



The CPA Process Audit

Peter Bedford Housing Association

March 2011



The User Focused Monitoring Project is funded & supported by Camden and Islington NHS Foundation Trust



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Acknowledgements

The authors would like to thank the managers and staff of the mental health services that we visited. Their friendly co-operation allowed us to undertake this particular audit. We would also like to acknowledge the support of the User Focused Monitoring Steering Group, Mr Chris Brace, Chief Executive of Peter Bedford Housing Association and Elaine Greer, Team Manager, Camden Assertive Outreach Team. Most of all we would like to thank the service users who took part and made this audit possible.

The approach to individuals' care and support puts them at the centre and promotes social inclusion and recovery. It is respectful – building confidence in individuals with an understanding of their strengths, goals, and aspirations as well as their needs and difficulties. It recognises the individual as a person first and a patient/service user second.

Department of Health, 2008.

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Executive Summary

The revised Care Programme Approach was aimed at ensuring that mental health service users with the most complex needs receive adequate support to promote recovery and independent living. User Focused Monitoring was used to examine the service user perspective of the CPA Process in Camden and Islington NHS Foundation Trust. Mental health service users, or Auditors, designed a questionnaire in line with the Camden and Islington CPA Operational Policy. One hundred participants across the Community Mental Health Teams, Assertive Outreach Teams and Residential and Rehabilitation units were asked to take part. The data was analysed to gain an understanding of the emergent themes, and key recommendations for change were formulated. The major themes are summarised below.

Communication and service user involvement

Good practice

- Service users reported instances of overall satisfaction with their care. *“Positive and helpful”* and that *“My CPN listens well to all my concerns and points me in the right direction.”*
- Service users felt they could contact staff to access support when necessary.

Service user concerns

- Service users also reported they were unable to identify the purpose of a care plan, could not identify who their Care Coordinator is, and could not recall seeing a copy of their care plan. Some stated that there is *“not much co-ordination,”* or *“I never had a say in my care plan.”*
- Some service users reported experiencing difficulties in accessing support when in need.

Service user involvement and medication

Good practice

- Service users reported satisfaction with the care they receive regarding their medication, and that *“staff pay good attention...Today I adjusted my medication because of its’ side effects.”*

Service user concerns

- Service users conversely reported *“I was given medication when I didn’t need them,”* and that the wrong medication had been prescribed as a result of staff not reading patients notes.

Maintaining well being

Good practice

- This audit highlighted that when in place crisis plans are in place they are working well. Service users reported that they had understood the plan of action if they were to go into crisis. Positive

responses included that *“If I have worries or fears I run to them. They are understanding and sympathetic.”*

Service user concerns

- Service users also reported that they were unaware of where to access help in a crisis, or that the type of support available did not meet their needs. Some reported *“The nurse didn’t listen to my description of anxiety, wasn’t empathising.”*

Service users and their rights

Good practice

- Service users reported positive working relationships with staff, and any arising issues were dealt with swiftly and easily, and did not require the formality of the complaints process.

Service user concerns

- A large proportion of service users were unaware of the complaints process, and had not seen the leaflets distributed across the borough, or had not spoken to a mental health professional regarding their right to make a complaint.

Goals for the future

Good practice

- Service users highlighted that *“Staff always encourage you to do as best as you can for yourself...to be as independent as possible...”* which positively impacted on service users’ aspirations to set targets for achievement in life.
- Service users’ aspirations varied depending on their own definition of ‘wellness.’ Where education was the primary goal, service users reported *“Anti-natal depression letter to university...helped me to get a degree.”*

Service user concerns

- Service users also reported the impact of negative working relationships with staff, which in turn affected service users’ choice in working towards their goals and *“It’s all about what they want, not what I want...”*
- For some service users, coping on a day-to-day basis is their goal and many felt unable to look beyond the present. Some expressed anxieties such as the need to *“Get back into suitable employment which does not make me ill,”* and *“To regain employment within the restrictions of being a single parent.”*

Further questions raised by this audit

- Further examination is necessary to ascertain the barriers affecting service users understanding of the Care Plan Process, including access to support.
- This audit highlighted the need to examine the extent to which the use of differing terminology affects communication, such as the use of the term 'Key Worker' instead of 'Care Coordinator.'
- Further investigation is required to examine why more service users report a lack of choice as part of the Care Plan Process.
- This audit underlined that an equal numbers of service users are aware and unaware of their rights to access their medical notes. Further investigation may be required to shed light on the underlying issues as part of service user empowerment.

Overall conclusions

Overall it is clear from this audit that there are many examples of good practice within the mental health services, with some areas for improvement or further scrutiny. One theme is evident throughout the audit: that communication is most significant determinant in whether service users feel adequately supported through the process, and this is a major area under investigation.

An Introduction to User Focused Monitoring

The User Focused Monitoring (UFM) model was designed by the Sainsbury Centre for Mental Health. The aim of the model is to ensure that mental health services are delivered from the service user perspective, and therefore service users should lead all stages of the evaluation process. The evaluations (or audits) carried out use the principles of research to collect and interpret data, and write the final report including the proposal of key recommendations for change.

Service user involvement also has several other benefits: peer interaction between service users is vital in gaining a true understanding of mental health services from the user perspective. This form of peer interaction generates a common ground from which to begin; it helps break down barriers caused by stigmas of mental health; UFM Auditors provide positive role models to empower other service users to take control of their lives and become more socially included. This is particularly important for service users who have faced long-term social exclusion due to their mental health and are apprehensive about a return to employment (Kotecha, Fowler, Donskoy, Johnson, Shaw and Doherty, 2007).

User Focused Monitoring and Peter Bedford Housing Association

The UFM contract was taken over by Camden and Islington Primary Care Trust (PCT) in 2005. In the same year Peter Bedford Housing Association was awarded the contract to examine service user satisfaction of mental health services across the Trust. The work is supported by the UFM Steering Group, which is comprised a range of Camden and Islington professionals and service user representatives. The main aims of the Steering Group are to provide support and guidance during the course of the project and monitor its progress. The Steering Group also contributes to the main findings of audits and seeks to ensure that key recommendations are implemented. Additionally, as the Steering Group is made of a diverse group of representatives, it is also able promote the visibility of the work being done and highlight the benefits of service user involvement.

The UFM working group is made up of Auditors, an Administrative and Audit Assistant (also a former service user) and the UFM Project Manager. All Auditors are mental health service users or former mental health service users and undertook specialised training for their role. Most UFM Auditors live in Camden or Islington.

Peter Bedford Housing Association (PBHA) began in 1969 to work with ex-offenders, helping them to become more socially included. Now a registered social landlord, Peter Bedford provides a range of support services, including housing and work placement opportunities to vulnerable people in Hackney and Islington. The issues our service users face include mental health, homelessness, learning difficulties, drug and alcohol addictions and multiple needs.

Peter Bedford was an 18th century Quaker philanthropist who worked in the East End of London to help people help themselves. His name was used to acknowledge the support received from the Bedford Institute.

The CPA Process Audit

The Care Programme Approach (CPA) was introduced in 1991 to provide a legislative framework to support individuals with enduring mental health needs, using a 'whole systems approach' to health care. The principles central to the approach were that:

- Each patient with a mental health need would be assessed individually to examine their health and social care needs.
- A care plan would be formulated to address these issues
- A key worker would be appointed to oversee the patient's needs
- Regular reviews would ensure the patient's needs are continuously being met

Support was divided into two pathways; enhanced care for individuals with particularly complex mental health needs, and standard care for those with less complex needs who were not deemed fit for discharge to their GP.

The CPA was slow to take effect until the inception of The National Service Framework for Mental Health (NSFMH, DoH, 1999) which presented the theoretical framework for service providers to deliver an integrated support system using a whole systems approach. Through the NSFMH multi-disciplinary teams of health and social care staff would work together to provide a coordinated approach to delivering support to mental health service users in the community. Professionals were also to work more closely with service users and carers to ensure that care plans were tailor-made to tackle each individual service user's needs. Care Coordinators (previously Key Workers) would now work with service users and carers to put together an individualised, comprehensive care plan, which would form the basis of care for each service user. It would be subject to regular reviews to assess the service user's recovery and changes/amendments to the care plan could be made as required.

In 2008 The Department of Health published guidance on its revisions to the Care Programme Approach. The most significant revision highlighted the change from two levels of CPA (Enhanced and Standard CPA) to one. The aim was to ensure that service users with the greatest need could access mental health services more swiftly and that service providers would be able to provide better care coordination overall.

In line with this in 2009 Camden and Islington PCT published its CPA Operational Policy to provide a framework for service providers to deliver services in a consistent way across the Trust which met the requirements of Government policy and ensured a more coordinated approach. Camden and Islington

PCT is comprised of 52% of male service users in Camden, whilst 48% are female. In Islington 53% are male and 47% are female.

Aims and objectives

In 2009 the UFM Steering Group agreed to audit the revised CPA Process. The audit aimed to examine service user satisfaction with mental health services, barriers to successful service delivery and ways in which services could be further improved. In order to do this the audit would evaluate the service user perspective through the Community Mental Health Teams (CMHT); Assertive Outreach teams (AOT) and Residential or Rehabilitation (R/R) Wards across Camden and Islington.

The area focused on several key aspects of service user satisfaction:

- What the care plan consists of
- How the care plan was put together
- Communication
- Crisis planning
- Future goals and aspirations

Methodology

Coordination of the project required several process which are outlined below.

Consultation

Before the project could begin the Project Manager attended a CMHT staff meeting to propose the research and discuss the potential barriers for UFM during the data collection process. Barriers reported were: that service users now have more choice in where their meetings are held and often meet their Care Coordinator in their own homes instead of at CMHTs and AOTs; residents in the residential homes may need to meet with Auditors more than once before agreeing to take part; the availability of meeting rooms (or lack of) at the data collection sites could impact upon service users willingness to take part and ability to disclose confidential information; at some data collection sites service users were most accessible when attending to receive medication and this could impact on their responses. These factors were noted and used to build the evaluation framework and be as flexible as possible.

As part of the framework the Steering Group decided to access service users attached to CMHTs, AOTs and R/R. Most of the service users attached to these three service lines have care plans and therefore increased the chance of involving service users from across Camden and Islington overall.

Once the project framework was finalised the Project Manager attended relevant CMHT, AOT and R/R meetings to introduce the project. In total the project was introduced to two AOTs, eleven CMHTs and eleven R/R wards across Camden and Islington NHS Foundation Trust (CIFT). The Project Manager and the team also negotiated UFM's access to participants, and data collection sessions were booked accordingly.

Working Group Meetings

Working group meetings were held for three hours per week to design the questionnaire, participant information leaflet and consent form. During the data collection phase, Auditors' working group meetings were held for the team to regroup and discuss any comments and concerns. It also gave Auditors a chance to discuss any further training needs.

Designing the Questionnaire

The questionnaire was put together in accordance with the Camden and Islington CPA Policy guidelines. The initial questions were drafted by the Project Manager and refined over several months in the weekly working group meetings to ensure the questions were as valid as possible, before carrying out a pilot (see Appendix 1.)

Ethical Considerations

As a major part of this audit it was necessary to address several key ethical issues: informed consent; understanding and maintaining confidentiality; data protection; service users' right to withdraw at any time during the project, without warning and without explanation.

Participant Information Leaflet (PIL)

In order to address these points the team designed a participant information leaflet for service users to explain the intentions of the audit, address any potential concerns that service users may have about taking part, and provide full contact details of the Project Manager should they need more information (See Appendix 2). The information leaflet gave the working group opportunities to prepare service users and providers for the Auditors' visit for data collection.

Other considerations when designing the leaflet were a layout and style that was informative, concise and easy to follow. It needed to appear in a simple question and answer format, where subheadings in bold font were used to make the questions stand out. The Auditors worked as a team to decide on the content appropriate for the leaflet. It was important that the information leaflet raised awareness of the CPA Audit and prepared staff and service users for the Auditors' visits.

Consent Form

The Working Group devised a consent form, which participants would sign if they agreed to take part in the research. The consent form was necessary to ensure that the Auditors had fully briefed each service user who agreed to take part and addressed any concerns they might have about the research. The participant and the Auditor signed two copies. One was given to the participant and the other was returned to the Project Manager (see Appendix 3).

Supervision

Supervision was vital to give Auditors a chance to debrief. It took several forms:

- 1) Weekly working group meetings where Auditors could discuss their comments/concerns with their colleagues confidentially within the team.
- 2) Supervision in person. During the first few weeks of data collection the Project Manager or Administrative and Audit Assistant joined Auditors whilst out in the field to provide support and guidance. At the end of each data collection session, the Project Manager or Audit Assistant would conduct supervision.
- 3) Supervision on the telephone. As Auditors became more familiar with their role, they were able to conduct supervision without the Project Manager's presence. The Project Manager would therefore ring each Auditor at the end of each data collection session.
- 4) The Project Manager would also hold face-to-face meetings where it was felt that additional support was necessary.

Auditors were also encouraged to contact the Project Manager or Administrative and Audit Assistant in addition to these supervision session, should the need arise.

Health and Safety

As part of negotiations with Camden and Islington teams, the Project Manager agreed to send each team manager a picture chart of the Auditors in advance of the data collection visits. This ensured that staff

were aware of the Auditors' presence and could identify them easily. The Project Manager would also pass on the names of the Auditors who had been assigned to a data collection session in advance.

During the data collection phase, Auditors were asked to contact the Project Manager or Administrator upon arrival at a data collection site and when leaving. They were also asked to keep their ID badges visible whilst on the premises at all times. Auditors signed in and out at each venue.

The mental health services visited advised Auditors of evacuation procedures and the location of panic alarms. The Project Manager booked rooms which were near each team's office or reception area where possible.

The Sample

Stratified random sampling was used to access participants. The Project Manager booked data collection slots during a time when service users were most likely to access the mental health services. The Auditors attended during these times and approached service users in the reception area about taking part.

100 service users across Camden and Islington, aged 18-65 years old, were asked to participate. All service users accessed at least one CMHT or AOT, or lived at one Residential home and all had a care plan.

Data Collection

Data was collected from eleven CMHTs, two AOTs and eleven Res/Rehab projects or wards (see Appendix 4). Auditors waited in the reception area of each venue and approached service users to take part in the research before or after their appointment. Service users who agreed in principle to take part were offered a meeting room as a private space to discuss their opinions with the Auditors. The Auditors used the participation information leaflet to fully brief each service user and sign the consent form if the service users agreed to take part.

Auditors supported the audit participants to fill in the questionnaire where appropriate. When each interview was completed participants were offered a £5 voucher as a token of thanks. Each voucher given was recorded.

Data entry

All quantitative data was coded and entered using SPSS Version 19 by the Working Group. All missing values were coded as '0.' Percentages of the responses for each question were calculated. The Working Group and Steering Group identified particular areas of interest and data was analysed to examine the emerging trends.

The qualitative data was typed up using Microsoft Word. The Working Group identified the emergent themes, which were then compared with the quantitative data.

Results

Gender, Age, Ethnicity and religion

Of the 100 participants who took part in this audit 67% of participants were male, 32% were female and 1% preferred not to say.

49% of participants considered their ethnicity to be British and 51% considered themselves to be from a BME background. 15 BME groups were identified for the purpose of this audit. The list was compiled using data from the Office of National Statistics (2001). 37% of participants listed Christian as their religion, 20% were not religious and 15% were Catholic. 25% of participants listed other religions. 2% gave no answer.

The full list of the number of responses for each question can be seen in Appendix 4.

Emerging themes

Communication and service user involvement

According to the Camden and Islington Operational Policy (2009):

Services should be organised and delivered in ways that promote and co-ordinate helpful and purposeful mental health practice based on...shared listening, communicating, understanding, clarification and organisation of diverse opinion to deliver valued, appropriate, equitable and co-ordinated care.

Our audit demonstrated the positive effects of building therapeutic relationships, and also highlighted the barriers which affect how successful these interactions are. This section explores the types of communication issues which have emerged.

Understanding the care plan

Overall this audit demonstrates that three quarters of service users reported to understand what the care plan is (Table 1).

Table 1

	Yes	No	Not sure	Missing
Q5. Do you know what a care plan is?	75	10	14	1
Q7. Do you know who your Care Coordinator is?	80	10	9	1
Q8. Have you ever received a copy of your care plan?	56	31	12	1

In this audit, whilst 75% of service users reported to know what a care plan is, nearly one quarter (24%) of participants did not. 80% knew who their Care Coordinator is, only 56% reported they had received a copy of their care plan. Nearly a fifth (19%) were unsure of who their Care Coordinator is 43% had not been given a copy of their care plan or were not sure. The Camden & Islington guidelines state that *'all mental health service users have their care plan explained to them, have an explanation of the term CPA' and 'have an explanation of the term Care Coordinator.'* In this audit, whilst 75% of service users reported to know what a care plan is, and 80% knew who their Care Coordinator is, only 56% reported they had received a copy of their care plan.

In conjunction with these findings, our audit examined the length of time service users have had a care plan (Table 2):

Table 2

	0-2 years	3-5 years	6 years or more	Not sure	Missing
Q6 How long have you had a care plan?	35	15	41	7	2

The largest proportion (41%) of service users who took part was that of service users who have had a care plan for at least six years. Linked to this, the inception of the National Service Framework for Mental Health (1999) brought about a change of terminology, and the term 'Key Worker' was replaced with 'Care Coordinator.' This may partly be the reason that 20% of our audit participants could not identify their Care Coordinator. No significant relationship was found during our data analysis, although this could be due to the small sample used in the audit. Additionally, our results do not indicate how many service users were offered a copy but declined, and it is possible that clinicians *"may consider it inappropriate to actively engage a service user,"* as Camden and Islington Operational Policy states. It is also possible that some service users refuse to become involved in planning their support. Staff are required to record such matters, and it may be necessary for mental health professionals to place more emphasis on engaging with service users to tackle the lack of awareness. Moreover, the support needs of individuals change over time, and service users should be offered copies of updated care plans as these changes occur. If updates are being offered, it should follow that a greater number have an awareness of their care plan and a higher proportion should have received a copy.

Many instances of overall satisfaction were highlighted by the survey through the qualitative data, such as *“Positive and helpful”* and *“My CPN listens well to all my concerns and points me in the right direction.”* However some reported *“not much co-ordination,”* or *“I never had a say in my care plan.”* According to the Camden and Islington guidelines *“Staff must ensure that all mental health service users: are involved in drawing up their care plan and are encouraged to sign it.”* Our findings highlighted that only 58% worked with the Care Coordinator to put their care plan together, whilst 19% reported that they had not taken part and 22% were not sure.

Care plans form the framework within which service users and Care Coordinators work together to enable mental health service users to achieve long-term mental health well being. It is therefore vital that service users comprehend the purpose of the care plan, have received a copy of it and know who their Care Coordinator is.

Our key recommendations are therefore as follows:

Issue	Goal	Recommendation
25% of service users do not know what a care plan is	100% of service users know what a care plan is	To increase service user involvement at all stages of the care planning process
19% of service users are unsure or do not know who their Care Coordinator is	100% service users to know who their Care Coordinator is	The Foundation Trust to ensure that all service users can identify who their Care Coordinator is.
43% of service users have not received or are not sure if they have received a copy of their care plan	100% of service users receive a copy of their care plan	The Foundation Trust to ensure that all service users are offered a copy of their care plan and highlight any issues.

Communication between service users and professionals

The Camden and Islington (2009) guidelines and Department of Health (2008) state that *“the quality of the relationships between service user and care co-ordinator is one of the most important determinants of success.”* This audit examined whether service users felt they could contact their Care Coordinator should they need to (table 3).

Table 3

	Yes	No	Not sure	Missing
Q15 Is it easy to contact your Care Coordinator if you need to?	78	8	13	1

The Care Coordinator is usually the first point of contact for service users, and in this audit an encouraging proportion of participants (78%) felt satisfied that they could contact their Care Coordinator when necessary. Several reasons could affect why 21% of participants reported that they could not/were not sure how to contact their Care Coordinator. These include changes in staff due to sickness or other absence; service users lacking the funds to make calls or pay for transport to maintain regular contact; that some service users have not been given/do not have the most up-to-date contact information. It is also possible that service users who experience difficulty in contacting their coordinator may also be some of the same service users who do not have a copy of their care plan and/or know who their Care Coordinator is.

The Camden and Islington Foundation Trust CPA Operational Policy (2009) states that

‘Language used and the stories and meanings that are constructed around personal experience...have great significance as mediators of recovery process. These shared leanings either support a sense of hope and possibility or carry an additional weight of morbidity, inviting pessimism and chronicity.’

Qualitative feedback received during this audit highlighted a link between language and recovery. Mixed reactions were noted, such as participant reports of good experiences of communication “*many times*” and that staff “*always listen.*” However some reported that they were selective in divulging information to mental health professionals in general “*due to the way professionals in the past have reacted to what I’ve told them,*” thus emphasising the need to foster trusting relationships between mental health staff and service users and optimise recovery.

Our key recommendations are therefore as follows:

Issue	Goal	Recommendation
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<p>21% of service users say it is difficult or are not sure how to contact their Care Coordinator</p>	<p>All service users must have the full contact details of their coordinator and a flexible strategy to contact them.</p>	<p>Mental health staff to ensure that service users are continually informed of any changes in relevant staff</p>
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Service user involvement and medication

In this audit medication was cited as another major theme in relation to service user involvement. Service users were asked if they felt that professionals always listen to their point of view (see table 4)

Table 4

	Always	Sometimes	Never	Missing
<p>Q21 Do you feel that professionals always listen to your point of view?</p>	36	52	11	1

Responses varied. 36% of participants reported that staff *“always listen,”* and *“They are always here for me,”* whilst over half (52%) reported that staff sometimes listen and 11% reported that staff *“never listen to me.”* Many of the issues cited through the qualitative information were in regard to medication. Several service users reported similar experiences that *“Staff /pay good attention...Today I adjusted my medication because of its’ side effects.”* However other service users reported that *“doctors in the past were better. The doctors who know you better give better care”* and *“I was given medications when I didn’t need them.”* Alarmingly, some service users also reported that the wrong medication had been prescribed to them as a result of staff not reading patient notes.

According to the Department of Health (2008) service users should understand the importance of their medication and be fully informed about it and its effect and benefits. In the Care Quality Commission Service User Survey (CQC, 2010), service users were asked if the purpose of medication was explained. CIFT received a score of 85 placing it in the top 20% of NHS Trusts in the UK. The threshold was a score of 84, and the 2010 score marks an improvement in the last two years. Whilst this gives confidence that many

service users are being fully briefed regarding medication and its side effects there are still areas for improvement. In this audit service users reported experiencing medication which was *“knocking me out like a chemical cosh”* and side effects as *“blurred vision, being stiff and paranoia.”* Several service users reported similar experiences that

“They made me take the medication for a number of months after I brought it to their attention. Now they have changed my medication but they could have done it quicker.”

Service user choice and control regarding medication is a complex area. Side effects of pharmacological interventions can be severe and obtaining the correct balance of drugs and their dose can take time. One service user also reported moving into new accommodation after withdrawing from medication. Given that 52% of participants reported dissatisfaction, and 76% of participants required medication support (Q9, see Appendix 4) mental health professionals need to be more effective at demonstrating that they take service users’ opinions seriously, and to be more proactive in supporting service users to make informed decisions about their medication options. In turn this could contribute to more positive working relationships between staff and service users.

Our key recommendations are therefore as follows

Issue	Goal	Recommendation
<p>76% of service users need help with their medication</p>	<p>To ensure that all service users feel fully informed about their medication options and side effects</p>	<p>Mental health services link in with Expert Patient Programme (including information regarding medication)</p> <p>CIFT to ensure all service users can access independent advice/information regarding medication issues eg from Mind (National)</p>

Maintaining well being

Maintaining well being forms a large component of the care planning process. This audit highlighted some of the key areas which affect whether and how service users maintain good mental health.

Crisis and contingency planning

The Camden and Islington Operational Policy instructs that care plans “*must include appropriate crisis and contingency plans,*” and that these plans must include full contact details of any relevant agencies and must be based on any previous crises the service user may have experienced. Additionally, the NSFMH (1999) includes GPs, Accident and Emergency (A&E) departments, voluntary organisations such as The Samaritans and NHS Direct as points of contact, particularly out of hours. This audit examined whether service users felt that they could identify the early warning signs of a crisis and whether they knew what to do in the event of such an emergency (Table 5 below)

Table 5

	Yes	No	Not sure	Missing
Q24. Have you worked with mental health professionals to identify signs that your mental health is declining?	66	23	11	
Q25. Have you and your Care Coordinator agreed a plan of action if you were to go into crisis?	59	30	9	2
Q26. Do you know where or how to access mental health services in a crisis?	74	16	10	

Two thirds (66%) of service users reported that they had worked with mental health staff to identify the early warning signs, whilst one third had not or were not sure (23% and 11%, respectively). Over half the service users who took part in this audit reported that there was an agreed plan of action in the event of a crisis (59%) and 39% did not have a plan or were unsure. Three quarters (74%) knew where or how to obtain help in a crisis, whilst 26% did not know or were not sure. Given that it is the Camden and Islington

Policy that care plans must address these issues, it is of concern that the results of this audit are not closer to 100%. Qualitative data obtained during this highlights the gulf between service users' perceptions. Some felt *"reassured,"* and *"If I have worries or fears I run to them. They are understanding and sympathetic..."* When asked what works best about the care plan overall (Q37, see Appendix 1) one service users reported *"The idea that they write warning signs for getting unwell and they have a plan of action."* On the other hand service users also reported that *"[Doctors] are not bothered about what individuals think. The doctors seem to think they know what's best for a person."*

Domain One of the CQC states that

"Patient safety is enhanced by the use of the healthcare processes, working practices and systematic activities that prevent or reduce risk of harm to patients."

It is imperative to adopt a systematic plan in order that service users understand which services to contact, where and how to contact them at the earliest opportunity to prevent a crisis from occurring. And, service users should feel confident that their needs will continually be met in an unforeseen circumstance. It is vital that service users are clear on these matters, regardless of whether they have received a copy of their care plan. It may be necessary to examine alternative ways which enable service users to understand and feel confident enough to access support at the earliest opportunity before the service user reaches crisis point. This audit did not ascertain the reasons why an alarming 26% of service users were unsure of where to access help, however factors such as strong medication and its' effects on memory, mental health coupled with other disabilities, not receiving a copy of the care plan and poor relations between staff and service users may have impacted upon participants' responses.

Moreover service users were asked what they believed are the positive aspects of the care plan process (Q37 of the questionnaire, see Appendix 1). Many service users qualitatively reported that they liked *'the idea that they write warning signs for getting unwell and they have a plan of action'* and that having a care plan helps to *'keep safe and avoid the dangers,'* although one service user reported that *"the nurse didn't listen to my description of anxiety, wasn't empathising."* The successes of crisis and contingency plans are evident for those who are aware of them. It may therefore be necessary for staff to place greater emphasis on agreeing a clear crisis and contingency plan with service users, or to consider alternative methods of sharing information about who to contact in a crisis.

Our Key recommendations are therefore as follows:

Issue	Goal	Recommendation
34% of service users have not worked, or are not sure if they have worked with staff to understand their symptoms of mental health decline	All service users to be able to recognise early signs of poor mental health	The Trust to demonstrate that mental health services are working with service users through the care plan
39% of service users do not know or are unsure of the plan of action in the event of a mental health crisis 26% of service users do not know or unsure of where/how to access help in a crisis.	To ensure that all service users are clear regarding their crisis and contingency plan including full contact details in the event of an emergency.	Mental health services form better links with the Communications/Information departments within the Trust, in order to provide emergency contact details to service users. The Foundation Trust must demonstrate that all service users have clear crisis and contingency plans, which service users are able to follow.

Being listened to/Choice

The focus of the Care Plan Process is that it is person centred. The process aims to recognise service users as individuals who therefore have individual needs. The CQC Domain Five Outcome states:

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Additionally due to revisions by the Department of Health to the Care Programme Approach, the Government's Personalisation Agenda (DH, 2010) and Camden and Islington CPA Operational Policy, care is now re-focusing on the right of mental health service users to choose their own pathway to recovery. As such, service users should have more say in where they meet with their Care Coordinator and the annual CPA meetings. In this audit, service users were asked if they were able to choose where their care plan meetings are held (see table 6 below).

Table 6

	Yes	No	Not sure	Missing
Q18 Do you have a choice about where these	31	51	18	0

meetings are held?				
--------------------	--	--	--	--

Nearly one third (31%) reported that they are given a choice, whilst half (51%) reported that they are not. This audit yielded no qualitative data to highlight why so few service users have a choice of venue. Possible reasons could include that service users with more complex needs are met on site to prevent their disengagement of services, or that not enough service users are given the choice. Further investigation would be required to explore possible reasons.

Our key recommendation is therefore as follows

Issue	Goal	Recommendation
69% of service users feel they do not have or are not sure if they have a choice about where their care plan meetings are held	To understand and act upon barriers affecting service user choice	The Foundation Trust to investigate this issue of choice further.

Service users and their rights

In order to be able to make decisions about their care, service users need to understand their rights. The CQC Core standard C16 outlines that

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

This audit highlighted two main areas in which service users should be aware of their rights and assert them appropriately in order to take control of their lives as part of their recovery and in line with the Personalisation Agenda.

Access to medical notes

Under the 1998 Data Protection Act (DH, 2009) all patients are entitled to make a request in writing to obtain their medical records. This audit asked audit participants whether they could access their medical notes (see table 7)

Table 7

	Yes	No	Not sure
Q11 Can you access your notes upon request?	40	21	39

40% of participants replied 'yes,' whilst 21% reported 'no' and 39% were not sure. That 40% could access their notes, underlines elements of service user empowerment. It is also indicative that some service users have a positive working relationship with mental health professionals. Under the Data Protection Act mental health professionals have the right to withhold information from the patient if they feel it would be detrimental to the service user access. Our audit did not generate any qualitative information specific to this issue, however it is likely that having a less positive working relationships with mental health staff could be a factor. It is also likely that some service users were refused access. In addition, 39% of participants reported they were 'not sure' if they could access their notes. Several reasons could be that service users have never felt the need to ask, or that they are not aware of their rights and correct procedure to request access.

Our key recommendation is as follows

Issue	Goal	Recommendation
60% are unable to or are not sure if they can gain access to their notes upon request	To ensure that all service users understand that they have the right to make a request for access in writing	The Foundation Trust to investigate whether service users are informed of their rights and demonstrate this.

Making a complaint

It is imperative that all service users understand that they can make a complaint about any aspect of their care, should they need to. It is also imperative that service users fully understand the complaints procedure in order to know what to expect. The CQC Core Standard C14a states

“Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services”

In the event that a service user makes a complaint, a systematic complaints process should ensure that all parties involved could easily chart the progress of the situation until the point of resolution.

In line with this The Advice, Complaints and Feedback Service for Camden and Islington Foundation Trust produces a leaflet to enable service users to understand the complaints process. This leaflet is distributed to all locations within the trust that service users attend, including the CMHTs, AOTs and R/R units. Our audit therefore asked service users whether they had been informed of the complaints process (see table 8 below)

Table 8.

	Yes	No	Not sure
Q20 Has anyone spoken to you about how to make a complaint should you need to?	30	51	19

51% of participants had not been spoken to about how to make a complaint if they need to, 30% had been spoken to, and 19% were not sure if anyone had informed them. That over half the service users in this audit were not aware of how to make a complaint is worrying. It could be that some service users genuinely have not had conversations with mental health services about this. Medication side effects may have affected the service user's ability to retain information, or in some cases, service users may have forgotten the complaints procedure that was initially explained to them. The Camden and Islington Operational Policy does not state when or how often staff should inform service users of their right to complain, and it could be necessary for operational policies regarding care to be more clearly linked to the CIFT complaints policy. It is also worthy of note that service users may not always want to use the formal complaints system, and some service users may feel able to voice their concerns informally. This is especially likely where service users and mental health professionals have a good rapport, enabling arising issues to be dealt with swiftly and easily. These cases would, however, only apply if service users feel able to voice their opinions without fear of any repercussions.

In addition, some survey participants reported dissatisfaction in times when they had made a complaint:

"After I have made a complaint ... about a year ago, I made a complaint about the doctor who didn't take the time to read my notes, he didn't listen waste time and my health got worse. I wanted my old psych doctor back but he had moved team. I feel that my health got worse due to no one listening"

This was not the only experience of its kind reported by services users. It is alarming that these situations occur and that service users feel their health worsened as a result of not being listened to. This audit did not highlight why these instances are occurring and it would be highly valuable to carry out additional work to investigate this further.

Given that the Personalisation Agenda encourages service users to choose their own pathways for support it is vital that service users understand their rights and feel empowered to act on them appropriately, as it will allow them to make more informed choices about the care that is right for them.

Our key recommendation is as follows

Issue	Goal	Recommendation
70% of service users reported that they did not know or were unsure of the complaints process	To ensure all service users are aware of their right to use the complaints process	The Foundation Trust to work with complaints team to address this issue.

Goals for the future

Maintaining well being and looking to the future is vital to the overall recovery process (DoH, 2005; DoH 2006). Well being is subjective and therefore should be recognised as a part of the care plan process, which is very individualised. Successful recovery should enable a service user to maintain well-being and promote social inclusion and feel positive about the future beyond their mental health diagnosis. The Personalisation Agenda seeks to support service users in this way.

Personalisation ties in closely with the concept of ‘recovery’ in mental health, which is about the individual having choice and taking control of her or his life. It means starting with the individual. A personalised approach supports people to decide and direct what support they require (Mind, 2009).

This audit examined whether service users felt that support through the care plan process helped them to maintain well-being (see table 9)

Table 9

	Yes	No	Not sure
Q27 Do you find that having a care plan helps you to stay in touch with your community?	53	27	20
Q28 Do you feel that having a care plan and contact with professionals helps you to maintain good mental health?	77	11	12
Q29 Have you been given/are you given information about local community services (leisure or other types) which could be useful to you?	69	20	11
Q30. Do you know how or where to access information about local events in your borough?	57	31	12

Question 27 focused on social inclusion in general. Half (53%) of the audit participants reported that having a care plan enabled service users to stay in touch with their community, whilst 47% reported that it did not help or that they were unsure if it was supporting them or not. The findings of Question 28 reported that 77% of participants felt that contact with mental health services helped service users to maintain good mental health, whilst only 23% reported that contact with mental health staff did not help (11%) or were “not sure” if it helped (12%). Question 29 asked service users whether they were provided useful information to support their recovery. 69% reported that they had, whilst 31% reported that they were not (20%) or were not sure (11%). Question 30 focused on whether service users knew how or where to access information for themselves, and 57% of participants felt they knew, whilst 31% reported they did not know and 12% were unsure.

Interestingly, the findings overall highlight that contact time with professionals impacts more on service users’ well being. Service users reported that having a care plan as the framework of support “*stops me from being alone.*” Service users cited that “*listening, kindness and trust*” and “*Having a clear vision of*

what has to be done...” are features of the support process which work well, whilst another service user explained that *“coming to see my worker each week”* had an effect on well being. Several service users had similar views that

“Staff always encourage you to do as best as you can for myself...to be as independent as possible. They’re always there, always willing to help you...”

Conversely, service users reported experiencing negative outcomes from contact with staff as part of the Care Plan Process:

“I don’t think anything about it works best. It’s all what they want, not what I want. A doctor and a Psychologist at my GP practice are good. They understand me and are not biased...”

A lack of communication and a breakdown in trust from both sides are clear, which in turn affect the well being of the service user. The Department of Health’s (2008) guidelines to refocus the Care Programme Approach highlight the need for a cultural change from a ‘top down’ to ‘bottom up’ approach. Although this audit highlights a shift some barriers still need to be addressed. It is also possible that for some service users, the extent to which service users feel supported is also dependent on how well service users understand what a care plan is (Question 5) and whether a service users have received a copy of their care plan (Question 8).

Additionally, a greater proportion of service users reported that they were able to obtain useful information via mental health professionals (69%) than independently (57%), which highlights the need to continue forming strong links between mental health and community based services. However, this does also indicate the dependency of some service users on professionals to provide information. Barriers to becoming empowered may include the effects of medication, physical and other disabilities, lack of access to facilities such as the internet, and communication issues between service users and the professionals they work with. Some service users may also feel that the available services do not cater to their needs and it will be necessary to monitor how effectively the Personalisation Agenda is able to reduce service user isolation and increase independence.

Participants also identified a vast range of interests and goals for the future, such as music and singing; dancing; go back to work; further studies; *“meet old friends;”* be reacquainted with family; become financially independent; *“give up smoking; lose weight”* and work on self esteem issues, to name a few.

Many service users reported that having a care plan and continuous contact with mental health professionals has given service users a sense of hope and purpose.

Our key recommendations are therefore as follows

Issue	Goal	Recommendation
47% of service users do not feel or unsure that having a care plan helps them stay in touch with their community, whilst 31% do not have access to or unsure if they can access information about local community events.	To gain an understanding of the barriers which prevent service users from becoming more socially included	Foundation Trust to investigate this further
77% of service users benefit from support from mental health services, yet only 36% of service users report that staff listen to their point of view.	To understand and tackle the issues regarding service user support needs	Foundation Trust to investigate this further.

Education, Training and Employment

Education, training and employment play a vital role in giving mental health service users a sense of achievement, empowerment and social inclusion. They present opportunities to develop skills and offer a sense of hope and direction. For many this is particularly important as stigmas of mental health create powerful barriers which hamper progress in all aspects of their lives (Byrne, 2000). The NSFMH (1997) recognised this issue. In 2008 the Department of Health's Refocusing the Care Programme Approach underlined the need for service providers to place greater focus on enabling service users to identify their aspirations and support them to achieve these goals.

In line with this the Camden and Islington Operational Policy (2009) states

“Staff must ensure that all mental health service users are given the opportunity to complete the form for Aims or Goals of Service User.”

This audit therefore aimed to examine the areas in which service users feel they require help in conjunction with the types of aspirations service users identified (see table 10).

Table 10 (full table in Appendix 4)

Q9. As part of the care plan have you ever needed help with any of the following?

	Yes	No
Education	30	70
Employment	25	75

Of the 100 participants surveyed, 30% of participants reported needing help with education and 25% required help with employment, whilst 70% and 75% did not report needing support with education and employment respectively. Several factors may affect why such low numbers of service users require support for education and employment. Service users' perceptions of themselves often change with a mental health diagnosis. Individuals may view themselves negatively, lowering their self-esteem and confidence. In line with this several service users reported the goal *"To work on my self esteem. To structure my day,"* whilst others reported that they were *"Not thinking that far ahead."* For some service users the day-to-day tasks involved in engaging each day are sizeable. One service user reported *"I don't make plans. I just do thing day to day so I get by"*. If service users' perceptions alter following their mental health diagnosis, they may also view themselves in terms of their symptoms, rather than as an individual with aspirations. It is therefore unsurprising that being able to cope on a moment-to-moment basis takes precedence.

Moreover, it is likely that some service users are keen to engage in education and employment opportunities, and feel inhibited by complications to their benefits, and whether they could cope with entering the work environment. One service user qualitatively reported a need *"To get back into suitable work that does not make me ill."* As the suitability of the type of work is dependent on the individual it may be beneficial for service users and providers to work more closely with employers to address the full range of issues service users face. In turn this may go some way to ensuring that individuals are given support at the appropriate level to gain employment in the long term.

Several service users reported a desire to return to work but underlined the need *“To regain employment within the restrictions of being a single parent”*. It is likely that parents with mental health issues often face difficulties when trying to balance employment or education with being a parental care giver. Parents may lose their self-esteem. Married with mental health issues this can have a negative effect on whether a service user engages in education or employment, and how long they are able to continue. On the other hand, when asked for an example of a positive experience of the CPA Process, one service user reported, *“Anti-natal depression letter to university and that helped me to get a degree.”* Two issues are evident here, that there is some sympathy and consideration by academic services for the difficulties service users face, and that the right type of support from mental health services can create positive, life changing events. The inception of the Personalisation Agenda should allow mental health services to provide flexible support such as this, to enable service users move forward.

Our key recommendations are therefore as follows:

Issue	Goal	Recommendation
<p>30% of service users have required support for education and 25% have required support for employment.</p>	<p>To ensure that all service users are fully supported to engage in education or employment opportunities, should they wish to.</p>	<p>Mental health providers and service users to work closely with employers and tutors to understand and tackle the barriers affecting uptake of employment and education opportunities.</p>

Other issues arising during the audit

Terminating interviews

During this audit three participant interviews were terminated. One service user experienced difficulties in engaging due to a learning difficulty coupled with mental health issues. The second and third interviews were terminated due to participants' anxiety.

Barriers to this audit

One limitation of this audit is that the sample size used in this research was small and therefore cannot be generalised to the wider population. Additionally, as service users are being seen away from the traditional mental health settings, it was not possible to capture the responses from these service users.

Future research

This audit paves the way for an audit to be carried out using a much larger sample size, in order that the findings be representative of the wider community. The key recommendations also suggest areas for further scrutiny.

Overall conclusions

Overall it is clear from this audit that there are many examples of good practice within the mental health services, with some areas for improvement or further scrutiny. One theme is evident throughout the audit: that communication is most significant determinant in whether service users feel adequately supported through the process, and this is a major area under investigation.

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Appendix

Appendix 1

Questions for CPA Audit Questionnaire

ID____ (*Office use only – use initials and consecutive numbers*)

The CPA Process

Location: _____

Date completed: _____

- **This questionnaire is anonymous so please do not put your name on it.**
- **Please only complete the questionnaire if you currently have a care plan**
- **Tick only one box for each question.**

First some questions about you:

1. What is your age?
 18-30 31-40 41-50 51-60 60-65

2. What is your sex?
 Male Female Transgender Prefer not to say

3. What is your ethnicity? Please ask the auditor for the list of ethnic groups and enter the corresponding number here.

4. What is your religion? Please ask the auditor for the list of religious groups and enter the corresponding number here.

How the care plan is put together

5. Do you know what a care plan is?
 Yes No Not sure

6. How long have you had a care plan?
 0-2 years 3-5 years 6 years or more

7. Do you know who your Care Coordinator is?
 Yes No Not sure

8. Have you ever received a copy of your care plan?

Yes

No

Not sure

What the care plan consists of

9. As part of your care plan, have you needed help on any of the following:

Benefits

Housing

Leisure/community activities

Education

Employment

Medication

Advanced Directives/Better Care Choices

Direct Payments

Individual budgets

Other

10. Do you feel that your care plan meets:

all your needs

some of your needs

very few/none of your needs

11. Can you access your notes upon request?

Yes

No

Not sure

12. Are physical examinations included as part of your overall health care?

Yes

No

Not sure

Communication between professionals, service users, carers and other parties

13. Did the Care Coordinator work with you to put your care plan together?

Yes

No

Not sure

14. Do you know that your carer can be involved in your care (if you have one)?

Yes

No

Not sure

Not applicable

15. Is it easy to contact your care-coordinator if you need to?

Yes

No

Not sure

16. Do you feel you are given adequate notice of your care plan meetings?

Yes

No

Not sure

17. Are you able to request a CPA meeting, even if you are not due to have a meeting in the near future?

Yes

No

Not sure

18. Do you have a choice about where these meetings are held?

Yes No Not sure

19. Does your care-coordinator have permission to discuss your care plan with your carer?

Yes No Not sure Don't have a carer

20. Has anyone spoken to you about how to make a complaint, should you need to?

Yes No Not sure

21. Do you feel that professionals listen to your point of view when you express your opinions?

Always Sometimes Never

22. Can you give an example of a time when professionals have listened to your point of view.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box occupies most of the page's vertical space.

23. Can you give an example of a time when professionals have not listened to your point of view.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box occupies most of the page's vertical space.

Crisis and contingency planning

24. Have you worked with mental health professionals to identify signs that your mental health is declining?

Yes No Not sure

25. Have you and your care co-ordinator agreed a plan of action if you were to go into crisis?

Yes No Not sure

26. Do you know where or how to access mental health services in a crisis?

Yes No Not sure

Recovery and rehabilitation

27. Do you find that having a care plan helps you to stay in touch with your community?

Yes No Not sure

28. Do you feel that having a care plan and contact with professionals helps you to maintain good mental health?

Yes No Not sure

29. Have you been/ are you given information about local community services (leisure or other types), which could be useful to you?

Yes No Not sure

30. Do you know how or where to access information about events in your local borough?

Yes No Not sure

Future goals and aspirations

31. Do you feel that you are encouraged to focus on the aspects of your life that you are good at?

Yes No Not sure

32. Do you take part in any self-assessments as part of your care?

Yes No Not sure

33. a) Have you asked for a second opinion at any time since you have had a care plan?

Yes

No

Not sure

33.b) If you have asked for a second opinion has your request been granted?

Yes

No

Not sure

Not applicable

34. Have you been supported to identify goals you want to achieve in the future?

Yes

No

Not sure

Please continue on the next page

35. What are these goals?

A large, empty rectangular box with a thin black border, intended for the student to write their answer to question 35. The box occupies most of the page below the question.

36. Are you receiving help to achieve these goals through your care plan?

Yes

No

Not sure

Opinions of the CPA process overall

37. In your experience what do you think works best about the care plan process overall?

38. In your experience what do you think are the biggest problems with the care plan process overall?

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to question 38. The box occupies most of the page below the question text.

39. Are there any changes/improvements you would like to see that could make the care plan process better?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their feedback on the care plan process.

You have now reached the end of the questionnaire. Thank you very much for taking part today. We hope you have enjoyed taking part. We plan to submit the final report of our findings by November this year. If you would like us to let you know what we find from this audit please let us know so we can contact you nearer the time.

If you have any questions or concerns about the audit please contact Priya Dey-Ghatak, User Focused Monitoring Manager, using the contact details below.

The User Focused Monitoring Team

Peter Bedford Housing Association

Legard Works

Legard Road

London

N5 1DE

Direct line: 020 3227 3158

Main line: 020 7225 6074

Fax: 020 7354 0630

Email: ufm@peterbedford.org.uk

Website: www.peterbedford.org.uk

Appendix 2

What is this audit about?

You are invited to take part in a survey of the Care Plan Process, through Camden and Islington's mental health teams.

User Focused Monitoring has been commissioned to undertake an audit (also known as a survey) of what service users think about the care plan process and their experience of mental health services. The aim is to highlight the areas of service provision where there is good practice as areas where changes are needed.

Who is being asked to take part?

Any mental health service user who has a care plan and accesses services through Community Mental Health Teams (CMHT), Assertive Outreach Teams (AOT) or Residential/Rehabilitation teams (R/R).



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What would I need to do?

An Auditor will talk to you about the information on this leaflet and ensure you understand what the audit is about. If you feel happy to take part you will be asked to sign the consent form before you answer the questionnaire. Once this

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is done the Auditor will give you a questionnaire to fill in about your care, which you can do by yourself or with the support of the Auditor if you prefer. Once the Auditors have collected enough information they will produce a report of the findings and make recommendations for change.

What happens if I agree to take part but change my mind?

Any involvement in this audit is completely voluntary. You have the right to withdraw at any time even if you sign the consent form. Please be aware that if you withdraw before the end of the questionnaire you will no longer be eligible for the £5 voucher.

Will my answers be confidential?

As your views are very much valued we would like you to be as honest as possible. We aim to ensure confidentiality and anonymity. To do this we will not put your name, address or any other details which could identify you on the questionnaire or final report.

However, if you tell an Auditor something that might involve a serious risk to you or someone else we may have a duty to report it.

Who are the Auditors undertaking this audit?

The Auditors are people who have been specially trained and who themselves have been or are mental health service users. They are trained by Peter Bedford Housing Association to carry out this work.

How are the results of audits used?

Once the information is collected, Auditors write a report on the findings and make recommendations about how the service can be improved. The report will be given to those responsible for providing and managing the services that use it, to develop a plan of action to improve services. We hope to give a presentation of the report once it has been submitted.

Want to talk to someone before deciding what to do?

If you are a mental health service user using Camden or Islington's Assertive Outreach, Community Mental Health Teams or Residential and Rehabilitation, and would like to know more about the audit please contact:

Priya Dey-Ghatak
User Focused Monitoring

Tel: 020 3227 3158

Email: ufm@peterbedford.org.uk

Address:

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The CPA Audit: Service user satisfaction levels of mental health services in Camden and Islington

By

USER FOCUSED MONITORING



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Appendix 3

Consent form
The CPA Process Audit
November 2009-October 2010

Title of Project:

An audit to examine service users' satisfaction levels of the CPA process.

Name of Auditor:

Project Manager: Priya Dey-Ghatak

Please tick box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I agree to take part in the above study.

Name of participant Date Signature

Auditor Date Signature

Any information you give will be used for the purpose of the audit only. All questionnaires will be destroyed once the audit is complete.

Appendix 4

Gender

	Male	Female	Prefer not to say
Gender	67	32	1

Ethnicity

Ethnic background	Total number
British	49
Irish/Irish Anglo	7
Greek/Greek Cypriot	2
White other European	3
Any other White background	2
White and Black Caribbean	5
White and Black African	6
White and Asian	4
Indian	2
Any other Asian background	1
Caribbean	5
African - Congolese	1

African - Nigerian	6
Other West African	1
Any other Black background	3
Any other ethnic group	1
Missing responses	2

How the care plan is put together

	Yes	No	Not sure	Missing
Q5. Do you know what a care plan is?	75	10	14	1
Q7. Do you know who your Care Coordinator is?	80	10	9	1
Q8. Have you ever received a copy of your care plan?	56	31	12	1

	0-2 years	3-5 years	6 years or more	Not sure	Missing
Q6 How long have you had a care plan?	35	15	41	7	2

What the care plan consists of:

Q9: As part of the care plan have you ever needed help with any of the following?

	Yes	No
Benefits	66	34

Housing	59	41
Leisure/community activities	42	58
Education	30	70
Employment	25	75
Medication	76	24
Advanced Directives/better care choices	11	89
Direct payments	15	85
Individual budgets	14	86
Other	10	90

	All of your needs	Some of your needs	None of your needs	Missing
Q10 Do you feel that your care plan meets:	34	48	14	4

	Yes	No	Not sure	Not applicable	Missing
Q11 Can you access your notes upon request?	40	21	39	N/A	0
Q12 Are physical examinations included as part of your overall healthcare?	61	30	9	N/A	0

Communication between professionals, service users, carers and other parties

	Yes	No	Not sure	Not applicable	Missing
Q13 Did the Care Coordinator work with you to put the care plan together?	58	19	22		1
Q14 Do you know that your Care Coordinator can be involved in your care (if you have one)?	44	13	15	28	0
Q15 Is it easy to contact your Care Coordinator if you need to?	78	8	13	0	1
Q16 Do you feel that you are given adequate notice of your care plan meetings?	64	25	10	0	1
Q17 Are you able to request a CPA meeting even if you are not due to have a meeting in the near future?	41	25	34	0	0
Q18 Do you have a choice about where these meetings are held?	31	51	18	0	0
Q20 Has anyone spoken to you about how to make a complaint should you need to?	30	51	19	0	0

	Always	Sometimes	Never	Missing
Q21 Do you feel that professionals always listen to your point of view?	36	52	11	1

Crisis and contingency planning

	Yes	No	Not sure	Missing
Q24. Have you worked with mental health professionals to identify signs that your mental health is declining?	66	23	11	
Q25. Have you and your Care Coordinator agreed a plan of action if you were to go into crisis?	59	30	9	2
Q26. Do you know where or how to access mental health services in a crisis?	74	16	10	

Recovery and rehabilitation

	Yes	No	Not sure	Missing
Q27 Do you find that having a care plan helps you to stay in touch with your community?	53	27	20	
Q28 Do you feel that having a care plan and contact with professionals helps you to maintain good mental health?	77	11	12	

Q29 Have you been given/are you given information about local community services (leisure or other types) which could be useful to you?	69	20	11	
Q30. Do you know how or where to access information about local events in your borough?	57	31	12	

Future goals and aspirations

	Yes	No	Not sure	Missing/Not applicable
Q 31 Do you feel that you are encouraged to focus on the aspects of your life that you are good at?	62	24	14	
Q32 Do you take part in any self-assessments as part of your care?	36	52	12	
Q33a Have you asked for a second opinion at any time since you have had a care plan?	30	62	8	
Q33b If you have asked for a second opinion has your request been granted?***	18	14	11	55
Q34 Have you been supported to identify goals you want to achieve in the future?	55	24	20	1
Q36 Are you receiving help to achieve these goals through your care plan?	55	30	13	2