

# Carewatch Care Services Limited

# Carewatch (Ipswich)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Carewatch (Ipswich) provides personal care and support to people living in their own homes. When we inspected on 31 August 2016 and 9 September 2016 there were 129 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

The registered manager had recently left their post and was in the process of cancelling their registration with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had taken steps to recruit to the post and appointed a new manager to run the service and register with the CQC.

People we spoke with including their relatives were complimentary about the care provided. They told us they received safe and effective care by care workers who were compassionate, attentive and kind.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Care workers had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a

timely manner and used to improve the service.

The service had an open and empowering culture. Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm. Care workers received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

There were sufficient numbers of skilled and experienced care workers to meet the needs of people who used the service.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

Care workers knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence, privacy and dignity was promoted and respected.

People and their relatives were complimentary about the effective relationships that they had built up with the management and their care workers.

People and their relatives were involved in making decisions

about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

### Is the service well-led?

Good ●

The service was well led.

There was an open culture at the service. People and the staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve

# Carewatch (Ipswich)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. We visited the office on 31 August 2016 and with their permission visited two people in their own homes on 9 September 2016. We also carried out telephone interviews with people who used the service and their relatives.

This inspection was announced, and undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people to gain their views about the service provided. We received completed questionnaires from twenty five people who used the service, three friends and relatives and one community professional.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with twenty people who used the service, and six relatives. We spoke with the provider's regional manager, training manager, two care co-ordinators, a quality officer and six care staff.

In addition we received electronic feedback from one relative where we had identified it would not be appropriate to contact the person directly. We also received comments about the service provided from

three community professionals.

To help us assess how people's care needs were being met we reviewed nine people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People we spoke with and who provided feedback commented that they felt safe and comfortable with the care they were being provided with. One person said, "I feel safe; they [care workers] know what they are doing and follow my strict regime." Another person said, "Safe? "I feel OK with the carers [care workers]. Better than with the previous carers [different care agency] who were iffy with their time and who was coming and it could be eight at night or 10 at night but with these ones [staff] they have been bang on time within 10 minutes and that make me feel safe as I know exactly when they are coming and what is happening." One person's relative told us about their experience, "[Relative] is safe with [their] carers [care workers]. I have got a really good relationship with the carers and we really worked together; there is good communication"

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the staff made sure that they secured their homes when they left, which made them feel safe and secure. A relative said, "All the staff turn up clean and smart and are well equipped to do their job. We feel 100% comfortable and secure leaving them [staff] in the house with [person who used the service]."

Systems were in place to reduce the risk of harm and potential abuse. Care workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures [the reporting of poor practice] and their responsibilities to ensure that people were protected from abuse. Care workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care.

There were sufficient numbers of care workers staff to meet the needs of people. People and their relatives told us that their care workers staff usually visited at the planned times and that they stayed for the agreed



amount of time. People said that there had been no instances of any visits being missed. One person told us about the care workers that cared for them, "I do feel safe with the carers, but with a new carer it can be tricky but they normally have one of the regular ones with them and luckily they don't change my carers and there is at least one regular one all the time." Another person said about the care workers, "I have my regular carer who comes. I know you can't always have the same person as people get sick or have holidays but I know everyone who comes to see me." A relative described how the management team tried wherever possible to ensure people received a consistent service from a care worker team who were known to them. They said, "At first there was lots of different people coming but I rang the office; it was too unsettling for [person]. We needed one or two regular carers to come. Now it is much better. We have three to four people who will come and they can cover one another. They know [person] and what is needed. I can leave them to it. Sometimes when a new carer [new care worker] starts they come along to shadow one of the more experienced ones. The office always lets us know in advance if that is going to happen. Make sense to share experience; everyone has to start somewhere."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. There was mixed feedback about how the rota was communicated. The majority of people and relatives told us they received the rota in advance either in the post or electronically. One relative said, "The visits are known a week before, a rota is sent to my [relatives] through the post, so we always know the time and the names of the carers who are due to visit." Another person said, "The communication about who is coming and when is good. I know who to expect and the office call me when there are any changes." However several people said they did not receive a rota in advance but acknowledged that they had regular care team in place. One person said, "I have been with the company a while but I would like to get the rotas for peace of mind and also the newsletters. They were good but seem to have stopped. I rely on the carers [staff] keeping me up to date with things. I know they [service] is getting a new manager."

People were protected by the provider's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Staff told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. The majority of people self-administered. One person said, "They [care workers] help me sometimes with cream for my legs and when I have antibiotics." Another person said, "They [care workers] know if I don't feel well. I have a bad eye and have drops three times a day, never missed any and sometimes they [staff] might say you ought to see the doctor but I don't usually."

Care workers were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular competency checks on care workers were carried out. In addition, medicines checks were carried out as part of the care plan review process. Where discrepancies were identified action was taken. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.

## Is the service effective?

### Our findings

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "I have a regular team of carers [care workers] who are all extremely capable of providing me with personal care and support." Another person said, "No question my carers [care workers] know what they are doing. They are all very well trained. Some are more natural and chatty which makes things easier." A third person commented, "They [care workers] are trained and able to do all the tasks required." A relative told us, "They [care workers] do have the right training, are always in uniform and always wear their gloves." Another relative was positive about the moving and handling practice they had seen undertaken by care workers, "They use the hoist and I have seen them using it and it is done very well."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service consisting of mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. This meant that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner. In addition there were further training courses designed to provide care workers with information about people's specific needs, including dementia.

A new member of staff told us that part of their induction was to shadow more experienced colleagues. They said that this was good because they could then meet people and see how they were cared for. Care workers we spoke with commented that the training they were provided with gave them the information they needed to meet people's needs effectively. Systems were in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care workers staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Care workers told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with care workers and the management team who had received MCA training, and who were able to demonstrate that they understood the principles of the MCA. They were able to tell us what depriving people of their liberty meant in practice, and how they gain consent and permission from people before providing their care; we observed this during the home visits, for example, when assisting people to mobilise, or when a choice had to be made. One person told us, "They [care workers] always ask me if I need help, they don't just do it".

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise or assisting them with their medicines. One person said, "Each visit I am asked what I need and they [care workers] check if I am happy for them to carry on. If I say no this is respected." Care workers and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office.

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, one care worker told us how one person had repeatedly refused to have personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a care review with the person and their family to explore how care workers could best support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person commented, "I do my meals but at the night call if I have forgotten to put food on the trolley they [care worker] will remind me and get it; they are attentive." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person's relative said, "The office will contact us [family] straight away if they have a concern and let us know if they have rung the doctor." Another person's relative commented, "The carers [care workers] are alert to any changes in [person's] health or wellbeing and act quickly if they are concerned. They [staff member] noticed when [person's] mobility had deteriorated. They arranged for the doctor to visit and contacted the family to let us know."

Care records reflected where the care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

## Is the service caring?

### Our findings

People we spoke with told us that their care workers were caring and always treated them with respect and kindness. One person said, "I am not restricted in any way by the carers [care workers] and am very happy with them, they are all very good, very considerate and very pleasant." Another person commented, "[name of care worker] is charming, and I could not have anyone nicer. [Care worker] helps me in and out of the bath, creams my legs in the 45 mins. I have no complaints." A third person described their positive experience of the staff approach, "They do treat me well, very professional and are very friendly and polite." A fourth person said, "I have good banter with them [care workers]. They don't rush me."

Feedback from relatives was positive. One relative commented about the care workers, "Very good carers [care workers]; they are approachable and I can definitely say anything to them about anything." Another relative described the positive interaction they had seen between members of care workers and their family member encouraging them with daily life skills. They said, "[Person's] needs are met. They [care workers] come four times daily and get [person] up and to bed, encourage [person] to wash, help [them] dress and get [their] meals and drinks encouraging [person] where they can."

The questionnaires we received from people who used the service about the approach of the care workers were complimentary. One comment stated, "Everyone is kind, helpful and considerate." The questionnaires we received from friends and relatives showed they were satisfied with the care provided. One comment stated, "The agency cared for my [relative] during the last months of [their] life, enabling [them] to remain at home with [relative] to the end. Which was both their wishes. Outstanding, loving, considerate and respectful care for both [family members]. Extremely grateful to all."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that their care workers listened to what they said and acted upon their comments. One person said, "I do talk to them [care workers] about anything and they talk to me and listen to me." Another person commented, "I was originally involved in my care plan, have reviews twice a year with the office and med [medicine] changes I tell them anyway." A third person told us, "They [care workers] listen to me, and the care is good. I don't complain about the care and I have a laugh with them, they are quite happy people, a happy work force."

Records showed that people and, where appropriate, their relatives and or representatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to express their views and were involved in the care and support they were provided with. One person who had been with the service a long time said, "Been with them since [year] and they [management team] come round once a year to check if I am OK with everything and ask if I want to change anything and sometimes I might ring the office if I want them to come earlier or later if I have a hospital appointment and they sort it OK." Another person commented, "Someone from the office will ring me up or pop round and check if anything is ok or needs changing. I had an increase in visits when I came out of hospital; I needed more help but now I am back to my normal visits as I am better." Another person described how they had regular review meetings involving, "Me and chap from the office every six months. I feel I am able to suggest things and any changes are discussed; changes tend to be at my instigation after I have spoken to the carers [care workers]."

People's care plans provided enough information to enable care workers to know what people's needs were and how they were to be met. One person told us, "I have a care folder [care plan] and they [staff] do write up in the paperwork and they do it electronically; I don't think it eats into the care time." One care worker said, "The care plans tell me what I need to know but I still check with the person first just to make sure nothing has changed and that they are happy with me to continue."

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected. This included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. We saw that people's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

## Is the service responsive?

### Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said that when they were being supported with their personal care needs the care workers were, "Very gentle, good at putting me at ease. Feel comfortable with them. They are very attentive." Another person commented, "They [care workers] do everything that I need." A third person said about the care workers approach, "They always ask me what else do you want me to do, and say your phone is on the table and you have got your glass of water beside you. I am quite happy." A relative commented, "[Person] is never rushed and they [care workers] stay the whole time and sometimes longer if needed."

People's care records included care plans which guided staff in the care and support that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so staff were aware of how to support them. For example, one person's care records explained the order that they preferred their body to be washed and the colours of flannels that they used for each part.

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes to people's health and well-being were reported to the office, triggering where required a care review. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "Whenever I call the office they are always polite and considerate. They listen to me and usually sort things out straight away." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I did complain about a year ago when I felt that they [senior staff] were training on [person] and they used to bring different carers along to teach them how to use [specialised equipment]. So I spoke to [management team] in the office and straight away [they] resolved it and they [senior staff have] never brought anyone new to watch. They [office staff] now have a model [specialised equipment] in the office to train on."

There had been numerous compliments received about the service within the last 12 months. Themes included 'compassionate and caring staff approach' and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as when the service was providing support to a person nearing the end of their life.

Two formal complaints had been received about the service in the last 12 months. This had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a care worker or the visit time. This swift response had

reduced the number of formal complaints received. Records identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing staff visiting people, additional training and disciplinary action where required.

## Is the service well-led?

### Our findings

The registered manager had recently left their post and at the time of our inspection was in the process of cancelling their registration with the commission. The provider had taken steps to recruit to the vacant post; appointing a new manager to run the service starting in September 2016 and plans were in place for them to register with the CQC. The regional manager, also new in post, advised that communications of the leadership changes as well as updates on the development of the service were planned for all staff and clientele.

Feedback from people and the relatives we spoke about the leadership arrangements in the service were positive. People told us management team were available and approachable. One person said, "I ring the office if I have a problem or need something sorted. They listen to me and fix everything straight away. They are good." Another person said, "The office staff provide me with a rota every week and advise me of any changes in advance. When I phone the office they are polite, very considerate and make every effort to answer my queries." One person's relative said, "The office staff are always quick to resolve any problems or changes as they occur. I have had a lot of communication with [care coordinator] and [they have] been very supportive of my [family members] and myself in times of stress."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said about the care workers, "I have no complaints. I am happy with my carers."

As part of continued improvements to ensure a quality service. The provider was implementing an electronic call monitoring system. The regional manager explained how each care worker had a mobile phone they used to log in and out of the person's home. The phone also allowed the care worker to tick the tasks they had completed for each visit. This enabled the service to see when the member of staff had arrived, how long they stayed, what care was provided. One person told us their experience of the new system, "The carers [care workers] are now using phones to book in when they come in and clock on and they write the paper work up in the book and they put it on the phone and then clock out, that takes a while, whilst they sit and do that and then they have a chat." The regional manager explained how the new system helped care workers to be safer as the service would know where they were when they were on duty and should an incident occur the office could respond swiftly to minimise disruption. A care worker commented, "I think it is a really good idea the call system. Especially when I am working alone. I feel much safer particularly at night and when I am in rural areas as the office knows where you are and an alert is triggered if you don't log in."

Care workers were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They were encouraged and supported by the management team, were clear on their roles and responsibilities, and committed to providing a good



quality of service. Care workers told us the service was well-led and that the management team were approachable and listened to them. One care worker said "I really like working here, it's a great team. Every day is different but enjoyable. I like a challenge. I wouldn't be here if I didn't feel supported to do my job."

People received care and support from a competent and committed care worker team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service. For example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, clinical commissioning groups, district nurses, GP surgeries and mental health services, to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "The agency [Care watch (Ipswich)] knows when to refer such as when they have a concern and act on the advice given."

The management of the service worked to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider's quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.