

Individual Apartments

Reporter

Hellena Kambadza at [Eden Futures](#) on 17 October 2014

What did you do*?

We designed and built a locked rehabilitation hospital for six residents in which each person has their own apartment. Each apartment contains a kitchen, lounge, bedroom, bathroom and private garden. Apart from a shared garden, there is no communal area and we do not wish to create one.

Each apartment can be locked by the resident, and staff always knock on the individual front door to request access. Staff also hold a master key which they can use to gain access when they are concerned about the person's safety. In addition, the apartments are designed in clusters with a staff room at the hub, so that rapid access to each apartment is also possible directly from the staff room. This means that there are two access routes into each apartment, enabling an urgent response to a crisis.

Each apartment is uniquely and creatively refurnished and redecorated each time there is a change of resident in order to promote a sense of ownership. For example, one person needs an unusual bed that combines particular style preferences and safety features, so our maintenance team are building this to order.

What is excellent about it?

Whilst the ability to override privacy in case of need meets the requirements for a locked rehabilitation hospital, the day to day reality for service users is that they have a sense of control over their own space. This only works because staff are extremely responsive to people's requests for time alone, and honour both verbal or nonverbal signals whenever they can.

Honest conversations are required when the duty of care means that staff must observe people and thereby override their declared preference, but building strong relationships with the service user enables this honesty to be part of the therapeutic contract.

Individual residents exercise hospitality by inviting one another into their apartments when they wish to do so, and so learn hosting skills that are applicable to ordinary

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living. This sometimes extends to sharing meals together with other residents and with staff.

As the rehabilitation programme progresses, people can move from the most intensive support (three staff on duty for the resident in the daytime and two at night), down to low levels of support in which the person spends much more time on their own, thus easing the transition to step-down Supported Living facilities.

Even better next time?

Resist the temptation to provide communal spaces, as while it is superficially attractive, it deskills people in developing independent lives and reduces the motivation to access ordinary facilities in the community.

Hold on to the importance of involving each new resident in designing their own apartment as this is vital in building their sense of connection, responsibility and pride in their own space.

This model draws its inspiration from [Supported Living](#) by adopting as much of the Supported Living ethos as possible whilst meeting the requirements for a locked rehabilitation hospital. A more explicit link with proponents and visionary leaders in the Supported Living movement would assist the team to remain coherent in their approach and well defended against threats of standardisation or false economies which deliver a cheaper process but fail to meet person-centred outcomes.

* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- A series of seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.