

Adult Social Care and Health

Care and Support Plan Review

Practice Guidance

To be read with ([hyperlinks](#) below)

- [Care and Support Statutory Guidance and Regulations issued under the Care Act 2014](#)
- [MOSAIC MADE Documentation: Review Pack: links to Aide memoire; Practice Guidance; Video Recording, MADE light touch \(First\) Review Exemplar, MADE \(Ongoing\) Review Exemplar, MADE documentation workflow all on Delta](#)
- [Care and Support Planning and Review Policy on Tri-X](#)
- [Practice Framework Review Guidance.docx \(sharepoint.com\)](#)



Review of the Care and Support Plan Practice Guidance

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| 6 | 01/02/23 | <ol style="list-style-type: none"> 1. Guidance renamed "Review of the Care and Support Plan Practice Guidance" 2. Scope/not in scope section added. 3. In scope includes requirement to review a person with a Deferred Payment Agreement with Kent County Council. 4. New section about managing a disagreement 5. New section "Information about finances" 6. Section 10.4: Fig 1: Some scenarios identifying a change in persons situation or circumstances which increase/ decrease the personal budget 7. Section 10.7.1. List provided when the MOSAIC Closure Process must not be applied. 8. Reference to KMPT/SWIFT/AIS/RIO/SC, CPA removed. 9. Telephone review evidence sheet no longer used. (Alternative on Delta "Practice Framework: MOSAIC MADE documentation: MADE Review - Aide Memoire") 10. Section A Policy removed from body of guidance document and now referenced and linked to Tri.x 11. Appendix One: MADE Process flowchart 12. Removed section "Quality in provision - residential monitoring (LD and OPPD only)" | Jean Wells |

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1. Introduction

- 1.1. A local authority must ensure the care and support plan remains an accurate, up-to-date reflection of the person's needs and the outcomes they wish to achieve, and the services arranged to meet these needs and outcomes.
- 1.2. Following the making a difference everyday approach, strengths-based practice will ensure the adult social care practitioner keeps the person at the heart of what they do, working collaboratively with the person, carer and family.
- 1.3. A review should be a positive opportunity to take stock and consider if the care and support plan ("**the plan**") is enabling the person to meet their needs, achieve their aspirations and outcomes.
- 1.4. It provides a mechanism for reviewing how successful the plan has been and what aspects have worked and not worked well. Is the person, carer, independent advocate satisfied with the plan?
- 1.5. **Reviewing** the plan is about a re-evaluation of a person's assessed needs and circumstances which includes reviewing the impact the plan is having- if outcomes are being achieved; how the care and support is contributing to the achievement of the outcomes and if needs have changed.
- 1.6. At the review, if a **revision** of the plan is required because there is a change in circumstances (*not a change in needs*) that affects the plan, it will not necessarily always lead to a formal assessment of needs/reconsideration of eligible needs. For example, the person has new outcomes that existing services will be supporting them to meet.
- 1.7. A revision of the plan may only require a minor change which can be accommodated within the established personal budget. In these circumstances, it may not be appropriate for the person to go through a full review and revision of the plan. Minor changes may include **how** care and support provided to meet same needs; annual increase in the direct payment; change to the contingency plan; changes to how the person defines the outcome which the plan seeks to achieve etc.
- 1.8. If changes are significant, it will always lead to a formal revision and proportionate assessment (the assessment process following a review should not start from the beginning of the process but pick up from what is already known about the person).

For example, when there is:

- a change in needs
 - carer breakdown
 - moving from/ to a residential care/nursing home (permanent or temporary)
 - adult safeguarding concerns
- 1.9. If a person's circumstances change again before the revised plan is finalised, next actions will be determined depending on the change of circumstance as stated above.

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- 1.10. Where a decision has been made to terminate a direct payment, you must conduct a revision of the plan, or support plan, to ensure that the plan is appropriate to meet the needs in question.
- 1.11. Any safeguarding concerns or issues identified either by disclosure or through professional judgement by the person undertaking the review, the [Multi-Agency Safeguarding Adults Policy, Procedures and Practitioners Guidance for Kent and Medway](#) must be followed.
- 1.12. All information gathering and sharing should be carried out with regard to the Caldicott Principles and the Standard Operating Procedure for the Caldicott Guardian Function ([link1](#). [Link 2](#)), General Data Protection Regulation ([link](#)), and local information sharing policies ([link](#)).

If you have information or evidence that suggests that circumstances have changed in a way that may affect the efficacy, appropriateness, or content of the plan, for example if a carer is no longer able to provide the same level of care or there is evidence of a deterioration of the person's physical or mental wellbeing, then you should conduct a review to ascertain whether the plan requires revision.

2. Scope

- 2.1 This guidance applies to all adult social care practitioners (“**you**”) who, as part of their role undertake a
 - light touch review
 - planned review
 - unplanned review
 - requested review
- 2.2 The person may be an older person, have a physical disability, a mental health condition, a learning disability, high functioning autism, visually impaired, d/Deaf or deafblind and is an ordinary resident of Kent.
- 2.3 Reference to “person” includes their legal representative where appropriate.
- 2.4 An experienced case officer (“non-registered officer”) may undertake a review. A registered practitioner/line manager provides oversight and supervision. Where appropriate, a registered practitioner should undertake the review and revision of the plan, based on the risks and narrative of what is going on at the time.
- 2.5 If the revisions to the plan propose increased restraints or restrictions on a person who has not got the capacity to agree to them, a registered practitioner in Social Work, Nursing or Occupational Therapy must be involved, as well as an advocate.

Further details about telephone reviews in section 8 “Deciding on the method of review”

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2.6 This guidance applies when the person:

- has ongoing care and support needs after the enablement period
- been placed out of county under the deeming provisions of the Care Act 2014
- has a Deferred Payment Agreement with Kent County Council (KCC)*
- has eligible needs with assets over the upper capital limit whose needs required care and support in non-residential settings
- has eligible needs with assets over the upper capital limit whose needs required care and support in a residential setting, and we had **decided**¹ to meet needs
- is receiving social care support in custody or custodial settings

Note:

- a. *Deferred Payment Agreement (deferral of charges). KCC is meeting the persons needs because we contract with the care home under the scheme to provide care and support, therefore duty to review remains.
- b. The Supporting Carers Practice Guidance on Tri-X provides more details about reviewing a carers support plan [click here](#).
- c. In circumstances where an external organisation is contracted to undertake reviews, they must follow the guidance set out in this document and act in accordance with the terms and conditions of their contractual agreement with KCC.
- d. The Pathway Plan for Care Leavers who are disabled and managed within the Disabled Young People's Teams (16-25), or who have sensory needs, will require a review every 6 months. Further information is provided in the [KCC Joint Transition Policy for Young People aged 16- 25 years who are care leavers](#)).
- e. To avoid duplication and to benefit from multidisciplinary involvement, Care Act reviews may well be undertaken as part of the mental health reviews under the [Community Mental Health Framework for adults and older adults](#).

2.7 Out of Scope

- Kent Enablement at Home (KEaH) final review.
- 18+ Teams Pathway Plan and Reviews on Liberi.
- Reviewing and discharge from s117 of the Mental Health Act 1983 (Amended 2007).

¹ Care and Support Statutory Guidance “8.13 A person with more in capital than the upper capital limit can ask their local authority to arrange their care and support for them. Where the person’s needs are to be met by care in a care home, the local authority may choose to meet those needs and arrange the care but is not required to do so. In other cases, the authority must meet the eligible needs if requested. However, these people are not entitled to receive any financial assistance from their local authority and in any case, may pay the full cost of their care and support until their capital falls below the upper capital limit”.

3. Purpose of a review

3.1 Its purpose:

- ensures the person's outcomes are being met - how care and support is contributing to the achievement of the outcomes
- identifies if the person has new outcomes they want to meet
- looks at how risks are being managed and whether there are any new risks (consider Fire Safety and the need for a Personal Emergency Evacuation Plan (PEEP), review any existing PEEP to ensure it continues to meet the person's need)
- alerts you to any potential risks or implementation of the Mental Capacity Act 2005
- identifies any changes in the person's needs or circumstances, including changes to the person's circumstances which might mean they are at risk of abuse or neglect
- looks at the personal budget allocation and the effectiveness of direct payments, where appropriate
- determines if the current method of managing the personal budget is still the best one for what they want to achieve, for example, should direct payments be considered?
- determines if a proportionate reassessment is required (when there is a change in needs)
- determines if a change in circumstances (e.g. change to informal and/or community support networks, home environment, or safeguarding concerns)
- checks if the person has been paying their assessed financial contribution
- includes a review of the individual disability related expenditure allowance, if applicable
- checks if the contingency plan remains relevant
- considers, if applicable, the circumstances that led to the Deprivation of Liberty and whether any changes should be requested in their best interest
- considers if a "Keeping Safe Plan" required - an interim plan until a new assessment and plan in place

3.2 The light touch review confirms (or 'Finalises') the new plan and actual personal budget including obtaining the person's (or legal representative) signature that they agree with the content of the plan.

4. Preparing to carry out a care and support plan review

4.1 The method of communication should reflect that requested by the person and any specific communication needs they may have. Check MOSAIC for record of communication needs.

4.2 You should let the person know that you will be carrying out the review unless:

- they have requested you liaise with a nominated representative (for example an advocate or family member); or
- they lack capacity and a decision is made that it would be in their best interests to liaise with another appropriate person.

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- 4.3 If the person lacks capacity, you must let an appropriate person know that you will be carrying out the review. Where available this should be a person legally authorised to represent them (for example a Court appointed Deputy or a Lasting Power of Attorney) or an independent advocate. If the person lives in a care home this could also be the manager of the home.
- 4.4 Where the review is being undertaken for a person who also has parenting responsibility it is important to consider how their disability impacts on their parenting role and involvement of the Integrated Children's Service must be sought where appropriate.

5. Mental capacity and engagement difficulties

- 5.1 To support involvement, you must:
- ensure compliance with the requirements of the Mental Capacity Act 2005 [link](#), Equality Act 2010 [link](#), The Care and Support (Independent Advocacy) Regulations 2014 [link](#) and the Accessible Information Standard [link](#)
 - establish the person's communication needs and seek to adapt the review process accordingly
 - check MOSAIC for record of communication needs before undertaking the review
 - ensure the most appropriate communication methods are used during the review in an accessible format for those to whom it is provided
 - arrange a specialist or interpreter to support communication if required²
 - arrange a Care Act Independent Advocate, advocate under Mental Capacity Act 2005; Independent Mental Health Advocate (IMHA) as required.
- 5.2 A Care Act Independent Advocate cannot be someone who is paid (regardless of who employs or pays them) and already provides the care or treatment to the person e.g. General Practitioner, nurse, support workers, the adult social care practitioner/non registered officer. If the person does not wish to be supported by that individual, then an alternative appropriate person needs to be identified.

Further details in [Information and Advice Policy on Tri-x](#) and [Accessible Information Standard policy and guidance](#)

- 5.3 Some people will lack capacity to understand or engage in any review process (verbally or through another means). For example, they may be too unwell to do so or have a significant learning disability. In this circumstance, the duty to maximise their involvement still applies.
- 5.3.1 To maximise involvement, these might include, but not limited to:
- an appropriate other person or independent advocate to support the person to engage and ensure that they are represented
 - spending time with the person can show you what they enjoy about life and what may be most important to them (this could be a person, a place or something they do with their time)
 - consulting with a range of people who know the person
 - use other available evidence to support you to understand Wellbeing and what matters most

² Connect 2 Kent [Client Booking Form - Interpreters.doc \(sharepoint.com\)](#)

5.4 Managing disengagement

If the person does not engage in the review process taking place you should:

- a. Establish whether the reason for their disengagement is related to substantial difficulty or mental capacity, and if so, ensure they have the right support in place (an advocate or an appropriate other person).
- b. Provide them with information to support them to understand the purpose of a review, the process, and the benefits of being involved.

5.4.1 If the person continues to disengage from the process and has capacity, you should:

- a. Explain to them that a review is a legal requirement as part of the duty to meet their eligible needs
- b. Establish if there is anyone else that the person wants to represent them in the process, and
- c. Explain that you will proceed to complete a review based on the information that is available, and that this may involve consulting with their carer and anyone else involved in the provision of care and support.

5.4.2 If the person continues to disengage you should proceed to carry out a review based upon the information available. This should be done in consultation with any carer, any service provider and, if the person lacks capacity, you should involve anyone else that you feel it would be in the person's best interests to involve.

5.4.3 A copy of the review must be provided to the person, and they should be invited to review it. If at any point the person regains capacity or changes their mind about engaging, consideration should be given to the benefit of carrying out a further proportionate review to maximise their involvement.

6. Arranging the review

6.1 When to arrange the review

6.1.1 A review of the plan can be triggered at any time if needs or circumstances change in a way that may affect the plan.

6.1.2 If there is any information or evidence that suggests that circumstances have changed that may affect the efficiency, appropriateness, or content of the plan, you must arrange an immediate review to ascertain if the plan requires revision.

6.1.3 **A light touch review** takes place within 8 weeks of the commencement of any new service or support (for example equipment, adaptations, enablement, short term change in need) or revision of an existing plan; on-going monitoring of the persons circumstances and after the “approver” sign-off of the draft plan and personal budget.

This ensures that the arrangements are working effectively and there are no initial issues or adjustments needed to the plan. The plan is finalised at the light touch review.

[Click here](#) for further guidance about “*The Light Touch Review Conversation*”

- 6.1.4 Enablement service monitoring and review will be at three-week intervals to monitor outcomes; agree enablement extension for a time limited period if appropriate; it appears that there will be ongoing care and support needs after the enablement intervention.
- 6.1.5 **A planned formal review** takes place thereafter at 12 monthly intervals or more frequent depending upon the individual circumstances.

[Click here](#) for further guidance about *Full Review Conversations*.

- 6.1.6 An **unplanned review** can be triggered at any time, for example when there is crisis or sudden change in circumstances.
- 6.1.7 A **requested review** can be requested at any time by the person or others supporting them or interested in their wellbeing when there is or may be a change in circumstances affecting the plan. A request will require you to decide (at the time of the request) on the appropriateness of undertaking the unplanned review.

Further details in 6.2 below “Considering a request for an unplanned review “

- 6.1.8 Under [Community Mental Health Framework for adults and older adults Framework](#), their care plan will include timescales for review which were discussed and agreed with the person and those involved in their care at the outset.

6.2 Considering a request for an unplanned review

- 6.2.1 If there is any information or evidence that suggests that circumstances have changed that may affect plan, you must arrange an immediate review to ascertain if the plan requires revision.
- 6.2.2 If you are not able to arrange the review at first contact you must:
- be satisfied that the delay is not going to increase the risk of deterioration in need or circumstances
 - be satisfied that the delay is not going to increase the risk of abuse or neglect
 - provide any information or advice that may be beneficial at that time
 - be satisfied that urgent or interim support is not required
 - be satisfied that the person understands the reason for the delay
 - agree a proposed timeframe for the review to be carried out and further contact to be made, and
 - advise the person what to do should their situation change
- 6.2.3 Where a decision is made not to conduct a requested revision of plan, an explanation must be given to the person who requested the review with details of the complaint’s procedure.
- 6.2.4 Examples not to conduct a requested revision include:
- you are satisfied that the plan remains sufficient
 - the request is frivolous

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- is made based on inaccurate information
- the person has requested multiple reviews in a brief period and there is no reason to believe the persons needs have changed

7. How to arrange the review

7.1 The person (or representative) can choose where the review takes place, however they cannot decline a review. See 5.4 “Managing Disengagement”

7.2 Any information must be provided in an accessible way for the person who will be receiving it.

7.3 The method of communication should reflect that requested by the person and any specific communication needs they may have.

7.4 What to consider when arranging the review:

- whether the person will find any review process to be emotionally difficult and what can be done to reduce their anxiety
- whether the person needs an independent advocate to help them to participate
- the information the person (and any carer) may need to prepare for the review
- whether the person requires any support with communication (for example, a specialist or interpreter to support communication)
- whether the person would like for anyone to be involved in any review
- which environment would be best to meet in (if a meeting is to be arranged)?
- whether the review needs to consider any physical needs the person has for medication, rest, or personal care

7.4.1 When arranging the review, you should also identify other people who may need to be a part of it. For example, a health professional or a service provider may need to be involved. This should be done with the agreement of the person (representative), or in persons best interests.

7.4.2 If the person lacks capacity, you must make arrangements with an appropriate person. Where available this should be a person legally authorised to represent them (for example a Court appointed Deputy or a Lasting Power of Attorney, independent advocate).

7.4.3 It is important that everyone who is to be involved in a review is aware of:

- the purpose of the review
- the process of review and
- their role in any review

8 Deciding the method of review

8.1 When deciding the appropriate method of review, it is important that:

- the person's involvement is maximised by the method

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- the method is proportionate to the needs being met by the plan; and
- the method enables the review to be carried out as quickly as is reasonably practical.

8.2 Review methods are:

- face to face
- telephone/virtual (see section 8.5 for more information about telephone reviews)

8.3 When deciding about the method of review, you must have regard to:

- the wishes and preferences of the person
- the outcome the person seeks from the review
- the severity, urgency, and overall extent of the person's needs, and
- the conversations had with family/provider/person - to inform the professional decision based on risk and narrative of what is going on at this time

and

- whether carrying out a combined review process would be beneficial (with a carer or another person with care and support needs)³.
- whether there is a concern about the person's capacity in relation to a particular decision to be made
- whether the method of review chosen poses any challenges or risks for the person
- the specific communication needs of the person (specifically whether they will be able to engage in the review method)
- the potential fluctuation of the persons needs or situation
- any need for multidisciplinary working or review
- when last face to face visit
- when last reviewed
- whether the care and support arrangements are out of county (see 8.4 below)

8.4 Out of county arrangements under the deeming provisions of the Care Act

8.4.1 A planned, unplanned, or requested review should always be completed face to face to provide assurance about the quality of provision. The review should include speaking with the person about their experience and observation of care and support provided.

8.4.2 You must exercise your professional judgment to determine if it is appropriate to ask the host authority to undertake the review on your behalf, especially if the two authorities are a long distance apart.

³ It may be beneficial to carry out a combined review process for two people with Care and Support needs (if both parties agree and consent to sharing information, best interests, no conflict of interest). For example: when 2 people share a tenancy and are supported by the same provider or When 2 people pool some or all of a Direct Payment.

8.5 Telephone Review

8.5.1 Based on the considerations in section 8.3 above, when the method decided is a telephone review, in addition to a registered practitioner, a trained non-registered officer may undertake the review. The degree of change and complexity will determine whether the unregistered officer completing telephone review, needs to discuss something with a registered practitioner/line manager.

8.5.2 Process and criteria for telephone reviews

- Registered practitioner agrees all potential telephone reviews with their line manager.
- Telephone reviews are only appropriate if there has been a face-to-face review in the last 12 months.
- The person having a telephone review must appear to have stable support in place.
- The person having a telephone review must be able to self-advocate or have a person who can advocate on their behalf.
- The person completing the telephone review must ensure that the person can hear well on the phone.
- Where there has been a safeguarding alert and the registered practitioner considers a telephone review may be appropriate, this should be discussed with the line manager.
- People with fluctuating conditions may have a telephone review subject to the above considerations.

9. Deciding the outcome of a review

9.1 Based on the information from the review you will consider one or more of the following review outcomes:

- provide information and advice or signposting to other agencies
- amend current plan
- changes to current care and support arrangements provided either through the direct payment or managed service
- move to a Direct Payment
- care and support arrangements to remain the same
- continue with current plan
- end current plan/ care and support arrangements
- new assessment or reassessment (proportionate)
- new plan
- risk assessment
- adult safeguarding alert
- NHS funding nursing care

9.2 Any risks identified during the review must be addressed by following the Risk Assessment and Management Operational Guidance on Tri-X [click here](#). This ensures proportionate and effective risk planning is undertaken with the person and other agencies (if applicable) to help minimise these risks. For *Guidance for priority ratings/risk matrix for people waiting for a community care package* [click here](#)

9.3 Information about finances

- 9.3.1 You must inform the person (or their representative if they lack capacity) that a financial re/assessment may need to take place following the review if:
- the review identifies that there has been a change in the person's financial circumstance; or
 - there is a change to the Care and Support services provided by KCC.
- 9.3.2 You must explain that the outcome of this will determine whether they will need to make a financial contribution to the cost of any support, services or equipment arranged.
- 9.3.3 You must provide them with information and advice as required about the financial assessment process. This is particularly important if the person has not had a financial assessment before.
- 9.3.4 The information to be provided includes: the relevant charging letter; the relevant Your Guide: Charging booklets available on www.kent.gov.uk [Paying for Your Care and Support on www.kent.gov.uk](#). Further details in the [Charging Polices on Tri-X](#)
- 9.3.5 Financial assessment is often a key point of anxiety for people, and it is important that you can provide useful information and advice (either directly or by supporting the person to access it from an appropriate person or source).

Follow MOSAIC processes to request a financial assessment.

9.4 Managing disagreement about the outcome

- 9.4.1 By conducting person-centred planning and ensuring genuine involvement throughout, this situation should be avoided.
- 9.4.2 If the person (or representative) does not agree with the decision you have made about the outcome of the review, you should look for local resolution.
- 9.4.3 In this situation you should be reviewing the available evidence and your rationale to ensure that the decision you have made is robust. You should be open and transparent about the evidence sources you have used and take steps to try and support the person/carer to understand the decision you have made.
- 9.4.4 Where ongoing disagreement persists, you should:
- seek the support and advice of your line manager as required
 - make a record of any difference of opinion in the formal record of the review
 - ensure the evidence upon which you have based your decision is robust
 - make sure that the regard you have given to the views of the person/carer (and others) and the impact on their Wellbeing is clear, and
 - make proportionate records of any conversations you have had to try and resolve the differences.

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- 9.4.5 You must also make the person/carer aware of their right to complain about the decision that has been made and provide the necessary information. [Click here](#) for more information and related documents about complaints.
- 9.4.6 You will need to consider any requirement for urgent or interim support to ensure that eligible needs are met whilst steps are being taken to resolve the issues; agree revisions to the plan; or carry out any other action (for example safeguarding or a reassessment of needs).

10. Action following a care and support plan review

- 10.1 Wherever possible, every conversation with a person should be from a strength's perspective. This means that before you talk about service solutions to anything that is not working, you must support the person/carer to explore whether there is:
- anything within their own power that they can do to help themselves; or
 - anything within the power of their family, friends, or community that they can use to help themselves.

10.2 When there are no changes required to the Plan or the Personal Budget

If the plan and the personal budget remain unchanged following a review you must follow MOSAIC processes to:

- confirm that the plan remains unchanged
- confirm the personal budget for the next review period, and
- confirm the next planned review date

10.3 Identify a change in persons situation or circumstances (not needs), which does not change the Personal Budget

A new assessment is not required where just a person's situation or circumstances have changed, but there are no newly identified needs. It may be appropriate to continue the review and update the changes within the current plan.

10.4 Identify a change in persons situation or circumstances which increase/decrease the Personal Budget

A proportionate assessment of needs required following a notification of change of needs or a review. For example, if a carer is no longer able to provide the same level of care or there is evidence of a deterioration of the person's physical or mental wellbeing. See Fig 1 below.

Fig 1.

| Examples of changes in circumstance that decrease a personal budget | Examples of changes in circumstances that do not change the personal budget | Examples of changes in circumstance that increase the personal budget |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>An informal carer intends to provide increased levels of care (reducing the need for formal support) = change to which eligible needs KCC meets. A revision of the plan leading to a proportionate assessment of needs/ eligible needs determined</p> | <p>The person will be changing the days that they receive formal support because of a change in college/work patterns. Assessment not required. Update the changes within the current plan</p> | <p>The service provider has failed, and the only appropriate alternative to meet needs has an increased cost. A revision of the plan leading to a proportionate assessment of needs / eligible needs determined</p> |
| <p>The person no longer wishes to attend a day service but will be going to a community group with a reduced cost instead. A revision of the plan is required because there is a change in circumstances (not a change in needs)</p> | <p>The person has new outcomes that existing services will be supporting them to meet. A revision of the plan because there is a change in circumstances (not a change in needs) Assessment not required</p> | <p>The needs of the person have not changed but an informal carer is no longer able to provide the same level of care and support = change to which eligible needs KCC meets. A revision of the plan leading to a proportionate assessment of needs/ eligible needs determined</p> |
| <p>There is going to be a change in service provision and the cost of this is less than the current provision A revision of the plan is required because there is a change in circumstances (not a change in needs)</p> | <p>A new contingency plan within the same budget has been agreed. A revision of the plan because there is a change in circumstances (not a change in needs) Assessment not required</p> | <p>The person was sharing costs of support with another person and that person no longer requires the support. A revision of the plan because there is a change in circumstances (not a change in needs)</p> |
| <p>Some needs are going to be met by an alternative provision, such as health or housing = change to which eligible needs KCC meets. A revision of the plan leading to a proportionate assessment of needs/ eligible needs determined</p> | <p>The times that a service is provided needs to be altered to better support the person to achieve a Wellbeing outcome. A revision of the plan because there is a change in circumstances (not a change in needs) Assessment not required</p> | |

10.5 Identifying new/change in needs

Where there has been a change in needs you must:

- complete a proportionate assessment to the change using the information collected at review. This may be a needs assessment, new financial assessment (or both). (See 10.6 about short term changes in needs)
- consider whether the person's needs meet the eligibility criteria
- discuss with the person, their carer, Independent Advocate, if involved, and any others the person wanted involved of any changes in eligible needs
- clearly document the reasons for deciding to increase or decrease the level of care and support or services which will result in a change to the personal budget to meet new/change in needs
- end the current plan
- issue a new draft plan
- confirm actual personal budget and finalise plan at light touch review
- update MOSAIC

10.6 Short term changes in need

If a person has experienced a change in need but this is only likely to be short term, an assessment of need may not be required, if:

- the needs can be met and are being met by the existing plan; and
- it is reasonable to believe that the needs are short term only.

Undertake a light touch review, following the normal process and recording on MOSAIC for such a review.

You will need to agree appropriate arrangements to monitor the person's needs and circumstances. This could be through another light touch review in a shorter timeframe.

You will also need to ensure that they know what action to take should the short-term needs become more long term or the care and support no longer meets the needs. The timescale for next review must be proportionate.

10.7. Closing

You should consider closing when:

- the care and support ended (because all alternative support is in place and meeting needs)
- there is no need to monitor the situation; and
- the person (or their representative if they lack capacity) knows what to do should their circumstances change, or they no longer wish to arrange their own service
- the reasons do not contravene circumstances listed below in the following section 10.7.1

Review of the Care and Support Plan Practice Guidance

Follow MOSAIC “Case Closure Mosaic Workflow” [link](#). **Note** this process should not be used when closing an individual Worker/Team relationship.

10.7.1 The MOSAIC Closure Process must not be applied if the following exist:

- there are ongoing safeguarding concerns (check with the Designated Senior Officer whether needs to remain open)
- there are ongoing self-neglect concerns
- other teams/workers relationships are still open e.g. Kent Pathway Service
- the person is receiving aftercare services under section 117 of the Mental Health Act 1983 (Amended 2007)
- when KCC has been appointed or is delegated the role of nearest relative under the Mental Health Act 1983, but the person is not receiving any other services
- where the person is subject to a Community DoLS but is not receiving any services
- there is outstanding individual work that needs to be completed
- there are ongoing costed / non costed services
- there are outstanding Protection of Property issues
- there is equipment to be recovered (Occupational Therapy)
- there is an outstanding debt with KCC

10.7.2 For people who no longer have eligible needs, you should ensure that appropriate information and advice is provided. You must ensure the person has the skills and knowledge about how to access alternative care and support and knows how to get back in touch with KCC (or if they have moved to another area, the new local authority).

10.7.3 When the outcome of the review is to close and the person has a carer who has had a carers assessment, consideration should be given to reviewing the carers needs. Remember, carers can be eligible for support in their own right.

11 Making a record of the review

11.1 All discussions and information collected during the revision or review must be a complete and comprehensive record of all decision-making and information used to inform decisions. Follow the protocols and best practice set out in the *Recording with Care Practice Guidance* on Tri-x [click here](#). All the information must be inputted onto MOSAIC by following the relevant MOSAIC User Guide available [on KNet](#)

11.2 All documentation, including the current plan, related to the revision or review must be signed by the person (or legal representative if person lacking mental capacity) and the person who undertook the review.

11.3 Where you complete a substantial period of work with a person, this may also constitute a review. A clear record of discussions which have formed a part of this work and any outcomes and decisions should be clearly recorded on MOSAIC.

12. Providing copies of the plan

- 12.1 In all situations whenever there has been a change to the plan, or whenever an unchanged plan has been signed-off following a review, you must provide a copy of the current plan to the person (or representative). Use the most appropriate way agreed to provide the copy, ensuring you have appropriate controls of the personal and sensitive information in accordance with the corporate [Information Security Policy](#) and [Secure Email Policy](#). More details in the adult social care [Recording with Care Practice Guidance](#) on Tri-x.
- 12.2 If an independent advocate is already in place they should be informed when the plan has been provided so they can support the person to understand it. An independent advocate must not be asked to sign off the plan – this is the responsibility of the KCC.

13. Direct payments

- 13.1 Where the person is in receipt of non-residential services and is not in receipt of a Direct Payment you must ensure that a Direct Payment is explained and offered if appropriate in accordance with the guidance set out in the Direct Payment policy and operational guidance.
- 13.2 If during or following a review there are any concerns over the misuse of a Direct Payment, you should refer to the Direct Payment Policy and the Risk Management Policy. The Direct Payment team will be able to help.
- 13.3 If the decision is to withdraw a direct payment, before ending the payment, you must firstly conduct a review of the plan and agree alternative care and support provision with the person, their carer and independent advocate (if they have one), taking into consideration personal circumstances.

14. Carers

If a carer(s) is involved in providing care support to the person this caring role must also be considered during the review. The carer must be offered a review or an assessment if they have not previously received one, please refer to the Supporting Carers Practice Guidance in Tri-x for further information.

15. Quality of provision

- 15.1 When KCC delegates any of its functions, it retains ultimate responsibility for how the function is carried out. The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by KCC itself.

For example, when the relationship between a relative and a care home has broken down to such an extent the provider is threatening to give notice, and a move to another care home would be detrimental to aspects of the person's wellbeing or outcomes most relevant to them, you must take proactive action (such as mediation) to help resolve the problem to avoid the person being moved.

Review of the Care and Support Plan Practice Guidance

- 15.2 The quality of a service or support commissioned and contracted through KCC, should also be evaluated during the review. Any concerns identified should be raised with the provider at the time of the review or as close to the date of the review as possible. This should also include positive feedback where appropriate.
- 15.3 Concerns or compliments should be relayed to the KCC Commissioning Division in order that they can include such information against the provider records.

Commissioning will need to know:

- the nature of the issue
- what the provider has agreed to do to rectify it
- what follow up actions have been agreed with the provider

- 15.4 Where concerns indicate there may be a safeguarding concern the Multi-Agency Safeguarding Adults Policy, Procedures and Practitioners Guidance for Kent and Medway must be followed [click here](#) to the Kent and Medway Safeguarding Adults Board website.
- 15.5 Where appropriate, comments should be emailed to Commissioning on: -

Non- residential services: Communitysupport@kent.gov.uk

Accommodation based services Accommodationsolutions@kent.gov.uk

Appendix 1 “MADE “MOSAIC Process (Post August 2022)

