



Enter & View

Penbownder House Care
Home

healthwatch
Cornwall

Contents

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

1 Introduction

1.1 Details of visit

Service provider: Penbownder Nursing Home (Healthcare Trust Ltd).

Service Address: Trebursye, Launceston, PL15 7ES

Date: 2nd 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 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 home manager and three members of the care team.

Conversations with residents

Four residents who were able to offer an opinion 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. Overall, observations and feedback identified a range of positive practice alongside some areas requiring attention, particularly in relation to environmental safety and maintenance.

3 Service overview

Penbownder house is a residential care home providing both permanent and respite care for up to 34 service users. Primary care categories provided include older person care, dementia (Including advanced/complex dementia), learning disability/autism and mental health condition care. The home is privately owned by Healthcare Trust Ltd. The home was rated 'Requires Improvement' by the Care Quality Commission (May 2025), which provides important context for the observations within this report.

4 Observations

Environment & Facilities

The home is situated in extensive private grounds and is clearly signposted from the nearest main road. There are numerous parking spaces to the front of the building. Access to the building is via an access-controlled security door. On entry our identification was checked, and we were asked to sign in via an electronic security system.

The entrance hall and reception area was clean and well lit, there were several posters and signs on display including information on feedback ratings, activities and safeguarding. Details of religious services were also displayed. Wi Fi signal was available throughout the home including residents bedrooms and communal areas.

Communal areas had large windows and patio doors, most of which had garden and woodland views. All doors and windows were fitted with appropriate security and safety restriction devices.

Activities, Wellbeing & Staff Interactions

Residents were observed in different communal rooms. In one, a resident was seen having a therapeutic massage with a visiting healthcare worker. In other rooms residents were watching television, reading and talking amongst themselves. Staff were observed engaging residents in physical activities in a lounge area. Staff interactions observed during the visit appeared respectful and resident centred. Residents were supported at a pace appropriate to their mobility needs, with staff providing assistance where required.

Residents were observed engaging positively with staff, with visible signs of comfort and familiarity. We were shown details of the weeks activities, all of which were overseen by an activities co-ordinator who is on site during weekdays.

Residents rooms were clean and tidy, some had personal effects on display and all those seen had individual bedding and furnishings. Many of the rooms had recently been redecorated and all had furnishings that appeared similar to those found in a domestic environment. All residents rooms had their name and a personal photograph on the door.

The home has a 'sensory room' which is an area in which residents can access a quiet, calm and settling space. There is also an indoor garden area, which is decorated with nature themed murals and had birdsong playing.

Safety & Maintenance

All bathroom and toilet areas were clearly signed and had both colour coded doors and displayed pictograms explaining what was inside. One of the toilets had a very loose seat, which presented a potential fall risk to residents, this was reported to the manager at the time of the visit.

On an upper landing, we saw a wall mounted telephone with a lead that was trailing on the ground, this posed a trip hazard and was reported to the manager during the visit. A wall mounted sign was seen to be loose and had sharp edges which presented a clear trip hazard. This was noted by the manager during the visit, and we were assured a maintenance request would be submitted to make it safe.

The dining room was designed to resemble a café/restaurant and a menu with several meal options was on prominent display. The date on the menu was incorrect and had not been updated from the previous day, this was changed during our visit.

The medication room was accessed via a secure door and appeared well stocked and organised, with clear and accurate patient information and notes.

On leaving the home we were asked to sign out using the electronic security system, which then prompted us to leave feedback on our experience of the home. All visitors are similarly offered this opportunity.

5 Resident/patient feedback

All residents who were able to participate shared positive experiences; however, the small sample size should be considered when interpreting these findings. One told us, 'The staff are very kind, and they look after us well', another said 'They always seem pleased to see us, which make you feel nice'.

Two residents commented on the activities, one said 'There's always something going on but if you want to go away and be quiet then you can do that too', another added 'I like the games we play with the balloons, and it keeps you active'.

When asked about the care they received all four residents said they felt happy. One told us, 'It's first class here and beats being at home on your own'. Another said 'The nurses here are like family to me, I like being looked after and they are angels'. They summed up their care by saying 'They must be doing well because you don't realise what they are doing, it just happens without fuss, so no complaints'.

One resident told us that the food was their favourite thing about the home, they said 'You don't really have to think about it, so you take it for granted that it's going to be good'.

A resident who did not wish to participate in organised activities told us, 'I'm happy looking out at the gardens, there are animals that come up to the lawn and when the weather gets better, we can go outside and sit, it's lovely'.

Other residents were non-verbally communicative, but resident wellbeing was clearly a priority for staff, and we noted residents smiling and laughing during interactions with staff.

6 Staff feedback

Management team

The home manager described a stable workforce, without any reliance on agency staffing and outlined key operational challenges relating to referral information. Concerns were raised regarding inconsistent and incomplete referral information from partner organisations, which may impact placement suitability and care planning

The manager described their aim to provide a homely and secure environment for residents, appropriate to their needs. They told us that they had excellent relations with the local GP surgery and explained how a specialist frailty nurse visited the home on a weekly basis to ensure continuity of care for all the residents.

Due to the age of the building the manager explained that ongoing maintenance was a priority and described a comprehensive system for both repair and refurbishment. We were shown a maintenance request book during the visit and saw evidence of recent repairs.

Healthcare team

Staff spoke positively about residents and their roles within the home; they described a supportive and positive team culture and reported that management were 'highly professional but also friendly'. One told us, 'I love it here and can see me working here for the rest of my career, it's simply a great place to work'.

Another member of the care staff explained that both staff and resident wellbeing was a priority and told us about a recent event where overseas employees were encouraged to bring in a food item from their regional cuisine, they said 'It was a great idea and typical of the way we come together as a team'.

Overall, staff feedback reflected a stable and positive working environment, with strong team culture and management support identified as key strengths.

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 safety, consistency, and resident experience

- 1) Healthwatch Cornwall recommends that the service reviews opportunities with referring partners to improve the consistency and completeness of referral information, supporting appropriate placements.
- 2) Following identification of trip and fall hazards during the visit, Healthwatch Cornwall recommends the implementation of a routine environmental safety audit to proactively identify and address hazards. Specifically, the home should review slip, trip and fall hazards throughout the home and ensure all maintenance requests are completed in a timely manner to ensure ongoing safety and wellbeing of staff and residents.
- 3) As the home is situated in an older building within extensive grounds, the home may wish to consider a detailed planned programme of decorating and maintenance works. This will ensure the home remains sound, fully functional and able to provide a safe and welcoming environment for residents and staff.
- 4) As a menu was observed to be displaying the wrong date, Healthwatch Cornwall recommends a system should be implemented to ensure day and date information on any signs/notices should be accurate. Inaccurate day and date information can

contribute to confusion and distress for residents, particularly those living with dementia.

8 Provider feedback

Thank you for your Enter and View report following your visit on 2nd March 2026. We appreciate the time taken to engage with residents and staff, and we are pleased to see the many positive comments highlighting the kindness of our team, the quality of interactions, and the overall wellbeing and happiness of residents.

We welcome the feedback provided and have carefully reviewed the observations and recommendations. Please find below our response and actions taken.

1. Maintenance, Environmental Safety and Trip Hazards

We would like to provide clarification regarding the observations related to environmental risks, including potential trip hazards.

The service operates a structured and proactive maintenance system, consisting of:

- A planned preventative maintenance programme for the building
- A daily maintenance log, where staff record any faults or hazards identified in real time
- Ongoing oversight by management to ensure timely resolution

The issues identified during the visit (including flooring, equipment, and environmental concerns) were addressed on the same day. These had either already been identified through our internal systems or were immediately escalated and rectified upon identification.

While we fully acknowledge the importance of environmental safety and appreciate the observations made, we would like to reassure that these were **isolated and promptly managed issues**, rather than indicative of a systemic concern.

We would also like to clarify the observation regarding telephone wiring. Due to the thickness of the building's walls, wireless telephones are not consistently reliable across all areas of the service, as signal strength is affected. As such, alternative arrangements are in place to ensure effective communication. On the day of the visit, the wire referenced had been **secured and fixed to the wall**, and did not present an ongoing trip hazard. This was addressed promptly in line with our maintenance procedures.

We remain committed to maintaining a safe environment and have reinforced with staff the importance of immediate reporting and escalation. We will continue to review our auditing processes to ensure ongoing responsiveness and minimise risk.

2. Referral Information and Admission Processes

We acknowledge the observation regarding variability in referral information received from external partners.

We would like to clarify that:

- All admissions are supported by a robust pre-assessment process.
- Information is gathered from multiple sources, including families, healthcare professionals, and previous placements
- Risk assessments and care plans are developed and reviewed upon admission

We recognise that the quality and completeness of information received from external organisations can vary. To mitigate this, we actively seek clarification and additional detail where required to ensure safe and appropriate placements.

We will continue to strengthen communication with partner organisations to promote the consistency and completeness of information at the point of referral, as we have noticed that the assessments sent to us are obsolete, as family members have brought to our attention before.

3. Environment and Maintenance Programme

We note the recommendation regarding ongoing decoration and environmental improvements.

The service has a rolling maintenance and improvement plan in place, which prioritises safety, functionality, and a homely environment. We will continue to review and develop this programme to ensure the environment remains welcoming and fit for purpose for both residents and staff.

4. Signage and Dementia-Friendly Environment

We acknowledge the observation regarding signage within the home.

Our approach to signage is based on supporting residents—particularly those living with dementia—with orientation, reassurance, and independence. We recognise the importance of ensuring that signage remains clear, appropriate, and not overwhelming, and this will be reviewed as part of our ongoing environmental audits.

5. Menu Display and Mealtime Communication

We would like to clarify that menus are routinely updated on a weekly basis, typically on Sunday evening or Monday morning.

On the day of the visit, the displayed menu had not been updated in line with this process. This was identified and corrected immediately.

In addition:

- Our Activities Enabler meets with residents each morning (approximately 08:30–09:00)
- Residents are informed of the day’s main meal and alternative options
- Preferences are gathered directly and communicated to the kitchen

This ensures residents are actively involved in meal choices regardless of what is displayed.

This incident has been recorded within our internal “lessons learned” process and shared with the staff team to reinforce consistency and accountability.

Ongoing Commitment to Quality Improvement

We value the feedback provided and view Enter and View visits as an important opportunity to reflect, learn, and improve.

We are pleased that the report reflects:

- Positive resident experiences
- Kind and respectful staff interactions

- A welcoming and engaging environment

We remain committed to continuous improvement and ensuring the highest standards of care, safety, and responsiveness for all residents.

Thank you again for your visit and constructive feedback.

Kind regards,

Ana Hudson

Registered Manager at Penbownder House

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