



Enter & View

Averlea Residential Home

healthwatch
Cornwall

Contents

Contents	1
1 Introduction	2
2 Visit Summary	3
3 Service overview	3
4 Observations	3
5 Resident feedback	4
6 Staff feedback	5
7 Recommendations	5
8 Provider feedback	6

1 Introduction

1.1 Details of visit

Service provider	Averlea Residential Home
Service Address	Fore Street, Polgooth, St Austell PL26 7BP
Date and time	26 th January 2026
Authorised representative	Nigel Oakes

1.2 Purpose of visit

The visit was part of a programme of visits to residential care homes across Cornwall. The purpose of this Enter and View visit was to observe the environment and care processes within the home, hear directly from residents, relatives and staff about their experiences on the day, and identify opportunities to improve resident wellbeing and quality of life.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank residents, relatives and staff for their contribution to this Enter and View visit and the subsequent report.

1.4 Disclaimer

This report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit.

1.5 About Healthwatch Cornwall

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

1.6 What is Enter and View?

As a local Healthwatch we are authorised to "Enter and View" health and social care services through the Local Government and Public Involvement in Health Act 2007 and Local Authorities Regulations 2013 (part 4). These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits are an opportunity to see services in action, listen to and understand the experiences of individuals who use them, and make recommendations where there are areas for improvement. The visits are organised based on feedback received about individual services or in response to themes identified in our research.

2 Visit Summary

Conversations with staff

Healthwatch Cornwall spoke with six members of care staff, a visiting paramedic and met with the home manager to discuss the service and view the facilities.

Conversations with residents

Three residents were asked about their experience of the home.

Observation of facilities

Observations were made throughout the visit, focussing on the condition of the facilities, administrative procedures and resident experience. Interactions observed between residents and staff included conversation, explanation of activities and support where required.

3 Service overview

Averlea residential care home is situated on the outskirts of St Austell and provides residential and personal care for up to 14 residents over 65 years of age, including those living with dementia. All rooms are single occupancy and one room has en-suite facilities whilst the others share communal toilet and bathing facilities.

Averlea house had an overall CQC rating of 'Requires improvement' when inspected in 2025.

4 Observations

The home is situated on a quiet street in a small residential development. There are several private parking spaces and additional off-road parking nearby. There is a large sign to the front of the house. Access to the house is via a driveway, which has the entrance clearly marked, with the front door having an easily accessible push doorbell.

On entry our identification was verified and we were asked to sign the visitors book.

The entrance door was access controlled with keypad code required for entry and access. In the hallway there were several informational posters including safeguarding information, complaints procedure and feedback from inspection reports.

At the time of the visit several residents were in the communal lounge area and others were in their bedroom. Books, magazines, DVD's, board games and jigsaws were available in the lounge area, along with two televisions showing daytime television programmes. Some residents were engaged with a member of healthcare staff in completing a jigsaw. Staff were observed engaging residents in activities and offering assistance where required. Throughout the visit residents were smiling and engaged in conversation with us.

Staff areas were access controlled, as were all external doors. Office areas were compact and contained a high volume of paperwork and equipment. Residents care and medical information was stored in locked files within an access-controlled area. We were shown an example of a residents care plan folder which had clearly labelled sections covering personal details, medical history and daily care needs, along with a photograph of the resident. The home uses a bespoke electronic system to store patient records, training information and safety documentation. All information is accessed via password protected systems.

Personal protective equipment was available in multiple locations throughout the home. There were hand hygiene wash points in communal areas, all of which were filled and operational.

Some residents rooms had been recently decorated and contained personal items alongside mobility and care equipment. Beds were adjustable and styled to resemble domestic beds, with individual bedding chosen for each resident. From most rooms, windows looked out onto countryside and gardens. Some rooms were awaiting redecoration, and we were told that the home had a planned, rolling programme of redecoration, which included communal areas.

The environment was quiet during our visit, and interactions between residents and staff appeared calm and relaxed. We observed residents and staff smiling and laughing together. Staff spoke positively about residents and their roles within the home.

5 Resident feedback

Three residents were asked about their experience of the home and the care they received. All described staff as 'kind'. One resident who has previously received community care from the home team told us, 'When I couldn't look after myself properly, I moved in here and was very grateful for the care I received'. When describing the move, they said 'It's like they put their arms around me and looked after me'. Another resident told us, 'The staff are all so good here and the food is lovely, there's a good choice and always more than enough', they added 'I feel safe here and the staff are thoughtful and caring'. A third resident told us, 'They are lovely people here; it's like having family look after you.'

'Opportunities for structured activities appeared limited on the day of the visit, which may influence how residents spend their time and a resident said 'There's not much to do but I'm happy to sit and watch TV and the staff do their best to look after us'.

6 Staff feedback

Management team

The home manager described a stable workforce and outlined key operational challenges relating to finances and referral information and said, 'I'm really proud of the team and we all support each other'. The staffing currently comprised of 14 staff including the chef and domestics. They reported that the main challenges the home faced surrounded finances and referrals. We were told that there were occasions where referral information from both the hospital and the council was incomplete or incorrect, which were factors that impacted on placement suitability.

We were told that historically the home had faced challenges with having a smaller number of residents than they could accommodate, but that they had now moved into a more stable period with better occupancy.

They told us that they had a good relationship with the local GP surgery and had regular visits from allied healthcare providers such as a local optician, dentist, podiatrist and ear health specialist.

The manager described their aim to provide a homely and secure environment for residents

Visiting paramedic

A paramedic attached to the local GP surgery, who was visiting to take bloods from a resident described the home as 'A great place'. They told us that they thought, 'The residents are clearly well looked after, and we have a great relationship with the staff' They reported that they currently had no safeguarding concerns about residents in the home.

Healthcare team

All six-healthcare staff we spoke to described a supportive team culture and spoke positively about training opportunities. A healthcare assistant who had worked in the home for several years told us, 'Our heart is in this place, we see our residents as family and look after them like we would our own'. Another said 'I love it here; we're a proper team and make real connections with the residents'. Two staff members highlighted the training opportunities available, one commented 'I've had both online and off-site training for everything from fire safety to dementia awareness, I feel well supported and valued'.

7 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from both residents and staff to improve experiences in the home.

- 1) There are relatively few organised activities on offer in the home. The home may wish to review opportunities for structured activities and meaningful engagement, to support residents' wellbeing and reduce potential social isolation.

- 2) The home may wish to explore opportunities with referring partners to improve the consistency and completeness of referral information, supporting appropriate placement
- 3) Given that office areas were observed to be compact and contained a significant amount of paperwork and equipment, the home may wish to consider reorganising and decluttering these spaces to support safe access and secure storage.
- 4) The refurbishment programme may benefit from regular review, including progress against agreed plans, to support timely completion of bedroom and communal area redecoration.

8 Provider feedback

Our refurbishment programme for decorating the premises the decorating of the lounge will be in March, which then we will complete the decoration of the hallways. Also, onto the dining room area after. We are hoping to decorate every three months to complete all the allocated areas that need decorating

Also, we have just purchased new furniture and chairs for another upstairs bedroom for February month So hopefully we can continue to carry on this way.

I would like to start a residents programme for doing some planting once the better weather arrives to occupy them, also a baking day as well once a week and exercises programme twice weekly to start all of this in March.

We hopefully will get around to revamping the office as soon as we can.

Thank you for your report and thank you for all the lovely comments about our home.

Kind Regards

Beverley Easdon

Contact us:

Healthwatch Cornwall, Suite 1, Calenick House, Heron Way, Newham, Truro, Cornwall, TR1 2XN

 0800 038 1281

 enquires@healthwatchcornwall.co.uk

 healthwatchcornwall.co.uk

 @HWCornwall

 @healthwatchcornwall