

Live in two places

Reporter

Tiago Pinto at [Milton Park Therapeutic Campus](#), Brookdale Healthcare on 28 January 2015.

What did you do^{*} ?

One person had been resident in our locked rehabilitation unit and then moved across the campus to our unlocked home which provides an innovative hybrid model of care, bridging the gap between inpatient care and residential care in the community. Whilst in this new care setting, she had access to therapeutic input from the locked unit. Whilst this enabled a gradual exposure to independent living by offering access to specialist support and familiar staff, she struggled with the greater freedom and as a consequence she had a crisis in which her self-harming recommenced.

Firstly the hybrid service supported and contained her anxieties as long as was clinically responsible to do so. She was then offered the choice to return to the locked service and her room was kept open to her in the registered care setting. Key here is that the power and control was given to her and we worked with the decision that she herself made. She chose to return to the locked unit but kept her room and the unlocked provision available for her to continue to be a part of daily life there. Within a month, she chose to return fully and this time the transition was a great success.

What is excellent about it?

For many individuals, the step from one kind of provision to another is too challenging and transitions can break down because of the sudden change in lifestyle and support that is offered to the person. Our campus provides different levels of support in each unit, but their proximity enables us to blend staff teams and access to support to create a smooth transition. For example, a resident in our onsite registered care setting can return to a therapy group and receive support from familiar staff.

In the example given in the section above, this smooth transition was still too difficult at first for the person. Normally this would lead to entire placement breakdown and the original facility may be unwilling to take the person back. Instead, the person was

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offered real control of their circumstances. Her room in the registered care home was held open for her with furnishings intact; and she continued to hold her room key. She chose to return to the locked rehabilitation facility from which she could visit her room in the new unit whenever she wished. Both staff teams stayed in touch with the person and regularly visited. Within a month, she decided to move back into the registered care setting.

The management team are committed to a focus on positive outcomes for individuals and would make this offer at other times too.

Even better next time?

This degree of flexibility should be available to everyone who makes a transition from one unit to another. Some units who refer to us seem unwilling to remain in touch or provide intensive support during the period of transition and we have been wondering how to strengthen our collaborative work with other services, so that people arrive and depart successfully.

We hope to share this story with commissioners so that they share the approach and will, where appropriate, support a transitional period where the person has two homes for a time. By putting the person in control of their transition, this is a real 'invest to save' initiative and has saved money in the long run.

This example of transition within the campus evokes the possibility of a peripatetic outreach team to provide intensive transitional support in partnership with the service that the person comes from and moves to. Such a team would be provided most successfully by the staff who know the person and their family best and listen to them most carefully.

* [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*

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- *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.