

Carers Review Guidance

Purpose and timing of the review

We complete a review with a carer annually, 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 Carer is receiving the support they need to meet their needs. 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, if the carer has one and 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 Carers 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 carer to make changes to their support plan, set new outcomes and let us know of any problems they have encountered.

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.

My Carers Review Form

1. Carers details

Insert details as required.

Date last assessment completed	Insert date	Please ensure you read the assessment before completing the review
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Does the Carer have a Support Plan?	Yes (please ensure you take the support plan to the review)	No
If Yes, Date of Support Plan	Insert date if have a support plan	

2. Please detail what support you are receiving in your Caring role.

Insert details of current support received as a carer, to include adaptations, equipment, formal & informal support. If relevant, identify the specific days support is received and for how many hours.

3. Please detail what support the adult you care for is receiving.

Insert details of current support provided to the cared for person. Include details of adaptations, equipment, formal and informal support.

Insert the days and times of support provided

Please only complete Section 4 & 5 if the Carer is in receipt of paid services from Adult Care to support them in their Caring Role. Otherwise please go to Section 6.

4. Please detail what support you receive in your caring role and tell us if this is working or not?

<i>What support do you receive?</i>	<i>Overarching Carers Outcomes?</i>	<i>What are your outcomes?</i>	<i>What is working and why?</i>	<i>What is not working and why?</i>	<i>If you want to change anything how will you do this?</i>
Each row will populate in from the Carers Support Plan	This will populate in from the Carers Support Plan	This will populate in from the Carers Support Plan	Discuss with the carer what is working and detail here.	Discuss with the carer 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.

On a scale of 1-4, how satisfied are you that your outcomes as a carer are being met? (please tick as appropriate)	1– <i>Very satisfied</i>	2– <i>Satisfied</i>	3 – <i>Unsatisfied</i>	4 – <i>Very unsatisfied</i>

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

Provide details of the carers perception of how their outcomes are being achieved. If the carer ticks 3 or 4 above then further details must be included in this section.

5. Personal Budget - only needs to be completed if you are receiving a Carers Personal Budget.

How have you spent your personal budget so far and do you need to make any changes to it?

<i>Item</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 please detail the costs here?</i>

Each item will populate from the support plan onto each row.	This will populate from the support plan.	YES NO (IF No please tell us what is different) Select an option	Detail why the carer 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 carer 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.
Total cost of support plan	This will populate from the support plan.			

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>Satisfied</i>	3 – <i>Unsatisfied</i>	4 – <i>Very unsatisfied</i>

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

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 carer currently uses.	Carer to rate on 1-4 scale as above.	Explanation in the carers own words why they rate at this level. If the carer ticks 3 or 4 above then further details must be included in this section. Consider discussing this with Quality Assurance Team.

Do you feel you were able to purchase everything you needed from the current market to meet your outcomes?			
Yes		No	
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 carer achieve their outcomes.			

Please ensure any issues identified in section 5 are referred onto the Carers Team.

6. Continuing in your Caring Role

Do you feel able to continue with your Caring responsibilities? (please tick)

Yes, and I do not need any support.	
Yes, but I will need some further support to continue to do this.	
No	

Please give us details:

Give reasons and details of the chosen are highlighted above.

Is there any further support you need in your Caring Role? Yes No

If Yes, please give details

Insert any other information provided by the carer relating to any further support which would assist them in continuing in their caring role.

7. Any actions required as a result of this review for example; new Assessment, change providers, further signposting.

What will happen next?	Who will do it?	By when?
List all agreed actions	Ensure this is agreed with the person named here.	Ensure a realistic timescale is entered and worked to.

8. Any comments from the person completing the review

Add any further relevant information gathered during the assessment process to gain a more holistic picture of the carers situation and needs.

Insert professional opinion on how well the carers 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 carer and their environment.

Record any concerns you have.

9. Please tell us if any of your personal details have changed.

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 carer and check that they are still correct. Ensure you update anything inserted here on the carers record on PROTOCOL when returning to the office.

10. Consent and signatures

I have had the review process explained to me and consent to this review. I am aware that other professionals from other agencies such as my GP, District Nurse and Health Providers may share this information.

☐ Yes ☐ No

Signature of Carer*:

Date:

*if not signed please state reason why:

Are there any persons who you would not wish us to share this information with?

☐ Yes ☐ No

If yes, please give details:

Signature of Assessor:

Date:

Review Outcome for local information – Ensure option is selected	Please tick
Scheduled next annual review	
No longer a Carer -closed	
Requires a new Carers Assessment	
Updated Support Plan	
Further signposting	
Other (please give details)	

Ensure a copy of the Review is sent to the carer.