Care and Support Planning, Risk Assessment and Review Policy and Procedure

Policy Number: CSP001
Version Number: 2.0
Effective Date: 1 July 2026
Next Review Date: 1 July 2027
Approved By: Michael Burke, Registered Manager
Applies To: Foundry Wharf, Heyeswood and all TogetherCare staff involved in assessing, planning, delivering, reviewing or auditing care and support.

1. Introduction

TogetherCare is committed to delivering care and support that is safe, individual, strengths-based and centred on what matters to each person.

Care and support plans must reflect the person's own wishes, routines, history, abilities, health needs, relationships, communication needs, culture, faith, identity, risks and desired outcomes. They must give staff clear, practical guidance while preserving the person's independence, dignity and right to make choices.

Foundry Wharf and Heyeswood are Extra Care schemes where people live in their own homes. TogetherCare provides care and support, but does not control a person's tenancy, housing rights, visitors, personal routines or day-to-day choices unless a lawful and individual arrangement requires particular support or restrictions.

Care plans must never treat either scheme as a residential care home. Staff must respect that each person has a right to privacy, control over their home, relationships, visitors and personal belongings.

This policy must be read and used in conjunction with the current **St Helens Council Safeguarding Adults Multi-Agency Policy, Procedures and Good Practice Guidance** where assessment, planning or review identifies abuse, neglect, self-neglect, exploitation, coercion, unsafe care, organisational abuse or avoidable harm.

CQC Regulation 9 requires care to be tailored to the person following assessment of their needs and preferences. CQC expects care plans to reflect physical, mental, emotional and social needs, including needs linked to protected characteristics, personal history, interests, aspirations and communication requirements.

2. Purpose

The purpose of this policy is to ensure that TogetherCare:

- completes thorough, person-centred assessments before or at the start of care
- creates clear care and support plans that staff can follow safely
- supports people to remain as independent as possible
- identifies risks without imposing unnecessary restrictions
- involves people, families, advocates and professionals appropriately
- records consent, capacity and best-interest arrangements clearly
- provides safe arrangements for urgent or short-notice starts

- ensures plans are reviewed when needs, risks or preferences change
- ensures staff receive and understand updated guidance
- uses Birdie and approved TogetherCare records to maintain accurate, current information
- identifies safeguarding concerns promptly
- monitors the quality and consistency of care planning through audit and governance.

3. Scope

This policy applies to all TogetherCare employees, bank staff, agency workers, apprentices, volunteers, managers and contractors involved in care planning or care delivery.

It applies to:

- referrals and mobilisation
- initial assessments
- urgent starts and temporary care plans
- care and support planning
- risk assessments
- medication support planning
- moving and handling planning
- falls prevention
- welfare checks
- emergency and contingency arrangements
- capacity and consent
- safeguarding planning
- reviews and reassessments
- daily care notes
- communication with relatives, advocates, commissioners, housing providers and health professionals
- audit and quality assurance.

4. Legal and Regulatory Framework

This policy is operated in line with:

- Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998
- Equality Act 2010

- Data Protection Act 2018 and UK GDPR
- Health and Social Care Act 2008
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Regulations 9, 10, 11, 12, 13 and 17
- NICE Guideline NG86: People's Experience in Adult Social Care
- current CQC guidance
- current St Helens safeguarding arrangements.

The Care Act places wellbeing at the centre of adult social care and requires local authorities to assess people where they may have needs for care and support.

NICE guidance states that care and support plans should identify how people want family, carers, friends and advocates involved, be regularly reviewed, and include contingency arrangements for a crisis.

5. Key Principles

TogetherCare will ensure that care planning is:

- person-centred rather than task-led
- strengths-based and focused on what the person can do
- based on the person's own goals and desired outcomes
- clear enough for staff to deliver care consistently
- respectful of people's culture, faith, sexuality, gender identity, relationships and communication needs
- proportionate to the person's assessed needs and risks
- reviewed whenever circumstances change
- developed with the person wherever possible
- consistent with consent, capacity and best-interest requirements
- accessible to the staff delivering care
- recorded in a way that is factual, respectful and free from judgemental language.

Plans must not be copied from another person's assessment or written in generic language that does not explain how the person wishes to be supported.

6. Responsibilities

6.1 Registered Manager

The Registered Manager will:

- ensure this policy is implemented and reviewed
- maintain oversight of assessment, care planning and review quality

- ensure staff undertaking assessments are suitably trained and competent
- ensure urgent-start arrangements are risk managed
- ensure plans include appropriate risk assessments and contingency arrangements
- ensure safeguarding, capacity and consent issues are identified and escalated
- ensure audit findings lead to improvement
- ensure staff have access to current care plans before providing care
- ensure care plans are reviewed where incidents, complaints, safeguarding concerns or changes in need identify additional risk.

6.2 Care Managers, Assessors and Senior Staff

Care Managers, assessors and senior staff will:

- complete or coordinate assessments
- involve the person in planning wherever possible
- create clear care and support plans
- ensure risks are assessed and proportionate control measures are in place
- ensure plans identify the person's preferences, routines and communication needs
- ensure consent, capacity and best-interest decisions are recorded
- liaise with families, advocates and professionals where appropriate
- update plans promptly following changes
- ensure care workers are informed of significant updates
- review daily notes, incidents, feedback and care outcomes.

6.3 Care Staff

Care staff must:

- read and follow the current care plan before delivering care
- seek consent before each care task
- respect the person's choices and right to refuse support where they have capacity
- record care delivered accurately in Birdie
- report changes in needs, risks, behaviour, health, mobility, capacity or presentation promptly
- not make significant changes to care routines without management approval
- not impose restrictions that are not included in the care plan or risk assessment
- escalate safeguarding concerns immediately
- seek advice where they believe the plan no longer reflects the person's needs.

6.4 People Receiving Support

People receiving care will be supported to:

- explain what matters to them
- identify their preferred routines and support arrangements
- set goals and desired outcomes
- raise concerns or request changes
- involve relatives, friends, advocates or professionals of their choice
- receive a copy of their care plan in an accessible format where requested.

6.5 Families, Representatives and Advocates

Family members, representatives and advocates may provide useful information about a person's history, preferences, risks and support needs.

Their involvement must be based on the person's consent, legal authority, capacity and best-interest arrangements where relevant.

Family members do not automatically have authority to make decisions for an adult receiving care.

7. Referral, Acceptance and Mobilisation

Before accepting a care package, TogetherCare will consider whether it can safely meet the person's assessed needs.

This will include consideration of:

- care requirements
- staffing levels
- visit frequency and duration
- medication requirements
- moving and handling needs
- specialist training or competency requirements
- risks relating to falls, mental health, self-harm, behaviour, safeguarding or self-neglect
- communication needs
- mobility and access
- geographical location
- availability of suitable staff
- whether the person requires two staff, waking support, welfare checks or specialist intervention
- emergency and contingency arrangements.

TogetherCare will not accept a package where it cannot safely meet the person's needs without a clear mobilisation plan and appropriate controls.

Where information is incomplete, management must identify what information is essential before care begins and what can safely be obtained after the first visit.

8. Urgent and Short-Notice Starts

Urgent care may sometimes need to begin before a full assessment and detailed care plan can be completed.

This may include:

- discharge from hospital
- end-of-life care
- urgent safeguarding arrangements
- breakdown of another care package
- sudden deterioration in health
- emergency support requested by a commissioner or health professional
- a temporary increase in care needs.

Where urgent care is required, TogetherCare will complete a temporary risk-managed care plan before the first visit wherever reasonably possible.

The temporary plan must include:

- the reason for urgent support
- essential care tasks
- known health conditions
- allergies
- medication requirements
- mobility and moving and handling information
- immediate risks
- communication needs
- consent and capacity information
- emergency contacts
- GP and relevant professional contacts
- safeguarding information
- access arrangements
- escalation arrangements

- staffing requirements
- any known restrictions or legal arrangements.

A full assessment and detailed care plan must then be completed as soon as reasonably practicable once immediate safety and continuity of care have been secured.

Urgent care arrangements must be reviewed by a manager within the first working day where possible.

9. Initial Assessment

The initial assessment must be completed by a suitably trained and authorised member of staff.

The assessment must be completed with the person wherever possible and should include input from professionals, relatives, advocates and others only with appropriate consent or lawful authority.

The assessment should consider:

9.1 What Matters to the Person

- preferred name and form of address
- communication preferences
- daily routine
- personal goals
- interests, hobbies and community connections
- faith, culture and beliefs
- food and drink preferences
- relationships and important people
- preferred gender of staff for intimate care where relevant
- privacy and dignity requirements
- personal appearance and grooming choices
- what a good day looks like for the person
- what support they do not want.

9.2 Health and Wellbeing

- diagnoses and current health needs
- GP and healthcare-professional involvement
- medication and treatment
- allergies and adverse reactions
- pain, fatigue, sleep and mobility
- continence needs

- nutrition and hydration
- skin integrity
- sensory needs
- mental health
- learning disability or autism
- dementia or cognitive impairment
- communication difficulties
- end-of-life wishes where applicable
- clinical equipment or delegated healthcare tasks.

9.3 Safety and Risk

- falls history
- mobility and transfers
- moving and handling equipment
- medication risks
- risk of choking or swallowing difficulty
- self-neglect
- self-harm or suicide risk
- behaviour that may challenge
- aggression or violence
- safeguarding concerns
- domestic abuse
- financial vulnerability
- fire and home-safety risks
- smoking, oxygen or electrical-equipment risks
- infection risks
- environmental hazards
- access to the property
- risks linked to other people entering the home
- emergency and welfare-check arrangements.

9.4 Social and Environmental Factors

- social isolation

- family support
- carers and informal support
- tenancy arrangements
- housing-provider involvement
- community access
- transport needs
- pets
- household routines
- equipment and adaptations
- access to food, utilities and essential items
- risks arising from the home environment.

10. Consent and Capacity

Consent must be obtained before assessment, care planning, information sharing and delivery of care.

Staff must explain the assessment and care-planning process in a way that the person can understand.

Consent may be verbal, written, non-verbal or implied through clear cooperation with a routine, low-risk care task.

Where there is reasonable doubt about a person's capacity to make a specific decision, staff must follow the Mental Capacity, Consent and Best-Interest Decision-Making Policy.

Capacity is decision specific and time specific.

A person must not be assumed to lack capacity because they have dementia, a learning disability, autism, mental ill health, a brain injury, a communication difficulty or because they make choices others consider unwise.

Where a person lacks capacity for a specific decision, staff must ensure that best-interest decision-making is completed and recorded. CQC expects providers to make reasonable adjustments and support people to understand and make informed decisions about their care.

11. Developing the Care and Support Plan

TogetherCare will use its approved care planning system, including Birdie where applicable, to record care and support plans.

Plans must be clear, practical and written in a way that allows staff to understand exactly what is expected.

Each plan should identify:

- the person's desired outcomes

- the level of support required
- what the person can do independently
- how staff should offer support
- preferred routines and timing
- how consent should be sought
- communication needs
- specific risks and control measures
- escalation arrangements
- relevant professional contacts
- review dates
- evidence of involvement by the person and relevant others.

Care plans must explain how support should be delivered, not merely list tasks.

For example, a plan should not simply say “assist with personal care”. It should explain what assistance is needed, how the person prefers it to be delivered, what they can do independently, how dignity should be maintained and what risks staff need to consider.

12. Care Plan Content

Care plans will be developed according to the person’s individual needs. Relevant plans may include:

- personal care
- bathing, showering and grooming
- oral care
- dressing and continence support
- mobility and transfers
- moving and handling
- falls prevention
- medication support
- nutrition and hydration
- meal preparation
- diabetes support
- epilepsy support
- respiratory support
- infection prevention
- skin care

- pressure-area care
- mental health
- behaviour support
- dementia support
- autism support
- communication support
- sensory impairment support
- social and community support
- financial support
- home safety
- fire safety
- lone-working risks
- welfare checks
- safeguarding plans
- end-of-life care
- emergency and contingency plans.

Not every person will require every plan.

13. Risk Assessment and Positive Risk Taking

Risk assessments must support people to live as independently as possible while identifying actions needed to reduce avoidable harm.

TogetherCare will not use risk assessment to remove a person's choices simply because staff, family members or professionals disagree with a decision.

Where a person has capacity, they may choose to take reasonable risks.

Staff must:

- explain identified risks clearly
- provide relevant information
- consider safer alternatives
- record the person's decision
- identify proportionate support
- review the arrangement if risks change.

Where a person lacks capacity, any risk management plan must be made in their best interests and use the least restrictive option.

Risk assessments must identify:

- the risk
- who may be affected
- early warning signs
- preventative measures
- staff actions
- escalation routes
- emergency actions
- review date.

14. Medication Planning

Where TogetherCare supports with medication, the care plan must clearly state:

- the level of support required, including prompting, assisting or administration
- medication storage arrangements
- MAR arrangements
- allergies and adverse reactions
- medication risks
- PRN guidance
- time-sensitive medication
- controlled-drug arrangements where relevant
- how medication refusals should be managed
- who is responsible for ordering and collecting medication
- professional contacts and escalation routes.

Medication support must be planned in line with the Medication Support and Administration Policy and Procedure.

15. Moving and Handling Planning

Where a person requires support with mobility, transfers or moving and handling, the care plan must include:

- current mobility level
- assistance required
- equipment required
- number of staff required
- safe transfer method

- risks to the person and staff
- pain or discomfort indicators
- action to take following deterioration or a fall
- equipment maintenance concerns
- when reassessment is required.

Staff must not undertake a two-person transfer alone or use equipment not included within the current moving and handling plan.

16. Welfare Checks and Overnight Support

At Heyeswood, overnight support is delivered through planned welfare checks and on-call arrangements rather than a routine waking-night staffing model.

Where a person receives welfare checks, their care plan must clearly state:

- the purpose of the welfare check
- planned frequency and timing
- how consent to enter is managed
- access arrangements
- what staff should check
- known risks, including falls, medication, mental health, self-neglect or health deterioration
- what staff should do if the person does not answer
- when to contact on-call management
- when emergency services or housing-provider support may be required
- any family or professional contacts
- the person's wishes about welfare checks.

Staff must not assume that a welfare check gives unrestricted authority to enter a person's home.

Where there is a reasonable concern for safety, staff must follow the individual escalation plan and seek urgent support without delay.

At Foundry Wharf, staff must follow the current care package, rota, contingency arrangements and individual care plans. Staff must not assume another TogetherCare employee is present unless this has been confirmed through the rota, handover or direct contact.

17. Extra Care and Housing Responsibilities

Care plans must identify the boundary between TogetherCare's responsibilities and the responsibilities of the housing provider, landlord or managing agent.

TogetherCare is responsible for care delivery, staff practice, care-related equipment and risks arising from the support it provides.

Housing providers may be responsible for:

- building fabric
- communal lighting
- lifts
- fire systems
- entry systems
- heating and utilities infrastructure
- communal repairs
- security systems
- tenancy matters
- environmental hazards in communal areas.

Where an issue affects both housing and care, TogetherCare must take immediate steps to keep the person safe, report the issue through the appropriate housing route and record the action taken.

18. Implementation of Care Plans

Before delivering care independently, staff must:

- read the current care plan and risk assessments
- understand the person's communication and consent arrangements
- understand identified risks and escalation routes
- confirm they are trained and competent for the tasks required
- seek management advice where they are unsure.

Care staff must record care delivered in Birdie or approved downtime records.

Records must be:

- factual
- contemporaneous
- respectful
- relevant to the care delivered
- clear about any refusal, change, concern or escalation
- free from blame, opinion or unnecessary personal detail.

Staff must not copy previous notes or record care that has not been delivered.

19. Changes in Needs or Circumstances

Care plans must be reviewed immediately where there is a significant change in circumstances.

This may include:

- hospital admission or discharge
- deterioration in health
- new diagnosis
- fall or injury
- change in mobility
- medication change
- safeguarding concern
- change in capacity
- repeated refusal of care
- change in family involvement
- change in living arrangements
- new equipment
- infection outbreak
- complaint or quality concern
- change in risk of self-harm, suicide, abuse or exploitation
- increase or reduction in commissioned support
- concern that the current care plan is no longer safe.

Staff must report significant changes to management on the same day wherever possible.

20. Formal Review of Care Plans

Every care plan must have a planned review date.

TogetherCare will normally:

- complete an initial review within six weeks of commencement of a new package
- complete a formal review at least every six months
- review sooner where there is a change in needs, risks, preferences or circumstances
- complete additional reviews following serious incidents, safeguarding concerns, hospital discharge, medication changes or major complaints.

The review must consider:

- whether the plan remains accurate
- progress toward the person's desired outcomes
- whether support remains person-centred

- whether staff have the required skills and training
- whether risks have changed
- whether equipment remains suitable
- whether medication support remains appropriate
- whether the person is happy with care delivery
- whether visit times and duration remain suitable
- whether family or professional involvement remains appropriate
- whether contingency plans remain effective
- whether there are concerns relating to housing, access or welfare checks.

The person must be involved in the review wherever possible.

NICE recommends that care plans are regularly reviewed and include clear information about how and when reviews will take place.

21. Involvement of Families, Advocates and Professionals

TogetherCare will work in partnership with families, advocates and professionals where appropriate.

This may include:

- social workers
- care managers
- GPs
- district nurses
- community nurses
- occupational therapists
- physiotherapists
- speech and language therapists
- mental-health professionals
- pharmacists
- housing providers
- commissioners
- advocates
- safeguarding professionals.

Information must only be shared where the person has consented, where there is a lawful authority to share it, or where safeguarding, best-interest or legal duties require disclosure.

The care plan must record who the person wishes to be involved in their care and support.

22. Safeguarding Considerations

Assessment and review may identify signs of abuse, neglect, exploitation, organisational abuse, domestic abuse, self-neglect or financial abuse.

Staff must remain alert to:

- repeated missed care
- unexplained injuries
- poor nutrition or hydration
- repeated medication concerns
- unsafe home conditions
- fearfulness or changes in behaviour
- coercion by family members, visitors or other tenants
- financial concerns
- lack of access to essential care
- poor staff practice
- unsafe restrictions
- concerns about other professionals or contractors.

Where safeguarding concerns arise, staff must act immediately in line with the Adult Safeguarding Policy and Procedure and the current **St Helens Council Safeguarding Adults Multi-Agency Policy, Procedures and Good Practice Guidance**.

Care planning must not delay urgent safeguarding action.

23. Emergency and Contingency Planning

Each care plan must identify how care will be maintained during disruption or an emergency.

Contingency planning may include:

- emergency contacts
- key safe arrangements where applicable
- welfare-check escalation
- medication priorities
- essential personal care needs
- mobility and transfer needs
- food and hydration risks
- dependence on electrical or medical equipment
- vulnerability to heat, cold or utility failure

- family support
- housing-provider contacts
- emergency-service escalation
- temporary staffing arrangements.

Contingency planning must be realistic and must not promise arrangements that TogetherCare or another organisation has not confirmed.

24. Care Plan Quality Assurance

The Registered Manager or delegated manager will complete regular audits of care plans and assessments.

Audits will consider:

- evidence of person-centred planning
- consent and capacity arrangements
- involvement of the person
- family and advocate involvement where appropriate
- risks and control measures
- medication information
- moving and handling guidance
- emergency and contingency planning
- safeguarding concerns
- welfare-check arrangements
- review dates
- staff acknowledgement of updates
- quality of Birdie records
- evidence that plans are implemented consistently.

Audit findings will be used to improve care planning, training, supervision, staffing and governance.

25. Training and Competency

All relevant staff will receive training on:

- person-centred care planning
- strengths-based practice
- care assessment
- risk assessment
- consent and Mental Capacity Act requirements

- safeguarding
- equality, diversity and communication needs
- Birdie care planning and recording
- review processes
- escalation of changes in need
- Extra Care and tenancy rights
- welfare-check procedures
- emergency and contingency planning.

Staff undertaking complex assessments, high-risk reviews or specialist care planning must receive additional training, supervision and competency assessment.

26. Confidentiality and Record Keeping

Care plans, assessments, reviews and risk assessments are confidential records.

They must be stored securely within Birdie or another approved TogetherCare system.

Records must be:

- accurate
- current
- clear
- respectful
- dated
- attributable to the person completing them
- available to authorised staff who need them to provide safe care.

Previous versions of care plans must be retained securely to provide an audit trail.

27. Related Policies and Procedures

This policy must be read alongside:

- Adult Safeguarding Policy and Procedure
- Mental Capacity, Consent and Best-Interest Decision-Making Policy
- Medication Support and Administration Policy and Procedure
- Accident, Incident and Near-Miss Reporting Procedure
- Falls Prevention and Post-Fall Procedure
- Moving and Handling Procedure
- Infection Prevention and Control Policy

- PPE Procedure
- Emergency and Business Continuity Procedure
- Health and Safety Policy
- Lone Working Procedure
- Equality, Diversity, Inclusion and Human Rights Policy
- Complaints, Concerns and Compliments Policy
- Data Protection and Confidentiality Policy
- Financial Support and Safeguarding Policy.

28. Policy Review

This policy will be reviewed annually, following a serious incident, safeguarding concern, significant audit finding, CQC feedback, complaint trend, change in legislation, change in local safeguarding arrangements or material change to TogetherCare's service delivery.