

Staff in role as ‘patient for a day’

Reporter

Sarah Senior at [St Matthews](#) on 9 October 2014.

What did you do^{*}?

We noticed that some customs had grown up in the staff team that were convenient but may not be helpful to patients. So the manager asked one staff member to spend a day experiencing what it is like to live in our restricted environment, to reflect on their thoughts and feelings and feed this back.

This person was not allocated a bedroom but had an activity plan that meant they joined patient groups rather than taking individual staff time away from other residents. They could not leave the building without staff escort and had no access to mobile phone, keys, radio, personal staff alarm or briefing about other residents.

They wore a yellow tabard to remind everyone that they were not available in the role of staff member during the day. Other staff were asked at the start of the day to treat this colleague as if they were an ordinary resident, and it was explained that the goal was not to catch staff out.

The worker simply blended in rather than displaying any specific challenging behaviour or acting a part. The manager told the other residents at the start of the day the purpose of the exercise and encouraged them to share their impressions and experiences.

What was excellent about it?

The staff member who spent a day in role was particularly keen to see the service become more person-centred, and was thoughtful, reflective and articulate about the experience. All the staff on duty during the day also thought more carefully about the impact of their own practice on their colleague.

The culture in the team was positive enough to welcome the experience and harvest the potential benefit from it. There is a tendency to focus on formal knowledge, but this was a powerful opportunity for experiential learning that helped people to come

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to their own conclusions rather than be told what to do by a manager. It led to some significant changes in practice.

Even better next time?

The 'patient for a day' approach worked well as a surprise for the staff team, but may not work so well if it became a part of the routine, such as during induction. We were conscious of the fact that this is the closest that some residents have to their home and it may not be appropriate to impose this on one group of residents too often.

* [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.