

healthwatch
Kingston upon Thames

Enter & View Report

Kingston Rehabilitation
Centre

December 2024



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1 Introduction

1.1 Details of visit

Service Provider	Kingston Rehabilitation Centre
Service Address	36 Beaufort Road, Kingston Upon Thames KT1 2TQ
Registered Manager	Rohana King
Date/Time of enter and view visits	10 December 2024
Status of enter and view visit	Announced
HWK Authorised Representatives	Jill Praver (HWK Staff Team) Julie Pilot (HWK Volunteer) Graham Goldspring (HWK Volunteer) Liz Meerabeau (HWK Volunteer)
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Service provider	Bagshot Rehab Centre Ltd

1.2 Acknowledgements

This visit was undertaken by authorised representatives at Healthwatch Kingston. We would like to thank Kingston Rehabilitation Centre residents, relatives/friends, and staff members for their contribution toward the enter and view programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The enter and view report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2 Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake enter and view visits with the aim of identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK ARs' visit to Kingston Rehabilitation Centre (KRC). KRC is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of the homes run by CHD Living.

The service supports adults of all ages and specialises in neurological rehabilitation and complex care, and as such is a very different provision to the other homes HWK have visited. Residents at KRC have traumatic or acquired brain injuries or acquired spinal cord injuries. The provision has a focus on rehabilitation with a view to the individual returning to the community where possible. Alongside their neurodisability, many of the residents are also coming to terms with the life-changing experience they have been through. Most of the residents are under 65 years of age.

Residents at KRC are reviewed every two weeks for the first eight weeks of their placement at KRC. At the end of this period a decision is made about the future trajectory for their care. Many of the residents during our visit were long term, some expecting to remain at KRC for many years, others looking to rehabilitate and leave to go to a different provision, or back to the community.

Since 2022 the centre has also received international referrals. The manager told us that although there have always been a few residents using the centre for respite, these placements have increased in number in recent times.

KRC has 36 beds arranged over three floors with lounge/dining room on the ground floor and lounge on the first floor. When we visited there were 28 residents. The building is a purpose-built rehabilitation centre, built in 2018.

HWK has not previously visited KRC. The last Care Quality Commission (CQC) inspection was undertaken in January 2023 (published February 2023) which rated the home 'good' in the areas of safe and well led. ([CQC report](#)) This visit was unannounced and followed concerns reported about inappropriate behaviour from staff while undertaking personal care. During the visit, these reports were not substantiated. The manager told us that due to the nature of their neurodisability, staff interventions involving personal care could sometimes be misconstrued by a resident. We were told that any allegation against staff members was always reported and followed up, to ensure transparency and to protect both the residents and the staff.

The Enter and View visit to KRC was conducted as part of HWK's series of announced enter and view visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about enter and view and the HWK enter and view programme can be [found here](#).

Overall, HWK Authorised Representatives concluded that KRC was a well-run home with caring staff and a strong focus on the care and safety of the residents. The residents who were able to talk to us told us that they were happy with their care, and with the staff. On this visit we were unable to speak to any relatives.

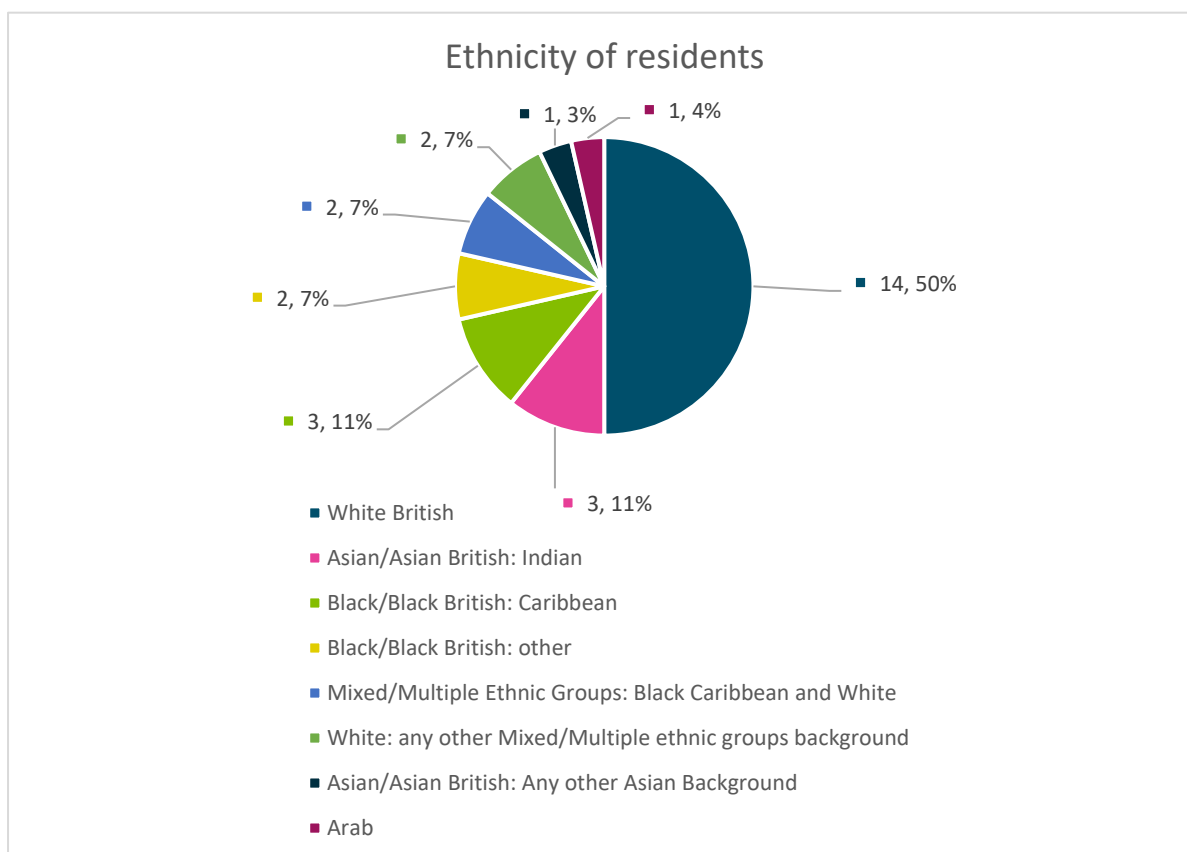
We observed the staff demonstrating awareness and knowledge of each resident's needs and maintaining a calm and friendly demeanour. The staff were

alert to the residents’ needs throughout our visit. Our visit was from 11.30am – 3.30pm and we were able to observe the lunchtime meal and some activities.

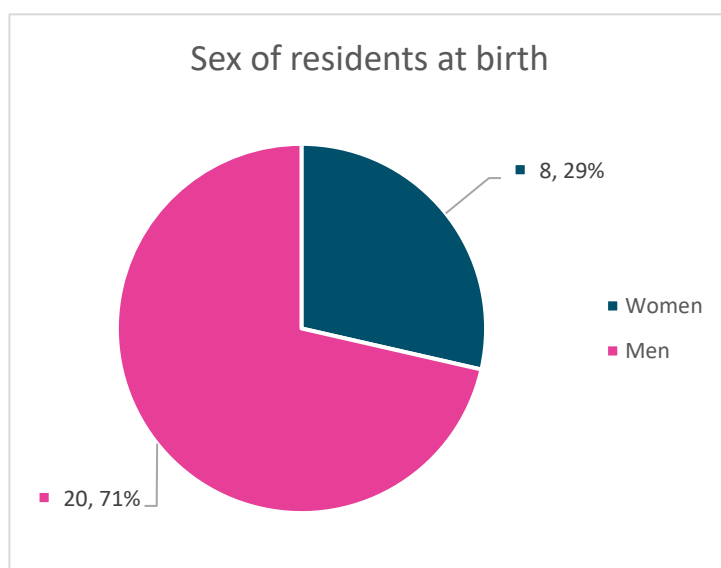
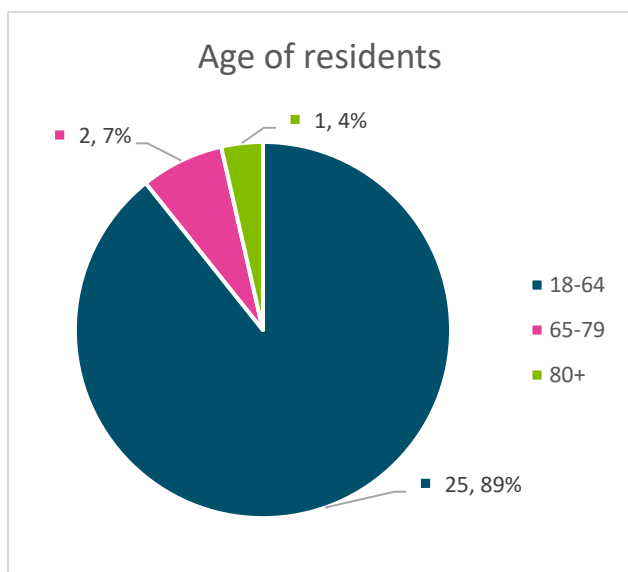
3 Demographics

At the time of our visit the home had 28 residents, 2 (5%) of whom were funded by RBK. KRC has no RBK block contract beds.

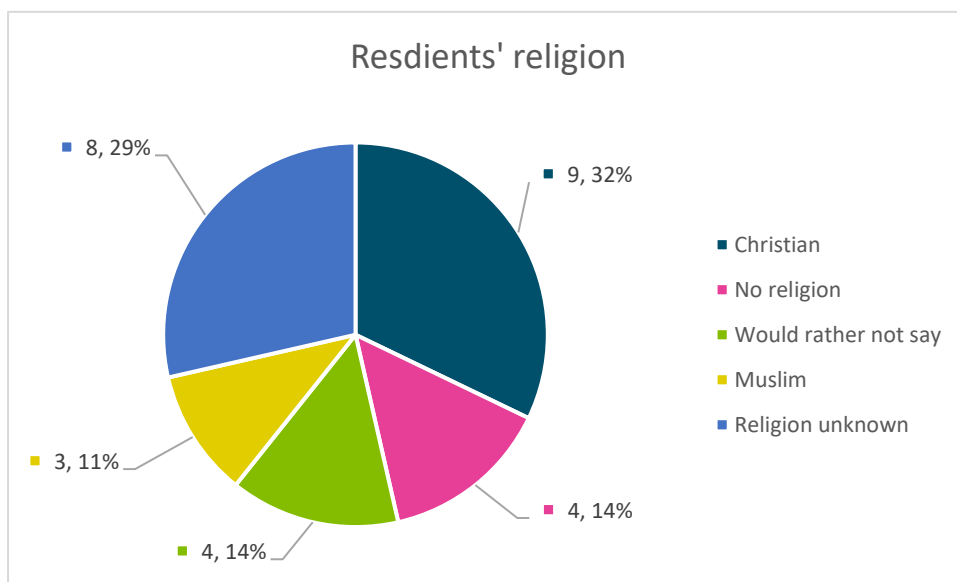
14 (50%) of the residents are White British; 3 (11%) are Asian/Asian British: Indian, 3 (11%) are Black/Black British: Caribbean; 2 (7%) are Black/Black British: any other Black background; 2 (7%) are Mixed/ Multiple ethnic Groups: Black Caribbean and White; 2 (7%) are White: any other Mixed/Multiple ethnic groups background; 1 (3%) is Asian/Asian British: Any other Asian background, and 1 (4%) is Arab.



%) residents are between 18 and 64; two (7%) residents are aged 65 to 79 and 1 (7%) is 80+. There are 8 (29%) women and 20 (71%) men currently resident.



9 (32%) of the residents are Christian, 4 (14%) have no religion; 4 (14%) would rather not say; 3 (11%) are Muslim and for 8 (29%) the religion is unknown.



All (100%) are heterosexual / straight. All residents can speak English, while 6 were unable to communicate as they had a prolonged disorder of consciousness.

3 (11%) residents had a religious dietary requirement, 7 (25 %) had a medical dietary requirement and 1 (4%) was Vegan/Vegetarian.

Residents at KRC can be living with a number of different health issues: 27 (96%) of those resident during our visit had a physical or mobility impairment.

The home has 70 staff including 14 nurses, and uses on average, two agency staff per week. Where possible, agency staff who are familiar with the centre and the residents are used.

4 Living Environment

The 2nd floor had 11 rooms, all with full en-suite wet room facilities. When we visited there were six residents. The staff for the floor were two carers and one nurse. On the 1st floor there were 14 rooms and at the time of our visit, 12 were occupied. The staff on the 1st floor were five carers, one nurse and the team leader who was also a nurse. The team leader covered the three floors of the centre but was stationed on the first floor. The residents on the first floor tended to have higher needs from spinal cord injuries and hoists were used to move them from their beds. These residents had complex needs, and we were told it sometimes got very busy on this floor. On the ground floor there were 11 rooms with 10 of them occupied. Four carers worked on this floor and one nurse. Both the Clinical Lead and the Manager are trained nurses.

In the basement there was a physiotherapy gym, a hydrotherapy pool (which was also used by those receiving outpatient therapies), and a kitchen used to support residents to cook for themselves with the guidance of an occupational therapist. The office spaces could also be found in the basement.

KRC has a garden at the rear of the property. We visited in the winter so did not see it being used but were told that it was used frequently when the weather is nice. There is also a garden at the front of home on the street which residents were welcome to use with their visitors.

4.1 What worked well

- The atmosphere of the home was warm and welcoming. Staff were friendly and there was a level of activity which was calm and purposeful.
- The interactions between staff and residents that we observed were open, friendly, and demonstrated affection. Staff also demonstrated an understanding of the individual communication styles and needs of each resident. The manager told us that when staff came to work

at the provision they learned very quickly if 'it was for them' and that some staff moved on quickly.

- In the lounge area on the ground floor, we observed that staff made an effort to include residents in any conversation that was taking place. We observed staff acknowledging residents who had chosen to stay in their rooms as they walked around the home.
- The signage in the home was clear, and suitable for the residents' level of understanding.
- Residents and relatives' meetings are held quarterly to discuss any issues that had arisen that could be addressed, and to report on upcoming plans. The manager told us that these meetings would be amalgamated from January 2025 to encourage greater attendance from the relatives of the residents.
- Staff told us that management are very supportive and there was good communication between them and the management. Staff also reported that managers were happy to help out with residents if the need arose.
- We were told that all staff help out at mealtimes, especially if it is busy due to one resident needing a lot of attention. Nurses are also required to answer call bells rung from rooms and help with personal care if the carers are busy.
- Staff told us that there was a good ethos of encouraging further training at the home. One staff member told us they had been given the opportunity to become a team leader and to work and study at the same time. They told us their shifts had been allocated to fit in with their studies. Another staff member told us they had started an NVQ Level 5 in management and leadership which was funded by CHD Living. We were told that there were lots of training opportunities for the staff.

- One of the staff members had been nominated by his colleagues and had won the CHD Living Award – Superhero award! for Nurse of the Year.
- Generally, staff are allocated to a floor for the day, but all work between the floors.
- The three residents we spoke to were very happy with the care they received and told us they glad that they were living there. One resident told us that staff ‘went the extra mile.”
- The garden was well kept and had a raised bed to facilitate gardening by residents in wheelchairs
- The manager of the home was alert to the need to maintain good relations with the neighbours of the provision. The home sometimes generated a lot of noise, usually through individual residents shouting. One resident who shouted persistently was being moved to a new room in an area of the home that would be quieter for the neighbours.

4.2 What could be improved

- The decoration of the home needed an update. The walls and floors were dirty and scuffed which we were told was from wheelchair use. We were told that there was work planned. and that rooms were currently being decorated on a rolling programme with two completed and the next three due to go ahead.
- The upstairs lounge needed a vacuum clean. We were told that the area gets dirty very quickly but the dirt on the floor looked as if it had been there for longer than a day. We observed a cleaner using a vacuum cleaner in the hallway outside the room, but they did not vacuum the lounge during our visit.

- Both the manager and staff members told us that having permanent staff was preferable to using agency staff and that the work required a very particular mindset from the staff. When necessary, the manager tried to use agency staff who had worked in KRC before.
- The handrail in the hallway on the ground floor was loose and wobbled when touched.
- We were told by a resident that any equipment that breaks takes days or weeks to be mended/replaced. The resident said that it was reported immediately by KRC, but the suppliers did not necessarily respond promptly.
- During our tour of the Centre, we noticed a trolley which was very full of medical dressings and other supplies outside of the nurses' room. There was a pair of scissors on the low shelf. These were removed immediately once they were pointed out to the manager.

4.3 What we saw and heard

During our visit we took some photographs and spoke to six members of staff and three residents. We have captured some comments about the environment below.



"We are happy, we are like family." (Staff member)

"Management make me feel seen and heard" (Staff member)

"Residents can trust the permanent staff more than agency staff" (Staff member)

"Support is great. My line manager is really helpful." (Staff member)

"It's very chaotic in a good way... every day is different." (Staff member)

"I think we are the best!" (Staff member)

"I have had the same training as the carers..." (Staff member in the office)

"Good atmosphere here, everyone is friendly" (Resident)

"(Staff) are good, they listen, they're hands on. I always go to the office if I need to. They never say 'they're busy'" (Resident)

"Bit more training for hoisting." (Resident)

"Really friendly and caring, really nice and tidy and clean here." (Resident)

"Nothing but praise for this place – it's like home from home; we're one big family (with the appropriate boundaries)." (Resident)

"It's warm and friendly team and every member of staff is approachable – can go to a team leader. Everyone treats you with dignity, all go above and beyond, and I'd be the first to speak up." (Resident)

"The nurses are brilliant (I used to be a nurse, so I know) they're so competent." (Resident)

"Nobody every argues, nobody ever shouts. I knew as soon as I came here, I was home." (Resident)





Images from left to right, show an example of the signage in KRC, the broken handrail, the trolley outside the nurses' room, the private back garden, and the 'public' front garden.

4.4 Living environment recommendations

HWK living environment recommendations	Kingston Rehabilitation Centre response
1. Refresh the furnishings and decoration of the home as planned within a specific time frame.	Planned works are in progress and will be completed in priority order. New flooring has been approved, and new chairs have been discussed and verbally agreed. The in-house maintenance team will complete repainting.
2. Fix the broken handrail on the ground floor.	Completed
3. Vacuum the upstairs lounge area more frequently.	Completed
4. Assess the contractors used to mend wheelchairs/other specialist equipment to ensure they are as prompt as possible.	There are no delays with our commissioned suppliers but there can be delays with publicly funded suppliers such as wheelchair services
5. Ensure no sharp objects are reachable / available to the residents.	Completed

5 Mealtime experience

We observed lunch on the ground floor in the lounge area. Eight residents ate there. Two were eating at the table and were chatting with the well-being coordinator. Two residents were in wheelchairs and being supported to eat by carers. Four residents were in wheelchairs eating unaided. We were told that the ability to eat unaided varied from resident to resident, with some residents PEG fed. Others needed assistance to eat, others were able to eat independently. Residents had the option to eat in their rooms or join others in the lounge for mealtimes. Residents who want to eat earlier or later than the mealtime were accommodated and if more support was needed to help people to eat, the manager and the nurses would help. The manager estimated that everyone got their meal within 45 minutes.

5.1 What worked well

- The residents who we spoke to told us they enjoyed the food, and we observed that everyone who ate in the downstairs lounge finished their lunch. The residents told us that the kitchen staff were very accommodating of their requests.
- In the downstairs lounge one of the residents was visually impaired. We observed that the carer who was supporting their eating ensured that they were aware of when they approached and where they were standing by saying "hello, can I help you?" and by checking "is that ok?" and "have you finished?" This was done in a kind and encouraging manner.
- The food was brought to the lounge area plated up and labelled and swiftly given to the residents. Dessert followed without delay.
- The atmosphere during lunch was calm and companionable. The television was showing a black and white Western film in the background.

- At one point just after the food arrived, one resident became upset and started loudly shouting. Staff remained calm and we observed that they interpreted the meaning of the shouts, asking “are you hungry?” They were able to calm the resident by telling them their food was coming. The resident then stopped shouting.
- A resident was asked if they would like their usual beer after the meal. This was provided.
- Staff were courteous with each other and considerate of each other’s needs. We observed one staff member indicating it was time for their break, and a team leader telling them to go now, as breaks were important.
- The lounge area was quite cramped during the meal, but the staff seemed to navigate it well.
- We were told that the team negotiates with residents who wish to eat solid food despite a swallow risk. This request is usually agreed as long as the resident agrees to eat in lounge where they can be observed.
- The chef told us he knew the likes and dislikes of the residents and was happy to accommodate any particular requests. We were told that one resident was very particular about what they wanted to eat, and how it was to be prepared. This resident sent emails to the chef with notes such as ‘as usual cook two minutes less than it says on the packet’.
- The chef told us he did menu planning with the residents and/or their family members and that menus are decided three-four months ahead (for each season). He said that he introduces new foods depending on the residents’ wishes.
- We observed a chart in the kitchen with the residents’ different nutrition needs, and dietary restrictions. We were told that carers knew the different dietary needs and preferences of all the residents

well, and if anything came from the kitchen in error, it would be returned immediately.

5.2 What could be improved

During our visit we did not see anything on which we could usefully comment.

5.3 What we saw and heard

During our visit we took some photographs and spoke to six members of staff and three residents. We have captured some comments about the environment below.



"Food is amazing. We eat the same as the residents. It's good." (Staff member)

"I like the food – some days it's ok, some days it's not. They ask what we like to have, show a menu with pictures and writing – (I'm supposed to wear glasses!)"

"I have my own snacks and treats in my room – my partner brings things in for me."

"Really nice and tasty"

"Menu comes round every day, good temperature"

"Better roast dinners on a Sunday."

"Sometimes the meat is tough – usually when cooked by the agency chef."

"I asked the chef if I could have onion rings at some point. That evening I ordered jacket potato with hotpot, and it came along with onion rings! If I ask for mashed potatoes and peas, that's what I get. If food is too spicy for me a portion is removed before the spices are added."

“I can sometimes want to eat when the night staff come on shift. It’s no problem for them to make me some toast.”



Images above (from left to right) show the weekly menu, and the trolley with plated and labelled food for the residents in the ground floor lounge/dining area. Daily menus were taken to each resident.

5.4 Mealtime experience recommendations

During our visit we were able to observe the lunchtime meal. During this visit we did not notice anything we might usefully recommend.

6 Meaningful activities

Residents in KRC have a programme of activities which can include physiotherapy, psychology, and work with an occupational therapist. They can also go to appointments outside of the home, which they do sometimes with a carer, or by themselves. KRC has a fulltime wellbeing coordinator who works Monday to Friday from 10am to 6pm. Another 'bank' staff member is brought in to cover the periods when the well-being coordinator is on leave (if they are available).

6.1 What worked well

- The well-being coordinator seemed very comfortable with the residents.
- Some residents were able to go out of the home and use the local bus independently. We were told that the focus of the care in the home is towards independence and the manager demonstrated a very clear understanding of the balance between the individual's psychological wellbeing and their physiological limitations. Decisions were made with the resident about the advisability of any planned excursion.
- As we started our visit, we observed the well-being coordinator making coconut sweets with two of the residents in the downstairs lounge. Others in the room were included in the conversation and given tasters of the melted chocolate that was one of the ingredients. In the afternoon, the well-being coordinator was doing the same activity with one resident in the upstairs lounge.
- The residents who spoke to us said they felt included in activities even if they were unable to participate due to fatigue. One resident told us that they were often too tired to leave their room but were

always brought the fruits of any activity if they had been unable to join in.

- Psychological therapy often includes making art. One resident showed us some artwork they had made during one of these sessions. The art was displayed in their room.
- KRC run monthly cultural days which were popular with the residents and were mentioned favourably by both residents and staff. These days were based on cultural background of the residents and staff members and included eating culturally appropriate food and making themed art and crafts.
- We were told that a core group of the residents liked to get involved with activities, while others 'dip in and out' more.
- Activities are discussed and decided upon at the regular residents which take place every three months. We were told that in 2025 the regular residents meeting and the regular relatives meeting would be amalgamated to encourage attendance from relatives and to encourage a sociable atmosphere. The manager told us that the initiative was designed to facilitate relatives advocating for their loved ones, especially for those who were unable to communicate their needs themselves.
- Residents had occupational therapy (OT) and physiotherapy (PT) sessions which doubled as activities. These included preparing meals with a staff member in the specially designed OT kitchen, and using the gym and hydrotherapy pool.
- We were told that the centre was very close to the 'Click Café' a café for people with disabilities that ran arts and crafts and singing sessions. If the activity coordinator was not available KRC used it as a resource for their residents.

6.2 What be improved

Residents had a wide range of rehabilitation activities available to them and were at different levels of ability, consciousness, and acceptance of their circumstance. During our visit we did not see anything on which we could usefully comment.

6.3 What we saw and heard

During our visit we took some photographs and spoke to six members of staff and three residents. We have captured some comments about the environment below.



"I'm a quiet person I like to be in my room for an hour or so"
(Resident)

"I'm always busy. Psychology, physiotherapy, reading. I like everybody here." (Resident)

"I do some activities, creative stuff and quizzes. Once a month we make postcards with the flag of the country we're celebrating. Last month it was Greece, next month it will be Japan." (Resident)

"(the well-being coordinator) is lovely. I cook with the OT in the morning once a week. If I want to cook something and the home doesn't have all the ingredients, chef will get them in for the following week." (Resident)

"I enjoy the sensory sessions (demonstrates running fingers through fine sand)– I find them soothing."
(Resident)





Images show (from left to right), entrance to the gym, the hydrotherapy pool, the OT kitchen with low counters, the activities rota on display, images from the cultural days held every month, and a raised bed for gardening activities when the weather is appropriate.

6.4 Meaningful activities recommendations

During our visit we were able to observe an activity and hear about the therapeutic input that was available. During this visit we did not notice anything we might usefully recommend.

7 Next steps

This report has been shared with KRC Care Home who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of KRC Care Home the next steps to be taken in response to outstanding recommendations.

healthwatch

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