

# **Impact Review Report**

**Healthwatch Cornwall's Enter &  
View Provision**

# Impact Review

## Healthwatch Cornwall's Enter & View Provision

### Executive Summary

Enter and View is a statutory function of Healthwatch, allowing authorised representatives to visit health and care settings, observe care delivery, and gather views from people who use services and staff working within them. Feedback reflects what is seen and heard on the day of visits.

This Impact Review brings together Healthwatch Cornwall's Enter & View activity across 25 adult social care, primary care (GPs), pharmacy, and secondary care settings from 2025-26 and draws on resident, patient, staff and provider feedback.



### What the engagement found

Overall, Enter & View feedback found consistently compassionate, person-centred care across services. Patients and residents described staff as kind, respectful and professional, and felt they are listened to and treated as individuals. Strong leadership and positive team cultures repeatedly came up in feedback.

Alongside this, recurrent challenges were identified. These included environment and estate issues, access and waiting pressures, gaps in activity provision in care homes, and system issues such as GP access, referral quality, social care capacity and pharmacy supply issues.

## **What we did about it**

Healthwatch Cornwall raised findings and recommendations with providers and system partners through formal Enter & View reporting, provider responses and ongoing quality and assurance discussions, framing feedback around:

- Risk reduction and safety.
- Consistency and prevention.
- Accessibility and inclusion.
- System resilience and partnership working.

We invited providers to respond to our observations and recommendations with plans for improvement and actions taken.

## **What impact happened**

There is clear evidence of action where recommendations were within providers' direct control, particularly:

- Maintenance, environmental safety and signage.
- Infection prevention and information accuracy.
- Some access and process improvements.

In these areas, our feedback has led to tangible changes that reduce risk and improve experience. In other areas, particularly those requiring additional funding, workforce capacity or whole-system co-ordination, impact is either partial or not yet evidenced.

## **What is still outstanding**

Persistent issues remain around:

- Access to appointments and waiting pressures.
- Staffing resilience during sickness and peak demand.
- Activities and social inclusion in some care settings.
- External system dependencies such as referrals, adult social care capacity, pharmacy integration and estates constraints.

## Background and purpose

### Why we are reviewing Enter & View

This Impact Review moves beyond describing issues to assess what difference Enter and View activity has made. It considers whether recommendations resulted in change, whether that change improved outcomes for people, and where gaps remain.

### Link to HC priorities/statutory themes

Our findings align closely with statutory themes around safety, effectiveness, responsiveness and leadership, as well as local system priorities on access, inclusion, prevention and integrated working.

## Methodology

Information included in this report is drawn from:

- Direct observations during Enter & View visits.
- Conversations with residents, patients, staff and managers.
- Provider responses to Healthwatch recommendations.

Themes were identified by analysing repeated patterns across services rather than isolated comments.

### Independence statement

Healthwatch Cornwall is an independent statutory body. All analysis and conclusions are our own.

## Key themes and evidence

### 1. Compassionate, Person-Centred Care

**What we found:** Across all settings, people consistently described staff as kind, caring and respectful. Feeling known, listened to and supported was central to positive experiences.



“The staff are so lovely, I feel like part of the family.”

*Care home resident*



**What we recommended:** Healthwatch highlighted this as a strength, while encouraging providers to protect compassionate care during periods of pressure.

**Action taken:** Providers consistently reaffirmed values-based cultures, supportive leadership and training investment.

**Evidence of impact:** This theme reflects sustained good practice rather than direct change prompted by recommendations, providing important assurance about the quality of day-to-day care experienced by people using services.

## 2. Environment, maintenance and safety

**What we found:** Older buildings, trip hazards, unclear signage and minor maintenance issues were commonly observed, particularly in care homes and healthcare settings. Lack of adequate parking was often highlighted.

**What we recommended:** Planned maintenance schedules, regular environmental audits, interim risk controls and improved signage and accessibility.

**Action taken:** This is the area with the strongest evidence of response. Providers reported prompt repairs, strengthened maintenance systems, refurbishment programmes and improved signage.

**Evidence of impact:** Immediate risks were reduced, environments improved and repeat hazards were not reported. This demonstrates a clear recommendation-action-impact link.

## 3. Activities, engagement and social inclusion

**What we found:** While many residents were content, some described limited activity variety, risk of isolation for quieter individuals and reduced informal social interaction.



“If there is something I fancy doing then they will help me take part.”

*Care home resident*



**What we recommended:** Expand and tailor activities, offer smaller or quieter options and increase informal check-ins by staff.

**Action taken:** Providers described existing activity provision and plans for enhancement, including named coordinators and new activities.

**Evidence of impact:** Providers demonstrated willingness to respond to concerns around social inclusion, although evidence that these actions improved engagement or reduced isolation remains limited.

#### 4. Staffing levels and resilience

**What we found:** Staffing was generally viewed positively, but residents, patients and staff raised concern about pressure during sickness, peak demand or system disruption.



“We have to close the department early on some days as we don’t have enough staff.”

*Secondary Care Manager*



**What we recommended:** Formal review of staffing levels, contingency planning and induction of agency staff.

**Action taken:** Providers largely asserted that staffing systems already meet requirements, with daily or weekly reviews and on-call arrangements.

**Evidence of impact:** Although staffing pressures remain widely recognised, there is limited evidence that recommendations directly changed staffing practice or resilience.

#### 5. Information accuracy, communication and access

**What we found:** Inaccurate notices, unclear information, long waits and mixed experiences of digital systems affected user experience across settings.



“Sometimes you’re hanging on the phone for ages.”

*GP Patient*



**What we recommended:** Improve information accuracy, review access and booking systems, protect privacy and support digital inclusion.

**Action taken:** Providers reported prompt correction of inaccuracies, improved signage, and review of access arrangements.

**Evidence of impact:** Prompt corrections to information, signage and processes reduced risks relating to confusion, accessibility and privacy.

## Impact assessment

### What providers did

Providers engaged positively with Enter & View feedback and demonstrated responsiveness, particularly where recommendations related to operational improvements within their control.

### Evidence of change

Clear change is evidenced in maintenance, safety, signage, infection control and information accuracy.

### Impact on people

Short-term risk reduction and improved immediate experience are evident across multiple settings. Longer-term impacts on access, engagement and system flow are less clear.

### Unmet commitments and gaps

Where action depends on workforce expansion, funding, estates redevelopment or wider system coordination, progress is slower and impact remains uncertain.

## Outstanding issues and risks

- Access and waiting pressures remain unresolved in some services.
- Staffing resilience continues to rely on contingency.
- Social isolation risks persist for some care home residents.
- External system dependencies limit provider control.

## Conclusion

The Enter and View programme continues to provide credible, experience-based insight into health and care services. This review demonstrates that Enter & View activity can lead to tangible improvements where providers are able to act directly on findings and recommendations.

It also highlights the continuing importance of independent observation and lived experience in identifying risks, reinforcing good practice, and supporting accountability.

Healthwatch Cornwall will continue to monitor progress, share learning and work with partners to ensure feedback leads to sustained improvement for service users.



# healthwatch Cornwall

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

[www.healthwatchcornwall.co.uk](http://www.healthwatchcornwall.co.uk)  
t: 01872 273501  
e: [enquiries@healthwatchcornwall.co.uk](mailto:enquiries@healthwatchcornwall.co.uk)  
f [Facebook.com/HWCornwall](https://www.facebook.com/HWCornwall)