

Careline Lifestyles (UK) Ltd

Deneside Court

Inspection report

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28 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

This inspection took place on 26 and 28 November 2018 and was unannounced. When we last inspected Deneside Court in December 2017, we found the provider had breached the regulation relating to the safe management of medicines.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, responsive and well-led, to at least good. During this inspection we found further concerns with the management of medicines and determined the provider was continuing to breach this regulation.

Deneside Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Deneside Court accommodates 41 people in one adapted building. There were 36 people living at the home when we inspected. They had a range of needs such as nursing, a learning disability and older people living with dementia.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A new manager had been recruited shortly before our inspection. They were intending to register to become the registered manager. Since we visited the home, this application had been submitted for consideration. 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.

People, relatives and staff told us the home was safe.

Staff showed a good understanding of the safeguarding and whistle blowing procedures operated at the home. They knew how to raise concerns and felt confident to do so if needed. The safeguarding log evidenced previous safeguarding concerns had been thoroughly investigated. However, we noted a statutory notification had not been submitted to the CQC for all safeguarding concerns as required.

Relatives and staff confirmed staffing levels had improved recently and the number of agency staff reduced. Staffing levels during our inspection were appropriate and the response to emergency calls was immediate. Staffing levels were monitored to check they were appropriate to meet people's needs.

The provider continued to have effective recruitment checks to ensure new staff were suitable to work at the home.

Incidents and accidents were logged and analysed monthly.

Where risks to people's safety had been identified, risk assessments had been carried out which identified measures to reduce the impact on people.

We identified issues with management about kitchen hygiene. For example, some food items were not stored safely and there was a poor state of overall cleanliness. Other areas of the home were clean.

Staff received good support and the training they needed for their caring role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutritional and healthcare needs. People gave positive feedback about the meals provided. Where people has specific needs, these were met appropriately. Care records showed people had access to health professionals in line with their individual needs, such as GPs and community nurses. People also had access to support from an on-site therapy team including physiotherapists and occupational therapists.

People's needs had been fully assessed, including a consideration of any religious, cultural or lifestyle needs. This was used as a baseline for developing detailed and personalised care plans. Care plans were reviewed regularly to keep them up to date with people's changing needs.

People had opportunities to participate in a range of internal and external activities. People and relatives confirmed they could access these if they chose to but staff also respected people's right to refuse.

People had opportunities to discuss their end of life wishes. These were documented in specific end of life care plans.

Complaints had been logged and fully investigated in line with the provider's complaint policy. People and relatives knew how to raise concerns and said they felt able to do so if needed.

People, relatives and staff gave us positive feedback about the new manager. They described her as supportive and approachable.

Audits were completed and these were in the process of being restructured. The manager had created an improvement plan to develop the service further.

People, relatives and staff could provide feedback through attending meetings or taking part in consultation. There were good links with the local community and the new manager had plans to develop these further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The provider continued to not manage medicines safely. Some people did not receive their prescribed medicines on time. Records were not always completed accurately.

Risk assessments and other checks were completed to maintain a safe environment.

There were usually enough staff deployed to meet people's needs. Staff were recruited effectively.

Staff knew how to identify and report safeguarding concerns.

Is the service effective?

Good 

The home was effective.

People's needs had been assessed.

Staff were well supported and received the training they needed.

Staff supported people with their nutritional and healthcare needs.

Adaptations had been made to the home to meet the needs of people living with dementia.

Is the service caring?

Good 

The service was caring.

People felt well cared for and said staff were kind and caring.

People were treated with dignity and respect.

Staff supported people to be as independent as possible.

Care records were personalised to each person's needs.

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and personalised. They had been reviewed regularly to help keep them up to date.

People had opportunities to be involved in a range of activities if they wished.

People knew how to complain if they were unhappy with their care. Previous complaints had been fully investigated.

Is the service well-led?

The service was not always well led.

Medicines and kitchen audits were not effective.

There was a new manager. People, relatives and staff told us the manager was approachable.

There were opportunities for people, relatives and staff to provide feedback about the home.

Requires Improvement 

Deneside Court

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 on 26 and 28 November 2018 and was unannounced. Prior to the inspection we received information of concern relating to medicines, lack of activities and resulting behaviours and staffing levels. We started our inspection at 6:20am so that we could speak with night staff.

The inspection team was made up of two adult social care inspectors, two pharmacist inspectors and a governance specialist advisor on the first day. Two inspectors were present on the second day.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, the Clinical Commissioning Group (CCG), the safeguarding adults team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with seven people living at the service and three relatives. We also spoke with the head of care, head of quality, the manager, the deputy manager, two team leaders, a senior worker, five care staff, the chef, one physiotherapist and one occupational therapist.

During our visit we observed care and support provided by staff within the home. We looked at personal care and support plans for four people. We reviewed five staff files including recruitment, supervision, appraisal and training. We also looked at various records relating to the management and safety of the service. We also spent time looking around the building both inside and outside and spent time in

communal areas.

Is the service safe?

Our findings

We last inspected Deneside Court in December 2017 where we found the provider had breached the regulation relating to the safe management of medicines. Following a previous inspection in April 2017 we took enforcement action by imposing conditions on the provider's registration for Deneside Court, to drive improvement with the safe management of medicines. These conditions were still in place during this inspection and were reviewed to check the provider was still meeting them.

Following this inspection, we found the arrangements for managing medicines continued to not always be safe. We observed medicines were not stored appropriately. Room and fridge temperatures were not consistently recorded in line with the provider's policy. Where temperatures deviated from the recommended range this was not escalated to management so action could be taken to ensure medicines continued to be safe to use. Waste medicines were not stored securely and waste bins were over flowing. Equipment used to assist medicines administration was dirty. The treatment rooms were not included in the cleaning schedule for the home which had resulted in the rooms being unclean.

The provider's medicines policy was past the review by date the provider had set. This meant we could not be assured staff had access to the most up to date information.

We checked the procedures for the safe handling of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements. Although these were stored securely with access restricted to them, the cupboards contained items other than the controlled drugs. This was not in line with the provider's policy. In addition, checks of controlled drugs were not carried out or documented at the frequency stated in the provider's policy.

We checked the arrangements for medicines administration. We saw medicines were not always administered as prescribed. For example, one person had a catheter solution prescribed to be used as required or weekly. Records showed this had not been signed as administered between 28 October and the 26 November 2018. Records showed a second person had not received a prescribed medicine for 15 consecutive days. The home did not have any documentation to show why this medicine had not been administered. There was also no evidence to show the provider had investigated this issue to identify why staff had not signed the medicines administration record (MAR) or not used non-administration codes. We brought this to the attention of the deputy manager and asked for this to be investigated. A third person was prescribed a medicine to be taken for three consecutive days post epileptic seizure. However, in November this medicine had not been administered post seizure for three consecutive days as prescribed.

We looked at how the provider managed the application of topical medicines, such as creams. Topical medicines administration records and body maps were not always in place where needed. For those people who had the relevant records, these were not always completed to give an accurate record of application. Some topical medicines were not applied as prescribed. For example, one person was prescribed a medicated shampoo to be used twice weekly. However, records showed this had only been applied three times in November. We could not be assured from the records kept and quantities of topical medicines

available, that staff were managing peoples' skin care appropriately.

We looked at records for use of thickeners. Thickeners are used to assist people with swallowing difficulties. Although people, who staff stated used thickeners, had care plans, staff did not record the use of thickeners in line with the provider's policy. For example, for three people, we found only five entries on the MAR recording when thickeners had been used between 28 October and 26 November 2018. The provider's policy also stated a nutritional supplements record should be used to record the use of the thickeners and this was not in place for any of the three records we looked at.

'As and when required' protocols were not available on the first day of inspection. This meant staff did not have access to guidance as to how or when to use 'as and when required' medicines. This also meant for people who had communication difficulties, staff did not know have access to guidance which identified the signs to look for to ensure personalised care with medicines. We noted one person received a higher dose of laxative than the prescribed dose. The effect this had on the person had not been reviewed to ensure the laxatives prescribed were effective; this was a risk to the person's health and wellbeing.

Overarching medicines care plans were in place and had been reviewed monthly. Although reviews had been documented, in one care plan we looked at, changes had occurred but this had not been identified as part of the care plan review which meant this record was inaccurate.

As a consequence of regulatory breaches, identified during previous inspections, the provider was asked to complete a regular audit of the medicine system. We asked to review these audits during this inspection. The deputy manager stated they had not completed any since February 2018. We reviewed the provider's periodic service review for medication. We found these reviews failed to identify the concerns we identified during this inspection. Where actions had been identified and recorded these had not been followed up to ensure they were completed which meant concerns continued from one month to the next. The provider had determined that the current electronic system was not working safely and had decided to move to a new system. However, there was no management plan in place to ensure that during the transition period people were kept safe.

These findings evidenced a continued breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People and relatives gave positive feedback about medicines management and felt this was improving.

People and relatives told us Deneside Court was a safe place to live. One person told us, "I feel safe all the time. I like living here because I feel safe." One relative said, "I have no concerns with safety, no concerns like that. [Family member] feels safe, he doesn't want to move." Another relative commented, "[Family member] is safe, absolutely," Likewise, staff felt the home was safe. One staff member told us, "People are definitely safe, things get safeguarded straightaway." Another staff member commented, "It is very safe and secure. All staff follow the policies and procedures."

As with our last inspection, the provider continued to staff each unit with a dedicated staff team and a supernumerary team leader. We reported previously that this worked well in ensuring a consistent approach was implemented and allowed time for care planning and reviews. We found during this inspection that this was still the case. A staff member described how this had been one of the most effective improvements made. They said, "There is continuity of care, [people] see familiar faces all the time. Families come in and they are greeted with the same staff. Service users are more settled. Staff are more familiar with people's needs."

People, relatives and staff told us staffing levels had improved in the home. One person told us they had pressed their buzzer recently and staff responded straightaway. One relative said, "It has never been an issue when I have needed someone [staff] and there has been no-one there. It is now all regular staff, the consistency is there, which is good." One staff member commented, "Staffing levels are enough to meet people's needs. It is a lot better than six months ago." Another staff member told us, "Staffing levels had been poor recently but it is getting better." A third staff member said, "[Staffing levels] have been poor ... they have improved." At one point during our time at the home the emergency buzzer was activated. We noted the staff response was immediate to check on the person's safety.

Staff continued to have a good understanding of safeguarding and the provider's whistle blowing procedure. Although staff knew how to report concerns, they told us they hadn't previously needed to do this. However, staff consistently said they felt confident they would be supported if they needed to raise concerns. One staff member said, "I haven't used it [whistle blowing procedure]. If I had concerns I could go to the senior or team leader. You always feel like you are being heard."

Previous safeguarding concerns had been handled appropriately. This included referring to the local authority safeguarding team and undertaking a thorough investigation. From June 2018 the provider was actively analysing safeguarding concerns to identify lessons learnt and check the correct action had been taken.

The provider continued to operate effective recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider continued to carry out health and safety checks and risk assessments to ensure the building and equipment were safe. People had personal emergency evacuation plans (PEEPs) which described the support they needed to remain safe in an emergency.

People were supported sensitively and positively when they displayed behaviours that challenge. Behaviour Support Plans described in detail the positive steps staff should follow to support people when they were agitated. The purpose of the plan was to develop constructive skills to replace the behaviours that challenge. The focus being on proactive and preventative strategies rather than reactive. For example, for one person the most effective strategies were based around directing the person to watch a specific DVD and to listen to particular music and encourage singing which had a relaxing effect on them. One staff member commented, "There is a lot of input from the therapy team."

Most areas of the home were clean. However, we identified infection control related issues regarding food storage and kitchen hygiene. Some food items were not stored safely. For example, raw meat was stored uncovered alongside salad items and some items had gone over the best before date. There was also a poor state of cleanliness. For example, appliances including a dishwasher, fridge and oven were not clean. The chef agreed kitchen hygiene standards along with documentation for recording cleaning of the kitchen were unacceptable. We raised this with management who immediately arranged for an external company to undertake a deep clean of the kitchen and replace equipment as needed. Following our visits to the home we passed our concerns to the local authority environmental health department. They subsequently advised they had visited the home and found standards had improved and were to an acceptable level.

The provider logged incidents and accidents. These were reviewed every three months and the data analysed to check appropriate action had been taken and identify lessons learnt. This included information

about the location, time and type of accident and whether any injuries had been sustained. The outcome from the last analysis was that there were no specific trends or lessons to note. Other records showed individual incidents had been investigated and action taken to keep people safe.

Is the service effective?

Our findings

People's needs were fully assessed both before and admission to the home. This was used to identify the care people wanted and needed. It also provided an opportunity to discuss whether people had any specific requirements relating to culture, religion or lifestyle.

Staff received good support and the training they needed for their role. Records showed supervisions, appraisals and training took place regularly. Staff commented, "Training has always been good", "I feel supported by all managers. The deputy manager is very supportive of me" and "I feel supported, [team leader] is very supportive. We have supervision every other month." The provider deemed some training as essential for staff such as moving and assisting, infection prevention and control, dementia awareness, health and safety, equality and diversity.

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met. There were good systems to ensure people had the required DoLS authorisations. The provider kept a MCA log which identified when DoLS authorisations needed to be reviewed. All DoLS were either authorised or awaiting a decision from the local authority. Where the provider was awaiting a decision, records showed these had been chased up periodically with the relevant local authority. We found examples within care records of MCA assessments and best interests decisions where people. For example, where people were unable to give consent to their admission to the home or for the use of bedrails and wheelchair lap belts.

Staff showed a good understanding of people's communication needs and described how they supported people who found communication difficult. They told us some people used specific gestures to communicate. One staff member commented, "We know exactly ... when something is wrong."

People and relatives gave positive feedback about the support provided with meals. One relative said the meals were okay. They said, "[Family member] doesn't go into the dining room. [Family member] likes to sit in their room and eat their meals. [Family member] sometimes refuses but is offered an alternative. They say how about poached eggs on toast." Kitchen staff had information readily to hand about people's dietary needs. For example, where people required altered textures such as pureed or mashed meals. People mostly gave positive feedback about the meals provided. One person commented, "I like the food, the chef

is good. I get snacks in between [meals]." Another person said they liked their meals and described them as "alright".

Staff supported people to access health care services to ensure their needs were met. Care records evidenced input from a range of health professionals. One person said, "I get to see the GP." One relative told us their family member saw their consultant, GP and dentist regularly. Where specific recommendations had been made these were incorporated into people's care plans to help ensure they received the care they needed. For example, we noted one person's consultant had recommended a specific intervention each day. A relative confirmed this happened consistently.

People had access to bright, spacious communal areas which were well equipped with books, board games and a pool table. Art work, which people living at the home had created, was displayed throughout the home, alongside many photographs of people involved in various activities. One person proudly showed us their room which was highly personalised to their individual taste. Good signage was noted throughout the home to help people with orientation around the home. People with a learning disability had exclusive use of self-contained apartment type accommodation.

Is the service caring?

Our findings

People gave positive feedback about the care provided at Deneside Court. One person commented, "I have never seen anybody mistreated. They give people a cuddle, make them feel at home. They have a lot of time for people." Another person said, "Staff are okay ... they are nice to me." A third person told us the home was, "Lovely, everything is great."

Likewise relatives were also happy with the care. One relative told us, "I am very, very happy with [family member's] care and the fact that he is happy." Another relative said, "[Staff member] is excellent, [staff member] is really good with [person]. She is smashing." A third relative told us, "The staff are very nice ... They have good people [staff] on the floor."

Relatives told us the staff team were committed to understanding people's needs and providing the best care. One relative commented, "They [the provider] arranged a meeting with as many staff as possible. They invited Parkinson's UK in and asked me to go and speak to the staff. They want to learn." Another relative commented, "They get to know people, they have a good understanding. The staff are lovely, really caring. There is a 'Memory Lane' book with topic areas written down for when staff are talking to [family member]." One staff member described how staff "put their heart and soul into their job so residents get the best possible care."

Throughout our time at the home, we observed staff always supported people in a positive way. We saw many interactions between people and staff. In each case staff were kind, caring, empathetic and compassionate.

Staff showed a good understanding of the importance of promoting dignity, respect and independence. One staff member said, "We always promote dignity and respect." Another staff member told us, "The care for the residents is really good. Staff work so hard to make sure the residents are well looked after. The staff are so lovely and care about their job." People confirmed staff treated them with respect. One person commented, "All the staff get a double thumbs up."

People were in control and made their own choices where possible. One person said, "I choose when I go to bed and get up. I get showered when I want to."

Care records were personalised and included information about people's preferences and a life history. This enabled staff to gain a better understanding of people's needs. We had discussions with a range of staff, who all demonstrated a good understanding of people's needs.

Is the service responsive?

Our findings

When we last inspected Deneside Court in December 2017, we found medicines related care plans had been reviewed but changes in people's needs were not always recorded. We found at this inspection the overall quality of care planning had improved.

Care plans continued to be person-centred and tailored to meet the needs of individual people. They covered a range of needs including nutrition, personal care and communication. Care plans clearly described the care each person needed. For example, one person's nutrition support plan included guidance for staff about how to position the person to keep them safe and the equipment to use to promote the person's independence. They also included details about how the person communicated they had finished their meal. Care plans were reviewed regularly to keep them reflective of people's needs. Relatives confirmed they were kept involved. One relative said, "I am regularly involved with [family member's] care plan, which is good."

As with our last inspection, people with complex needs had very detailed care plans to guide staff on how to provide care safely. This included where people had a Percutaneous Endoscopic Gastronomy (PEG). A PEG is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed, if people are not able to eat or drink. Records were also completed to show what care people had received, such as positional changes and food and fluid intake charts.

People had the opportunity to discuss their end of life wishes. Where people had specific wishes, these were documented in an end of life care plan. For example, this included who to contact in the first instance and any funeral arrangements they had in place.

Activities were available for people to participate in, if they wished. These included karaoke, a Halloween party, movie nights, baking, relaxation and sensory sessions, trips to local shops and events to raise money for charities. We saw many photographs taken of people taking part in these activities. One person commented, "I go out for a coffee when I feel like it." The home had a hydro therapy pool on-site which people regularly accessed as part of an agreed therapy programme. Staff were trained to support this activity and to ensure the pool was maintained.

One relative told us their family member did not participate in activities but this was their choice. They said, "This is family member's choice. He is offered all the time to be taken out. It is [family member's] choice, [family member] is encouraged. They are encouraged to go out." Each unit had a dedicated activities log and staff recorded who had been involved in each activity. There was a dedicated activities champion within the staff group. Activities noticeboards were visible which included the current days activities, along with any forthcoming activities.

The behaviour therapy team manager provided us with details about 'active support' which was being rolled out across the home. Active support enables people to become more involved in their daily lives through staff working with them to develop existing and new skills whilst building relationships and social networks.

The aim being for people to have more control over their lives.

Although we received positive feedback about the home, people and relatives said they felt able to raise concerns if needed. One person said, "If I was unhappy I would speak to the staff." One relative said, "I would go to [team leader] or senior first and email. I would put concerns into an email. I am happy to go to everyone. I have no concerns at all." Previous complaints had been fully investigated in line with the provider's complaint procedure. The complaints file contained four complaints, two of which were not care related.

Is the service well-led?

Our findings

When we last inspected Deneside Court we found improvements had been made but not fully embedded, such as not updating medicines care plans in line with changes to people's needs. We identified a continuing breach of the regulations which had been identified at four previous inspections.

At this inspection we found medicines governance arrangements continued to not be effective. The provider had also continued to breach the regulation relating to medicines management. Governance arrangements to ensure kitchen hygiene was maintained to an acceptable standard were also not effective.

The home had other structures and processes for good governance. However, we noted these were not systematically formalised into an overall governance framework to provide the manager and the organisation with an overview of quality and safety in the home.

Since our last inspection a new manager had been recruited. They took up their post shortly before our inspection. People, relatives and staff gave positive feedback about the new manager. One relative said, "If I had to go to management I would have no issue going to them. I don't feel that I can't." One staff member said, "[Manager] has just started, she is very approachable." Another staff member told us, "[New manager] is lovely, really approachable."

There was a visible senior management presence within the home. For example, heads of quality, care and business were in place and visited the home regularly to provide additional support. Human resources held a monthly clinic so that staff could discuss matters of importance to them.

Relatives told us the home was improving. One relative commented, "It has very much improved." Another relative said, "It is getting better ... The staff seem happier, they are working well as a team." A third relative told us there had been "a bad patch about two years ago, there was lots of concerns. These are all now rectified."

Staff said there was a good atmosphere in the home. One staff member commented, "It is a nice atmosphere, really like a little family. The staff all get on, it is a lovely atmosphere." Another staff member said, "It is like my second home, I love all the residents."

There were opportunities for people and relatives to provide feedback about the care provided at the home. This included attending residents' and relative's meetings. One relative told us, "We go across the road to the community centre. A few relatives attend, staff and management are present. We talk about anything, concerns and ideas. They are very informal." The manager told us that previously joint families and residents meetings were held. The manager told us that in order for people to have their views heard the provider decided to hold separate meetings for people and friends and family. Residents' meetings had taken place during October and November for the various units in the home. Minutes showed people had given their views about the home in general and the care provided. People had also given views about activities, outings and meals they would like. The most recent minutes available for the family and friends meeting

were dated April 2018 which a relative had chaired.

Questionnaires had been sent out to people and their relatives. At the time of inspection all information that had been returned, was in the process of being analysed and as such the information was not available for us to review during the inspection.

Staff told us the manager and deputy manager encouraged and listened to feedback. One staff member commented, "We are having team meetings every week." Minutes confirmed meetings were held for staff at all levels to attend. For example, a head of department meeting involving the home manager, administration staff, registered nurses, senior care assistants and the chef. Other meetings included team leader meetings, a senior careers meeting and a general care meeting open to all staff. The manager also held a daily 'flash' meeting with department heads to discuss priorities for the day.