

# Customer Review Guidance Notes

## Purpose and timing of the review

We complete a review with a customer 6-12 weeks after their services start and annually after that, however you can complete a review or new assessment at anytime if you feel they need one.

The review is to make sure that the Customer is receiving the support they need to meet their needs and to look at how well the support plan is working so far. It is also to make sure that if they have a personal budget they are purchasing the items as agreed in their support plan.

The review is an opportunity to look at the outcomes originally stated in the support plan, whether these are being achieved or are working towards being achieved. Review the Customer and their support not their services. You need to ensure that you leave a review with a good understanding of the customers situation, this is recorded and you clearly state what actions you are going to take if needed. The form is setup to support you to do this.

Reviewing is essential in reducing exposure to risk, in ensuring that providers are providing the highest quality of service provision, where required making amendments to their support both increases and decreases and determining an individual's continued eligibility for support. The review is an opportunity for the customer to make changes to their support plan, set new outcomes and let us know of any problems they have encountered.

The Care Manager should take a copy of the customers support plan to the review with them.

Any changes to the support plan must be agreed by the Team Manager and stay within the -budget originally set. If the new support plan goes over this budget, it must go back to panel for agreement.

<b>My Review:</b>	<b>Protocol Number</b>	
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<b>Address:</b>	<b>Please tick if this is a residential care establishment</b>	
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<b>Contact Number(s)</b>		<b>Date of Birth</b>	
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<b>Please state if this is a initial, annual or other review.</b>		<b>Date of the Support Plan that you are reviewing and version number</b>	
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Details of those present at the review		
Name	Role/Relationship	Contact Details

<p><b>1. Summary of my needs and the support I receive (please insert total number of support hours if you have them)</b></p> <p>List the specific amount and type of support currently being received, and the needs being met. Discuss whether this needs to still be the same support at the same level. If the customer has Home Care Support them check the electronic care monitoring log to see if they are using all the hours they have. Ask to see evidence from the Provider that they are delivering the hours and why the customer still needs this level of support. Consider if they still meet the FACS criteria.</p>
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## 2. How has your support plan helped you improve your life (achieve your outcomes)?

<i>Needs as per each section of the My Adult Care Assessment (MACA)</i>	<i>Your outcomes from your Support Plan.</i>	<i>What is working and why?</i>	<i>What is not working and why?</i>	<i>Do you want to change anything? How will you do this?</i>
1) Physical and mental health and wellbeing	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
2) Behaviour	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
3) Looking after yourself during the day	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
4) Assistance needed during the night	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
5) Eating and drinking	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to

				be completed
<b>6) Practical aspects of daily living</b>			Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	
<b>Managing my money, budgeting and paying bills</b>	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
<b>Shopping</b>	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
<b>Doing laundry and changing the bed</b>	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
<b>Cleaning my home</b>	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed
<b>Dealing with letters and form filling</b>	This will be populated from your outcomes detailed on the customers support plan	Discuss with the customer what is working and detail here.	Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.	Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed

				<b>be completed</b>
<b>Contacting appropriate people to carry out maintenance on my home and garden</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed</b>
<b>7) Community involvement</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed</b>
<b>8) Maintaining relationships with friends and family</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed</b>
<b>9) Leisure, learning and work.</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed</b>
<b>10) Communication</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to meet the need.</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support plan will then need to be completed</b>
<b>11) Managing risk and staying safe</b>	<b>This will be populated from your outcomes detailed on the customers support plan</b>	<b>Discuss with the customer what is working and detail here.</b>	<b>Discuss with the customer what is not working and detail here. Consider alternative options to</b>	<b>Need to detail here if changes need to be made to the support or outcome received. An amended support</b>

			meet the need.	plan will then need to be completed
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### 3. If you have a personal budget how have you spent it so far? Do you need to make any changes to it?

Annual Gross Indicative Budget:			£ This will populate from your support plan	
Total cost of Support Plan being reviewed:			£ This will populate from your support plan	
<i>Item (detail all items from your costing sheet on your support plan)</i>	<i>Total cost of each item on your Support Plan</i>	<i>Are you spending your budget as was agreed on your support plan? (please tick)</i>	<i>Why is this different? Is it because of a change in need, in support, or not planned appropriately.</i>	<i>If you need to change the costs on your Support Plan please detail the costs here.</i>
<b>This will populate from your support plan</b>	<b>£ This will populate from your support plan</b>	YES NO (IF No please tell us what is different)	<b>Detail why the customer is not spending in line with their budget if this is a No. If they have been spending it inappropriately you need to ensure this is managed immediately by Finance and the customer is made aware of next actions.</b>	<b>£ What do they want the amended costs to be. You would then need to do an amended support plan with this and send for authorisation.</b>
<b>This will populate from your support plan</b>	<b>£ This will populate from your support plan</b>	YES NO (IF No please tell us what is different)	<b>Detail why the customer is not spending in line with their budget if this is a No. If they have been spending it inappropriately you need to ensure this is managed immediately by Finance and the customer is made aware of next actions.</b>	<b>£ What do they want the amended costs to be. You would then need to do an amended support plan with this and send for authorisation.</b>

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This will populate from your support plan	£ This will populate from your support plan	YES NO (IF No please tell us what is different)	Detail why the customer is not spending in line with their budget if this is a No. If they have been spending it inappropriately you need to ensure this is managed immediately by Finance and the customer is made aware of next actions.	£ What do they want the amended costs to be. You would then need to do an amended support plan with this and send for authorisation.
<b>Total cost of Support Plan</b>	£ This will populate from your support plan		<b>Total proposed cost</b>	£ This will add up amended costs.

#### 4. Are you or is somebody else responsible for your financial affairs? Please give us details.

Insert details if customer has Managed Account, Deputyship, Appointeeship with details.

#### 5. Risk assessment

<i>Do you need to change any of the current risks on your Support Plan? If yes, please detail which ones.</i>	<i>Do you need to add any risks that are not currently on your Support Plan? If yes, please describe here.</i>	<i>Are there any restrictions placed on you (deprivation of liberty)? If yes, please give us the details.</i>	<i>Are there any concerns or safeguarding issues to be aware of? If yes, please give us the details.</i>
Check the risk assessment on the support plan and review if any changes required. If there are changes the support plan will need to be updated.	Are there any additional risks that the customer now has that are not detailed in the support plan. If there are updates to the support plan will be needed.	Detail if customer is subject to DOLS or you feel this should be the case from observations at the review. Ensure this is actioned.	From completing the review do you consider there are any safeguarding issues that need to be raised. Ensure this is actioned.

**Does a Continuing Health Care Checklist need to be completed?**      **Yes**      **No**  
Consider if the customer meets the criteria for CHC by completing the screening tool. If they do not, but they have significant health needs consider applying for funding to the complex case panel. Follow either of these processes as required after the review is completed.

*If any of the 2, 3, or 4 Sections need any changes to it then you will need to create an updated version of the Support Plan. If there are significant changes in need then you will need to complete a new Assessment. Please ensure to refer information onto Finance and Procurement Teams if particular concerns/issues with finances or Provider.*

#### 6. Any actions required as a result of this review for example; new Assessment, change Support Plan, amend budget, change providers, amend the risk assessment.

List what actions are required.	Who will do it?	By when?
Itemise any specific interventions to be undertaken following this review e.g. update support plan, apply to CCP, reduce package of support, safeguarding alert to be raised, discuss Provider issues with Procurement team..	Name	Date

## 7. Research/ Feedback

**Do you feel you were able to purchase everything you needed from the current market to meet your outcomes?**

Yes		No	
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If not, what do you feel is missing from the market that would have helped you meet your outcomes?

**In this section, identify any suggested or known products/services that would have helped the customer achieve their outcomes.**

On a scale of 1-4, how satisfied are you with your Personal Budget? (please tick as appropriate)	1– <i>Very satisfied</i>	2– <i>Quite satisfied</i>	3 – <i>Not very satisfied</i>	4 – <i>Not at all satisfied</i>

**Please add any other feedback you would like to give relating to your overall satisfaction with personal budgets; Summarise the customers view of how satisfied they are with their personal budget as a support package. If the customer ticks 3 or 4 above then further details must be included in this section.**

If your personal budget also incorporates other funding streams as part of Right to Control. On a scale of 1-4, how satisfied are you with this? (please tick as appropriate)	1– <i>Very satisfied</i>	2– <i>Quite satisfied</i>	3 – <i>Not very satisfied</i>	4 – <i>Not at all satisfied</i>

Please add any other feedback you would like to give relating to your overall satisfaction with Right to Control;

On a scale of 1-4, how satisfied are you that your outcomes are being met? (please tick as appropriate)	1– <i>Very satisfied</i>	2– <i>Quite satisfied</i>	3 – <i>Not very satisfied</i>	4 – <i>Not at all satisfied</i>

Please add any other feedback you would like to give relating to your overall satisfaction with achieving your outcomes;  
**Provide details of the customers perception of how their outcomes are being achieved. If the customer ticks 3 or 4 above then further details must be included in this section.**

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<b>On a scale of 1-4, how satisfied are you with the service you received from your Care Manager?</b> <i>(please tick as appropriate)</i>	1– <i>Very satisfied</i>	2– <i>Quite satisfied</i>	3 – <i>Not very satisfied</i>	4 – <i>Not at all satisfied</i>

Please add any other feedback you would like to give relating to your overall satisfaction with your Care Manager;  
**Summarise the customers view of how satisfied they are with their personal budget as a support package. If the customer ticks 3 or 4 above then further details must be included in this section.**

Would you be happy for us to contact you to get further feedback on your experiences of Bury Adult Care Services and its partners?

Yes                      No

Please tell us how satisfied you are with your providers.		
Name of Provider	Level of Satisfaction 1-4 (rated as above)	Reason for rating at this level
Please insert name of ALL providers the customer currently uses.	Customer to rate on 1-4 scale as above.	Explanation in the customers own words why they rate at this level. If the customer ticks 3 or 4 above then further details must be included in this section. Consider discussing this with Quality Assurance Team.
Please insert name of ALL providers the customer currently uses.	Customer to rate on 1-4 scale as above.	Explanation in the customers own words why they rate at this level. If the customer ticks 3 or 4 above then further details must be included in this section. Consider discussing this with Quality Assurance Team.
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		then further details must be included in this section. Consider discussing this with Quality Assurance Team.
Please insert name of ALL providers the customer currently uses.	Customer to rate on 1-4 scale as above.	Explanation in the customers own words why they rate at this level. If the customer ticks 3 or 4 above then further details must be included in this section. Consider discussing this with Quality Assurance Team.

### 8. Any comments from those present at the review?

Comment from:

Provide feedback from e.g. family, advocates, providers attending the review, about how they feel the package of support is helping the customer achieve their outcomes. Also any concerns or issues they wish to raise.

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Comment from:

Provide feedback from e.g. family, advocates, providers attending the review, about how they feel the package of support is helping the customer achieve their outcomes. Also any concerns or issues they wish to raise.

### 9. Any comments from the person completing the review

Insert professional opinion on how well the customers needs are being met and how their individual outcomes are being achieved. Need to record what is working well and what needs to change. Record what alternatives you have considered.

Record your general observations of the customer and their environment.

Record any concerns you have.

## 10. We need to keep up to date with information about you

Please tell us in this section if any of your personal or financial details have changed and detail what these are?

**The Care Manager should check that all details (i.e. full name, full address, accommodation status, date of birth, gender, and ethnicity) are on PROTOCOL prior to meeting with the customer and check that they are still correct. Ensure you update anything inserted here on the customers record on PROTOCOL when returning to the office.**

## 11. Signatures

Customer or assigned person signature	
Reviewer's name and signature	
Date	
Copies of this review will be sent to (please list):	

**A copy of this Review will be sent to you.**

Review Outcome for local information	Please tick
Scheduled next annual review	
Case to be closed (please state why)	
Requires a new assessment	
Updated Support Plan	
Further work to be undertaken on the case (please state what)	
Other (please give details)	

**Ensure you insert an outcome from this review.**