

Enter & View Report

Chislehurst Neurological Rehabilitation Centre

17th April 2025



Contents

	Page
1.Visit Background	3
2.Information About the Service	4
3.Summary of Findings	5
4.Residents' and Families' Feedback	10
5.Staff and Management Feedback	12
6.Recommendations	15
7.Glossary of Terms	17
8.Distribution and Comment	17

Visit Details	
Service Visited	Chislehurst Neurological Rehabilitation Centre
Registered Manager	William Conneely
Date & Time of Visit	Monday 17 th April 2025, 11:00 – 15:00
Status of Visit	Announced
Authorised Representatives	Takudzwa Chifamba
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. Service providers are asked to respond to our recommendations and their responses are added to the reports before publication. 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. Chislehurst Neurological Rehabilitation Centre

Chislehurst Neurological Rehabilitation Centre provides specialist post-acute rehabilitation, as well as management of long-term neurological conditions, to adults over the age of 18. It is owned and run by Active Neuro Limited.

The centre supports people with a brain injury, stroke, progressive neurological conditions and Huntingdon's disease, with neurological rehabilitation, cognitive rehabilitation, and long-term complex care.

2.2 Ratings

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

The CQC has not inspected this service yet.

2.3 Residents

During our visit, 11 residents were living at the centre. Most residents are referred into the service by Blackheath Hospital or the local authority (LA). They are either self-funded or funded by the LA.

2.4 Staff

The centre has 29 staff members, comprising of a multi-disciplinary team (MDT) including psychology, speech and language therapy, physiotherapy, occupational therapy, rehabilitation and therapy assistants. When necessary, the centre uses bank* staff from an agency and tends to bring back the same staff to ensure continuity.

*A bank contract with a care home is a zero-hours contract that allows a healthcare professional to work there when they are available. Bank staff, also known as agency staff, are skilled professionals who provide short-term coverage when needed.

3. Summary of Findings

The E&V visit was carried out on Monday 17th April 2025; two E&V ARs were present. It was announced and planned in partnership with the centre. 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 centre is situated in a residential cul-de-sac, resulting in minimal traffic noise. The outdoor area is well-maintained with a small space for visitors. Free, off-road parking is also available.

The building features a single main entrance, easily accessible for a wheelchair user. The double doors open automatically, providing access to the reception area. A lift is also available, designed to accommodate a wheelchair user and one additional person.

What works well?

- Parking available on the road
- Visitors sign in and out
- Wheelchair friendly
- Clear signage outside the centre
- Visiting times displayed on main doors
- Bell for out of hours access
- Video intercom system.

What could be improved?

- There is no designated ambulance bay.

3.2 General Environment

Notes

The centre has a warm and welcoming atmosphere, enhanced by soft lighting that creates a calm and soothing ambience. The flooring is predominantly dark wood, which pairs well with the neutral-toned walls. Along the staircase, white railings provide a gentle contrast to the muted wall colours, adding a touch of brightness to the space.

The building has a main reception area, with a digital sign in and out for visitors. The centre is spread across two levels—ground and first floor. Communal spaces include a lounge, dining area, and an in-house gym offering a variety of options to relax or be active. On the first floor, there is a meeting room that can also be used as a prayer room.

As part of the shared living space, there is an open-plan kitchen stocked with fresh beverages, milk, fruit and bread. The dining area features a large table where residents can come together and enjoy their meals in a warm and sociable setting. There is also a large TV and a board with the day's activity.

The quiet lounge is furnished with comfortable sofas, thoughtfully arranged to promote conversation and a sense of comfort.

The corridors are spacious and easy to navigate, offering sufficient room for wheelchair users. Doors to lifts, residents' rooms and storage areas are clearly marked and stand out from the surrounding walls, supporting ease of access.

A large notice board is displayed in the corridor, featuring information such as the 'Resident of the Week', 'Employee of the Month', shift allocations, and the weekly food menu.

The centre's outdoor space includes a wooden patio and an astro turf garden. The patio is equipped with seating and may be used by residents or visitors who smoke. The garden features a large parasol, along with tables and chairs, offering a pleasant space for relaxation. During our visit, the outdoor space appeared well-maintained and free from any visible hazards.

Bedrooms are located across the ground and first floors and vary in size. All rooms come with private bathrooms. Depending on needs, some beds are equipped with bed rails, or sensors e.g. seizure sensor. Residents are encouraged to bring their own furniture, allowing them to personalise their rooms and create a space reflective of their individual tastes.

What works well?

- Bedrooms are clean and fit for purpose
- The lounge is arranged with seats facing each other, creating a welcoming space that encourages social interaction
- Variety of information displayed throughout the centre (e.g. infection and prevention instructions, invitation to review the centre)
- First aid kit box in the corridor
- Clear signs.

What could be improved?

- There are no handrails in corridors.

3.3 Safety and visiting

Notes

At the time of our visit there were no visiting restrictions. We observed clear fire exit signs throughout the centre, an evacuation plan, and a visible fire alarm zone layout in the corridors.

Visiting hours are between 10:00 – 20:00 and this information is displayed on the main entrance door.

The centre is still undergoing renovations. Management informed us that security cameras will be installed in two months' time; new outdoor lights will be added.

What works well?

- Clear fire exit signs
- Each bedroom is equipped with an alarm button located by the bed side
- Fire extinguishers are visible
- Fire emergency procedure displayed
- Hygiene precautions displayed throughout the centre
- All staff wear identification (ID) badges and uniform.

What could be improved?

- We found no areas for improvement.

3.4 Activities and Personal Involvement

Notes

During our visit, some residents were socialising in the main lounge. Some were in the kitchen preparing food.

The centre has a service vehicle that can take residents on outings to the park, coffee shops, or shopping.

Some residents go out on their own or will be accompanied by staff and pay for their own transport.

Management emphasised the team's dedication to delivering person-centred activities, acknowledging that the varied needs of residents mean not every activity will be appropriate or engaging for all individuals.

Activities vary daily and include:

- Puzzles
- Arts and crafts
- Gardening
- Local walks
- Group physiotherapy
- Days out.

What works well?

- A range of activities to engage residents and keep them active
- The week's activity programme is displayed in the communal area.

What could be improved?

- We found no areas for improvement.

3.5 Diet and Cultural Practices

Notes

A four-week rotating menu is displayed in the communal area, offering residents a clear view of upcoming meals. While lunch is typically served at 12:30, residents have the flexibility to dine at a time that suits them. Alternative meal options are also available for those who prefer something different from the planned menu.

Each week, residents enjoy a takeaway night, adding variety and choice to their dining experience.

The centre caters to residents with specific dietary needs, providing food options tailored to individual preferences and requirements, gathered on admission.

Drinks are available all day and fluid intake is recorded on Nourish Care*, which calculates intake and highlights how much more a person will need.

What works well?

- Residents can choose what they would like to eat from the menu
- A variety of food is offered (e.g. sweet and sour chicken, fish and chips, sausage casserole, roast lamb, homemade pasties, sandwiches)
- The centre can adapt food choices to a resident's dietary requirements

- Fruit and drinks available all day
- Residents have access to a stocked fridge.

What could be improved?

- We found no areas for improvement.

*Nourish Care is comprehensive residential care planning software to record, evidence and manage dietary care in care homes.

3.6 Feedback and Complaints

Notes

Management has an open-door policy; residents and their family are welcome any time to give feedback. The centre receives feedback from friends and families through emails, feedback forms, and residents' meetings.

What works well?

- The "You Said, We Did board" highlighting suggestions made by residents and the actions taken in response
- A comment box is available in the quiet room.

What could be improved?

- We found no areas for improvement.

4. Residents' and Families' Feedback

We received feedback from eight residents and six family members. We sought feedback on satisfaction levels, diet, activities, personal development, access to healthcare, socialisation, safety, and communication with the centre.

Overall, residents and their families were positive about the care and services provided. The centre takes an individualised approach to emergency planning, tailoring responses to each resident's specific needs. Residents agreed that they are cared for, warm, well-nourished, and socially engaged, with opportunities to build friendships and spend time together. The centre maintains an open and accessible

atmosphere, making it easy for visitors to come and go, and for residents to sign up for a variety of activities.

Residents shared that they are actively involved in choosing the types of activities available and feel supported in making their own decisions. They expressed confidence in the care received from local GPs, dentists, and pharmacists, and reported feeling safe and well-protected within the centre.

Residents said they feel encouraged and supported to make their own choices around mealtimes and social activities, which helps to promote a sense of independence. Many also spoke positively about feeling safe, warm, and at ease within their surroundings. Those who completed the questionnaire unanimously agreed that they are treated with dignity and respect and feel listened to when raising any concerns or questions.

Some family members expressed confidence in the support their loved ones receive from local health and care services, including GPs, dentists, and pharmacies. They also shared positive views about the quality of personal care provided, such as assistance with washing, hairdressing, and chiropody.

Most relatives reported feeling well-informed about any concerns regarding their family member's wellbeing, including incidents such as falls, changes in health, and future care planning. When asked about safety measures—such as visitor ID checks and the presence of clear evacuation plans—all respondents confirmed their satisfaction through the questionnaire.

One family member stated that they do not know what the arrangements are for their relative in an emergency and are unsure if they are satisfied with the level of support their relative receives from other local health and care services e.g. GPs, dentists and pharmacies.

Another family member mentioned that they are not regularly informed of concerns about their relative e.g. falls, ill health and future care plans.

Family and Friends' Selected Comments

"Very good, caring staff and pleasant environment."

"Everyone I have met has been respectful."

"Service is very good, and it is easy to raise a concern."

Residents' Selected Comments

"I think the service here is wonderful."

"I feel like they listen and understand, I do not have any concerns or issues."

"Overall, I am satisfied."

5. Staff & Management Feedback

Feedback was gathered from seven staff members and one member 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 seven staff members with whom we spoke, five have worked there between one and three years and two for less than 12 months.

Training

Staff training is tailored to individual job roles, with all team members expected to complete a set of mandatory courses. These include person-centred care, moving and handling, safeguarding, fire safety, health and safety, infection prevention, General Data Protection Regulation (GDPR), equality and diversity, food hygiene, and first aid.

All staff who completed the questionnaire were asked about their interest in additional training opportunities. Six staff members indicated there were no further training programmes they wished to pursue, and one expressed an interest in Continuing Professional Development (CPD).

Breaks

Staff members reported having adequate breaks during their shifts and expressed satisfaction with how handovers are managed. They also spoke positively about the opportunities they have to support and engage with residents in their daily routines.

Management

Staff described having a positive and supportive relationship with management. Everyone we spoke with during the visit shared that they feel listened to when raising concerns or asking questions.

What works well?

- Staff and management maintain a positive and collaborative relationship.

What could be improved:

- One staff member said they would be interested in CPD training.

5.2 Selected Comments from Staff

"I think the service here is very good, everyone helps."

"The service here is at a high standard."

"Residents have a choice to decide how much involvement they have."

"The services are good, and the facilities are great."

5.3 Management

Notes

The manager is pleased with the quality of service provided to the residents.

Diet

Each resident's needs are assessed on admission and reviewed regularly to reflect any changes. Management expressed confidence in the centre's ability to meet individual dietary requirements, with residents offered a wide selection of meal options from the menu. Food and fluid intake is monitored and recorded using Nourish Care.

Quality of care

The centre is kept at a comfortable and consistent temperature throughout. Laundry services are provided on site, supporting residents' daily living needs efficiently.

Safety

The manager informed us that all staff members wear uniform. We noted that all staff wear ID badges.

All staff are familiar with the evacuation plan, including procedures for assisting residents who may need help during an evacuation.

Activities

Residents are actively encouraged to socialise and engage with one another. In addition to a variety of activities within the centre, residents also enjoy regular outings.

To support residents for whom English is an additional language (EAL), the centre uses tools such as Google Translate to aid communication. For residents with speech difficulties, support is provided through access to a speech therapist, along with the use of visual words and symbols to enhance understanding.

The centre is inclusive and welcoming of gender and sexual diversity (GSD).

The on-site gym is equipped with a bicycle machine, parallel bars, arm cycle, yoga ball, and exercise mat. It is planned to introduce additional equipment, including weights and a treadmill, within the next three months to further enhance the range of physical activities available to residents.

Community Services

Management is satisfied with the level of support residents receive from other local health and care services. The MDT meets every Tuesday. A local GP comes every two weeks or as needed. The centre has an in-house consultant Doctor of Medicine. They are currently planning to have their own chiropodist - at the moment chiropody is arranged by the GP.

Staff

Management stated that they are satisfied with the current level of staffing in the centre.

6. Recommendations

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

6.1 Entry and general accessibility

6.1.1. No designated ambulance bay.

We recommend designating a specific area for ambulance access to allow for quick and efficient entry and exit for emergency services, improving safety and accessibility in urgent situations.

6.2 General Environment

6.2.1. There are no handrails in corridors.

We recommend installing handrails along the corridors to support residents with mobility needs, enhance safety, and reduce the risk of falls as they move through the centre

6.3 Feedback and complaints

6.3.2. A family member stated that they do not know the arrangements for their relative in an emergency and are unsure if they are satisfied with the level of support their relative receives from other local health and care services e.g. GPs, dentists and pharmacies.

We recommend improving communication with families regarding emergency procedures and the support available from local health and care services. Providing clear, accessible information can help reassure families and strengthen their confidence in the care their loved ones receive.

6.3.3. A family member mentioned that they are not regularly informed of concerns about their relative e.g. falls, ill-health and future care plans.

We recommend strengthening communication with families to ensure they are consistently informed about any concerns related to their relative's health and care plans, including incidents such as falls or changes in wellbeing. Clear and regular updates can help build trust and keep families engaged in their loved one's care.

6.4 Staff

6.4.1. A staff member said they would be interested in CPD training.

We recommend offering staff members the opportunity to explore further training options more regularly, to enhance their skills and confidence. A survey could help identify areas of interest for additional training, supporting all staff in their professional development.

8. Glossary of Terms

AR	Authorised Representative
CPD	Continuing Professional Development
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
ID	Identification
LA	Local Authority
MDT	Multi-Disciplinary Team
GDPR	General Data Protection Regulation
GSD	Gender and Sexual Diversity
ID	Identification

Front cover photo by Kampus Production.

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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Report & Recommendation Response Form

Report sent to	William Conneely
Date sent	28 th April
Report title	Enter & View

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.	Under section 5.3 it says the manager is pleased with the quality of service, whilst I agree we work hard at providing a caring, safe, enabling and transformative service, I would also say we are always looking to improve through a spirit of collaboration with the residents we support, relatives, care/therapy team and MDT.

	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	
6.1.1	Ambulances pull right up to the front door when they arrive so not normally an issue, will however look into having a designated ambulance space.

Recommendation 2	
6.2.1	Presently no residents use handrails as are either fully mobile, use walking frames or wheelchairs. Will discuss with the Therapy team if handrails will be appropriate and follow up with our Estates department.

Recommendation 3	
6.3.2	No family member has raised any concerns re their relative in an emergency situation, any emergencies re residents are clearly documented on Datix which includes immediate notification to a relative with clear feedback and reassurance as to the well-being of their family member post incident. Manager to follow up with family member concerned and update/reassure.
Recommendation 4	
6.4.1	Core training, face to face is organised by the learning and development department, staff and managers can organise/signpost training requirements through supervision/appraisals and development plans, a large chunk of training is also completed online.
Signed	William Conneely
Name	William Conneely
Position	30.04.2025