

Perimeter security

Reporters

Donna Fleming and Debbie Nutt at [Lighthouse Healthcare](#) on 19 November 2014.

What did you do*?

The boundary to our site consists of a hedge and an open fence.

What is excellent about it?

Our service includes a locked rehabilitation hospital that is formed of several shared apartments, a registered nursing home and a registered care home. When the service was opened, it was a care home and so the perimeter was marked by a simple hedge and fence that offers a visual boundary marker, but not a physical barrier. When we formally changed status to become a locked rehabilitation hospital, it was felt that there was no need to change the perimeter.

The service is part of its local community within a residential estate, and so is directly adjacent to family homes, with an aspect that looks out on open fields.

More than half of the individuals in the hospital have their own bedroom key, and more than half of the shared apartments have a latchkey front door leading into the main hospital corridor, so people can leave their apartment, but need to be let back in. There is a further locked external door that gives access to the outside. Back doors and fire doors lead out into the separate garden area for each apartment. Garden areas are bounded by 4' high paling fences which mainly serve as a visual boundary.

Creating daily access to outside space and helping people prepare for independent living is a fundamental aspect of the rehabilitation process. When individuals need intensive support, we adapt the individualised behaviour support plan and continue to focus on achieving security through good relationships with staff and meaningful activities.

Even better next time?

It is essential to have a thorough understanding of the person and a positive working relationship between staff and residents – an approach that is based on relational

Stories of Striving for Excellence in Locked Rehabilitation Services

security rather than perimeter security. This includes being alert and responsive to small changes which might trigger a change in risk status.

When new people are referred to our service, we take a serious interest in the level of freedom and controls that were in place in their previous setting, and try to replicate that level at first, whilst gradually introducing more freedom and responsibility for the person.

This is sometimes quite challenging for the staff, but the strong focus on personalised support plans really helps. For example, one person needs four staff on hand when they access the garden, the outside space needs carefully preparing before it is used and staff carry long-range alarms.

We aim to create an environment where patients want to stay because they enjoy their time spent with staff and engage in meaningful activities.

We will consider issuing apartment front door keys to residents in the future, and helping each individual to understand the responsibilities that accompany keyholding. This is a highly valued symbol of adulthood in our society, and our rehabilitation programme should support people in this regard, whilst keeping everyone safe.

** [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.