Crisis Intervention, SOVA and Fire training. The organisations internal training packages include acquired brain injury basic and intermediate level. The advanced level programme has also remained an option for those that wish to attain it. An addition to our training from the NVQ centre has been

the commencement of the Common Induction Standards via the Open College network with two staff currently acting as mentors to newly appointed staff.

NVQ training via the Disabilities Trust NVQ centre has seen one staff member complete their level 3 award and a further staff member complete their level 2 award. Two staff members are nearing completion of their level 3 awards and one staff member is nearing completion of their level 2 award. The NVQ level 4 LMCS award training via the Disabilities Trust NVQ centre has continued by our Assistant Manager. A further staff member is nearing completion of the A1 Assessor award.

We have continued to take advantage of the excellent training opportunities and conferences offered through our local area and nationwide.

Our Clinical Psychologist in June 09 attained a postgraduate diploma in Clinical Neuropsychology at Glasgow University and continues to work towards the Practitioner Full Membership of the division of Neuropsychology with the British Psychological Society.

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. We are also now able to offer training in house due to one staff member qualifying as a trainer in basic level acquired brain injury and a second qualifying as an in house Health and Safety trainer.

The Woodmill has continued to provide placements for Trainee Clinical Psychologists who are undertaking their doctorate in clinical psychology at the University of Exeter. This year has been no exception and our current Trainee, Amanda McDonald joined us in October 2009 and will continue to work with us right until September 2010. As part of the relationship between the Woodmill and the University of Exeter our Clinical Psychologists have also provided specialist training and education to the Trainees within their module on Neuropsychology.

Clinicians based at the Woodmill continue to provide specific training for the staff team including BARS(V1P1S1), Mental Capacity Act and Deprivation of Liberties, CARF awareness 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 Mark Robson, 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.

Our Honorary Psychology Assistant, Philippa Partridge, is planning to conduct some research during her placement year, and hopes to be able to recruit BIRT staff for

her research participants. At present the research is in its very early planning stages but she hopes to submit her proposal to the ethics committee in the very near future.

Student Placements

The Woodmill continues to offer placements and training for students studying psychology, nursing, occupational therapy and clinical psychology degrees. We have made good links with several universities that offer industrial placements as part of their undergraduate programmes in psychology, and this year we have been very fortunate to have Philippa Partridge, an undergraduate psychology student from the University of Bath. She joined the team in September 2009 and will be with us for 30 weeks as an Honorary Psychology Assistant. The relationship with Bath, Plymouth and Cardiff Universities continues to thrive and interviews will take place in April 2010 for a further placement beginning in September 2010.

Working with families

The Woodmill offers rehabilitation and specialist longer-term residential support for people with acquired brain injury, and recognises the importance of including family and friends fully in this process. We encourage communication with family and friends through our clinical lead and keyworker provision, as well as on a regular basis through informal contacts either at The Woodmill or by telephone. If possible, and with the agreement of the service user, we also encourage family members to become involved in aspects of their relative's rehabilitation programme.

Therapists may work more formally with family members on an individual, couple or family level providing information, education and support as necessary.

Families are also encouraged to attend the monthly family support meetings which provide a forum for discussion, education and support. As discussed previously, a recent review has taken place of this and feedback will be used to tailor this facility to best meet the needs of families.

A programme of social events such as BBQ's, musical evenings, parties and the annual Christmas pantomime take place throughout the year which provides regular opportunities for families to come together. These are always well attended and great fun.

The Brain Injury Rehabilitation Trust has also produced a range of information leaflets which can be downloaded from our website <http://www.birt.co.uk/>.

Conclusion

2009 has been a very successful year for the Woodmill and its near reach houses. As ever quality has been a prime focus for service delivery, and we are reliant upon

ensuring that staff attain the skills, knowledge and experience relevant to meet the needs of people with complex needs. Training and development have been fundamental factors that have enabled The Woodmill to meet its strategic aims for 2009. We have been successful in regaining CARF accreditation in 2009 for a further 3 years and are seeking re-accreditation from Investors in People again in February 2010.

Referrals have remained steady throughout the year; however the ability to achieve smooth and timely admissions and discharges has been made extremely difficult by having to engage within the 'Personal Brokerage' system, pertinent to Devon. The significant difficulties regarding the delay in the discharge process, makes it extremely hard for new service users to access assessment and rehabilitation.

We would like to say a big thank you to all staff at The Woodmill who remain fully committed to enabling service users to maximise their independence as much as possible. We have increased the ability for service users to access vocational placements and are currently enabling service users to take part in 'Opportunity to Achieve' a Disabilities Trust programme designed to increase life skills and personal development.

Although the current financial climate has created certain tensions, with regard to funding, we are confident that the quest for seeking out quality service provision will over-ride less costly, inappropriate options. As we know, the long-term consequences of this result in greater cost to the funding authority, and substantial human cost for those service users who are inappropriately placed.