

**Service user and Carer  
Experience of South  
Worcestershire Community  
Assessment and Recovery  
Service**

V 1.0

March 2021



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Copies of surveys are available on our [website](#)

## Section A

### Introduction

#### I. About Healthwatch Worcestershire

Healthwatch Worcestershire (HWW) gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient, service user and carer perspective.

#### II. Why this issue

##### **South Worcestershire Community Assessment Recovery Services**

The Community Assessment and Recovery Service (CARS) is a model of Community Mental Health Services within Worcestershire. This model was developed following co-production in 2016 with service users, staff and stakeholders to ensure that local residents are in receipt of the most appropriate mental health services and interventions. CARS collaboratively work alongside Worcestershire County Council and the Health and Care Trust teams to ensure integrated working.

CARS is a term for a range of adult mental health community-based functions and interventions that are delivered by a multidisciplinary team. This consists of Community Psychiatric Nurses, Support Workers, Social Workers, Administration Support Staff, Occupational Therapists, Psychologists, and Psychiatrists. As an integrated service it also delivers social care for individuals suffering with mental ill health on behalf of Worcestershire County Council (WCC).

CARS undertake assessments and, where appropriate, a range of more specialist assessments and interventions. The service forms part of an integrated whole system approach that is delivered in conjunction with inpatient, crisis and specialist mental health services.

This project focussed on South West CARS and encompassed the geographical areas of Redditch, Bromsgrove, Worcester and Wychavon.

##### **National Position**

The NHS Long Term Plan, backed by £2.3 billion of new investment for mental health services a year by 2023 to 2024, aims to improve mental health care for people of all ages and all types of mental illness, particularly severe mental illnesses. The Government is supporting the development of new and integrated models of primary and community mental health care to support adults and older adults with severe mental illnesses.

## Local Position

The Community Mental Health Framework for Adults and Older Adults (NHS, September 2019) envisages holistic mental health care that is place-based, personalised and community-focused and with social care playing a central role. The Framework underpins the Transforming Community Mental Health Services agenda, which launched 12 national early implementer sites. Herefordshire Worcestershire Health and Care Trust (HWHCT) has been successfully appointed as a pilot on behalf of Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP). The early implementer sites are designed to see how a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole population health approaches aligned with Primary Care Networks.

This model is currently being piloted in Herefordshire and parts of North Worcestershire with a view to the pilot being extended across the whole of Worcestershire in September 2021.

South Worcestershire CARS is not currently included in the pilot but will become part of the expanded pilot in September.

Healthwatch Worcestershire has previously carried out work related to Adult Mental Health Services in 2019 when it explored Service User and Carer Experience of the Mental Health Home Treatment Service.

## CQC Report

Healthwatch Worcestershire identified a need to gather feedback on SW CARS specifically, following a report by the Care Quality Commission (CQC) in January 2020.

The CQC reported on their inspection of seven of the mental health and community health services provided by Worcestershire Health and Care Trust. They found concerns with Community-based mental health services for adults of working age in South Worcestershire. Concerns identified were:

*Patients under the care of the South community assessment and recovery service were not kept safe. There was insufficient staff to make regular contact and the trust were slow to act in re-allocating patients to a care coordinator when they left the service or were on leave.*

*Care plans were not always present or personalised for patients in the South community assessment and recovery service. Assessment and monitoring of physical health in this service was inconsistent and assessment of patients' mental health was not consistent.*

*In the South community and assessment recovery services, not all patients were consistently involved in their care planning and not all knew how to make a complaint or felt advocated for due to a lack of staff.*

### III. Our work

Healthwatch Worcestershire worked collaboratively with HWHCT who sent our survey information out via text message to 951 patients currently using SW CARS. The text message was sent out weekly between 11<sup>th</sup> January and 11<sup>th</sup> February 2021.

We also engaged directly with the Home Group (supported living for people with mental illness) who have 32 clients registered with SW CARS - they supported 18 clients to complete paper copies of the survey.

Survey information was also posted out in hard copy to 70 Carers whose contact details were captured by CARS as telephone numbers had not been obtained.

We also engaged with Worcestershire Association of Carers and Jigsaw (a support group for Carers looking after someone with mental illness) to try and identify Carers who may be linked to CARS.

All participants were offered the opportunity to have a telephone/video interview with us. Two Service Users and one Carer requested them, however, two interviews had to be terminated at the beginning as the interviewees were not aware of who CARS were or that they were connected to the service.

In total we received 180 responses to our Service User survey:

- 162 online via Survey Monkey
- 18 hard copy responses

For the Carer's survey we received a total of 19 responses:

- 17 online via Survey Monkey
- 2 hard copy responses

# Section B

## Feedback from Service Users

Healthwatch Worcestershire engaged with adults in Worcestershire who are currently registered as receiving services from SW CARS. We were interested in finding out what they think about:

- Waiting times for support
- Impact of waiting times on service user and carer/family
- Patient and carer involvement in care and crisis planning
- Patient and carer awareness of how to make a complaint

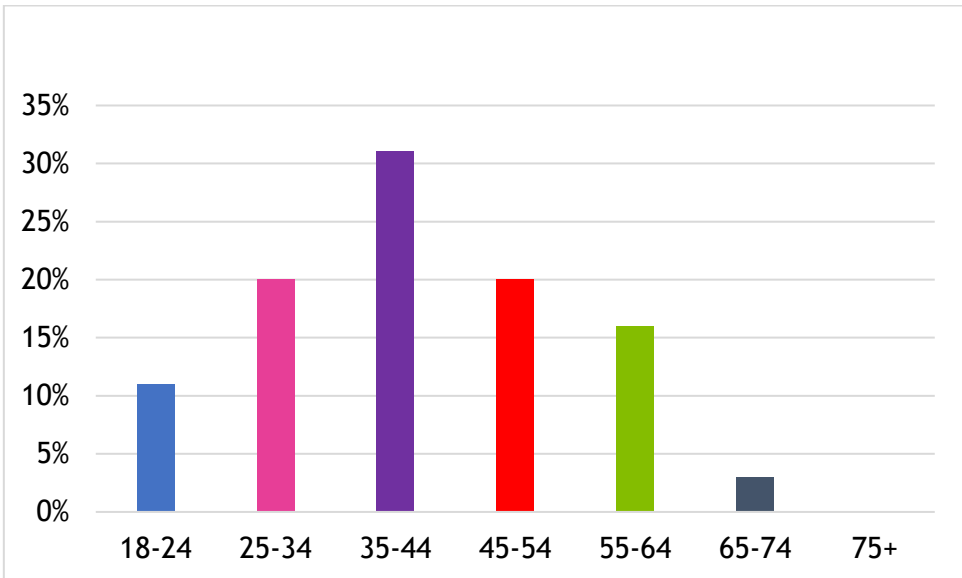
180 Service Users completed our survey and 2 people requested an interview. We received 19 responses to the Carer survey and a request for 1 interview.

### 1. Service User Survey

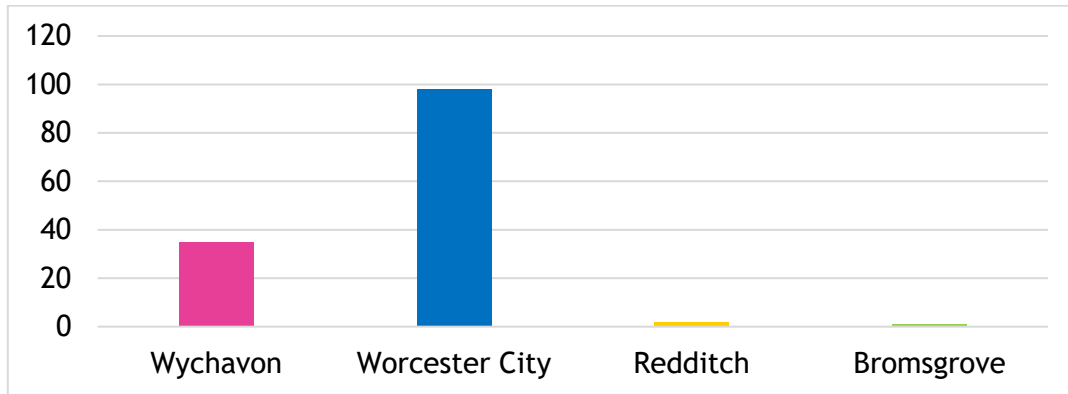
The majority of surveys (92%) were completed online. The survey was promoted to adults via text message sent out by HWHCT, with a link to our website. Information about the work was also included in Healthwatch Worcestershire’s column for the Worcester News and our bulletin for member organisations of our Reference and Engagement Group.

#### Who completed the survey?

##### Age of participants



## Where respondents live



The survey was specifically targeted at the areas included in South Worcestershire CARS

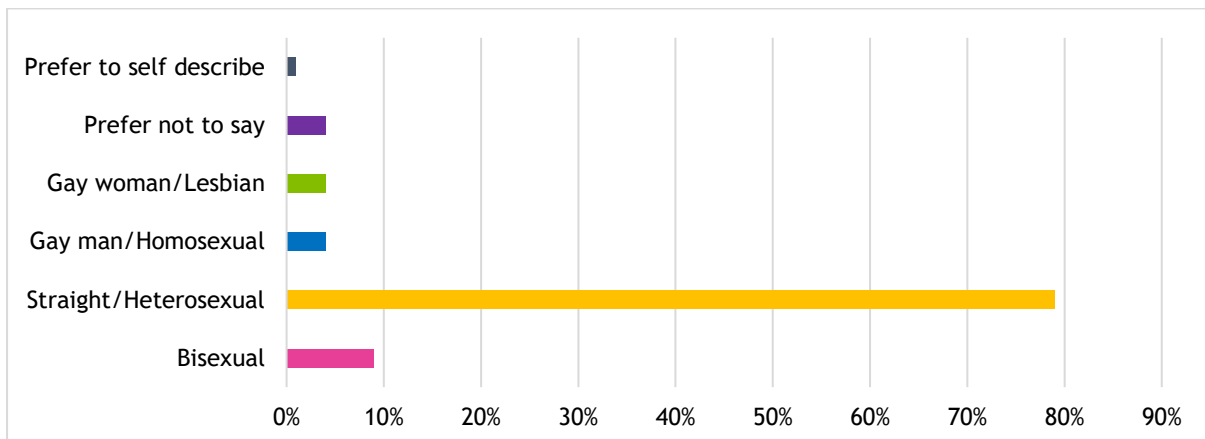
## Ethnic background -

93% of respondents are White British, 2% White other, 1% Pakistani and 1% Black British.

## Gender identity of respondents

Male	33%
Female	65%
Non Binary	1%
Prefer not to say	1%

## How do you describe your sexuality?



## Disability/long term condition

122 respondents consider themselves to have a disability or long term condition including:

Mental Health	120
Long term medical condition	28
Physical disability	23
Autism Spectrum Condition	15
Learning disability	10
Hearing Impairment	5
Visual Impairment	5

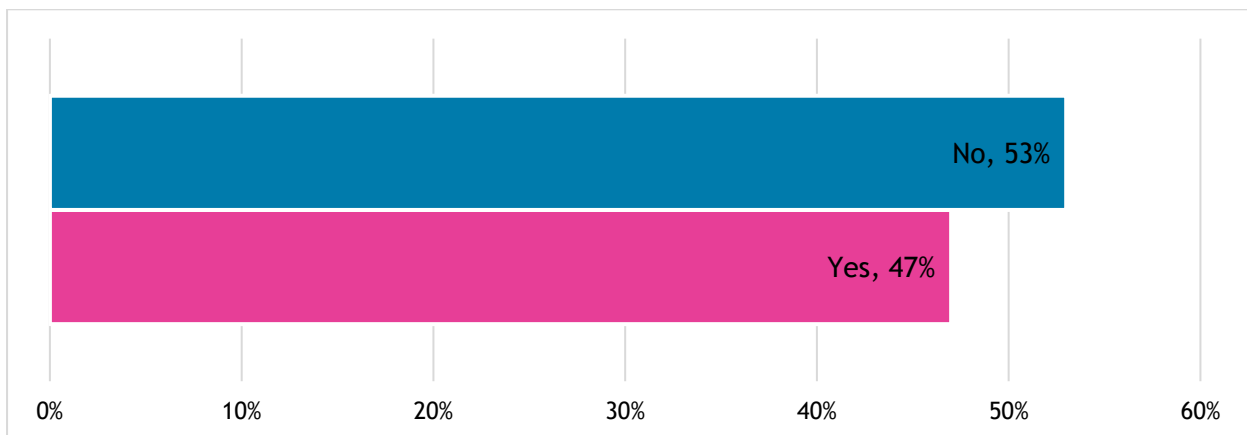
### Note

Not all questions were answered by all respondents. Where non-response is present percentages are reported based on the numbers answering the question. Percentages are rounded to the nearest whole number and therefore may not total 100.

## 2. Service User Survey Responses

### Care Coordinator

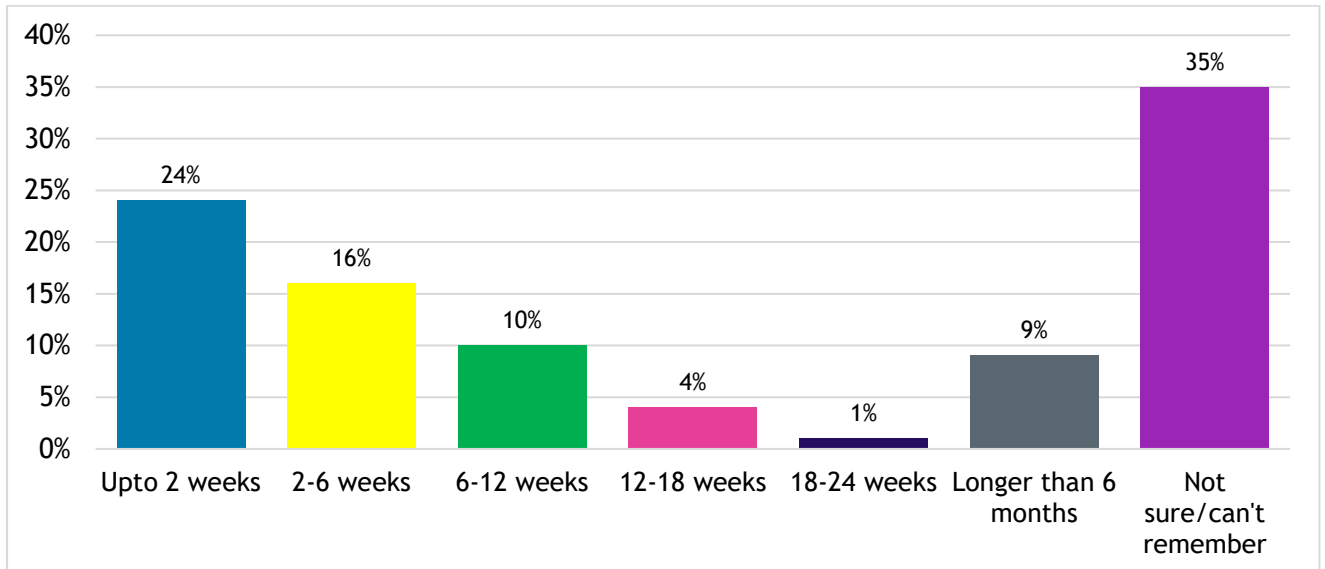
#### Q2. Have you got a Care Coordinator?



174 people answered this question, given that CARS is committed to using the Care Programme Approach (AMH45 Community Assessment and Recovery (CARS) Operational Policy - 14/12/2017) - 93 respondents do not have a Care Coordinator.



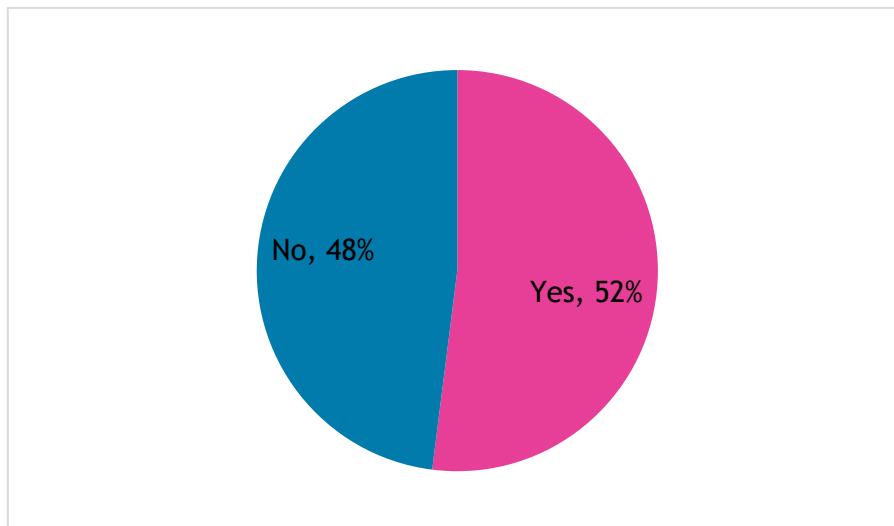
### Q3. If yes, how long did you wait for one to be allocated?



Once accepted into the service, CARS has a timescale of 5 working days for the Care Coordinator to make contact with the service user. Of the 81 respondents who reported having a Care Coordinator, 64 answered this question. The chart above indicates that 24% of service users were contacted within two weeks. 40% of service users waited considerably longer to be allocated a Care Coordinator.

### Care Planning

#### Q4. Have you got a written Care Plan?

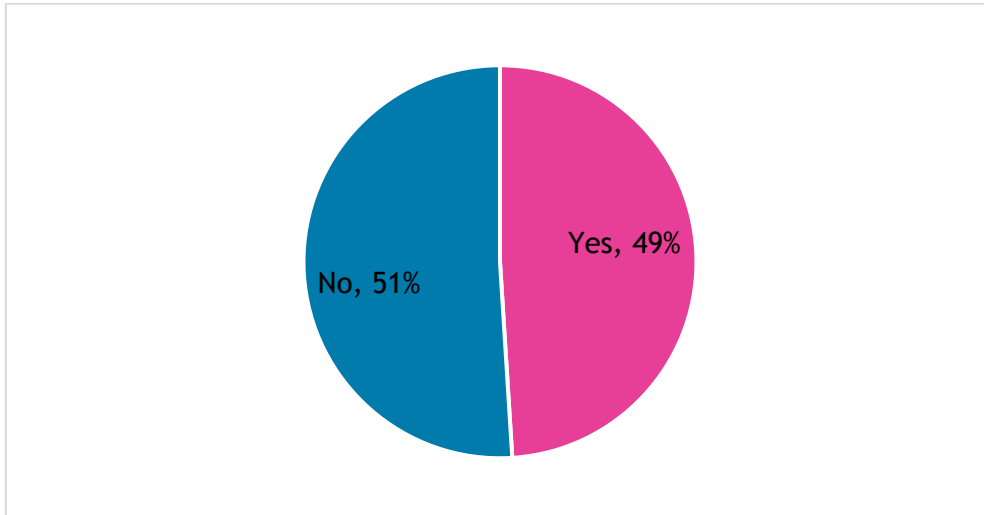


151 people responded to this question. It is of note that almost half of respondents told us they are without either a Care Coordinator or knowledge of a Care Plan. The CQC Report - January 2020 says:

‘Care Plans were not always present nor were they always personalised, holistic and recovery oriented’.

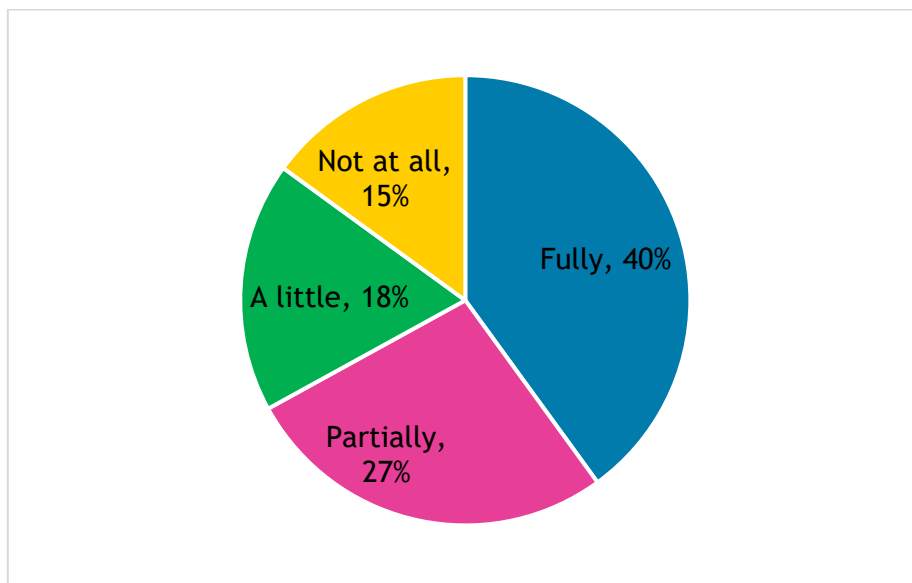
‘Staff did not consistently involve patients in Care Planning.....’

**Q5. Did you talk about your Care Plan with the team?**



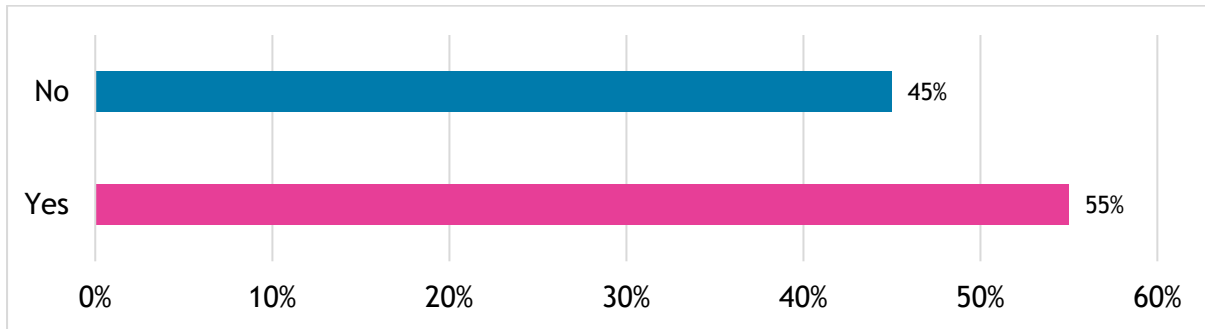
148 people responded and 72 had discussed the Care Plan with their care team.

**Q6. Did you feel able to have your views heard in the planning of your treatment?**



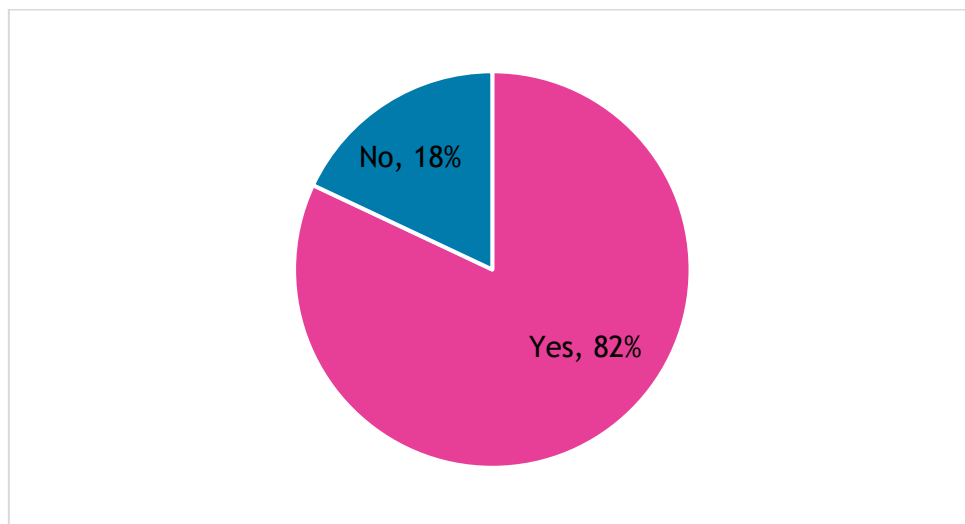
150 people responded and the majority felt that their views were fully/partially taken into account in the planning of their treatment.

**Q7. Do you have a Crisis Plan?**



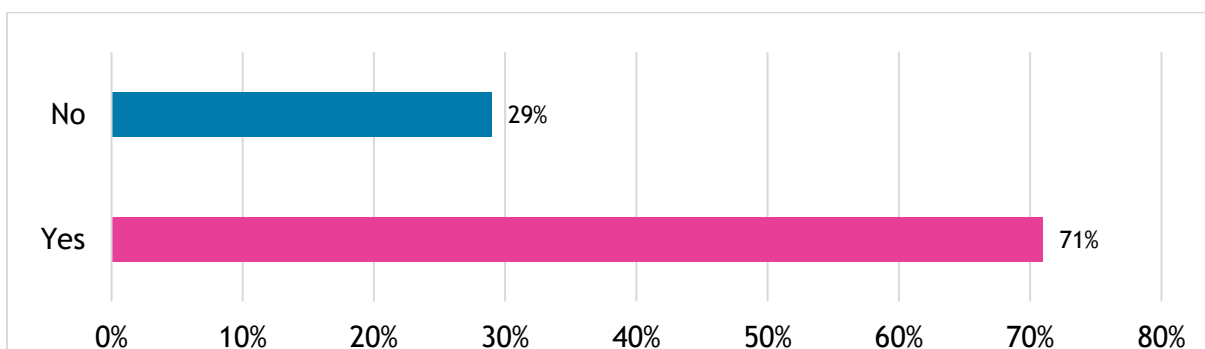
148 people responded and a majority said that they have a Crisis Plan. The use of a Crisis Plan is based on individual need.

**Q8. Do you know who to contact if you were to feel very unwell again?**



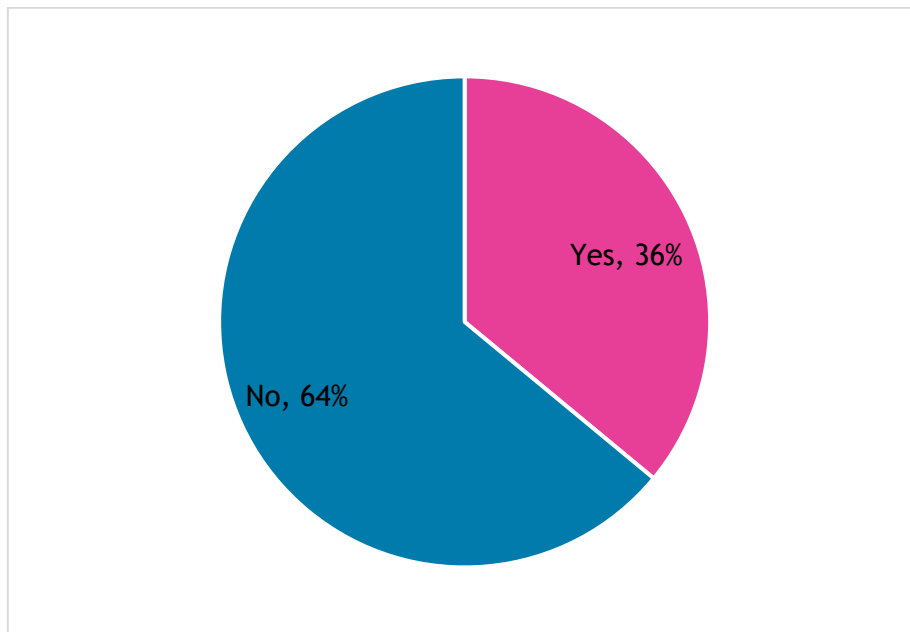
The majority of respondents (151) to this question said they know who to contact if they were to feel very unwell again.

**Q9. Do you have a partner/family member/friend or carer supporting you?**



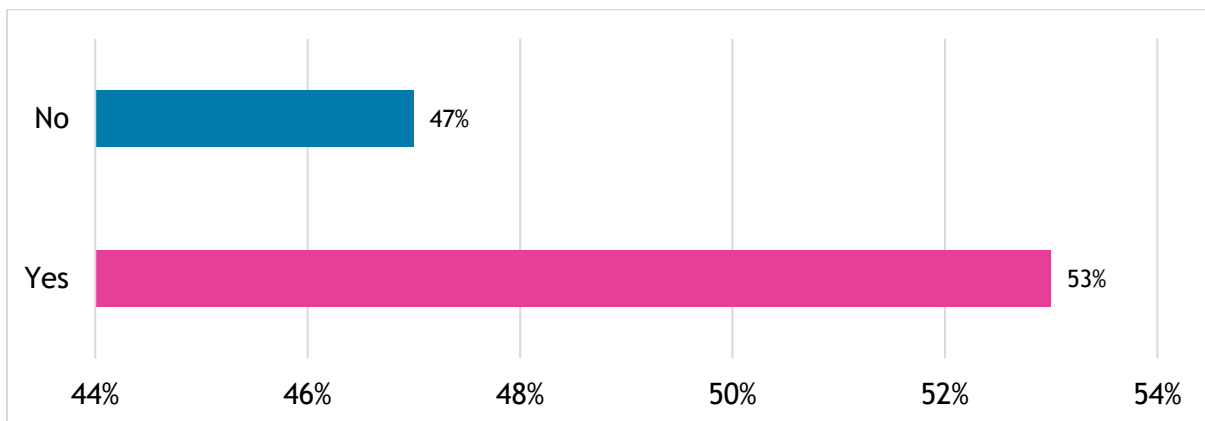
It is of note that the majority of survey respondents (151) answered this question and are being supported by a partner/family member/friend/carers.

**Q10. If yes, was that person able to make their views known when making the Care Plan?**



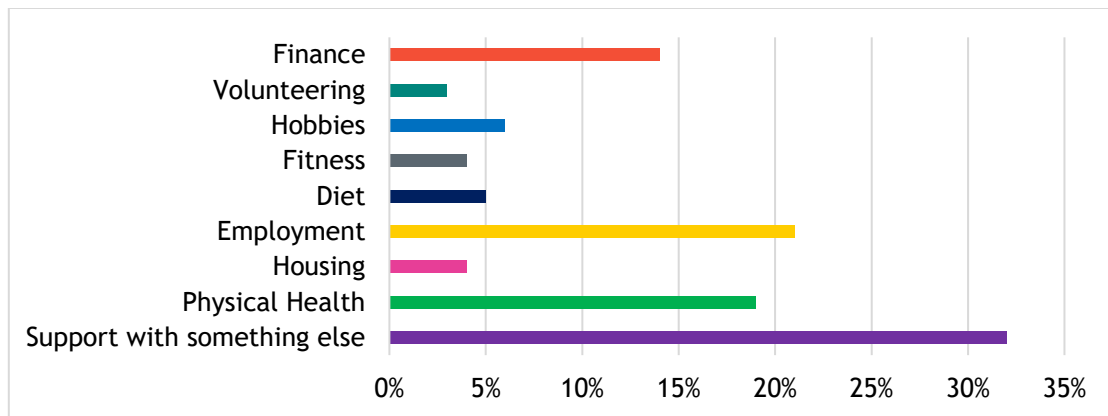
Of the 118 people who responded to this question 43 Carers had their views taken into account in the creation of the care plan.

**Q11. Does your Care Plan just talk about your treatment?**



129 people responded. The majority of care plans are reportedly limited to treatment.

**Q12. Whilst you have been with CARS have you been asked if you need support with any of the following? Tick all those you have been able to talk about with the team.**



34 people commented on this question, no one identified anything additional to the support options above. 2 comments were positive:

‘The work of..... at Studdert Kennedy was invaluable in supporting me to stay in work. I hope others around the country are offered the same fantastic support that I was fortunate to have.’

‘Support with housing by a Care Coordinator. Reablement also helped me with hobbies and work, also discussed physical health.’

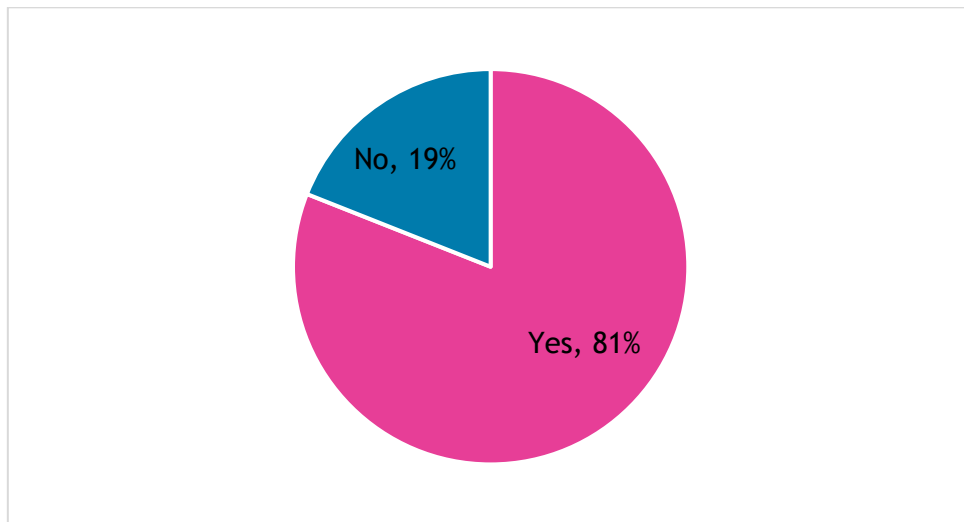
1 person indicated they had received support in the past but not recently. 1 person indicated they had obtained support from Onside (the independent advocacy service).

16 people stated they hadn’t received any support at all, comments include:

‘I would like to talk to someone with everything above’

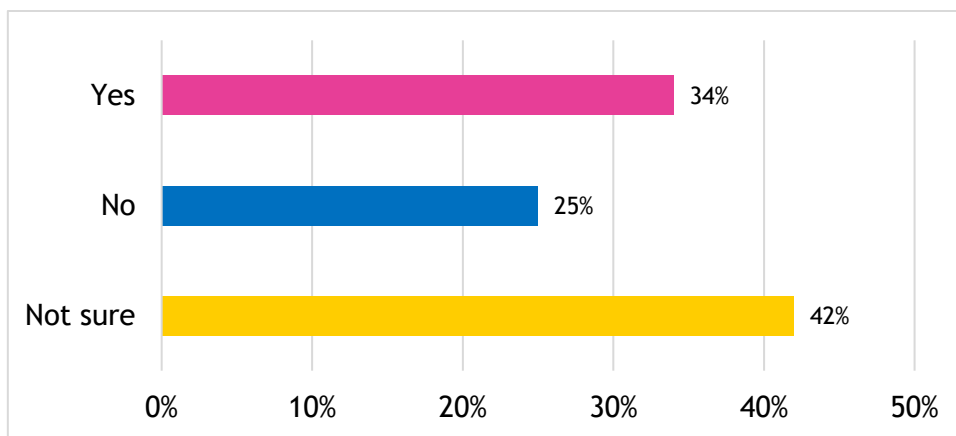
‘I didn’t receive any of the above help and I’m struggling financially. I have applied for PIP.....how can you help me please?’

**Q13. Do you think you are treated with dignity and respect by the CARS team?**



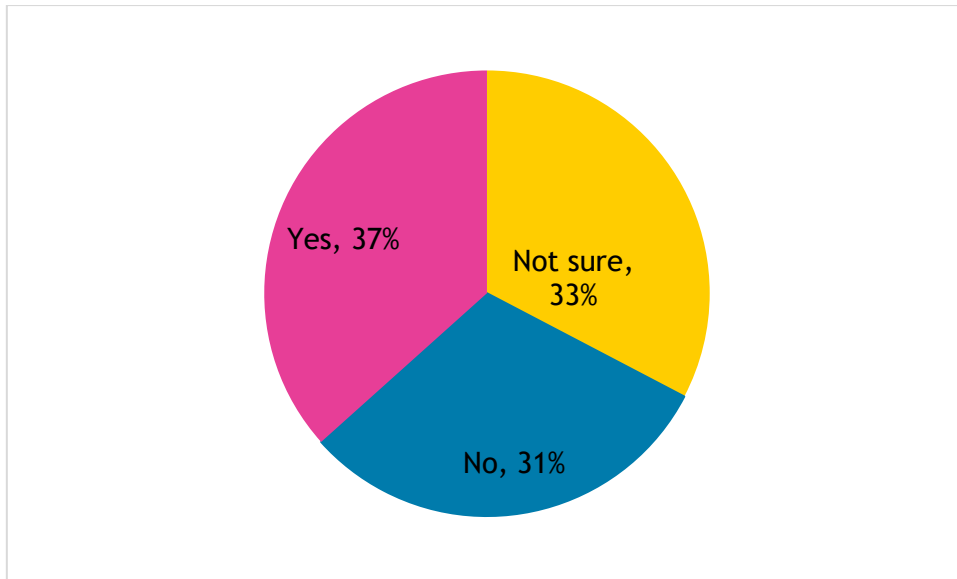
146 people responded to this question. A significant majority of respondents feel respected by the CARS team. However, 28 people reported that they are not treated with dignity and respect.

**Q14. Were you made aware of your rights as a service user?**



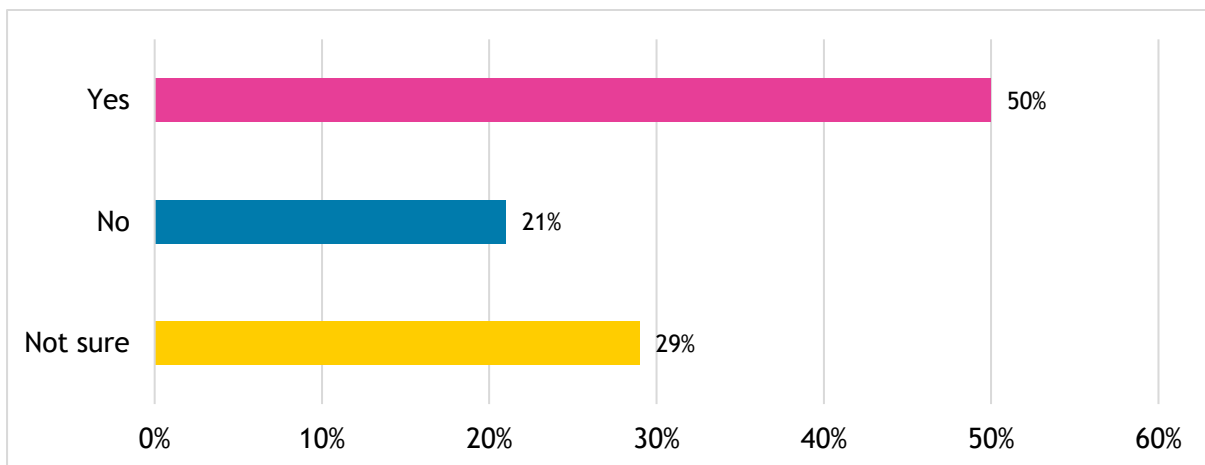
149 people responded, 50 respondents are sure of being made aware of their rights.

**Q15. If you wanted to make a complaint, would you know who to contact?**



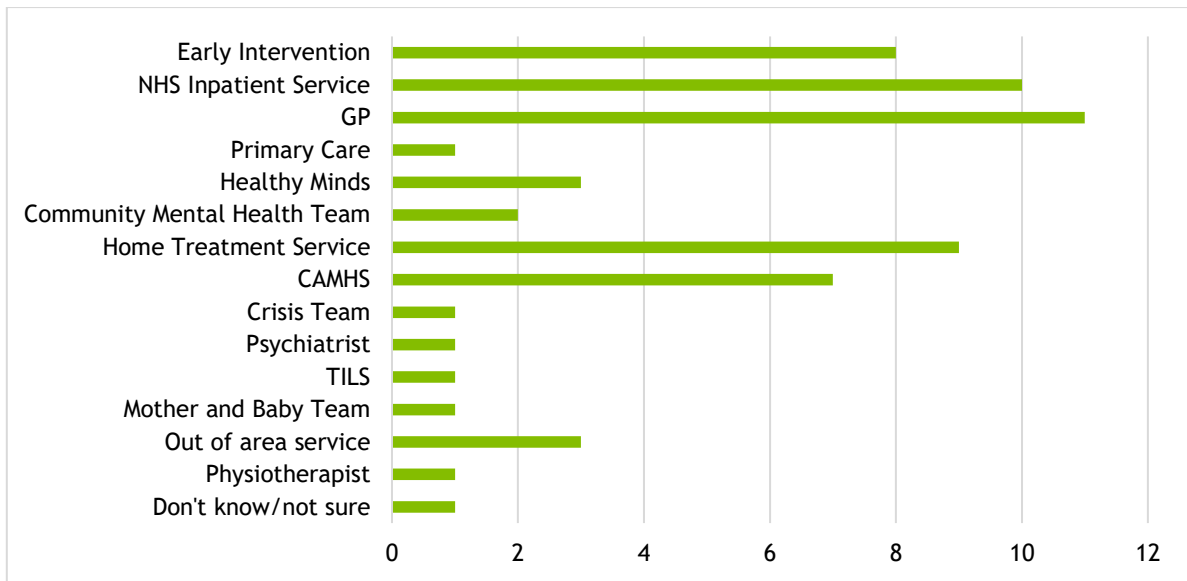
150 people answered this question, the majority of respondents are either unsure or don't know how to make a complaint.

**Q16. Were you transferred into CARS from another service?**



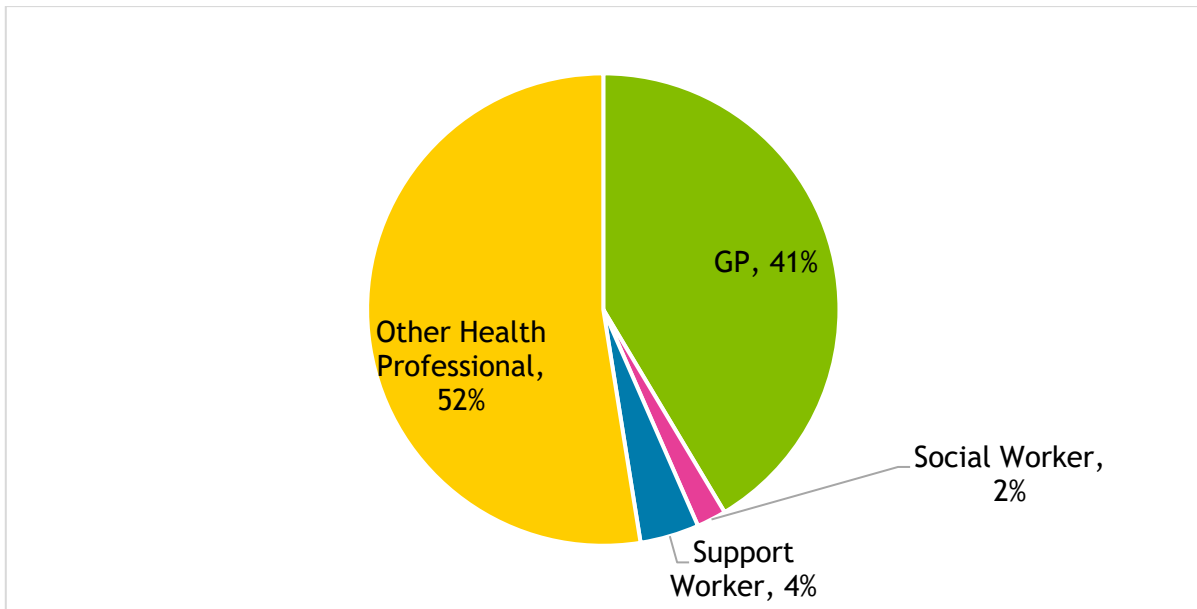
151 answered this question. 44 people were not sure where they were transferred from.

**Q17. If yes, please tell us which service you transferred from**



60 people responded to this question (TILS - **Veterans'** Mental Health Transition, Intervention and Liaison Service - CAMHS Child and Adolescent Mental Health Service)

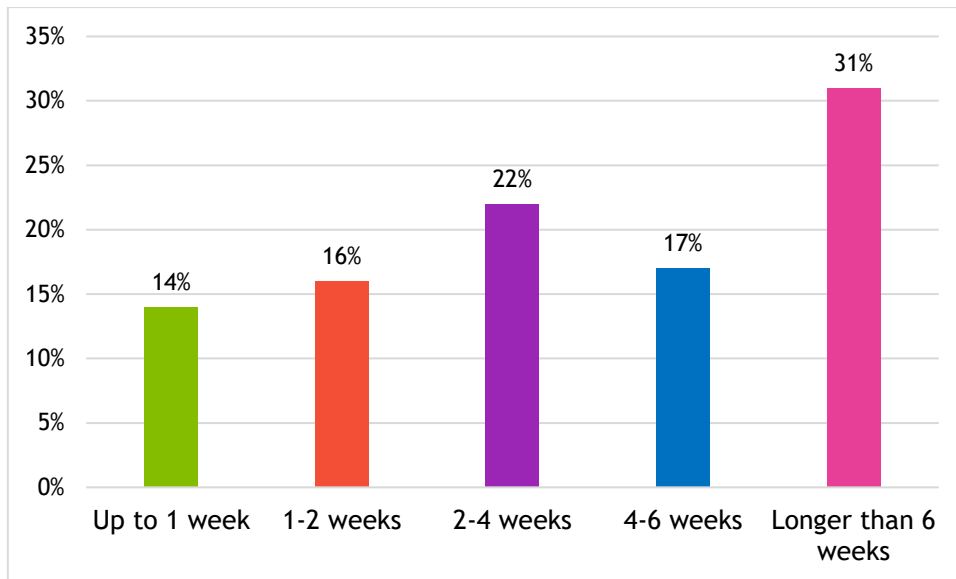
**Q18. Who referred you to CARS?**



140 people responded to this question.

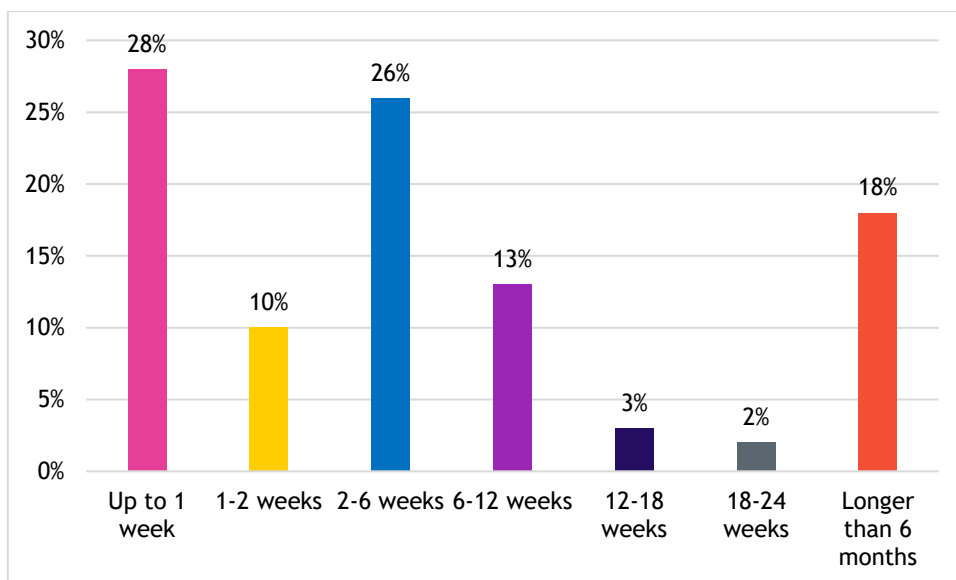


**Q19. How long did you wait for your first appointment with CARS?**



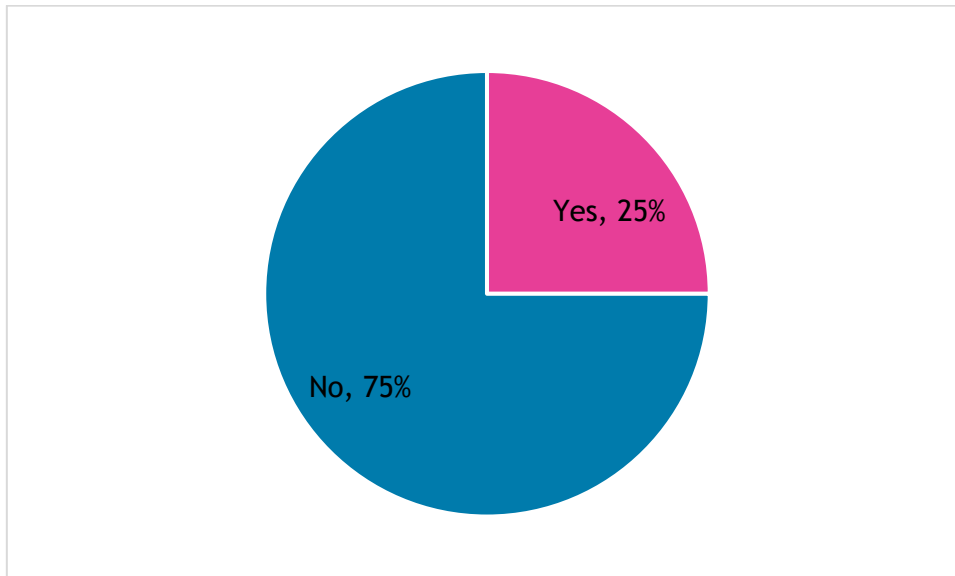
132 responded to this question. CARS aims to commence the assessment of service users within 3 weeks of their referral to the service being accepted (AMH45). 41 people waited longer than six weeks for their first appointment.

**Q20. After your first appointment with CARS, how long did you wait for treatment to start?**



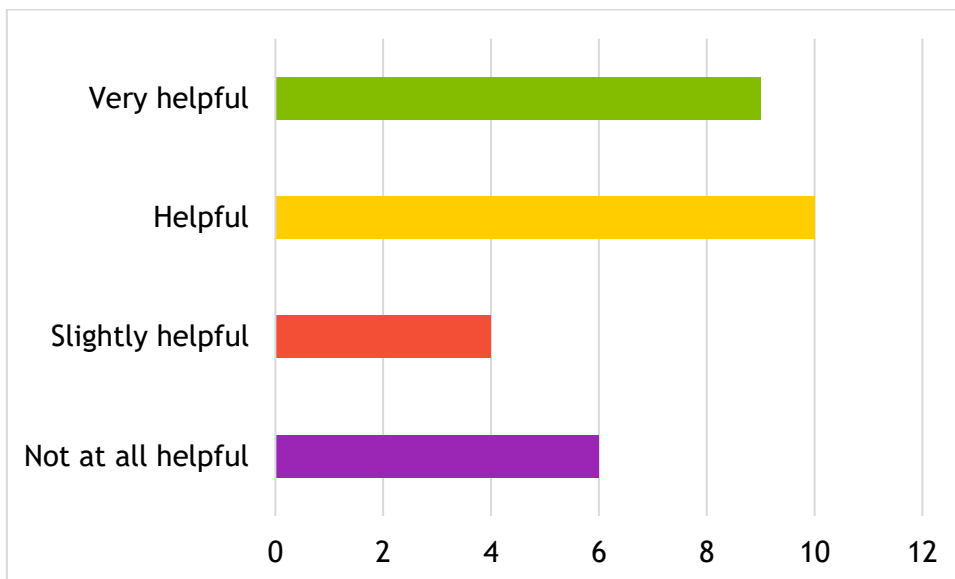
128 responded. 82 respondents started their treatment within 6 weeks of their first appointment.

**Q21. Was group therapy part of your treatment with CARS?**



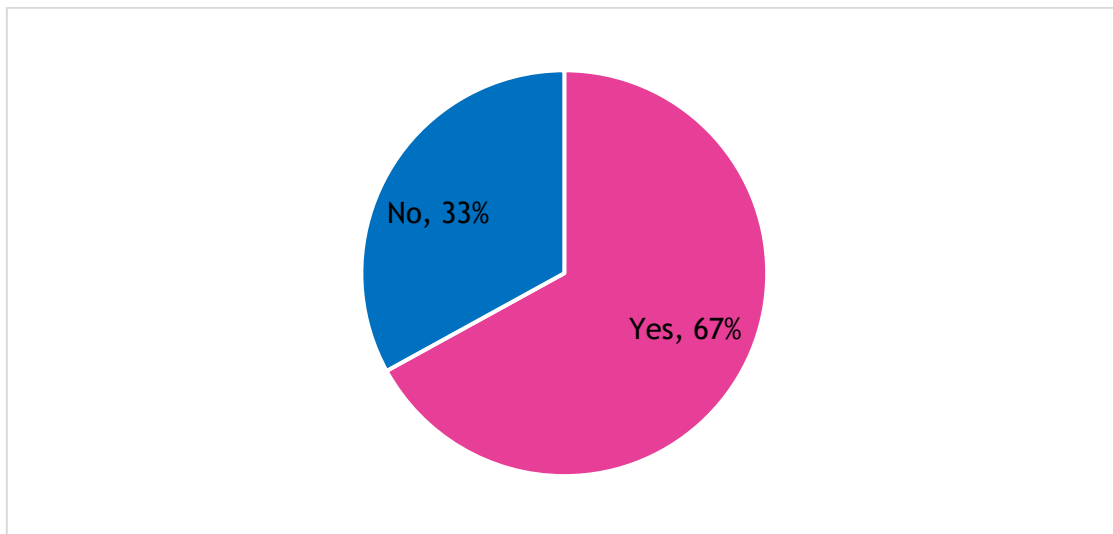
141 people responded to this question.

**Q22. If you did go to group therapy, how helpful was it for you?**



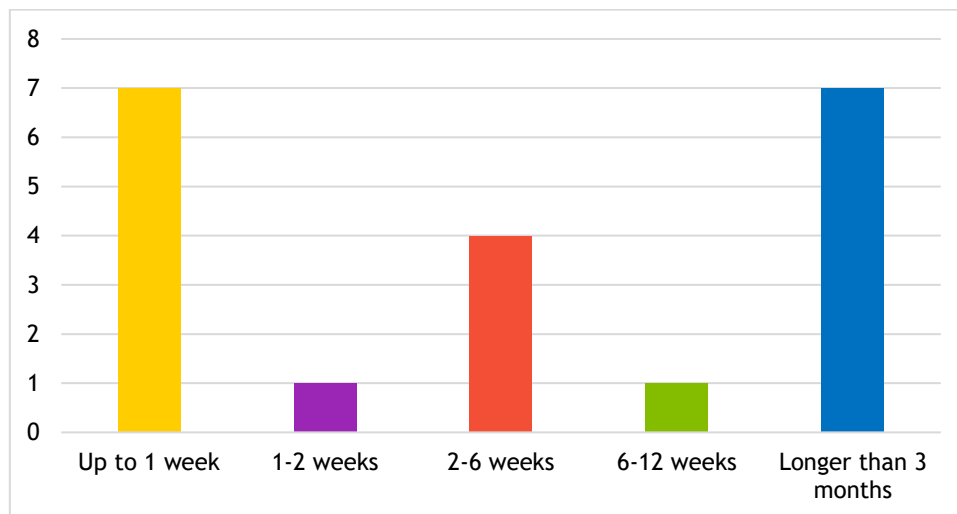
29 people out of a possible 37 answered this question. 9 found group therapy very helpful, 10 found it helpful, 4 slightly helpful and 6 not at all helpful.

**Q23. When your group therapy sessions ended, were you offered more treatment with CARS?**



30 people answered this question. 20 people were offered more treatment following group therapy.

**Q24. If yes, how long did you have to wait for your next treatment?**



20 people answered this question. The majority of service users had their next treatment within 6 weeks. 7 waited longer than three months.

**Q25. If you were not offered more treatment from CARS after group therapy, were you referred anywhere else for support?**

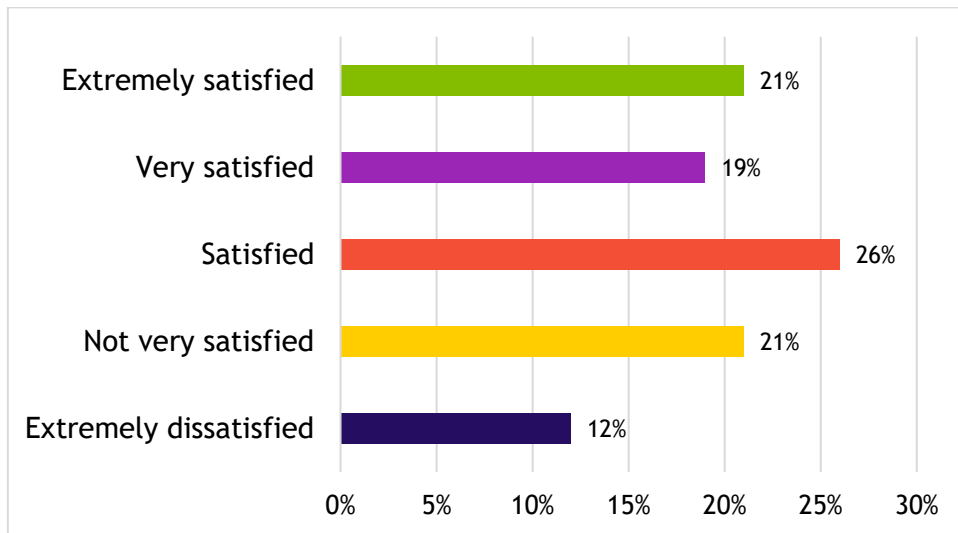
Whilst only 10 people in Q23 said they were not offered more treatment; 17 people chose to answer this question. 3 people said they were referred from somewhere else which included the New Opportunities Worcestershire group, psychology, and a Bipolar support group, however, there was uncertainty from

respondents about whether this was still within CARS. 14 people said they were not referred anywhere else for support.

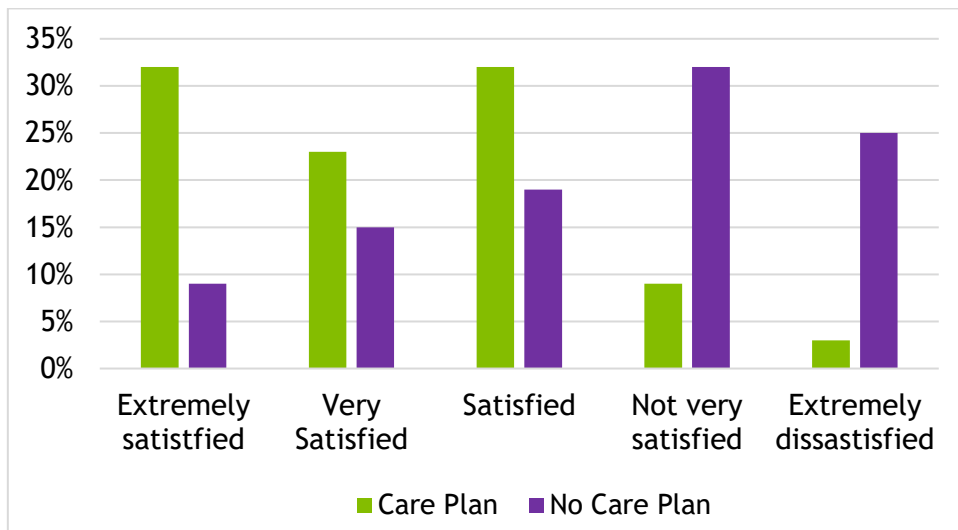
**Q26. Were you satisfied with that course of action?**

29 people responded to this question, 19 said they were satisfied and 10 said they were not.

**Q27. How satisfied are you with your experience of South Worcestershire CARS?**



141 responded to the question. 94 respondents have had a positive experience of CARS, further analysis shows that satisfaction rates of respondents are significantly affected by whether they have a Care Plan as the next graph shows.



65 people with a Care Plan expressed levels of satisfaction with the service compared to 29 people without a Care Plan. This graph evidences the importance of a Care Plan to the Service user.

**Q28. Is there anything else you would like to share with us about your experience of South Worcestershire CARS?**

74 survey respondents chose to leave a comment to this question. They included positive and negative comments and common themes identified were:

Staff turnover

Staff turnover featured in 13 responses and clearly impacted on service user experience:

‘The only reason I didn’t score CARS higher in terms of satisfaction is because of the number of psychiatrists and Care Coordinators I have had. I have seen....different psychiatrists and had five different Care Coordinators. Although each seemed to read my notes..... it is hard when you build a rapport with someone for them suddenly to leave and this happened repeatedly.’

‘The service is fine when you have a Care Coordinator but as soon as she left it all fell apart.’

‘Repeated changes of my consultant has made me feel very unsafe to really talk about my mental health as it takes me time to build trust.’

‘I had a Care Coordinator and this was stopped and I wasn’t told why..... I’ve no idea what the outcome of my last assessment was and when I try to ring to ask, I get told I don’t have a Care Coordinator and have to speak to the Duty worker, who then tells me they can’t see an outcome on the system, so then I’m left with nothing again..... I’ve been passed from pillar to post and nobody will take responsibility for my case.....there has been endless drift and delay.’

Access to support

‘I am struggling but don’t know who to speak to’

‘I want a Care Coordinator but have no idea how to get one and nobody seems able to tell me.’

‘There are no set appointments, they just wait until you feel you have nowhere else to turn, the help isn’t advertised enough, it’s up to you to find it, which is not good with the way I am.’

‘...it would be very helpful if they have a phone call system or send a text to check that we are ok or struggling to cope with the circumstances. It could be done with volunteer users.’

### Communication

‘It’s been awful....there is no emergency communication route for deaf people....if I was a hearing person and suicidal I would have a crisis line to call which might mean I live.... If I am deaf there is no crisis line....in short Worcestershire....does not place any value on deaf people’s lives.’

‘I felt compelled to complain and was disregarded...the complaint was a textbook whitewash and obvious that going further would be a totally pointless exercise.’

‘GP tried loads of times to speak to someone at Studdert Kennedy and no one returned her calls, left with no check in and didn’t know what to do whilst I was extremely suicidal.’

‘...he made me wait ages for appointments didn’t keep to call or video appointment. I felt neglected because there was time I rang up to find out information when he was in his office and he didn’t answer my calls.’

Positive comments were also well represented by 20 respondents who had very good experiences of CARS, examples include:

‘On the whole I have had a positive experience with CARS. The professionalism from some is exceptional and it is evident they have the best intentions for clients at the centre of their care.’

‘I would like thank member of the team for their prompt treatment and commitment.’

‘...the help and support I have received is absolutely wonderful.’

‘You have some amazing and dedicated professionals in your team. I feel very lucky to receive the on-going care I need.’

‘Many thanks for the community help, I wish one day I could pay back the whole effort and resources allocated to my recovery. Thank you.’

6 people offered suggestions, for example:

‘Staff are under an enormous amount of pressure and this can be felt and seen...and can play into the building of trust...they need support themselves as people giving care.’

‘It would be good if there was better communication within the team and also with GP’s’

3 people had criticism to make but acknowledged signs of change for the better:

‘...the service has gone from appalling and unprofessional to satisfactory and respectful in a short space of time.’

## Service User Feedback - Summary

Whilst most Service Users should have a Care Coordinator 53% of respondents report that they do not have one. Many commented on wanting one and also the impact of losing one when their Care Coordinator left. This was summed up by the respondent who said:

‘The service is fine when you have a Care Coordinator but as soon as she left it all fell apart.’

In line with this we found that whilst all Service Users should have a written Care Plan (within the first few weeks of joining CARS) only 52% have one. It was evident from some comments that some were out of date and for a few the Care Plan had not been revisited for years. Findings evidenced the significance of a Care Plan in satisfaction levels with the service, those with one are twice as likely to be satisfied than those without.

Communication is a recurring theme; it is apparent that some Service Users have a lack of clarity about who CARS are. This was reflected in comments made in survey responses and also by telephone where interviews had to be terminated due to the lack of awareness of the Service User about CARS. This is a concern as those who are unsure about who CARS are, will not know what they can expect to receive from the service.

A consistent theme regarding staff turnover emerged from respondents and the impact this had on their treatment when Care Coordinators, Community Psychiatric Nurse, Psychiatrist or Social Worker left. For many this resulted in a loss of treatment and a lack of continuity.

It is encouraging that 67% of respondents expressed varying levels of satisfaction with CARS.

**Section C**  
**Feedback from Carers**

As with Service Users we had to engage with Carers supporting people using CARS via HWHCT. They hold the contact details of 70 Carers most of whom they only have postal addresses for. Therefore, hard copies of the survey were posted out by HWHCT on our behalf. The project information sheet also included an electronic link to the survey and an opportunity to engage with us via a telephone or video call.

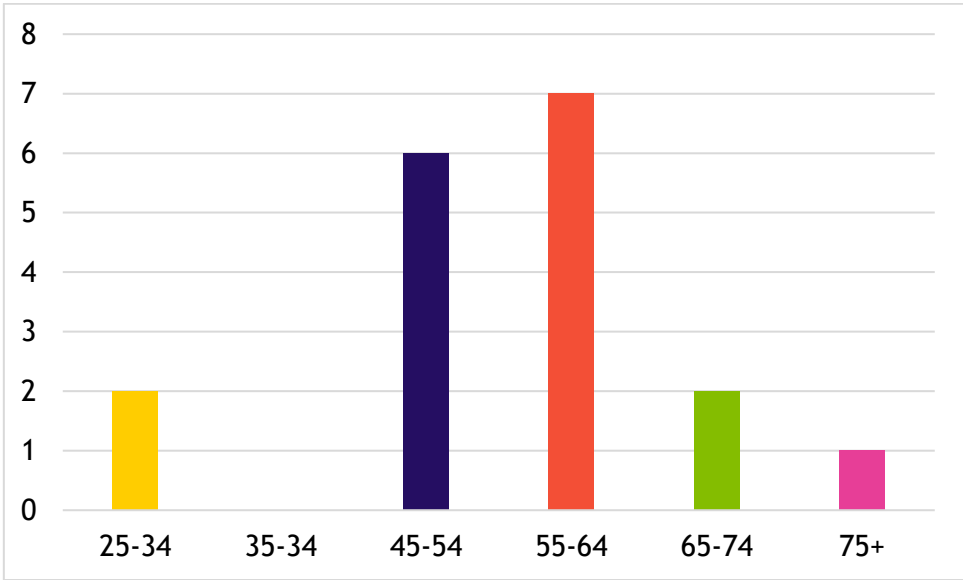
Carers are known to play a vital role in supporting the recovery of Service Users. The responses of 19 Carers represents 27% of the sample group available.

**1. Carers Survey**

The majority of the surveys (17) were completed online. The survey was promoted to Carers via a Zoom meeting of Jigsaw - a support group for people caring for someone with a Mental Health condition in Worcestershire. It was known that some group members are linked to SW CARS. We also linked in with Worcestershire Association of Carers.

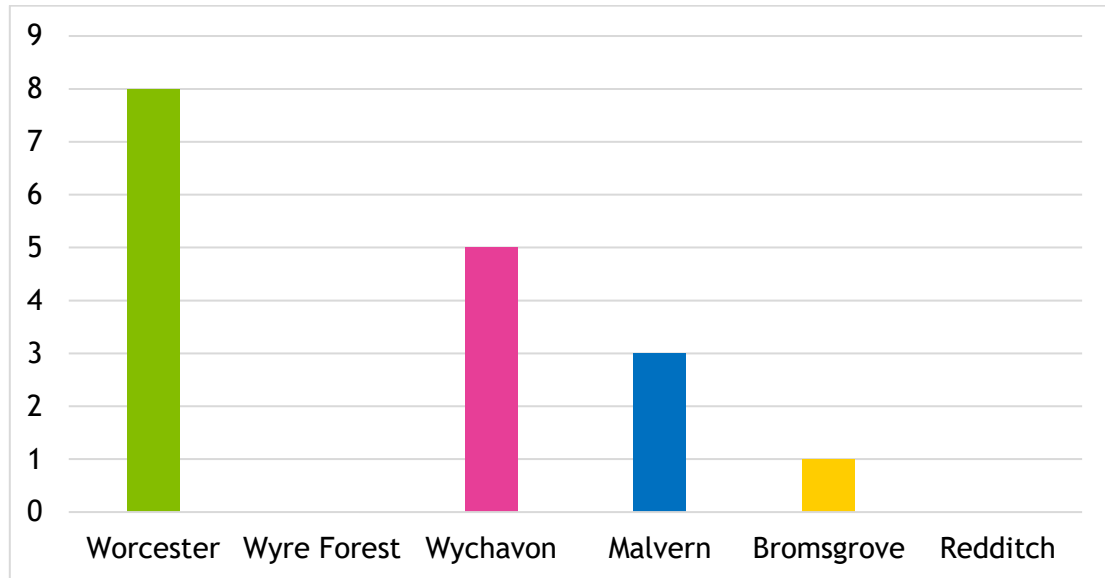
**Who completed the survey?**

**Age of participants**





## Where they live



South Worcestershire service - geography

### How did Carers identify?

#### How do you describe your gender identity?

13 respondents identify as female, 3 as male and one person preferred not to say. 2 people skipped this question.

#### How do you describe your sexuality?

16 respondents were Heterosexual/Straight, 1 person preferred not to say and 2 people skipped the question.

#### Ethnic background

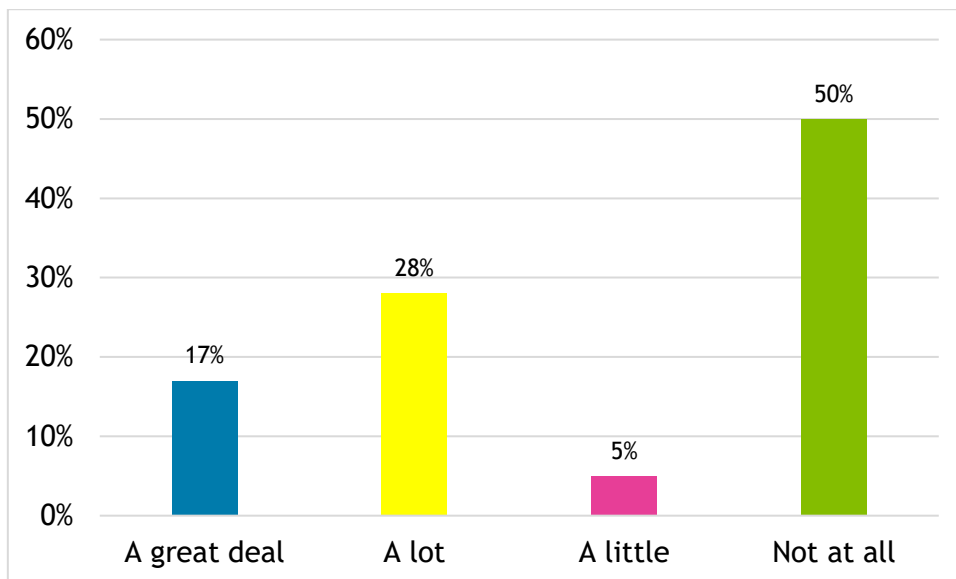
17 people responded to this question and all were White British.

#### Disability/Long term condition

There were 18 responses to this question, 6 people said they had a disability or long term condition, these included:

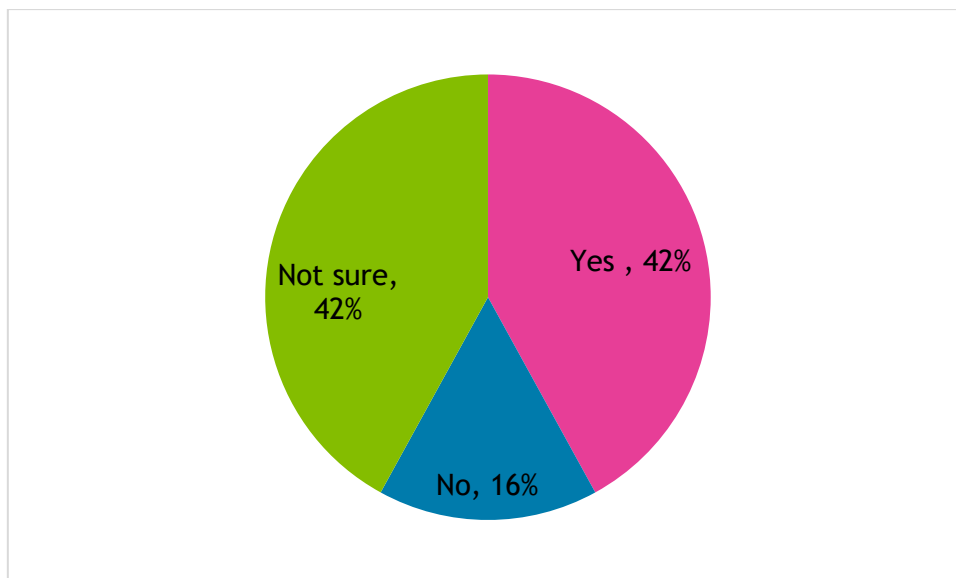
- 3 people with a physical disability
- 2 people with mental health illness
- 1 person with a long term condition

**Q2. How involved were you in the development of the Care Plan for the person you are caring for?**



18 people responded, more than half of respondents (10) have little or no involvement in the Care Planning of the person they support.

**Q3. Are there expectations of you as a Carer/Supporter within the Care Plan?**



19 responded to this question. 8 said there were expectations of them in the Care Plan, 3 said there were not and 8 said they were not sure.

#### Q4. If yes, what was expected of you?

11 comments were left for this question

6 indicate significant levels of support are expected, examples including:

‘Liaising with HCP’s, medication prompts, safeguarding of dependents during crisis, providing meals etc.’

‘I wasn’t formally consulted this year about the care plan..... I believe I am responsible for enabling, mostly in a you can do this yourself way, the monitoring of med, recruiting and managing support workers paid for with a direct payment. Reassurance, encouragement, searching for meaningful activity, monitoring mental health, supporting and enabling admin of post, benefits, housing.....I think the Care Plan has a rather glib emotional support.’

‘To help with daily tasks (household, correspondence, appointment schedules), to provide support for anxiety in going out in public (accompanying person to do everyday things such as shopping).....to find safe places when panic attacks occur.’

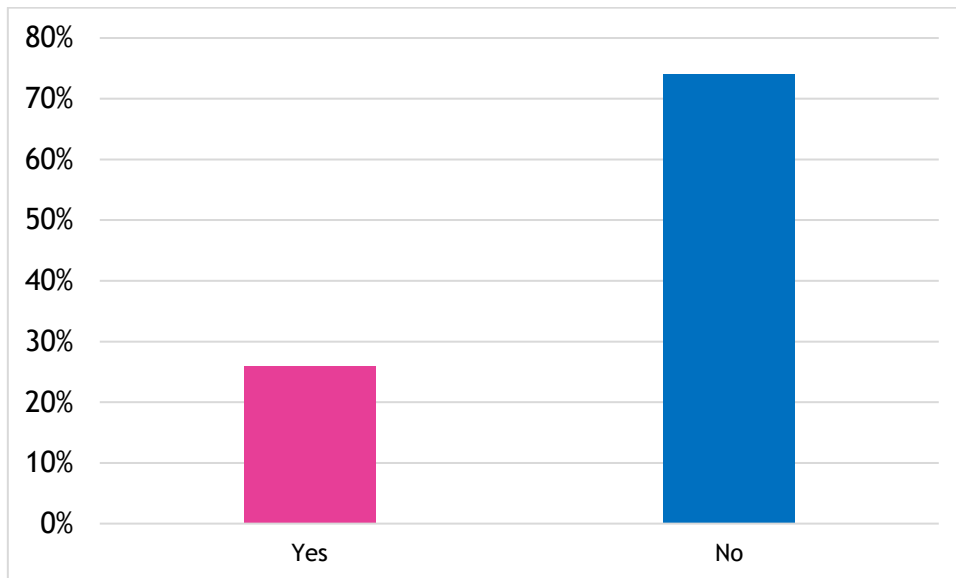
‘As I am the Mother, a lot is expected of me every day, especially at the moment.’

3 people commented on the lack of a Care Plan and the level of responsibility they experience in their caring role, examples include:

‘I have never been involved with the Care Plan, despite being the main contact and usually the first person to warn of a crisis that may occur. We as parents are only contacted when they want to section our son.’

‘Our son has not had a Care Plan for many years, he relapsed in January 2019 - there has been no Care Plan for him. We his parents have supported him with very little appropriate care from CARS.’

**Q5. Are there expectations of other supporters within the Care Plan?**



19 people responded. This question related to other individuals who may also be supporting the service user.

**Q6. If yes, what are they?**

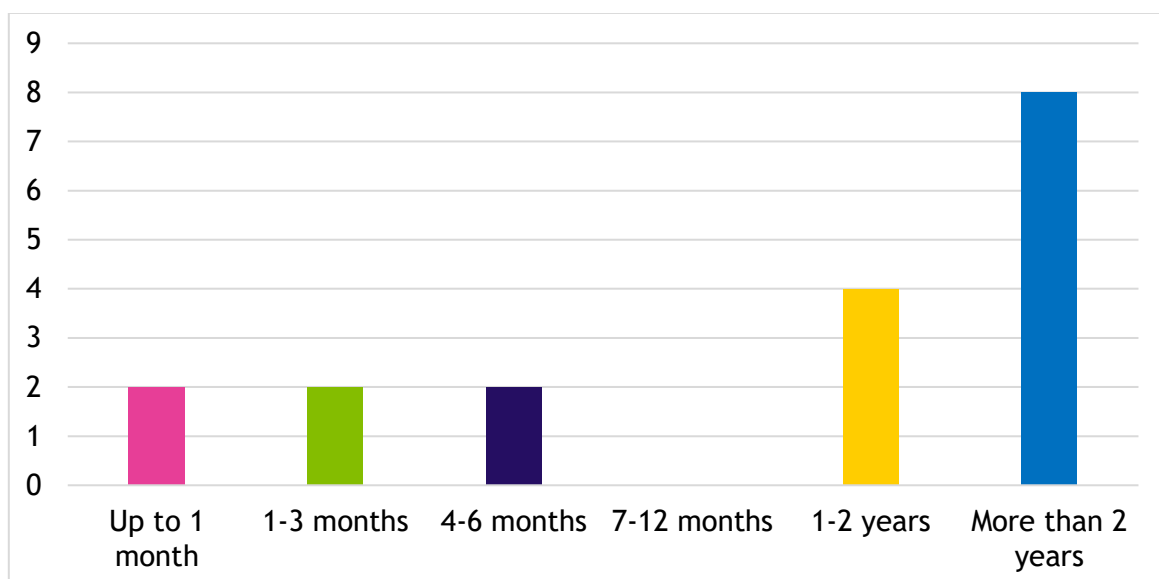
8 people responded to this question - only 3 identified what the expectation is:

‘To support my son with independence outside of the home’

‘...parents also care for him.....they ensure he takes medication and monitor his mental condition’

‘Emotional support from other family members’

**Q7. How long has the person you support been with CARS?**

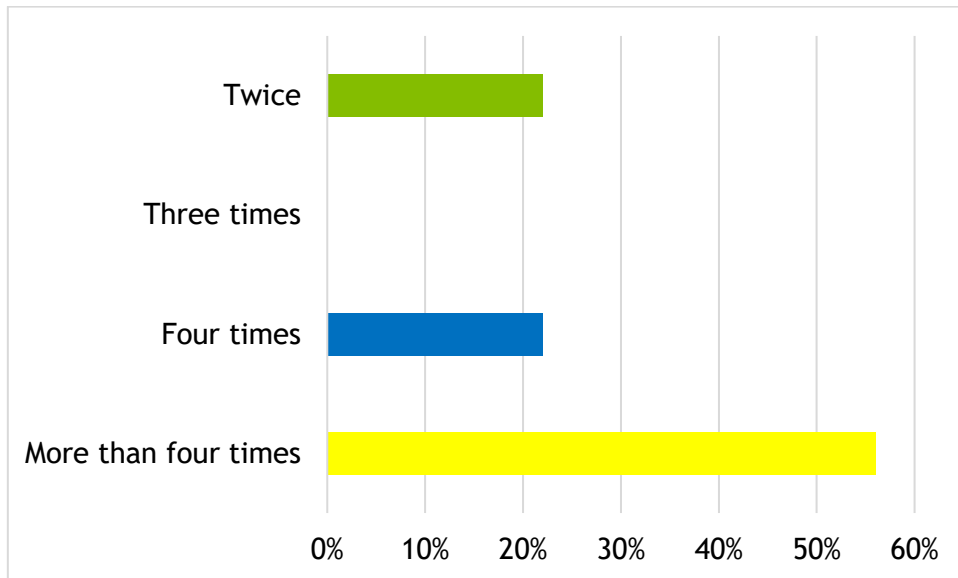


18 people responded, 12 said they have been with CARS more than one year.

**Q8. Is this your first experience of CARS?**

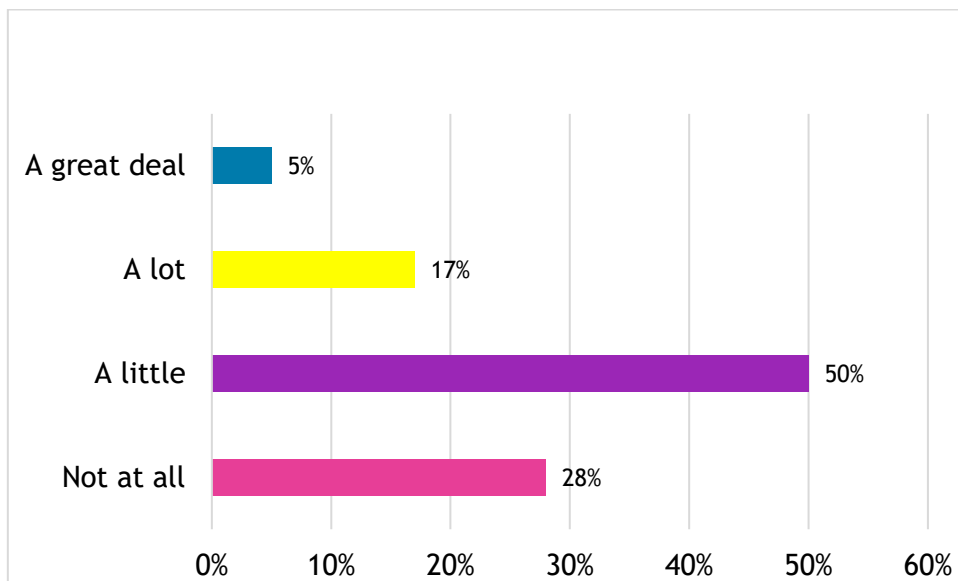
18 people responded. 10 Carers stated this is their first experience of CARS, 8 Carers have had previous experience with the service.

**Q9. If no, how many times has the person you support been through CARS?**



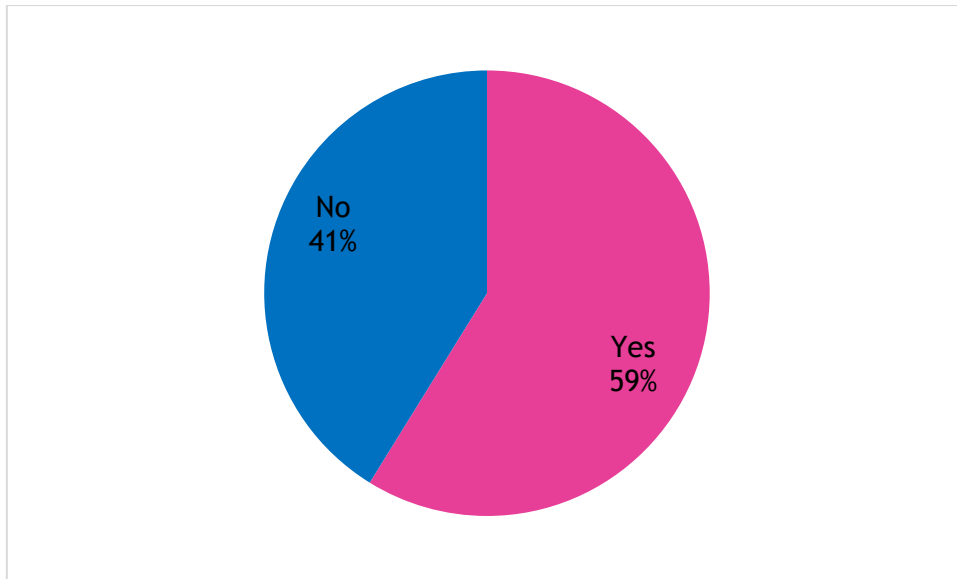
9 people responded to this question, 2 have experienced CARS twice, 2 four times and 5 more than four times.

**Q10. Do you feel included as a Carer/Supporter by the CARS team?**



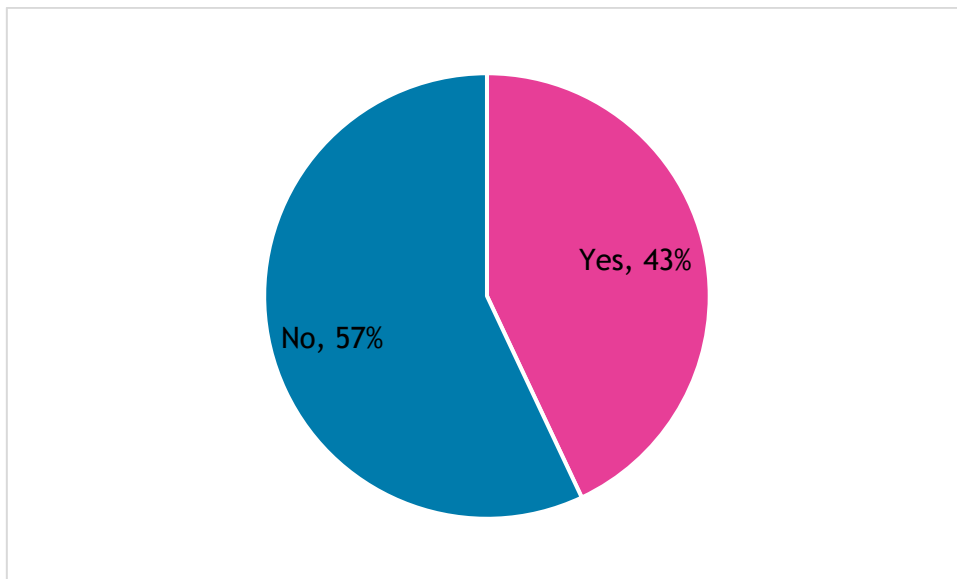
18 Carers responded to this question 14 felt little or no inclusion by the CARS team.

**Q11. Do you think you are treated with dignity and respect by the CARS team?**



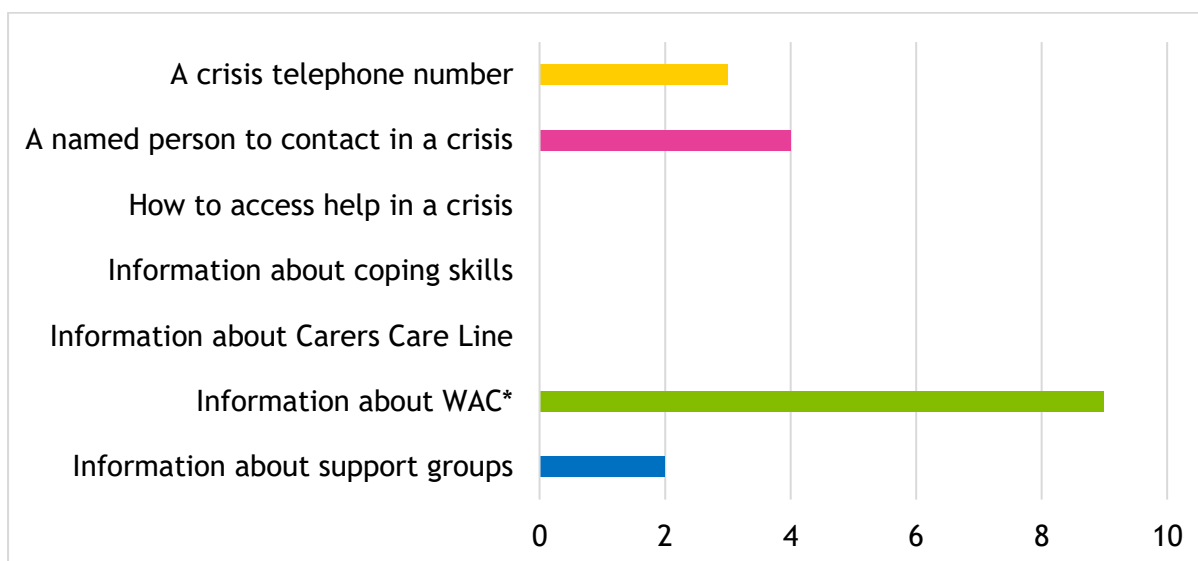
17 Carers responded to this question. 10 answered 'yes' and 7 answered 'no'.

**Q12. Were you made aware of your rights as a Carer/Supporter?**



14 people responded, 6 said they had been made aware of their rights and 8 said they had not.

**Q13. What information - if any - have you been given about services to support you as a Carer/Supporter?**



\*WAC - Worcestershire Association of Carers

8 Carers have been given information about WAC

Three respondents said they hadn't received any information to support them in their caring role and had searched and identified their own support when needed, this included how to cope in a crisis.

'I have enquired on my own behalf relating to the above in relation to support groups such as JIGSAW, WAC, Careline, crisis telephone number.'

'None of the above, but we have repeatedly tried to get on support groups.... The support and crisis details we have sourced ourselves.'

'None of the above, I had to ring up to request the crisis phone number.....'

**Q14. Have you been offered a Carers Assessment?**

17 Carers responded to this question, 9 had been offered an assessment and 8 said they had not. The Care Act 2014 created an obligation on Worcestershire County Council to identify carers needs through a Carers Assessment. Worcestershire Association of Carers (WAC) are currently contracted to undertake these on their behalf. Carer Assessments should address many of the issues raised by carers in this report. Whilst no specific questions were asked about Carer Assessments, it is of note that with so few Carers identified by CARS the opportunity to inform them is being missed.

**Q15. If yes - have you taken it up?**

8 Carers said they had taken up a Carers Assessment.

**Q16. Is there any other information that would be useful?**

7 comments were made, 3 relate to needing support or information about how to make a complaint. 3 relate to the outcome of Carer Assessments and 1 relates to needing information about relapse of the cared for person.

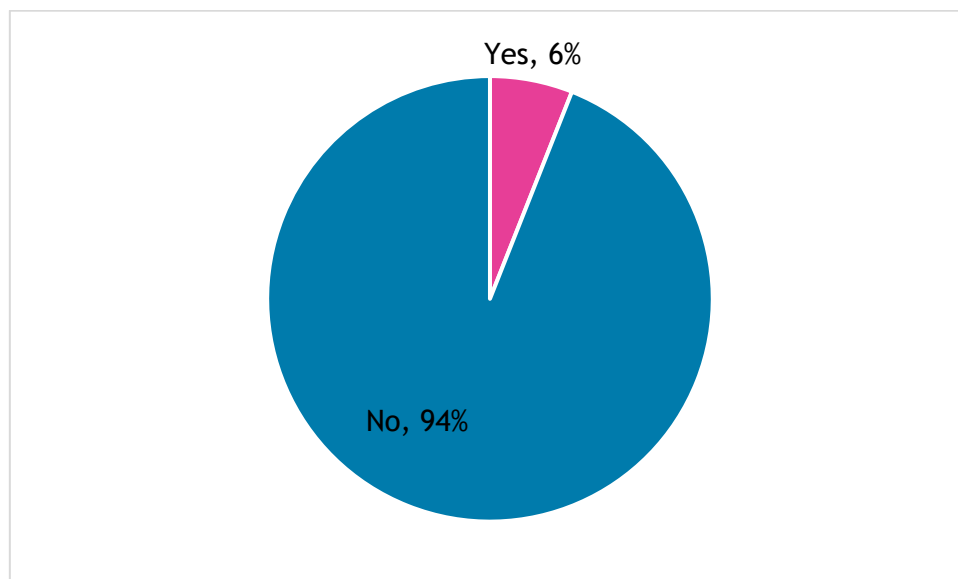
‘Who to contact when it is the assigned Social Worker and Finance Team who are causing the problems the Service User is having’

‘Last Carers Assessment took place over 7 years ago’

‘I had a Carers Assessment in the past. In 2019 I was offered one but my son was in crisis so I did not attend. I did not receive an invitation in 2020.’

‘More information about the process to follow if a more sudden mental health episode occurs’

**Q17. Has it been explained to you what will happen when the person you support is discharged from CARS?**



17 people responded. 1 person had an explanation for what would happen when the person they support is discharged from CARS and 16 people had not. CARS state an aspiration for:



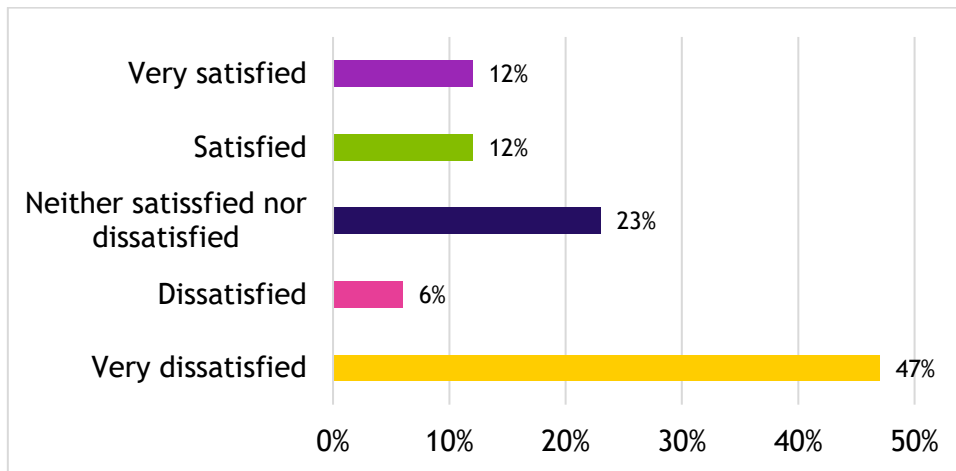
*‘Discharge and transfer planning is to be discussed with service users and families throughout their journey with CARS.’*

*AMH45 CARS Standard Operating Procedure*

**Q18. Do you know who to contact if the person you are supporting was to feel very unwell again?**

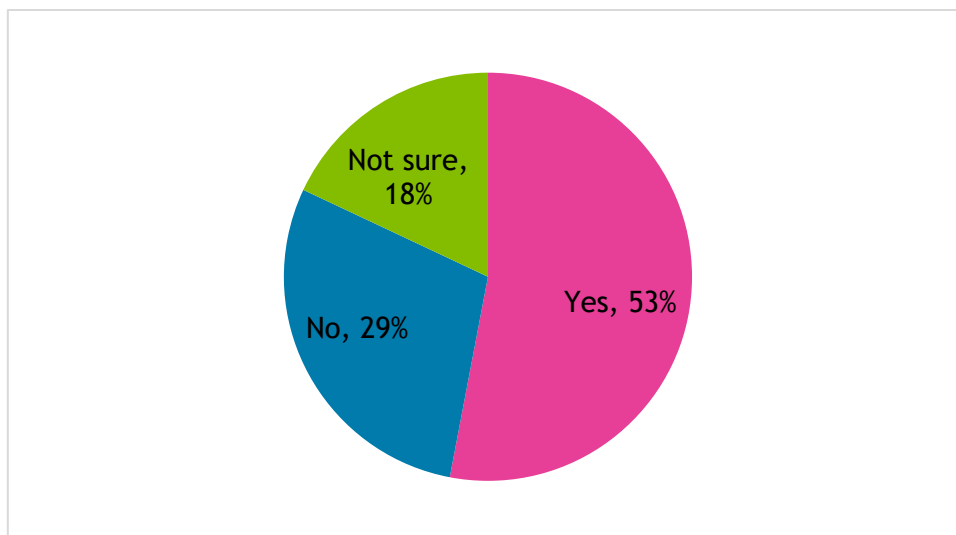
18 people responded. 12 respondents knew who to contact and 6 did not.

**Q19. How satisfied are you as a Carer/Supporter with CARS?**



17 Carers responded to this question and 4 were satisfied/very satisfied with the service. 9 Carers are dissatisfied with CARS.

**Q20. Do you know how to make a complaint if you are not happy with CARS?**



17 people responded. 9 respondents know how to make a complaint, 5 do not know and 3 are unsure.

**Q21. Given your experience of CARS, how would you like to see it improved for Carers/Supporters?**

11 comments were left in response to this question. 10 of them relate directly to the request for more Carer involvement and inclusion in the care planning and treatment of the person they care for. Examples include:

‘We are the main contact and the least engaged with.....know our son better than anyone.....yet I have never spoken to his CPN, we are not involved with his support and even now we have not been included in his discharge plan. We are the unpaid care plan!’

‘When the person I’m supporting requests that I be present in their appointment, don’t lie by saying you will come to get me in five minutes and then not include me at all. Don’t ignore my requests to voice my concerns about the patient.’

‘From my experience of Mental Health teams - no consistency with care, must listen to parents of patient - always look at previous history of patient.’

‘Seems to be taken as a given that I will continue to offer support, feels like a lot of responsibility. This could have been validated more.’

**Q22. Do you have any other comments you would like to make?**

10 comments were left in response to this question nine were negative and one was positive:

Other comments reflect views stated earlier and continue themes familiar earlier in the report, dissatisfaction with service, concerns about poor communication, and staff turnover. One person pointed out that a number of these problems have been identified by previous surveys and feedback:

Dissatisfaction with service

‘Too much time over the last 2 years on surveys and feedback and complaints and not enough done to fix problems.’

‘Although I know my son was consulted about his Care Plan, if I was consulted it was not in a formal way. I have a 365 days a year role, I encourage my son to contact CARS instead of me - but he cannot always get

to speak to someone....It is hard to work out why CARS could not use any form of Zoom, Skype, Facetime....to talk to service users during lockdown....really I have given up on CARS. It is hard to get the balance right, to stand aside or to support. I feel very much a lone worker....’

### Communication

‘There still seems to be a lack of joining up between services and no joining up at all with the GP’s - worrying.’

‘Telephone calls are not appropriate, so much is missed. Face to face or video call as a minimum.’

### Staff turnover

‘My son has had five Care Coordinators in the last 18 months....he was allocated a Social Worker in 2020 who remained in place for 10 months and then left.’

‘The service CARS offers is good and massively important but it is clearly understaffed and my loved one has had three or four CPNs in a short space of time. The service needs more funding and more needs to be done at a grassroots level to improve the service for the future.’

## **Carers Feedback - Summary**

Whilst the number of Carer responses to this survey is small - they represent 27% of the Carers known to SW CARS. The findings are therefore of significance and the importance of routinely identifying Carers cannot be overestimated.

CARS have a commitment to involving Carers as stated in their Standard Operating Policy:

*CARS will ensure that carers are meaningfully engaged and involved in individual care planning and will also identify any opportunity where a carer is expressing a wish to become further involved in aspects of service design and delivery.*

We found that 50% of Carer respondents were not involved in care planning and only 24% are satisfied with the service. CARS also commit to:

*Carers will be given information and advice (Care Act 2014 3.2) with regards to local carers services.*

Our findings show that information is provided to some Carers but not to all and only 53% were offered a Carers Assessment.

## Section D

### Conclusions and Recommendations

#### Service User

This survey sought to identify if service user experience has improved since the findings of the CQC Report was published in January 2020 which raised the following concerns:

*There was insufficient staff to make regular contact and the trust were slow to act in re-allocating patients to a care coordinator when they left the service or were on leave.*

*Care plans were not always present or personalised for patients in the South community assessment and recovery service. Assessment and monitoring of physical health in this service was inconsistent and assessment of patients' mental health was not consistent.*

*In the South community and assessment recovery services, not all patients were consistently involved in their care planning and not all knew how to make a complaint or felt advocated for due to a lack of staff.*

#### Care Coordinators

CARS aspire to allocate a Care Coordinator within four weeks of a referral to the service being accepted, it is of note that 53% of respondents say they do not have one. Of those who say they have a Care Coordinator, only 40% were allocated within six weeks.

From comments left it is clear that the Care Coordinator plays an important role and for some the impact of losing their Care Coordinator is significant. One Service User commented:

*'The service is fine when you have a Care Coordinator but as soon as she left it all fell apart.'*

Our responses indicate that both allocation and re-allocation of Care Coordinators remain a concern for the service.

#### Care Plans

We found that only 52% of respondents have a Care Plan and where they existed the majority are reportedly limited to treatment which falls short of CARS own intentions based on the Care Programme Approach (National Health Service and Community Care Act 1990).

Some respondents with a plan reported they were out of date and sometimes had not been revisited for years.

*'.....Care Plan is very old and hasn't been reviewed in some time.'*

‘While I haven’t seen a copy of my care plan for some time, I know one was created years ago....’

Of those who say they have a Care Plan only 40% report feeling their views were fully heard in the planning of their treatment. We found that the existence and knowledge of a Care Plan had a significant correlation to satisfaction rates as demonstrated in the second graph for Q27.

Whilst CARS aspire to involve all Carers in the Care Planning process - as stated:

*CARS will ensure that carers are meaningfully engaged and involved in individual care planning and will also identify any opportunity where a carer is expressing a wish to become further involved in aspects of service design and delivery*

*AMH45 Standard Operating Policy*

It was of concern that whilst 71% of respondents who report having a Carer only 36% were able to contribute to the Care Plan.

Given a total number of 951 Service Users it is of concern that only the postal contact details of 70 Carers are known to CARS. It is evident that there are significantly more Carers unidentified by CARS and consequently excluded from this important process.

### Communication

Concerns about aspects of communication were a common theme and encompassed information, awareness and access to support.

It is apparent that some Service Users have a lack of clarity about CARS and what is included/not included and indeed what the service they are receiving is called. This was reflected in comments made in survey responses and also by telephone, where interviews had to be terminated due to the lack of awareness of the Service User about who CARS were. One person commented:

‘I’ve never been to CARS, I’ve been left to drown on my own, don’t know why you sent me this link I haven’t seen anyone about my deteriorating mental state for a long time. I need help but got nowhere to go to....’

This has implications in relation to Service Users knowing what service they can expect to receive. It is telling that only 34% said they were made aware of their rights as a Service User and only 37% said they knew how to make a complaint. It would appear that there is still work to be done in addressing the concerns raised by the CQC.

Concerns were expressed by some about accessing support, some had difficulties when contacting the service - particularly if they didn’t have a Care Coordinator. One person raised concern about the lack of access to Crisis Support for people

who are deaf and requested an emergency SMS or email system that would provide an immediate response.

### Staff Turnover

A consistent theme regarding staff turnover emerged from respondents and the impact this had on their treatment when Care Coordinators, Community Psychiatric Nurse, Psychiatrist or Social Worker left. For many this resulted in a loss of treatment and a lack of continuity. Some people told us they have been left without any support or contact from the team.

It is encouraging that 67% of Service Users express levels of satisfaction with CARS, however, the challenge is to achieve consistency across the service for all.

### **Carers**

HWW note that CARS was only able to engage on our behalf with 70 Carers from 951 service users. This finding is clearly running counter to CARS aspirations and commitments identified in section 10 of their Standard Operating Procedures:

*‘CARS will ensure that carers are meaningfully engaged and involved in individual care planning and will also identify any opportunity where a carer is expressing a wish to become further involved in aspects of service design and delivery.’*

*AMH45 Community Assessment Recovery (CARS) Operational Policy 2018*

The number of Carers responding to this survey are small, however, they represent 27% of Carers known to CARS and therefore provide valuable representation.

Two key themes emerge from Carers and relate to involvement and support.

### Involvement

Whilst 24% of Carers express satisfaction with CARS the majority indicate significant concerns about their experience. 50% of Carers report they were not included in the care planning process and comments reveal some feel there is significant expectation of them.

Given the level of responsibility carried by Carers, it is of concern that they are a) largely unidentified and b) excluded from a vital component of recovery for the person they care for.

As one Carer summarised it:

‘People need to work as a team to support the service user and that team needs to include Carers’

42% of respondents say that the CARS team have expectations of Carers within the Care Plan. It would be useful to know if these expectations are assumed for those who are not involved or do not have a Care Plan.

## Support

It is of concern that so few Carers are identified by CARS not least because of the lack of support being made available to them and a duty of care. There is a risk too that safeguarding considerations may be overlooked.

The Care Act 2014 created an obligation on Worcestershire County Council to identify carers needs through a Carers Assessment. Worcestershire Association of Carers (WAC) are currently contracted to undertake these on their behalf. Carer Assessments should address many of the issues raised by carers in this report. it is of note that with so few Carers identified by CARS, the opportunity to inform them about the Carer Assessment is being missed.

It is important that Carers are supported to stay well in their caring role and findings reveal that information about WAC and other support groups is only made available to some. No one said they had received information about coping skills or courses/groups that would help to develop these skills.

Whilst 67% said they knew who to contact if the person they support were to feel very unwell again, 33% did not.

57% of respondents say they were not made aware of their rights and 41% did not feel they were treated with dignity and respect. Only 53% were sure they knew how to make a complaint. It is expected that CARS would have an aspiration for 100% in each of these areas.

## Recommendations

### Service User

Hereford and Worcestershire Health and Care Trust should:

#### Care Coordination and Care Planning

- Ensure all Service Users are allocated and have continual support of a Care Coordinator throughout their time with CARS.
- Ensure all Service Users have a written, up to date, holistic Care Plan and that they and their Carers are fully involved in its development.
- Plan to ensure continuity of service when staff leave.

#### Communication

- Ensure that all Service Users have their communication needs recorded and adhered to as per the NHS Accessible Information Standard. For example, an alternative communication channel other than telephone for Service Users who have a hearing impairment.
- Provide information to all Service Users and their Carers on referral to CARS, detailing the service they have been referred to and what they can expect from the service. This should include time scales, contact information including crisis contact details and the complaints process.
- CARS should review their response rates to calls given the comments we received about the difficulty Service Users, Carers and on occasion their GP's had contacting the service.

### Carers

Hereford and Worcestershire Health and Care Trust should:

#### Information

- Ensure the routine and systematic capture of Carer/Supporter details of all CARS Service Users
- Provide all Carers with information about [Worcestershire Association of Carers](#) and their entitlement to a Carer Assessment
- Provide all carers with information about [Jigsaw Carer Support Group](#)



- Provide information to all Carers on referral to CARS, detailing the service, how to make a complaint and what they can expect from the service as a Carer.

### **Care Planning**

- Ensure the routine involvement of Carers in the planning of care and treatment of the person they care for
- Regularly discuss with Carers the planning for the discharge of the person they care for.