



# Enter & View

Hillcrest House Nursing  
Home

**healthwatch**  
Cornwall

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# 1 Introduction

## 1.1 Details of visit

Service provider: Minster Care Group

Service Address: Hillcrest House Care Home, Barbican Court, Looe, PL13 1NN

Date: 16<sup>th</sup> March 2026

Authorised representative: Nigel Oakes

## 1.2 Purpose of visit

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/patient wellbeing and quality of life.

## 1.3 Acknowledgements

Healthwatch Cornwall would like to thank residents and staff who took the time to share their experiences during this visit.

## 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. Findings should be interpreted as a snapshot of observations on the day of the visit and not a judgement of clinical effectiveness.

## 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 the care home clinical lead/deputy manager and two members of care staff

### **Conversations with residents**

Two 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

Observations and feedback identified a range of positive practice alongside some areas for improvement, particularly in relation to environment and resident engagement.

## 3 Service overview

Hillcrest house is a purpose-built care home, situated in large level grounds on the outskirts of Looe. The home offers residential and respite nursing care for up to 70 residents split between 4 units offering care for different needs including end of life and dementia care. The 2 areas offering dementia care are split in to single sex units. All rooms are single occupancy with en-suite facilities. The home was rated 'Requires Improvement' by the Care Quality Commission (2022), which provides important context for the observations within this report.

## 4 Observations

Entry to the home is via a security-controlled door with push button bell. On entry our identification was checked, and we were asked to sign the visitors book. The reception area had several posters on subjects including the outcome of inspections, safeguarding, complaints procedure, advocacy information and resident feedback. All notices were neatly displayed, relevant and in date. There was also a comments/suggestion box and the results of a 'You said, we did' survey dated January 2026.

Staff were observed engaging residents in care and recreation activities. Staff interactions observed during the visit were observed to be respectful and resident centred. Mobile residents were supported at a pace appropriate to their mobility needs, with staff providing assistance where required.

Residents rooms were clean and tidy, most had personal belongings and pictures on display. Bedding was personalised to suit resident choice and whilst the beds were fully adjustable, they resembled domestic beds. All residents rooms had names and a picture on the door.

Bathrooms, toilets and common rooms were clearly signposted with large, clear pictograms to compliment the signage.

Communal areas had large screen, wall mounted televisions which were showing a variety of programmes, including a chat show, a film and a news channel. Some televisions had closed captions enabled for the hard of hearing. There were a variety of books, magazines, newspapers and games available in common areas.

Whilst some residents were observed in communal areas, others remained in their rooms during the visit, which may indicate varying levels of engagement and potential risk of social isolation for some individuals

A prominently displayed sign detailed the activities for the coming week and there was a different activity scheduled for each morning and afternoon. Activities for the week of our visit included a quiz, dance, low impact sports and a religious service. Residents were seen to be reading a newspaper 'The Daily Sparkle' which is produced in house and contains details of upcoming events.

There was wi-fi signal available throughout the home.

In some areas, including bathrooms and toilets, worn paintwork, patch repairs and partially completed redecoration were observed. While areas were clean and functional, this indicates an ongoing need for consistent maintenance and completion of redecoration to ensure a fully safe and well-presented environment.

All residents rooms we visited had large windows that were fitted with security opening restrictors and had views of the garden and countryside beyond. Beds had been positioned to maximise these views.

All bedrooms and common areas had emergency call buttons connected to a central alarm system. During our visit a resident activated their room alarm, and several staff members were seen to respond promptly.

The kitchens were well equipped and tidy, and we were shown the menu for the day which included a choice of meals including options for residents with specific dietary requirements. All the meals were being prepared with fresh ingredients, and we were told that where possible locally sourced products were used.

The home has a well-equipped hairdressing salon, and residents are able to pre-book appointments with a visiting stylist.

An elected residents committee notice was on display in one of the communal areas, this included photographs of the resident ambassadors and details of the next home meeting.

## 5 Resident feedback

Resident feedback was gathered from a small number of individuals who were able to participate and therefore should be considered alongside observational findings. Residents that offered feedback spoke about their experience of the care they received in positive terms and described the staff as kind and caring.

One told us, 'This is my home now and I couldn't be happier; the staff are all so lovely and they are like family to me'. They added 'There's nothing to improve'. Another resident told us, 'It's perfect here, the best things are the care and cleanliness' they added 'I'm treated as if I'm in my own home and in truth, I'm spoilt rotten'.

A resident who had recently come to live at the home told us, 'They always take the time to sit and talk, I wouldn't be happy at home on my own and here it's like family really'.

Two residents commented that they thought there were adequate staff on duty, one said 'There's always someone if you need them' another commented that they felt safe and cared for and were particularly thankful for the regular checks staff made on them, they said 'Last thing at night they pop in to say goodnight and next thing I know there's a friendly voice saying good morning, and that means an awful lot to me, money can't buy that'.

Speaking about the activities offered by the home, we were told by a long-term resident 'There's always something going on and something to look forward to, whether it's the quiz or dancing, you can be sure it will be fun'. Residents told us they liked the outdoor areas, one said 'Sometimes I just want a walk around outside and the gardens are beautiful'.

## 6 Staff feedback

### **Management team**

The clinical lead manager described a stable workforce, with occasional requirement to use agency staff. We were told that all staff had access to a range of training and saw evidence of staff who had been trained in advanced nursing and care procedures, such as venepuncture and use of syringe drivers.

When asked about the challenges the home faced, they outlined key operational challenges relating to referral information. Concerns were raised regarding incomplete or inconsistent referral information from partner organisations, which may impact placement suitability and care planning. They also expressed concerns that on occasion the correct referral pathway system had not been used by social workers.

We were also told the home had faced some challenges relating to maintenance, but these were being actively addressed by a newly appointed team, who were working through a scheme of repair and redecoration throughout the home and grounds.

The clinical lead manager described their aim to provide a homely and secure environment for residents, appropriate to their needs. They described the parent company who operated the home as 'Supportive' and 'A good company to work for'.

### **Healthcare team**

Staff described a supportive team culture and spoke positively about training opportunities; they also spoke positively about residents and their roles within the home. One told us, 'I'm never so happy as when I see them all laughing and smiling'.

One of the nursing team told us 'It's great here and we have a good laugh with the residents; they are like our family' they added 'Some of them are right characters and we do our best to get them involved with the activities'. They described the activities as 'extremely varied' and explained how residents spiritual needs were particularly well cared for by a local curate and lay preachers.

## **7 Recommendations**

Healthwatch Cornwall have offered some recommendations based on observations and feedback from both residents and staff to improve experiences in the home. While many aspects of care and environment were observed to be positive, the following recommendations focus on areas where improvements would strengthen resident experience, engagement, and environmental consistency.

- 1) As some residents were observed remaining in their rooms during the visit, Healthwatch Cornwall recommends that the home reviews opportunities for structured activities and meaningful engagement to 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 placements.
- 3) Given historical challenges, Healthwatch Cornwall recommends the continuation and clear oversight of a planned programme of maintenance and redecoration to ensure all areas are consistently well maintained, safe, and presentable.

- 4) As there is occasional use of agency staff, the home may wish to consider how it ensures that agency staff have appropriate training and experience, including assurance of familiarity with residents' needs. Working with a regular agency may help support continuity of staff provision.

## 8 Provider feedback

### **Response from Hillcrest House Nursing Home:**

Please find below our comments following the report that you have generated.

4. Observations- some residents remain in their rooms by choice or when bedbound, when this is the case, they receive 1:1 activity time with the activity staff as well as most being on hourly visual checks where they will have contact with the staff. (Social Isolation comment)

4. Observations- with regard to the worn paintwork, patch repairs etc, we have employed a new maintenance team from late 2025 and we have already recognised a rise in the standard of the building to include the gardens, there is a plan in place to redecorate all residents bedrooms.

7(4). Recommendations- We do utilise particular agencies and encourage the same staff to return for continuity of care already. The staff are inducted on their first visit by one of our own members of staff and if we see any examples of poor practice we go back to their agency and ask them to provide further training at least or we do not accept them back.

Manager

Hillcrest House

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