

Create a positive reputation in our local community

Reporters

Alicia Doolan and Emma Atkinson at [The Huntercombe Group](#) on 17 November 2014.

What did you do^{*}?

We have built relationships with neighbours, shopkeepers, businesses and voluntary groups in our local community.

What was excellent about it?

In general, patients clearly indicated their support for stronger connections with their neighbourhood¹. We have used local services such as shops, pubs and hairdressers, and taken the opportunity to talk positively about the service that we offer. We have invited members of the community to visit our unit and used informal opportunities to make connections with neighbours.

Where individual patients did not want to meet neighbours or were considered not to have mental capacity to give informed consent to visitors coming into their home, they were offered an opportunity when visitors called to go out somewhere and have a positive day that aligned with their preferences.

A sports day was held in our large garden recently, mainly for several hospitals within the Huntercombe Group. Patients (with staff support) went around the neighbourhood beforehand and knocked on doors and invited people to this event. If there was nobody at home, they posted written invitations through the letterbox.

We also wanted to create a garden in the grounds, and so the occupational therapist visited the local farm shop and garden centre to ask for donations of rockery materials and plants.

¹ The UK government has signed up to the United Nations Convention on the Rights of People with Disabilities. Article 19 says that disabled people have an equal right to live in and take part in the community with the same choice and control as non-disabled people. People should be supported to live under the least restrictive conditions that keep everyone safe whilst supporting this overall goal.

Stories of Striving for Excellence in Locked Rehabilitation Services

Residents use the local shop regularly. One person used offensive language to a shop assistant and was banned for a time. We visited the shop manager to talk about the incident and offer support.

Patients also attend a range of activities that are on offer in the community, including Slimming World, yoga classes and coffee mornings. Before purchasing leisure equipment for the hospital, we find out whether the activity is available in the community, and only go ahead with the purchase if we cannot find or access community resources.

Even better next time?

We have begun to think about how much we should tell people about who we are and how to get in touch if they have any concerns, whilst protecting the confidentiality of patients. In the future, we may offer our information pack or other contact details or even engage in some awareness raising. We may find out what other organisations have done and what researchers² have found out about this sort of neighbourhood intervention. This may help community members to de-escalate challenging incidents appropriately in the future.

Unfortunately, our invitations to the sports day were not successful, and nobody from the neighbourhood came. We have not given up, and are talking about why this may have happened, and how we can be more successful in the future.

* [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.

² See, for example, Wolff, G., Pathare, S., Craig, T., and Leff, J. (1996) Public education for community care. A new approach. *British Journal of Psychiatry* 168, 441-447.

Stories of Striving for Excellence in Locked Rehabilitation Services

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.