

Enter & View Report

High View Care Services, 3rd December 2025



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Visit Details	
Service Visited	High View Care Services Ltd, 66 Plaistow Lane, BRI 3JE
Service Manager	James Benton
Date & Time of Visit	Wednesday 3 rd December 2025, 11:00 – 14:30
Status of Visit	Announced
Authorised Representatives	Aleena Haider
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 High View Care Services

High View Care Services is a community-based neuro-rehabilitation provider supporting adults between the ages of 18-65 with acquired brain injuries, neurological conditions, and co-occurring needs (mental health, substance misuse, physical recovery, and complex social backgrounds).

Their service model is built around small, residential rehabilitation units (Units 9, 66, 84 and 154) and a strong central governance structure, with an approach that blends clinical rehabilitation, everyday skill-building and community reintegration.

66 Plaistow Lane is the assessment and rehabilitation unit, where users typically stay for 6-24 months. There is no upper time limit for people whose journey requires prolonged, slow-stream support.

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 of High View was announced and carried out in February 2020, when the service was rated 'Overall Good'. The CQC carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of their regulatory functions. It was planned to look at the overall quality of the service and provide a rating under the Care Act 2014.

At the time of the inspection, people's experience of the service was positive, with appropriate recruitment checks completed and sufficient staff to meet care needs. Safeguarding, whistleblowing, risk management, medicines and infection control procedures were in place and understood by staff. People's needs were assessed before admission, and staff were trained, supervised and skilled to provide appropriate support. People were supported to maintain a healthy diet, access health care professionals and exercise choice and control in their daily lives. The service involved people and relatives in care planning, had a complaints process and arrangements for end-of-life care. Quality and safety were monitored, feedback was used to improve the service, and staff felt supported by the registered manager.

2.3 Residents

No.66 can accommodate up to 11 residents and is currently home to ten men and one woman. During our visit, all residents were living with additional long-term health conditions alongside their primary diagnosis. None of the residents has a diagnosis of dementia, but three have been diagnosed with Korsakoff's syndrome*.

Around half of the residents identify as White British, with the remainder a mix of Black African, Caribbean, Somali, Eastern European and British Albanian.

*A condition caused by severe vitamin B1 (thiamine) deficiency, most linked to long-term alcohol misuse. Korsakoff's affects memory, problem-solving and new learning, and can sometimes resemble certain aspects of dementia, but it is considered a distinct and potentially more stabilisable condition when the person receives the right support. The High View team is experienced in supporting people with Korsakoff's, offering structured routines, memory-compensation strategies and a calm, predictable environment to help maximise independence and daily functioning.

2.4 Staff

The home has 21 staff: Managers, Deputy Managers, Rehabilitation Assistants, Senior Rehabilitation Assistants, Team Leaders, a Therapy Team (Neuropsychologist, Assistant Psychologists, Neuro Rehabilitation Coaches, Occupational & Physio Therapists) and operational staff.

3. Summary of Findings

The E&V visit was carried out on Wednesday 3rd December; 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 away from the main road and traffic noise. Parking is available outside.

What works well?

- Easily accessible by public transport
- Parking available
- Camera doorbell
- Logbook for visitors to sign in and out
- Hand sanitiser available at the entrance
- Wheelchair friendly
- Notice boards (which included the Healthwatch Bromley Enter & View information poster).

What could be improved?

- The house number is written in words rather than numerals, which makes it hard to identify the property from the street.

3.2 General Environment

Notes

During our visit the home was decorated for the Christmas holiday, creating a festive atmosphere. The walls are painted in a neutral cream tone, paired with brown hand railings and brown flooring, which offer visual contrast and support for safe mobility. The stairs are carpeted in dark grey with red borders.

Clear, well-positioned signage is displayed throughout the home, helping residents and visitors to navigate the building with ease. There are various notice boards in the corridors displaying a staff list with pictures, a staff shift schedule with residents' initials, and residents' schedules.

The communal area has a warm and cosy atmosphere, enhanced by an abundance of natural light, which helps residents to feel at home and comfortable. The space includes a large central dining table with chairs, along with comfortable sofas and armchairs arranged to encourage social interaction. Newspapers, magazines, and board games are available on a coffee table for residents to enjoy. The conservatory provides additional recreational space, with a large table for puzzles, as well as pool and table tennis tables.

The garden is spacious, furnished with tables, chairs, umbrellas, and benches offering residents a pleasant space to relax and socialise. Management said that a garden renovation will start in April 2026.

Residents' rooms are spread across the ground, first and top floors. There are six bedrooms on the ground floor, four on the first and one on the top. Bedrooms vary in size, all include an ensuite. Residents' bathrooms are tailored to suit their mobility needs. The home provides all furniture, including a fridge and a TV, and residents are also welcome to bring their own if they wish.

Each bedroom displays the resident's name. Some residents have information about them and pictures displayed on the wall (i.e. past life, diagnosis, likes and dislikes and photos of outings). Some who are self-medication have a locked medication box in their bedroom.

What works well?

- Easily accessible, suitably adapted toilets equipped with emergency buttons
- Residents' bathrooms are tailored to suite their mobility
- Clear, well positioned signage throughout the home
- Corridors are wide enough for wheelchair access
- Multi-faith prayer room.

What could be improved?

- We found no area for improvement.

3.3 Safety and visiting

Notes

At the time of our visit there were no visiting restrictions in place. We observed clear fire exit signs and visible fire extinguishers.

The home operates a flexible and welcoming approach to visiting. While they ask that visits generally take place between 08:00 and 22:00 to support residents' routines and safety, they are always willing to consider visits outside these times where prior notice is given or where there are exceptional circumstances. The home does not currently place any restrictions on the number of visitors, and families are encouraged to visit in a way that best supports the wellbeing and preferences of their relatives.

What works well?

- Fire alarms tested weekly
- Security latches on all windows
- Emergency alarm buttons reachable from beds
- Some doors, including cupboards, securely locked
- Clean and well organised kitchen
- Hand sanitiser available throughout the home
- Medication room always locked, medication cupboards are labelled.

What could be improved?

- We found no area for improvement.

3.4 Activities and Personal Involvement

Notes

The daily and weekly activity schedule is clearly displayed on notice boards; another board showcases photos of previous events, and notes upcoming ones.

Activities vary daily and include:

- Kitchen training
- Karaoke
- Quiz
- Puzzle
- Movie night
- Relaxation group
- Exercise
- Bingo
- Arts
- Outings.

High View Care Services has a bus and a large 4x4 shared between local units to take residents on local outings. Some residents can go out on their own; some are supported by staff. Management highlighted that residents who have a history of alcohol abuse are required to take a breathalyser test when they return to the home, if they have been on outings unaccompanied.

One of the residents who is a smoker has their smoke schedule displayed on a board.

The conservatory contains a large table with puzzles, a pool table, and a table tennis table.

What works well?

- A range of activities to engage residents and keep them active
- Activities clearly written on a white board in the dining room
- Past activities and events photos displayed on notice board.

What could be improved?

- We found no area for improvement.

3.5 Diet and Cultural Practices

Notes

The daily menu is written on a board in the communal area. It is tailored to residents' preferences and dietary needs. On some days, residents are encouraged to prepare their own lunch supported by staff. The home has an Occupational Therapy Kitchen where residents can improve their cooking abilities with the support of staff.

Residents can go with staff for the weekly food shopping to pick their preferences valued at £20. Most residents have their own fridge in their room which is provided by the home.

The main kitchen is open for residents to use during the day and closed between 21:00 and 07:00 for health and safety reasons. Tea, coffee, soft drinks and light snacks are available throughout the day. All main meals can include additional vegetables and/or salad. All desserts come with a choice of fruit.

What works well?

- Residents can choose what they would like to eat every day
- A daily menu is written on large board in communal area
- A weekly menu is displayed in the main corridor and communal lounge
- Variety of food on offer (e.g. beef casserole, chicken pasta bake, fish and chips with mushy peas, vegetarian spaghetti bolognese, leek and potato soup, shepherd's pie)
- Snacks (fruit and crisps) available in the dining area.

What could be improved?

- We found no area for improvement.

3.6 Feedback and Complaints

Notes

During our visit, management emphasised that they have an open-door policy, which means that the home encourages residents, relatives, and staff to speak to management about any issue and make suggestions before it becomes a complaint. There is a comment box in the dining room, as well as a poster with a

QR code for feedback. The home conducts a monthly residents' meeting, discussing different topics such as activities and care received.

What works well?

- Comment box in the dining room
- Poster with QR code to leave feedback
- Complaints are logged, then feedback is given on how it was dealt with.

What could be improved?

- We found no area for improvement.

4. Residents' and Families' Feedback

We received feedback from six residents and three family members. We asked about various aspects of their experience, including satisfaction with care, dietary options, activities and personal development, access to healthcare, opportunities for social interaction, safety, and communication with the home.

Overall, feedback was positive, with residents and family members expressing satisfaction with the care provided at High View Care Services. Residents reported feeling safe and well supported and appreciated having a say in decisions about the activities on offer.

Family members shared positive feedback about the support their loved ones receive from local health and care services, including GPs, dentists, and pharmacies.

Family members reported that they receive regular updates about any issues affecting their relatives, including falls, changes in health and forthcoming care plans. When asked about residents' safety in the home, such as visitor identification checks and the presence of clear evacuation procedures, all respondents confirmed that they felt residents were safe.

Family and Friends' Selected Comments

"Very well-run services."

"Staff go above and beyond to support everyone."

"My brother feels right at home here."

Residents' Selected Comments

"I feel great, thumbs up for all the staff members."

"Good staff here."

"I am treated well and listened to by staff."

"All staff are incredible and they listen to me."

5. Staff & Management Feedback

We received feedback forms from 12 staff members and one from management.

5.1 Staffing

Notes

Of the 12 staff members we spoke to, four have been working at the home over four years, six between 1 – 3 years and two have been there for less than 12 months. Staff do not wear uniforms. Shifts vary between four, six, eight or 12 hours.

Training

All staff complete a comprehensive induction programme lasting a minimum of two weeks, which includes at least a one-week shadowing shift. The number of shadowing shifts varies according to staff needs and experience.

Training is delivered through a combination of online modules and face-to-face. Mandatory annual refresher courses, such as manual handling and first aid, are required to maintain core competencies. Additional training opportunities (e.g. NVQ Level 4) are offered in response to staff interests and requests, supporting continued professional development. Staff have supervision every eight weeks.

All staff completing the questionnaire were asked if there were any further training they would like to receive. All answered no, emphasising that they receive all the training they need for their roles.

Breaks

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

Management

Staff appear to have a positive relationship with the manager, with all those we spoke to stating that they feel heard and supported when raising concerns or asking questions. Management highlighted that there is always a manager on duty, even on bank holidays.

What works well?

- Staff are given three meals when working a full day
- The home has an on-call supervisor room, appropriately equipped for overnight shifts.

What could be improved?

- We found no areas for improvement.

5.2 Selected Comments from Staff

"At High View, all clients are treated with dignity and respect."

"We strive for perfection. It is not always attainable, but we try."

"Residents are treated with respect, views and opinions are listened to."

"I feel High View is an established, well-run service. Service users and staff are respected."

5.3 Management

Notes

The registered manager expressed confidence in the quality of care and support delivered to residents.

Diet

All residents undergo a needs assessment upon admission, with adjustments made individually as required. The home accommodates specific dietary and cultural needs, for example halal. Help is provided to residents who need support with eating and drinking.

Menus are reviewed and discussed every quarter with residents. There is a set menu, and an alternative option is offered.

Overall provision of liquids is monitored. Drinks are available on the table in the dining area. Each resident has their own fridge in their bedroom.

Quality of care

During our visit, the home was a comfortable temperature. All rooms are provided with a fan during hot weather, and an extra radiator during the cold season.

Laundry services are done within the home.

Safety

The manager stated that all staff have ID badges but do not always wear them as clients know all the staff. Management explained that this makes the service more personal from the residents' perspective.

The manager said that staff, residents and visitors have the knowledge and skills necessary to address safeguarding concerns, and all are aware of how to raise a complaint.

Activities

Residents are encouraged to mix and socialise through in-house activities. Some residents have friends in other units, such as Crystal Palace, and the home supports this by driving residents to visit their friends.

Provision is made for any residents with English as Additional Language (EAL) at the home by using Language Line services or a face-to-face translator. The home supports residents with diverse cultural or sexual identities, for example catering to halal dietary requirements and celebrating Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) events.

Residents can access religious support if they wish. Some attend Sunday service at a local church, and some attend a Mosque every Friday and/or use the multi faith room on the premises.

Community Services

The manager is satisfied with the level of support residents receive from other local health and care services. The home receives a weekly phone call from a GP practice and residents use e-consult when needed. Residents' prescriptions are delivered by a local pharmacy.

A chiropodist attends the home every four to six weeks or as needed.

Residents are supported to visit a local hairdresser, funding the cost themselves.

Infection prevention measures

The manager stated that general infection protocols are still in place – there are no restrictions for visitors. COVID-19 tests are available for staff should they wish to take them.

Staff

All new staff have an induction programme of two weeks, comprising online training and on-floor shadowing. All staff have supervision meetings where they can request additional training which can be funded.

The manager said they are currently satisfied with the level of staffing. The home only uses agency to cover staff sickness.

6. Recommendations

Healthwatch Bromley would like to thank High View Care Services for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we are impressed with the service and only have one minor recommendation to make.

6.1 General Environment

6.1.1. The house number is written in words rather than numerals, which makes it hard to identify from the street.

We recommend that the house number is also displayed in numerals to make the property easier to identify.

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
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning

Cover photo by Juan Pablo Arenas

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.

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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	James Benton
Date sent	12.01.2026
Report title	Draft E&V report - High View Care Services

Response

(If there is a nil response please provide an explanation for this within the statutory 20 days)

Date of response provided	
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.
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Recommendation 1	<p>6.1.1. The house number is written in words rather than numerals, which makes it hard to identify from the street.</p> <p><i>A new porch will be installed in the next couple of months, and the house number will be in numerals and not written words.</i></p>
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Signed	James Benton
Name	James Benton
Position	Service manager