

Adult Social Care

Best Practice Guidance for Care Act Review

Care Act Section 27 – Review of Support Plans

Ensuring all individuals with a Support Plan have the opportunity to reflect on what is working, what is not working and what might need to change is an important part of the Support Planning process. It ensures that Support Plans are kept up to date and relevant to the individual's needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation.

Reviews should be completed with a **Person Centered Holistic** approach ensuring the individual is at the heart of the review. **You must also consider who else needs to be involved in the review.** This can include the following;

- Carer – **Care Act Section 10**
- Advocate – **Care Act Section 67**
- Someone important to the individual **Care Act Section 9**
- Other Agencies, Police, Housing Education Health professionals – **Care Act Section 9**

The Care Act should not be used in isolation, consideration needs to be made throughout your review to the Mental Capacity Act, Deprivation of Liberty Safeguards, Community Deprivation of Liberty Safeguards and Safeguarding, Equality Act, Children and Families Act, and Human Rights Act.

Reviewing intended outcomes detailed in the plan is the means by which we comply with our responsibility towards people with care and support needs.

Following factors need to be considered when undertaking a review;

- Have the person's circumstances and/or support needs changed? ***Consider a referral to OT's, Assistive Technology, Specialist Health Services, and/or community based support services - does CHC need to be considered?***
- What is working in the plan, what is not working, and what might need to change? ***Consider what is working well and why - can this be applied to other needs?***

- Have the outcomes identified in the plan been achieved or not? **Revisit the outcomes as part of the review discussions - do they need to change?**
- Is the individual's personal budget enabling them to meet their needs and the outcomes identified in their plan? **Consider a reassessment of need and application of the RAS**
- Should a direct payments be considered if a managed account is in place? **A Direct Payment can offer more control and flexibility – would this achieve better outcomes?**
- Are there any changes in the individual's informal and community support networks which might impact negatively or positively on the plan? **Who is involved? Capture their views in the review - who else could support from the community?**
- Is the individual, Carer, independent advocate satisfied with the plan? **Include them in the review and capture their views with the individual.**

As part of the review you should include viewing the following provider documents, these will support evidencing that the provider continues to meet the individual's needs:

- Risk Assessments
- Individual Care Plans
- Medication Sheets/Protocols
- Individual profiles
- Behavioural plans
- 1:1/2:1 staffing rota's

A proportionate Care Act Review should be completed at 6-8 weeks when services first start, if there are no changes this can be captured as a case note titled *Proportionate Review*. If any changes are identified at any schedule or unscheduled review a formal review needs to be triggered and completed.

All care and support needs identified from an assessment or review should be met – where care is cancelled or does not start a formal review is needed to rationalise this decision, to determine how those care and support needs previously identified will now be met or are no longer valid to the individual.

If information is used from previous assessments/reviews/support plans this must be clearly identified where the information is from, who completed the assessment and why it is now still relevant.

Importantly a review must be carried out fully involving the individual prior to case closure.

Financial Considerations

Discuss client contribution with the Financial Case Management team prior to the review. This will support to identify any issues the individual may need support with.

A breakdown of the Direct Payment should be discussed during the review. ***What outcomes are being met and how?*** A balance of the Direct Payment Fairshare or bank account should be requested from the Direct Payments Officer. **Please refer to Good Practice Direct Payments Guidance.**

As appropriate, liaise with any legal representative - if none identified consider whether a legal representative is needed.

Ensure there has been no significant change in the individual's financial situation

Request a Financial Assessment is completed if there has been a change.

A copy of review is sent to individual/family/provider within **10 working days** from completion.

Remember Defensible Decision Making and Professional Curiosity should be applied throughout any intervention – please refer to good practice guidance tools for these principles.