Rehab Without Walls Limited

Rehab Without Walls

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

We carried out this announced inspection on 3 and 7 May 2018. At our last inspection on 16 January 2016 the service was rated Outstanding under the Safe and Well led domains and Good under Effective, Caring and Responsive domains. This gave them an overall rating of Outstanding.

At this inspection, we found the service remained Outstanding under Safe and Well led. They remained Good under Effective and Caring and Responsive. This meant the service maintained an overall rating of Outstanding .

Rehab Without Walls provide a bespoke case management service for people who have a brain or spinal cord injury or catastrophic injury. They support individuals and their families affected by brain injury by providing access to the services and support they need. At the time of our inspection, there were 193 people who used the service nationwide, of whom 41 people had directly recruited care and support packages.

Not everyone using Rehab Without Walls received personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were empowered to take positive risks, to ensure they had greater choice and control of their lives. The positive risk taking approach demonstrated by the service showed that they respected people's right for independence, their right to self -determination and their right to take risks. All staff were highly committed to ensuring people lived fulfilling lives that met their rehabilitation needs. The whole focus of people's care was person centred and focused on promoting their independence and social inclusion. Staff and the management team were exceptional at empowering people to have as much control over their lives as possible and to achieve their maximum potential. Staff were passionate about the person-centred approach of the service and it was clear it was run with and for people. The culture within the service valued the uniqueness of all individuals.

The service was led by a dedicated and enthusiastic management team who had embedded a culture and ethos within the service that was open, encouraging and empowering. People's care was based around their individual rehabilitation needs, aspirations and planned proactively in partnership with them. Staff supported people to achieve their goals and optimum independence through individualised re-ablement programmes. People, relatives and staff were very positive about the leadership of the service and about the support they could provide for people with an acquired brain injury. Staff were openly proud to work for the service and wanted it to be the very best it could be. Staff and the management team were very committed

to their work, faced up to any challenges, and used these to improve the support for people who used the service.

People continued to receive safe care and the safety of people who used the service was taken very seriously. The management and staff were well aware of their responsibility to protect people's health and wellbeing. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Effective recruitment processes were in place and followed by the service.

Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. There were enough staff on duty with the correct skill mix, to support people with their care. Staff received an induction to the service when they first commenced work. In addition, they also received specialist on-going training to ensure they were able to provide care based on current good practice when they supported people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and had built open and honest relationships with people and their relatives. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. There was a strong culture within the service of treating people with dignity and respect. Staff spent time getting to know people and their specific needs before they provided them with care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained outstanding.	**Outstanding** ☆
Is the service effective? The service remained good.	**Good** ●
Is the service caring? The service remained good.	**Good** ●
Is the service responsive? The service remained responsive.	**Good** ●
Is the service well-led? The service remained outstanding.	**Outstanding** ☆

Rehab Without Walls

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 03 May and 07 May 2018 and was announced. We gave the provider 48 hours' notice of the inspection. We did this because we needed to be sure that a senior member of staff would be available to assist with our inspection.

One inspector and an inspection manager carried out the inspection. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service. They did not have any concerns.

During the inspection, we spoke with three people who used the service, five relatives and received feedback from one healthcare professional. In addition, we received feedback and had discussions with six members of staff called case managers, the registered manager, and both directors for the organisation.

We reviewed the care records of four people who used the service, three staff files and two medication records. We also looked at other records relating to the management of the service, such as quality audits.

Outstanding ☆

Is the service safe?

Our findings

People continued to feel very safe with the support they received. One person told us, "The staff take all the precautions they need to make sure I'm safe." A relative said, "Yes most definitely yes [name of relative] is safe. The staff make sure that [relative] gets all the support and supervision they need to make sure they are safe at all times."

Staff had taken action to minimise the risks of avoidable harm to people from abuse. One staff member told us, "Keeping people safe is our priority and top of our agenda. Whistle blowing is so important and I would have no hesitation in reporting anything I was concerned about." A second member of staff said, "We have a duty of care to protect people from harm. I know I would be very well supported if I had to use the whistleblowing procedure." Staff told us they had undertaken training in recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. Records confirmed that all staff had completed safeguarding training for vulnerable adults and children.

Every month, the management team meet, and in anticipation of this, they complete a report. This report reviews any safeguarding issues. Discussion takes place about the all the issues, and whether matters have been dealt with correctly or could have been dealt with differently, and what needs to be shared with the team as a whole. Performance issues were dealt with immediately, and wherever possible through performance improvement plans, which were closely monitored, and timed. Case Managers were asked to individually share experiences and skills with each other when they had a particular issue to deal with which someone else may have already faced. The registered manager informed us they encouraged them to share safeguarding/DOLs experiences within the team meetings through case study presentations.

Safeguarding incidents, were all reviewed on an annual basis and monitored for any trends, none of which had been identified to date. In addition the service had just renewed their Child Safeguarding training by bringing in an outside trainer to meet the staff team to allow individual issues to be raised and discussed with the whole team. One case manager was supported to write to the Greater Manchester Police, as they were concerned about how a safeguarding investigation had been conducted.

Safeguarding was a core topic in the staff induction and throughout staff supervisions and staff meetings. We established that staff had a good understanding of the local safeguarding procedures and the different types of potential abuse that existed. One staff member said, "I have regular training about safeguarding people. I am very aware of how some people are at risk because of their condition and I need to be on top of it and think ahead to make sure they stay safe." Records showed that safeguarding procedures, including those in relation to whistle blowing, were available to members of staff for guidance, in the case manager's handbook. We saw that potential safeguarding concerns had been referred to the local safeguarding team. The registered manager was able to demonstrate a good understanding of their responsibility to report allegations or concerns to the local authority and to notify the Care Quality Commission (CQC).

During our previous inspection we found the service was outstanding at supporting people to take positive risks to improve their quality of life and increase their independence to its maximum. At this visit we found

that people continued to be supported in the same way. The ethos of the service was to support people to have as much freedom of choice in their lives as possible. One relative said, "They [meaning staff] help [relative] to do the most they can do without being in danger. [Relative] has made a lot of improvements and we never thought [relative] would be as independent as they are now." We saw that in people's intervention and treatment plans there were instructions for staff to 'adopt an enabling approach to encourage independent problem solving'. For example, we saw that one person with severe life changing injuries had been supported to go home to their family at weekends and to take a holiday with the support from staff.

Staff talked about supporting people to develop their confidence to try new things and to take positive risks. One young person who lived with a debilitating condition had been supported to learn to ski and now went on annual skiing holidays. We spoke with their relative who said, "It's made such a difference to [name of relative]. It's given them a sense of purpose and has increased their confidence so much. [Name of case manager] never once said we can't do it. It's been a revelation for all of us."

Relatives told us that risk management plans were completed with the person using the service and only with their relative's involvement if it was appropriate. The registered manager told is, "Families can often want to shield their family member from taking risks. We do whatever it takes to empower people to achieve their goals and aspirations and that does often mean having to take some positive risks." One relative said, "I know that when [name of relative] has new goals all contingencies are covered. It's a very thorough process and I know [name of relative] is safe but is also being gently pushed to improve in every area of their life. So far its been a very effective approach."

The service acted extremely quickly to changes in people's care. For example, one person informed staff that they were going to travel to another country with their young family and gave two days' notice. Staff responded quickly and put in a thorough risk assessment, with all the necessary safety checks and measures such as travel insurance, medical cover and making contact with the airports so special assistance could be provided. In addition, the case manager liaised with the travel company so the airline crew could be made aware of the person's acquired brain injury. On their return the case manager visited them and reflected upon their decision to travel at such short notice. They told the case manager that if it wasn't for the measures staff had put in place it would have been a disaster as they had struggled at the airport.

The registered manager told us the service always maintained a 'can do' attitude and challenged expectations which had resulted in people achieving above their original rehabilitation goals. For example, at our pervious inspection we saw that one person who was undertaking voluntary work had requested to go to North Africa with a team of volunteers to assist teaching women in the village sewing skills and running workshops so they could make items to sell. During this visit we found the same person had been supported to move to another country to live with their partner. The case manager for this person told us of their search to find a support worker to enable this to happen. They contacted a university of healthcare professionals in the same country, and found a qualified person to be the person's support worker. They said they were in regular contact with the support worker, and had also provided training to the person's partner about acquired brain injuries. We saw that the staff member for this person kept in regular contact via face-time calls and had been able to continue to review and set new goals for the person still using the service.

Staff acknowledged that some risks to people's health and wellbeing needed to be accepted and taken to promote positive experiences for people. Staff gave us numerous examples of how people were supported to take positive risks. For example, one person was supported to undertake volunteer work at a Wildlife Rehab Centre in another country. Coincidentally their case manager, who was also from the same country,

had arranged to go home for a visit. The case manager arranged to visit the Wildlife Centre, and whilst there provided support to the person, training for the staff, and carried out any risk assessments to make sure the experience was a safe and positive one.

Risk management plans we looked at were proportionate and centred around the needs of the person. The service regularly reviewed them with other health care professionals and took note of equality and human rights legislation. We saw there were strategies to make sure that risks were known, anticipated, identified and managed. People who used the service told us they were fully involved and understood the risk strategies in place.

There were enough staff to support people safely. One person told us, "Yes there are more than enough staff. I have never been let down." A relative said, "The staffing is very good. It's exactly what [relative] needs to support them with their rehabilitation and as a family it gives us peace of mind."

The registered manager told us before a care package was agreed a case manager would complete an initial assessment which included the number of support hours a person required to meet their needs. The organisation did not directly employ care staff; instead, who used the service were supported to recruit their own staff, or request their solicitor undertake this role. The provider carried out safe and robust recruitment procedures to ensure that all staff were suitable to work at the service. We looked at staff files. These showed all staff employed had provided references from previous places of work and a Disclosure and Barring Service (DBS) check had been carried out. This was to check on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People received the support they needed to take their medication as prescribed. One person said, "They [staff] prompt me to take my tablets or I would forget to take them." People's care records listed their medicines and the times they were to be given. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner. Staff told us and records confirmed they were trained to administer medicines safely.

People were protected by the prevention and control of infection. Staff received infection control and food hygiene training, and infection control policies were available to staff. In addition, staff were supplied with Personal Protective Equipment (PPE) such as gloves and aprons to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems for staff to report incidents and accidents, and we saw these had been reported accurately. The service supported people with complex needs that changed regularly. Staff felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required. Different strategies were discussed and changes in support were implemented because of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Good

Is the service effective?

Our findings

The registered manager told us once instruction was received from a relevant person a case manager was appointed to arrange and oversee a care package for the person. Before a care package was agreed the case manager would undertake an initial needs assessment, considering people's social and family history, any cultural and ethical issues, medical information, the well-being of any significant others and physical and psychological needs. The case management proposal identified the person's needs and recommended interventions to meet those needs. The initial assessment was also used to identify the skills and experience needed by the staff who would be employed to care for them. Each person had a set of goals with target timeframes in which to achieve their goals.

People told us the staff were very well trained and competent in their work. One person said, "Our case manager is exceptional. They are qualified in their own field but have a wealth of knowledge." A relative added, "[Name of case manager] is very professional. They are our rock and are prepared to think outside of the box to problem solve."

Staff told us they were very well supported and explained that when they first started working at the service they completed an induction. One staff member said, "It was the best induction I've ever had. It was very helpful and I learned who to go to and what my role was." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us and records confirmed they could update their professional development as and when necessary to ensure they maintained their professional qualification. One said, "If there are any training courses I identify, I am always supported to attend and the training is always paid for." Staff said they received various training courses and attended training events that included spinal injuries, rehab following brain injury, improving and managing sleep, anxiety and fatigue in acquired brain injury and impact of ageing on rehabilitation. This ensured staff were kept to date with any new changes in practice.

Staff told us they received regular supervision from either the directors of the organisation or registered manager and said they could approach them for support whenever they needed to. We were told that at each supervision case managers were assessed against the British Association of Brain Injury Case Managers (BABICM) competencies. The seven competencies included; communication, strategy, co-ordination and management, monitoring, duty of care, professionalism, and personal attributes. Staff told us that the BABICM competencies were a good way to measure their performance.

People were supported to prepare their own meals, and eat and drink enough to meet their needs. Care plans contained guidance detailing the support each person required in respect of food, drink and nutrition. This included the level of supervision required when preparing and cooking their own meals. For example, one person had swallowing difficulties and we saw guidance from the speech and language therapists was included in the person care plan.

The service worked and communicated with other agencies and staff to enable consistent and

individualised care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw that one person had been referred to the ACE Centre for an assessment of their communication needs. This is a charity that specialises in assistive technology to aid communication. The registered manager worked with funding authorities and safeguarding teams if and when safeguarding alerts and concerns were raised.

People were supported to access health services in the community. One person told us, "The staff support me to get help quickly." A staff member told us, "We support people to organise their own health appointments, and if they are unable, we support them to attend their appointments." The service had links with other healthcare professionals, the details of whom were recorded in people's intervention and treatment plans. The service sought advice and support from other agencies, and guidance from healthcare professionals had been incorporated in people's care plans.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application.

Good

Is the service caring?

Our findings

People received care and support from staff that knew and understand their history, likes, preferences, needs, hopes and rehabilitation goals. People had developed positive relationships with staff. One person told us, "My case manager is absolutely brilliant. They are on the ball and get back to me very quickly. "A relative commented, "[Name of case manager] is like family. We have all built up a great relationship and I consider them my family."

Staff were passionate about their jobs and reflected pride in their work. They talked about people with passion and commitment. One member of staff said, "I love my job. It's so satisfying seeing someone reach their goals. I have worked with some people for several years and we are like friends." Another member of staff commented, "The best thing about my job is helping people to get back to living independently. I want to make a difference and I think we do."

People and their relatives told us that their views about the service were regularly sought and acted upon. One relative said, "We are always asked to attend reviews and give our ideas and opinions." Staff told us they were asked to complete an annual survey and we saw that the results for latest one. Some of the comments included, I love my job and the challenges it provides." "Another comment read, "My job gives me a sense of achievement like I am contributing to something important and making a difference."

We saw compliments received from people and relatives who had used the service. One read, "Our case manager goes above and beyond to help me. I just call if I have any problems and they sort it out. I don't know where I or my family would be without them." Another read, "[Name of case manager] is an excellent case manager. They are always available to help. They are extremely supportive and understanding."

Staff understood the importance of promoting equality and diversity. In the most recent satisfaction survey, 100% of respondents said the organisation was respectful of their culture and diverse needs. Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support such as friends and family. One person explained, "My [case manager] treats me like an equal. They talk with me about everything and always listen to what I say I need. They never dismiss my suggestions."

People were fully involved in making decisions about their own care. Regular reviews encouraged people to express their views about their care and be fully involved in how they met their rehabilitation goals. People said staff supported them to make their own decisions about their daily lives. One person told us, "If there is something I'm supposed to be doing but want to change it, the staff respect that. It makes me feel that I still have some control over my life and what happens to me."

People were supported to ensure their voice was heard using independent advocates if that was required. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed

support to make decisions.

Staff understood how to support people with dignity and they respected them. Without exception, people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "My case manager never talks down to me. They are respectful of me as a human being with my own mind." A relative told us they were confident that the staff promoted their relative's dignity and privacy. They said, "Ten out of ten for how they treat [name of relative]. They are respectful towards all the family and they are mindful of all our opinions." The latest satisfaction surveys showed that 100% of people who responded felt that staff treated them with dignity and respect.

Good

Is the service responsive?

Our findings

The service was very receptive to people's individual needs. People said they were consulted about the care they needed and the way they wanted it provided. They felt they had been listened to and their needs were central to this process. Comments from people included, "The whole focus has been about getting me independent again. I have made so much improvements I didn't think were possible. I'm extremely impressed with the service and the help I've had." Another person told us, "I just can't fault the approach from the staff; they've really listened to me and understand the problems I've faced. They have helped to get my confidence and self-esteem back. I've come a long way."

People and relatives told us that they were visited in their homes by staff and a thorough assessment was carried out at home before a care package was offered. They said that staff listened to what they had to say and considered their preferences, likes, dislikes and future wishes. A relative told us, "There was a meeting at the start so we as a family could all have our say. It's not just about the person it involves the whole family. It was good to be listened to for the first time. That's what I like about Rehab Without Walls. They listen to us."

The staff were creative in enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. This 'can do' attitude had made a profound impact on the lives of people they supported. For example, one person had lost interest in their hobbies because of their acquired brain injury. The case manager for this person told us, "When we asked [name of person] what they enjoyed they told us, "cake baking." So, I said to their support worker, "Bring it on, let's find a course for them to join." [Name of person's] support worker found a course local to them and they attend every week." We saw some photos of the cakes the person had made and saw they had a real talent for decorating cakes.

Feedback we received from a healthcare professional stated, 'I can say that the case managers that I work with are very experienced and keen to integrate ideas from across the Multi-Disciplinary Team for the benefit of their clients.'

One case manager had visited a young person and their family in France, but who had had their accident in England. The family wanted to find out about case management and to see what support could be arranged for the young person as there was very little available in France. The case manager arranged for them to come over as a family, and meet another person using the service and their family in a similar situation. They were about four years further on in terms of rehabilitation and care. The family were amazed at the progress made by the other person, and found the visit invaluable in providing them with information of what's possible.

The service acted extremely quickly to changes in people's care. For example, one person informed staff that they were going to travel to another country with their young family and gave two days' notice. Staff responded quickly and put in a thorough risk assessment, with all the necessary safety checks and measures such as travel insurance, medical cover and making contact with the airports so special assistance could be provided. In addition, the case manager liaised with the travel company so the airline crew could be made aware of the person's acquired brain injury. On their return the case manager visited them and reflected

upon their decision to travel at such short notice. They told the case manager that if it wasn't for the measures staff had put in place it would have been a disaster as they had struggled at the airport.

Staff members were recruited directly to work for specific care packages. The case managers provided training that was specific to the person's needs which meant they got to know and understood the people they provided care for. One group of staff supported a person with very specific and challenging needs. They had been supported by a physiotherapist to assist the person to walk. To ensure staff were fully supported the case manager organised monthly reflective sessions so that staff could talk about any concerns, issues or share any good practice ideas.

Staff told us their role as a case manager was to act as a vital link between people, their families and healthcare professionals to meet each person's rehabilitation goals to achieve a better quality of life. All case managers were qualified health professionals such as nurses, occupational therapists and speech and language therapists. One member of staff said, "We all come from different backgrounds and have a vast amount of knowledge and skills between us. There is always someone there to ask for advice."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. One person had their documents translated in their first language. The registered manager said that every attempt would be made to make all information accessible in a format needed by people who used the service.

Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. One person required extra support to communicate their needs and often became frustrated at not being understood. Staff had been proactive in referring them to a specialist communication centre for assessment. They now had a communication aid mounted to their wheelchair with a joystick which they used to select letters and words. In addition, staff looked to introduce an electronic diary to support their memory. Staff also looked to create a rehab blog to document people's rehabilitation progress.

Staff attended a presentation at a case managers meeting about cyber security and how to keep people safe when using technology. The speaker could be called upon to visit people in their homes and set people up with secure technology to give the best use of social media, and the technical devices, whilst protecting them.

People were encouraged to raise any concerns or complaints they might have about the service. They were confident that any concerns would be dealt with appropriately and in a timely manner. One person told us, "I have complained before. I was happy with how it was sorted out for me." A relative said, "I would have no hesitation in complaining if things were not right. We are lucky because we haven't had to make any complaints." Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. There was information about how to make a complaint contained in people's care folders in their homes. Where complaints had been received, the service had responded appropriately.

Outstanding ☆

Is the service well-led?

Our findings

There was a registered manager in post. In addition to the registered manager, there were two directors, one of whom was a consultant neuropsychologist and the other had clinical, managerial, and community experience in brain injury, spinal injury, mental health, and terminal illness. The directors supported case managers and the registered manager via supervisions and meetings. All the staff were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed going to work.

Comments from the staff team included, "This is the best company I have ever worked for. It's extremely professional. As a result, there is a lot of loyalty from staff and we always strive towards excellence." Another comment was, "I feel valued and respected by my peers and the management. I feel I can always go to someone if I need advice and they encourage me to think out of the box." Staff told us how this enhanced morale and assured them that their efforts were appreciated by management.

During supervisions, case managers were assessed against the British Association of Brain Injury Case Managers (BABICM) competencies. This is a professional assessment to promote the development of case management in the field of acquired brain injury. One staff member told us, "The supervision sessions are really helpful and provide me with goals to work towards." Another member of staff told us, "I was pleasantly surprised at how supportive the management are. I am encouraged to grow and develop my skills. The management will even find training courses they think I might find useful and ask me if I would like to attend."

Staff were encouraged and supported to raise awareness of acquired brain injury and the effects it has on people's lives. One staff member provided support to the charity Head Forward, in Manchester. They were involved in organising a conference and gave a presentation on social isolation of people with brain injury. Also, two members of staff were instrumental in setting up, and had a lot of involvement with the British Association of Brain Injury Case Managers (BABICM) which is a source of information for all brain injury case managers. Another staff member was involved in an action workshop and their role was to provide information about case management, to see if this could be replicated and used to create the care pathway for children who had sustained brain injury. They were also involved in setting up a "passport" for the children to include all the relevant information on discharge from hospital. This ensured that staff were valued for their input and their knowledge of acquired brain injury was recognised and respected.

Staff said the registered manager and the directors were excellent role models who actively sought and acted on the views of people. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The feedback, culture and attitude of all the staff was that nothing was too much trouble; and everyone involved was willing to go above and beyond expectations to ensure people could have enriched and fulfilled lives. Staff told us they had regular case manager meetings held at least 5-6 times a year. These included speakers and training in relation to changes in legislation, clinical negligence, the rehabilitation code and the BABICM competencies.

People who used the service and relatives and staff all spoke highly of the staff and management team. People told us of the positive impact the service had on their welfare. One said, "I have had my case manager for a long time, years. They are fantastic and nothing is too much trouble. Any little problem they will act straight away. They have become very dear to me." A relative told us, "We could not have come this far as a family without [name of case manager]. They have been our lifeline and [name of relative] has made so much progress I never thought would happen."

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us they worked to continuously improve services by providing an increased quality of life for people who had an acquired brain injury, with a strong focus on inclusion, positive risk taking and equality and diversity issues. This showed us that people who received care and support benefited from a management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerged, the service recognised and managed them well.

We found the management team promoted an open culture, which was person centred, inclusive and transparent. Staff spoke about their commitment to providing the best quality care they could and were passionate about supporting people to achieve their rehabilitation goals. One case manager told us, "I don't believe in saying we can't do it. I say how can we do this for [person]?"

The provider's web site states that 'Rehab Without Walls' takes a 'whatever it takes' approach to rehabilitation and long-term support for people who have had catastrophic injuries, particularly brain and spinal injury. A case manager told us, "I have recently supported someone to move to another country. At no time did anyone say it couldn't be done. With a little bit of research and thinking outside of the box we came up trumps and we still support that person even though they now live in another country. Anything is possible and that's our whole ethos."

The service was asked to contribute to research and to potential changes in legislation and government services, for example they recently received a request from NICE to obtain feedback regarding updating their guidelines. One of the directors was on the register for SCIE (Social Care Institute for Excellence) and gives input into research proposals. Another one of the directors was on the editorial board for Brain Injury; and also reviewed manuscripts for The Journal for Neurology, Neurosurgery & Psychiatry and The International Journal of Therapy and Rehabilitation. This helped to update staff and improve the service. In addition the same director regularly reviewed Bailii (The British and Irish Legal Information Institute) Court Judgments, to see if new judgments Would have an impact on their practice, and how they could implement any changes needed.
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There was a strong emphasis to continually strive to improve outstanding practice and the provider worked towards, and achieved recognised quality accreditation schemes. For example, they became the first UK case management company to be awarded a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an independent organisation that carries out rigorous surveys of rehabilitation service providers and grants accreditation internationally. In addition, they were the only company to be accredited for the combined adult and paediatric (children) case management and brain injury case management programmes. During this inspection we found they had received a further three-year accreditation with CARF. This meant that the provider was committed to self-monitoring and using a verifiable, professionally recognised, quality assurance system reflecting aims and outcomes for people that they supported in their own homes.

The service worked in partnership with other organisations to make sure they were following current good

practice and providing a high-quality service. For example, there were links with the British Association of Skin Camouflage (an organisation that uses products to disguise skin complaints) and the provider informed us they referred appropriate cases to their services. The provider had also been liaising with Breathe Magic to look at developing a course for adults with hemiplegia (a condition that affects one side of the body) and they had also made contact with 'Dogs for Good (assistance dogs) and 'Riding for the Disabled' – both services regularly used by people using the service.

One of the directors has been involved in developing competencies and standards for case managers. This had involved an annual conference for case managers with speakers from other countries and the chair of the European Brain Injury Society. The provider was supportive of other services and involved in networking to promote best practice and share initiatives. Another director informed us that they had recently been asked to arrange a meeting on Mental Capacity for the division of neuropsychology of the BPS (British Psychological Society). The aim of the meeting would be to both to update clinical neuropsychologists about the current situation in relation to mental capacity, and to highlight problematic areas in assessing capacity for people with an acquired brain injury. This showed that the provider was committed to achieving excellence through consultation, research and reflective practice.

The provider had successfully embedded a robust auditing system. This included regular internal audits in areas such as intervention and treatment plans, accidents and incidents, risk management plans, staff training, staff supervision, reviews of people's goals and recruitment records. The service had quality assurance systems based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. We saw that a consumer experience survey was used annually to gather feedback from people about the quality of the service they received. We looked at the results for the latest survey and found that people had experienced good quality care and support, expressed satisfaction and had been complimentary about the service. This meant people's views were valued and any concerns responded to without delay.

An employee survey was sent to all employees annually so they could provide feedback about the service. We found that 100 percent of staff were aware of the organisation's mission and overall direction and 100 percent of staff were aware of the organisation's focus on service satisfaction

Legal obligations, including conditions of registration from the Care Quality Commission (CQC) and those placed on them by other external organisations were understood and met such as solicitors and other social and health care professionals.