

CPA: Framework for Review
(Steve Morgan – *Practice Based Evidence*)

NAME: _____ D.o.B.: / / ID No: _____
 ADDRESS: _____ POSTCODE: _____
 PERIOD OF ASSESSMENT: _____ DATE OF THIS REVIEW: / /
 DATE FOR COMPLETING NEXT 'REVIEW PERIOD': / /

Network of Support		Names (where relevant)		Copies sent to:
Service User	<input type="checkbox"/>	<input type="checkbox"/>	
Carer(s)	<input type="checkbox"/>	<input type="checkbox"/>	
General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	
Community Psychiatric Nurse	<input type="checkbox"/>	<input type="checkbox"/>	
Ward Link Nurse/Named Nurse	<input type="checkbox"/>	<input type="checkbox"/>	
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	
Support Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Agency Worker(s)...	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	
			

CONFIDENTIALITY OF INFORMATION: is vitally important to protect the rights of the individual. However, information is shared with the relevant people who work together to offer support. The sharing of information is discussed with the service user beforehand and their views are taken into account. These views will only be breached in the rare circumstances of serious risks identified to self and/or others.

In what ways has 'Service User Involvement' been enabled or attempted?

SERVICE USER current assessment of needs (in their own words):

Signature (optional):

CARER(S) current assessment of needs (in their own words):

Signature (optional):

Record of Review

Note:

If items are not relevant put 'N/A' next to them.

'Last significant date' should be within the last 6 months... it is expected that all aspects of good practice are investigated, discussed and updated at least 6monthly as part of routine *good practice*.

'Location of Information' should be clearly indicated by reference to the date & type of entry (e.g. letter, report, clinical notes).

GOOD PRACTICE ITEM	LAST SIGNIFICANT DATE	LOCATION OF INFORMATION
Service user priorities discussed		
Strengths Assessment		
Carers needs identified & discussed		
Mental State Assessment		
Mental Health Act status		
Medication review		
Physical health		
Working with Risk ? Assessing risks ? Context of historical risks ? Updated chronology ? Management plans ? Positive risk-taking		
Early warning signs of stress/distress		
Crisis planning		
Contingency planning		
Child care		
Social relationships		
Occupation & leisure		
Housing & Money		
Communication with other services (please specify):		
Other items (please specify):		

Care Coordination: role is to ensure that everything agreed is happening, not to do everything!

Care coordinator - individual *allocated* or *nominated* as part of a team approach (please specify):

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Contact details:

CPA level: before this review date after this review date

Signing off current record of review: