

## Care and Support Plan Sign Off Tool

### How to use this tool

Step 1: Based on the draft Care and Support Plan and any other information provided answer Yes, No, Not Sure or Not Applicable (N/A) to each of the questions below. Use the 'needs' and 'risk' tables on the next page to consider the nature of need and risk when asked. Use the notes section to record the rationale for your answer to each question as required.

Step 2: Where you have answered No or Not Sure this indicates the needs to consider gathering further information or evidence before signing off the plan. Use the boxes at the end of the tool to advise the practitioner who drafted the plan of your concerns/issues and the steps they should consider taking before resubmitting the plan.

Question	Yes	No	Not Sure	N/A	Notes
Are you satisfied that the person has been involved in the plan?					
Are you satisfied that the carer has been involved in the plan?					
Does the plan contain outcomes that are clear and realistic (based on what you know about the person's needs and circumstances)?					
Is it clear how support/services will contribute to meeting the outcomes?					
What is the nature of the person's needs? (use table 1)-circle nature	A	B	C	D	
Does the nature/intensity of support proposed seem appropriate and proportionate to the meet the nature of the person's needs?					
Is a strengths based approach to meeting needs evident?					
What is the nature of risk associated with the plan? (use table 2)-circle any that apply	A	B	C	D	
Is the proposed contingency plan to manage risks to the plan appropriate and proportionate to the nature of the risk?					
If the person lacks capacity are you satisfied from the plane that suitable arrangements are in place to manage any Direct Payment?					
Are you satisfied that the Direct Payment is going to be used appropriately?					

Question	Yes	No	Not Sure	N/A	Notes
Has the plan allowed for employer related expenses?					
Is using a Direct Payment the most cost effective way to purchase the services described in the plan?					

**Table 1: Needs**

Needs that require the 1:1 (or greater) <i>provision</i> of support all or most of the time;	<b>A</b>
Needs that require the provision of support at key times with limited need for support at other times	<b>B</b>
Needs that fluctuate/are unpredictable and require varying levels of support to manage risk and meet care needs.	<b>C</b>
Needs that require the provision of support at key times only	<b>D</b>

**Table 2: Risk to Plan**

Risk of breakdown to informal carer/s	<b>A</b>
Large number of services/support included in plan	<b>B</b>
Plan relies heavily on personal assistants	<b>C</b>
Outcomes may not be achieved by plan	<b>D</b>

**Notes for practitioner when draft plan is not signed off**

This plan has not been signed off at the current time. Please;

Task	Tick	Specific requirements of task
Provide further information		
Provide evidence of person or carer's involvement		
Consider different options to meet needs		
Review the outcomes in the plan		
Reconsider appropriateness of Direct Payment		
Other (please specify)		