

Enter & View Report

Angelina Care Home, Tuesday 3rd March 2026



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Visit Details	
Service Visited	Angelina Care Home
Registered Manager	Parna Francis
Date & Time of Visit	Tuesday 3 rd March 2026, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Elizabeth Szell
Lead Representative	Reedinah Johnson

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on ‘Enter & View’ (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services such as care homes, hospitals, GP practices, dental surgeries and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official ‘Enter & View Report’, shared with the service provider, local commissioners and regulators, outlines what is working well, and makes recommendations on what could work better. All reports are available to view on our website.

1.1.2 Safeguarding

E&V visits are not intended to identify specific safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything about which they feel uncomfortable they inform their lead, who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed during this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on the day.

1.3 Acknowledgements

Healthwatch Bromley would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs who assisted us in conducting the visit and putting together this report.

2. Information About the Service

2.1 Angelina Care Home

Angelina Care Home is situated in Penge, on the Beckenham border. and is owned by Angelina Care Limited, based in Lancing, Sussex. The home provides 24-hour residential care for adults (18+) who have been diagnosed with mental health conditions.

2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

An inspection was announced and carried out in January 2024. The service was inspected and rated 'good' overall. CQC carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of their regulatory functions.

2.3 Residents

Angelina Care Home is a 12-bed care home split across two floors. At the time of our visit, the home had 11 residents, one was in hospital. All residents have mental health conditions, and one has been diagnosed with dementia.

2.4 Staff

The home employs 13 members of staff; a manager, a deputy manager and a director on call. 12 staff are full-time and one part-time; it does not use agency staff.

3. Summary of Findings

The E&V visit was carried out on Tuesday 3rd March; two E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail and seeking feedback.

3.1 Entry and General Accessibility

Notes

The building is positioned on a main road within easy access of public transport. There is no on-site parking. Some off-site parking is available on local roads, but limited.

What works well?

- Easily accessible by public transport
- Ramp access
- Logbook for visitors to sign in and out
- Healthwatch Bromley Enter & View poster displayed
- Doorbell with camera
- Keypad inside the front door
- Hand sanitiser at front entrance.

What could be improved?

- The home's signage is small and not easily visible from the street.

3.2 General Environment

Notes

The main entrance has a fitted camera doorbell, with a button available for visitors to request access. Upon entering, visitors will find the front office which serves as reception. The exit from the building is controlled by an additional keypad for safety purposes.

Visiting hours are set from 09:00 to 20:00. However, the home takes a flexible approach for immediate family members, such as parents, siblings, and children, recognising that some may work irregular hours or travel from a distance. While the home generally encourages no more than two visitors at a time, this is also approached with flexibility, particularly where families have travelled long distances together.

The most recent Care Quality Commission (CQC) inspection details are displayed at the entrance for visitor information. A large display board is positioned in the corridor, showcasing photographs of residents participating in past activities, events, and outings.

The home is decorated in neutral tones with white railings on the staircase. Doors are painted white with silver handles, creating a pleasant contrast against the walls.

The communal room is spacious and thoughtfully arranged with dining tables and chairs to encourage social interaction. A television is mounted on the wall, with a large corner sofa positioned opposite, creating a comfortable and inviting space for residents to relax together. The flooring is finished in neutral toned laminate, complimenting the beige walls. Green plants are placed around the room, contributing to a calm and welcoming environment.

The kitchen and communal room are connected by a serving hatch. The daily menu is displayed on a board in the communal area, positioned beside the serving hatch for easy visibility. The kitchen is kept clean and tidy. Residents can store their personal food in the fridge and freezer.

The large garden features a grassed area, bordered by paving slabs, along with a patio furnished with comfortable garden seating. Décor is kept to a minimum to support the safety and wellbeing of any resident who may at times display behaviours that can be destructive. White picket fencing lines the ramps and edges of the patio, providing both structure and visual definition to the space. There is also a designated smoking area available for residents to use.

All bedrooms are numbered and have ensuite facilities, except for the room on the top floor, which has a separate bathroom located just outside. Bathrooms and toilets are fitted with alarms for added safety.

The home provides all essential furniture; however, residents are welcome to bring personal items, like televisions, and furnish their room to suit their own preference. Each resident has their own key, while the home retains a master key for access. A thermostat is available in each bedroom, and fans are provided for additional comfort.

During our visit, signage around the home, such as fire exit signs, was being stencilled onto surfaces, as a resident had been removing existing signs.

What works well?

- The communal room is arranged to promote social interaction, while also providing space for residents who prefer to spend time on their own
- Corridors are wide enough for wheelchair access, and hazard free
- Garden is well maintained and kept clean.

What could be improved?

- No dementia friendly calendar and clocks in communal areas.

3.3 Safety and visiting

Notes

We observed clear fire exit signs, fire extinguishers and fire security documents in corridors. Emergency evacuation sledges are available at the top of all stairs.

What works well?

- Fire alarms tested weekly
- Fire security documents available in corridors
- Emergency alarm buttons reachable from beds and toilets
- Medicine cupboards securely locked in front office
- Clean and well organised kitchen
- Hand sanitiser and gloves available.

What could be improved?

- Cracked flooring on landing on the first floor
- Broken fencing alongside the ramp in the garden
- Broken armchair in the garden.

3.4 Activities and Personal Involvement

Notes

Management highlighted the team's dedication to delivering person-centred activities adapted to each resident's individual needs and personalities. They recognised that certain activities may not be suitable for all residents. Some residents can go out independently, while others are supported and accompanied by staff. The home organises cooking sessions, during which each resident is given £5 to purchase ingredients of their choice, supporting independence and personal preference.

The home organises regular local outings to parks and garden centres, as well as seaside trips during the summer. Residents travel locally either by bus or taxi, depending on their personal finances, as they manage their own money. Residents sometimes join trips with another local home, creating opportunities to form new friendships and widen their social circles.

Activities vary daily and include:

- Arts and crafts
- Board games
- Outings (e.g. beach, garden centre)
- Football
- Badminton
- Local walking groups
- Cooking session
- Swimming
- Mindfulness (e.g. yoga balls, meditation)

What works well?

- A range of activities to engage residents and keep them active
- Residents' activity photos displayed in the home
- Variety of board games, magazines, and puzzles available
- Residents independently choose activities based on their own interests and preferences.

What could be improved?

- No activity programme displayed on the board.

3.5 Diet and Cultural Practices

Notes

The menu is designed to reflect residents' preferences and dietary requirements, with the catering team providing a diverse range of meal options. Some residents choose to go out and purchase their own meals, for example opting for a Tesco meal deal.

The menu changes weekly, with residents selecting their meal choices each evening, though they are free to change their selection on the day if they wish. Tea, coffee and squash are readily available throughout the day in the kitchen, and all residents have their own water bottles.

The home actively encourages residents to eat in the communal dining room to support social interaction and cleanliness. Unwell or injured residents are welcome to have their meal in their own room. Residents also can contribute to

menu planning during regular residents' meetings, ensuring their preferences and suggestions are considered.

Management highlighted that cultural dietary requirements are accommodated. For example, one resident prefers traditional African dishes, and a staff member supports her in preparing meals.

What works well?

- Residents can choose what they would like to eat on the day
- Residents can cook their own meals (with staff support)
- Daily menu is available in communal room
- Variety of food on menu (e.g. shepherd's pie, vegetable lasagne, assorted pizza, roast with Yorkshire pudding and vegetable, fish pie, curry).

What could be improved?

- We found no potential areas of improvement.

3.6 Feedback and Complaints

Notes

The home promotes open communication and encourages residents, their families, and staff to approach management with any concerns or suggestions. The home holds residents' meetings once a month, covering a range of topics including activities, meal preferences, and the quality of care provided.

What works well?

- Residents' meetings once a month
- Food satisfaction survey.

What could be improved?

- No comment box visible in the home.

4. Residents' and Families' Feedback

We received feedback from five residents and five family members. We enquired about several aspects of their experience, including the quality of care, meal choices, activities and personal growth, access to healthcare services, social opportunities, feelings of safety, and how well the home communicates with them.

Overall, feedback was positive, with both residents and family members expressing satisfaction with the care provided at Angelina Care Home. Residents shared that they feel safe and well cared for, and value being supported to live independently.

Family members shared positive feedback about the support their loved ones receive from local health and care services, including GPs, dentists, and pharmacies. They said that they are regularly updated about any concerns, including incidents such as falls, changes in health, or changing care plans. Family members also said they know what the arrangements are for their relatives in an emergency.

When asked if they felt residents were safe in the home—for instance, evacuation procedures are clearly established—all respondents answered "yes" on the questionnaire.

Family and Friends' Selected Comments

"Love this service. My sister has been here since 2013, couldn't be happier."

"The staff do so much for my uncle."

"Staff are very kind."

"Management is very good at communicating."

Residents' Selected Comments

"Service is good. I feel listened to if any concerns."

"Good, they can be strict but for good reason."

"Carers here are all lovely."

"I love living here. I have lived here for a long time and don't wish to move."

5. Staff & Management Feedback

We received completed feedback forms from eight staff members and two members of the management team. Throughout our visit, we observed staff engaging with residents in a warm, respectful, and compassionate manner.

5.1 Staffing

Notes

Of the eight staff members we spoke to, six have been working at the home for 4+ years and two between 1 – 3 years. Long standing members of staff have been there for over 10 years.

Training

All staff complete 12 weeks mandatory training which includes online and face-to-face, with a six months' probation. Annual refresher courses, including topics like manual handling and first aid, are compulsory to ensure staff maintain essential skills. Additional training such as NVQ is available based on staff interests and requests, promoting ongoing professional development.

All staff completing the questionnaire were asked about their interest in additional training opportunities. Two said they would like to receive additional training in Specialised Risk Assessment, three said they wished to carry on to the next level of NVQ qualification upon completing the level they are doing.

Breaks

All staff reported that they are given sufficient breaks during their shifts. All staff expressed satisfaction with the way handovers are managed and felt that they have the necessary opportunities and resources to support residents effectively.

Staff members who said that they had previously raised a concern with management were satisfied with how this was dealt with.

Management

All staff who completed the questionnaire said they feel listened to and supported when voicing concerns or seeking guidance.

What works well?

- Staff appear to have a good relationship with management
- Staff are satisfied with the opportunities they get to support residents.

What could be improved?

- Two staff members said they would like to receive additional training, three wish to undertake the next level of NVQ qualification on completion of the current one.

5.2 Selected Comments from Staff

"Residents feel comfortable in the home."

"I feel heard, seen and valued as a member of staff."

"One a scale of 1 to 10, I would say 10 as excellent."

"I know all residents are treated with respect and dignity."

5.3 Management

Notes

The registered manager is confident in the level of care and support offered to residents.

Diet

Each resident undergoes a personalised needs assessment on admission, with appropriate adjustments made to meet their individual requirements. The home also accommodates specific dietary needs.

Menus are regularly reviewed and discussed during residents' meetings. Residents are free to choose where they prefer to eat, and care staff are on hand to support them; residents are encouraged to eat in the dining area.

Fluid intake is not monitored as all residents are independent and have their own water bottle. The staff help promote regular fluid intake by offering drinks to residents throughout the day.

Quality of care

During cold weather extra blankets are provided. All rooms have a thermostat control.

Laundry services are done within the home. Residents go to a local hairdresser/ barber independently or supported by staff.

Safety

The manager explained that staff do not wear uniforms or ID to keep a homely environment for the residents. They are fully trained in evacuation procedures and understand the specific support needed for residents who may require assistance in an emergency.

The manager said that staff, residents, and visitors are well-informed and equipped to recognise and respond to safeguarding concerns. Everyone is aware of the process for making a complaint.

Activities

Residents are encouraged to engage and socialise through a range of activities. Currently, there are no residents at the home who speak English as an Additional Language (EAL). In the past the home has supported individuals with diverse cultural or sexual identities. The home currently supports a resident in maintaining her cultural identity by enabling her to prepare her preferred African dishes.

Residents can contact religious support if they wish. Staff have previously supported staff to attend church service or pride events.

Community Services

The manager said they are satisfied with the level of support residents receive from other local health and care services. Residents visit their own GP/ dentist when they need to. A GP contacts the home on a weekly basis to check whether there are any concerns regarding residents.

Residents' medications are delivered by a local pharmacy.

Staff

All staff have supervision meetings, and they can request additional training. The home offers NVQ training, and staff attend additional training sessions at Bromley Civic Centre.

The manager stated that they are satisfied with the level of staffing. They do not use agency staff, to maintain continuity of care for residents.

6. Recommendations

Healthwatch Bromley would like to thank Angelina Care Home for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we have made recommendations which prioritise safety and wellbeing.

6.1 Entry and general accessibility

6.1.1. The home's signage was small and not easily visible from the street.

We recommend installing larger, clearly visible signage at the front of the property to improve visibility and make it easier to locate from the street.

6.2 General Environment

6.2.1. No dementia friendly calendar and clocks in communal areas.

We recommend installing dementia-friendly calendars and clocks in communal spaces to support orientation and independence for residents living with dementia.

6.3 Safety and visiting

6.3.1. Cracked flooring was observed on the landing on the first floor.

We recommend repairing or replacing the damaged flooring to reduce potential trip hazards and maintain a safe environment for residents and staff. We

understand there is an issue needing resolution, as repair works have been ongoing but been paused as they were causing distress to a resident.

6.3.2. Broken fencing alongside the ramp in the garden.

We recommend repairing or replacing the damaged fencing to maintain safety and provide appropriate support along the ramp.

6.3.3. Broken armchair in the garden.

We recommend removing or repairing the damaged chair to prevent potential injury and maintain a safe outdoor environment.

6.4 Activities and personal involvement

6.4.1. No activity programme displayed on the board.

We recommend displaying a clear and up to date activity programme in communal areas to keep residents informed and support engagement in planned activities.

6.5 Feedback and Complaints

6.5.1. No comment box visible in the home

We recommend providing a clearly accessible comment box in a communal area to encourage feedback from residents and visitors.

6.6 Staff

6.6.1. Two staff members said they would like to receive specialised risk assessment training and three wish to progress to the next level of NVQ qualification upon completing the current level.

We recommend supporting staff to take the above additional training, to enhance their skills and professional development.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
ID	Identification
LA	Local Authority
LTC	Long-term condition
NVQ	National Vocational Qualification

Cover photo by Matthias Zomer

9. Distribution and Comment

This report is available to the public and shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences of health and care services, please contact us.

Healthwatch Bromley The Albany, Douglas Way, SE8 4AG

Telephone: 020 388 60752

Email: info@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk

healthwatch
Bromley

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Parna Francis, CQC Registered Manager
Date sent	15 th April 2026
Report title	Enter & View Report, Angelina Care Home
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	2 nd June 2026
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	
	Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations</u> . If not applicable, please state this and provide a brief explanation of the reasons.
Recommendation 1	The signage outside the front door: we have two sign boards with Angelina name and number on it. One is based at the front entrance and one on the side of the building. It's quite big and readable. We don't intend to increase the size of this as some of our residents like the homely feeling of the place and prefer not to have massive sign boards outside.
Recommendation 2	Cracked floor on first floor: this was being tackled the same day as the handyman was on job when you arrived. This was sorted out the same day. In fact all the flooring upstairs has been newly laid.
Recommendation 3	Broken fence on the ramp: can you kindly mention which one as I couldn't see any broken fence on the ramp.
Recommendation 4	Dementia clock: we have one patient who has newly been diagnosed with dementia, however, he is very aware and alert

of his surroundings. He also has his own mobile phone and can read the time there. He also has a digital clock in his bedroom.

Signed	Parna Francis
Name	Parna Francis
Position	CQC Registered Manager