



REVIEW

POLICY AND PROCEDURE

Date Policy Implemented December 2009 –by Paul Graham, Director of Services
Reviewed in line with Mental Capacity Act 2005
Policy Reviewed January 2022 by Dawn Brookes Registered Care Manager

ASPECTS CARE

REVIEW POLICY

1. Introduction

Section 27 of the Care Act 2014 places on Aspects Care a duty to keep under review generally care and support plans that it has prepared.

“Ensuring all people with a care and support plan, or 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 planning process. It ensures that plans are kept up to date and relevant to the person’s needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation”. (DOH Care and support statutory guidance 2018, s13.1)

2. Duty to review

Aspects Care therefore has a duty under the Care Act to ensure that there is continued reviewing of the care and support plan that is in place for anyone assessed as having a need for care and support, or support for a Carer, whom Aspects Care supports. This is to ensure that the arrangements in place continue to meet the identified needs and outcomes and to identify whether anything has changed that requires a change in the plan or a reassessment.

Aspects Care has a responsibility to ensure the appropriate Care Act review takes place in the appropriate timeframe, and that the outcome of the review is recorded and shared with all those involved but particularly the individual with care and support needs.

3. How to review

Care and Support planning should be person-centred and strengths-based, addressing the areas of need identified in a Care Act assessment or previous review with the individual and any carer, and should be outcome-focused. This means that the plan should, wherever possible, identify achievable goals which enable the person to improve their wellbeing and maximise independence, and support should therefore be, where possible, time limited.

The review needs to look at the care and support plan and consider whether the plan is meeting the individual’s identified needs and outcomes. If these needs have been met or if they are ongoing, consideration must be given to whether there needs to be changes either to the plan or the arrangements that are in place. For example, if a need has been met through the provision

of equipment this should be recorded as the need is no longer an unmet eligible need.

The review should be centred on the views and desired outcomes of the person receiving care and support and involve any informal carer they may have. It should also consider the views of those providing care and relevant professionals, including health, mental health, housing, community services etc., and any designated social care worker, to provide a holistic view of their support. It should also consider the informal support networks that the person can call on. As well as reviewing the person's needs and the support, the review should consider the person's safety, wellbeing and quality of life, as well as their circumstances and care services and whether there are any concerns.

4. Involving the person

Before undertaking a review, consideration should always be given to whether the person has the ability to understand and engage meaningfully in the review process, whether they need support to do so, and whether their mental capacity may have changed since the last assessment or review.

If the person needs support to participate in the review, consideration should be given as to whether they have someone such as family or a friend who can offer informal support, or whether they require formal advocacy support, such as a Care Act Advocate or IMCA to be present at the review.

If the person had a Care Act Advocate present at their assessment and care and support planning, then consideration should be given to involving them in the review. If the advocate is not invited to the review the reason for this should be clearly recorded, for example it may be that the person is now able to be fully involved in the review process. If the person does not have the capacity to make decisions regarding their care and support arrangements, then a representative with appropriate Lasting Power of Attorney or an Independent Mental Capacity Advocate should be invited to attend the review. It is important to check that the LPA is formally in place and who is the decision-maker.

The review should also ensure that appropriate arrangements are in place for the person to manage their living environment and general well-being; for example, do they have capacity to manage their finances independently, or are arrangements in place or need to be considered to support the person. The Review should consider whether there are any issues with paying for the care and support, such as debt issues, and ensure they are aware of any personal contribution to their care.

A review should also consider whether the person's care and support plan constitute a Deprivation of Liberty Safeguard (DOLS). Or if the person is already under a DOLS, the review should include consideration of the recommendations made in the current authorisation, to ensure that these have or are being undertaken.

5. Recording

The review outcomes should be recorded within the new devised support plan and a copy of the new support plan will be shared with the person receiving support and/or their representative and support provider/s (as appropriate and respecting any issues of confidentiality). Consideration should be given to whether the person or their representative needs the support plan to be provided in an accessible language or format relevant to their communication or language needs.

6. Adult Social Care Reviews for those within Integrated Mental Health Services

Where the person has a named CCG or social services worker the Social Care review will ordinarily be incorporated into the work being completed by and with them. Aspects Care staff will need to ensure that the content and timing of the review fulfils the requirements and expectations for a Care Act review, and that the person is aware that their social care support is being reviewed alongside their mental health care. Aspects Care staff will need to ensure all the necessary areas of the social care review are included in the review. This process will be kept under review to ensure that the requirements as set out above are met.

7. Adult Social Care Reviews for those with support funded by both Social Care and Health

Aspects Care staff are to ensure that the local authority (LA) allocated social worker is involved in the review.

If the Aspects Care staff member is reviewing a care package that is jointly funded with Health, they should ensure a colleague from Health and the LA social worker are both involved in the review. This will ensure that there is no duplication in the review process, and that any changes to the person's needs can be identified and a reassessment undertaken if needed.

8. Direct Payment reviews

If a person (or their representative) has opted to receive a Direct Payment to arrange their care (or part of it) themselves, any review should also cover the Direct Payment arrangements. This should include confirming that the person

or their representative (authorised person) are still in agreement with the arrangement and fully understand the purpose of a Direct Payment and the responsibilities they have taken on, including any employment and accountability responsibilities, and ensure that they have signed the most up to date copy of the Direct Payment agreement.

The review should confirm that the amount of the Direct Payment remains appropriate to need and in line with what is being spent, and that the Support Plan is clear how the Direct Payment should be used, and that this is being followed. It should also confirm that the person or their representative are aware that they must add any service user contribution they have been assessed as making to the Direct Payment amount received in order to have the funds to cover their needs.

Ongoing checks on the financial aspects of the Direct Payment including the income and outgoings of the account are completed by local authority social services team. However, assurance that the individual or their representative (authorised person) are fully aware of what is required of them in regard to the Direct Payment and are appropriately managing the arrangements, is the responsibility of the Aspects Care staff member who undertakes the Care Act review.

Any review which includes a direct payment must include any nominated/ authorised person or anyone providing administrative support to the person. The review should be recorded and shared with the person and or their representative.

At any point where a review or reassessment is undertaken, the staff member should consider whether a current Direct Payment is still appropriate or if a Direct Payment should be offered.

9. Initial review

Following agreement of a new care and support plan an initial review must be undertaken in an appropriate timescale to the person's situation, but no later than 6 weeks from a new or revised plan beginning to ensure that the arrangements in place are appropriate and are meeting the agreed outcomes.

This review should be proportionate to the situation and a copy of the review should be shared with the individual.

10. Planned review

Everyone receiving care and support arranged by the Local Authority should have a review of the arrangements at least annually (DoH Care and Support

Statutory Guidance 2018, s.13.32). However, Aspects Care reviews service users every 3 months.

After the initial review, if the plan appears to be working appropriately then a planned review should be arranged for the appropriate timeframe, not more than 12 months after the previous review (though ideally every 3 months). This review must be a comprehensive review of the care and support plan. It must consider whether the arrangements currently in place (including any Direct Payments) continue to meet the person's needs and outcomes.

11. Unplanned review

If there is a change in the person's needs or circumstances which might affect the current care and support plan, an unplanned review should be arranged. The person or their representative may also request a review, if they feel that something has changed or is no longer working.

Although the review may be "unplanned" it must still be a comprehensive review of the person's care and support plan. It must consider whether the arrangements currently in place (including any Direct Payments) continue to meet the person's needs and outcomes. After an unplanned review has been completed a planned review should be arranged for the appropriate timeframe, not more than 12 months from the date of the unplanned review (or ideally every 3 months).

12. Revising a care and support plan

If the care and support plan needs to be amended as a result of the review, but the person's needs remain able to be met within the areas identified in their assessment and personal budget, this should be clearly recorded in a revised support plan and shared with the person and Aspects Care. This could also include time-limited changes in response to temporary or urgent changes in need or circumstances. The changes should be recorded in an updated support plan.

For example, an existing plan might be revised where the amount of care remains broadly the same, but the timings change, or where a new provision is added but the total care and support package is still within the same assessed need and personal budget. Another example is when a person has decided to have some of their support provided through a Direct Payment.

13. Reassessment

If a person's needs or circumstances change to such a degree that the care and support plan or personal budget is no longer meeting their identified care

and support needs, then a re-assessment of their care and support needs should be undertaken and a new care and support plan created.

For example, where the person has received assistance with personal care but now is struggling also with meal preparation, and additional support is required (whether through a funded service or not), a new care and support plan should be created; or where a person's needs have changed and as a result they need to move from their home to supported housing, or from residential to nursing care.

A reassessment process would follow the Local Authority guidance for assessment and care and support planning, setting out the new outcomes to be achieved in a new care and support plan being used correctly.