

## **Adult Social Care Review Policy**

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## **Adult Social Care Review Policy**

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# Adult Social Care Review Policy

## 1. Introduction

Section 27 of the Care Act 2014 places on Local Authorities a duty *to keep under review generally care and support plans, and support plans [for Carers], 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

The Council therefore has a duty under the Care Act to ensure that there is continued reviewing of the care and support plan, or support plan (for an informal carer), that is in place for anyone assessed as having a need for care and support, or support for a Carer, from the Local Authority. 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.

In B&NES this duty is delegated to the organisations providing social care statutory services on behalf of the Council – Virgin Care and Avon & Wiltshire Mental Health Partnership (AWP). These organisations have 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 constitutes 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. From October 2020 this will be replaced by Liberty Protection Safeguards.

## **5. Recording**

The review discussion, details and outcomes should be recorded on the Review template (Placement, or Care and Support) in the ASC client database (Liquid Logic). A copy of the Review paperwork should 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 Review document 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 is under CPA (Care Programme Approach), the Adult Social Care review will ordinarily be incorporated into the CPA review. The worker 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. The worker will need to ensure all the necessary domains from the social care review are included in the CPA, which will then need to be uploaded into the documents section on the ASC client database (Liquid Logic) and the data sections of the Liquid Logic review completed. This process will be kept under review to ensure that the requirements as set out above are met.

For those people whose care is being coordinated by an Assessing and Reviewing Officer only, the discussion, details and outcomes should be recorded on the Review template (Placement, or Care and Support) in the ASC client database (Liquid Logic).

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

If the worker is reviewing a care package that is jointly funded with Health, they should invite a colleague from Health to be part of 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 client 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 the B&NES Client Finance 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 Virgin Care or AWP staff member who undertakes the Care Act review.

Before undertaking a review, information should be requested from the B&NES Client Finance Team regarding the financial aspects of the account. 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. If there are any questions or concerns regarding the arrangements following the review, please refer to the B&NES [Direct Payments Procedure and Guidance](#).

## 9. Initial review

Following agreement of a new care and support plan or a Carer's 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 recorded on the ASC client database (Liquid Logic). 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)

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 (or sooner if felt appropriate). 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 sooner if felt appropriate).

## 12. Carer's review

The Care Act 2014 s27 states that any care and support plan *or support plan* should be kept under review. This includes support plans for informal Carers. Any planned or unplanned

review undertaken should consider what informal carer support is in place for the person, and if so whether a Carer's support plan is already in place or whether a Carer's assessment should be offered.

Where an informal carer has received a Carer's assessment, and a Carer's support plan is in place, this should be reviewed at least annually, or sooner as appropriate. (*as stated above regarding care and support plans*) (DoH Care and Support Statutory Guidance 2018, s.13.32)

### **13. 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 their carer/ support providers. 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 or the provider changes, 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.

### **14. 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 B&NES Care Act guidance for assessment and care and support planning, setting out the new outcomes to be achieved in a new care and support plan.