



Enter & View

Philiphaugh Manor Care Home

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1 Introduction

1.1 Details of visit

Service provider	Philiphaugh Manor Care Home
Service Address	Station Road, St Columb Major, TR9 6BX
Date and time	14 th October 2025
Authorised representative	Dr Nigel Oakes

1.2 Purpose of visit

The visit was part of a programme of visits to residential care homes across Cornwall. The aim was to observe the home in action, speak with residents and staff, and gain insight into how care is experienced. Healthwatch Cornwall makes recommendations where improvements may help strengthen the quality of care and support residents' wellbeing

1.3 Acknowledgements

Healthwatch Cornwall would like to thank residents 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 staff and met with the management team to discuss the service and view the facilities. Five residents, three staff members and three members of the management team were interviewed, and general observations were made across communal and private areas.

Conversations with residents

Five residents were asked about their experience of living in the home.

Observation of facilities

Observations were made throughout the visit, focussing on the condition of the facilities, administrative procedures and resident experience. Overall, Philiphaugh Manor presented a caring, well-managed environment with evident warmth between residents and staff, though systemic challenges remain around staffing resilience and GP access

3 Service overview

Philiphaugh manor care home is located on the outskirts of St Columb Major. It offers services and accommodation for persons who require nursing or personal care including those with dementia, mental health conditions, physical disabilities and sensory impairment. The care home has capacity for 30 residents. All rooms are single occupancy and have private toilet and wash basin. Some have en-suite shower facilities.

Philiphaugh is part of the Ablecare group, which operates 3 nursing homes in Cornwall. On average the home has 75% of residents placed via the local authority and 25% are private fee paying.

The last CQC inspection report published in March 2023 rated the home as 'Requires improvement'.

4 Observations

The home is situated within extensive grounds and has ample private parking adjacent to the main building. Entry is via a well signposted front door that has an electronic lock security

system. The front door had a large notice warning that building works were due to be taking place on the day of the visit.

On entry, our identification was checked, and we were asked to sign in.

The home was pleasantly warm and had a fresh odour throughout. Lighting was bright, all areas were clean and tidy and decoration throughout was in good order.

Signage to toilets, bathrooms and facilities was clear and well placed, with many having easy to understand symbols and pictures as well as wording. There were numerous handwashing stations, all of which were well stocked with soap and paper towels, as well as antibacterial gel dispensing stations, all of which were filled and working. Personal protective equipment such as disposable gloves and aprons were available at several well stocked stations throughout the home.

The home has a lift to the first floor, with easy to understand and operate buttons.

There was a hair and beauty salon located on the ground floor, with signage and pictures informing when services were available. A large noticeboard was prominently displayed, detailing the weeks events. There were both morning and afternoon events every day, including such activities as bingo, arts & crafts and singing. Each was accompanied by a large and colourful picture depicting the activity.

All private 'staff only' areas were locked with security keypad access. The medicine dispensary was accessed through 2 locked doors, and the controlled drugs cupboard was key locked, with a nominated daily key holder having access. All external doors were alarmed and connected to video display panels in each of the common areas. During the visit an external door was opened by a delivery driver and both audible and visual alarms were activated on a display panel, which allowed staff to quickly investigate. Emergency call buttons in toilets, showers and patient rooms were also connected to this system.

There were several bathrooms available for residents who had rooms without en-suite facilities. These were clean and well stocked with personal cleaning products. One contained a therapy massage bath.

Residents rooms were clean and tidy. All had large windows, and most had views across the grounds and countryside beyond. All residents had personal belongings such as family photos, in their rooms and some had their own furniture, such as reclining chairs.

In the lounge area there was a large screen television located on the wall, which was displaying large caption subtitles. There were plentiful books, games and magazines available.

Residents in the lounge and common areas were happy and engaged. Interactions between staff and residents were conducted with dignity and respect. Residents were clean, appropriately dressed and comfortable. Residents were observed engaging in a variety of

activities such as completing jigsaws and crafting. One resident was receiving a hand massage from a visiting therapist, and another was preparing decorations for an upcoming celebration. There was a good ratio of staff to residents, and all staff were wearing clean, branded uniforms.

The kitchens were clean and well ordered. There were freshly baked cakes coming out of an oven and roast joints being prepared for lunch. The weekly menu on display and was varied and imaginative, with vegetarian and dietary restricted options available each mealtime. Residents also had the option to request 'off menu' items if they didn't want anything on the main menu.

5 Resident feedback

5 residents were asked about their experience of living at Philiphaugh manor.

Staff attitude

All 5 residents spoke positively about the staff and said that they were kind. One told us 'I Like it here, the staff are so lovely, I feel like part of the family' another added 'They are all so kind and look after us well'

One resident reported that they had been told by the management team that they could go and talk to them about any problems whenever they wanted. They said 'That shows how much they care and whilst I've never had a problem, it's nice to know they would listen if I did'

A resident who told us they had recently lost their ability to live independently said 'I didn't really want to come here but the staff are so friendly they make me feel like part of the World again'

Food & accommodation

4 residents commented on the good quality of the food. A long-term resident said 'The foods lovely' whilst another told us 'If anything it's too good, I have to tell them to not give me so much because I'm not really doing much'

When asked about the variety of food options a resident commented 'You get all sorts but it's always nice, the foods the best bit of the day'

One resident said 'I've got the best room in the house, it's got this lovely big window, and I can see all the comings and goings. I'd much rather be in my own home but can't look after myself, so this is the best for me' Another resident said 'I like my room, it feels like home'

Activities

A resident who was in the lounge area said, 'There's stuff to do and a TV but I don't really watch it' They said they preferred to be in the lounge area to their room as 'Bedroom is for sleeping, not watching TV'

Another resident who spoke to us in her room told us ' I'd rather be here than in the lounge as I'm happy with my own company and there are some in there who are quite poorly, which upsets me to see them' She added 'I do get to go out quite a lot with family, so I'm lucky and they brought my horse to see me last week, so I'm glad there are such lovely grounds' When asked about activities they told us 'If there is something I fancy doing then they will help me to the lounge so I can take part'

Summary

Residents described feeling respected, included and well supported, with strong trust in staff and satisfaction with food and accommodation

6 Staff feedback

Management team

The management team reported that that they had a challenging relationship with the local GP surgery, with whom all the residents were registered. They often struggled to get through on the telephone and couldn't always get a GP to visit when needed. There is meant be a weekly GP round of the residents, but this didn't always happen. They did however report an excellent relationship with the Cornwall care home support team and said they would often get a GP from another practice to visit when needed. They also had a good relationship with the district nurse team who came most days and could be relied on to see residents as needed. In addition, they told us that residents ancillary healthcare needs were well served by regular scheduled visits by allied health professional services such as a chiropodist, optician, physiotherapist and dentist.

The biggest challenge they faced was with inappropriate assessment of residents needs when being referred by social services. This meant the home could not in some instances meet all the residents needs without additional expenditure and staff costs. They had also had problems with residents who had been admitted to hospital and who were subsequently being returned to the home before properly ready. This had led to re-admission to hospital on occasion.

Management also recognised the challenges posed by operating from an older building. They did however report that they have a programme of building works to maintain the fabric of the home, which included the ongoing roof replacement. Each residents room had a monthly

maintenance inspection which checked decoration, health & safety compliance and general condition.

Both residents and relatives are given opportunity to complete feedback forms which are made available on a regular basis. These cover all aspects of the care and activities provided by the home.

Healthcare staff

3 healthcare staff members were asked about their experience of working at Philiphaugh manor.

All 3 were complimentary about the working environment and the support they received from the management team. One staff member who had worked at the home for over 2 years told us 'I love it, it's the best job I've ever had. They have supported me in developing my role and the residents are all just so lovely'. Another commented 'The care we can provide is lovely and management are supportive and approachable'. A third reported that they had no concerns for safeguarding or the level of care provided for the residents.

There were however concerns about staffing, as we were told by a long serving staff member 'It's sometimes hard to cover when we have sickness, we also have a number of overseas staff on sponsorship schemes and if we lost them then we'd be very stretched'

2 staff members also voiced concerns over the fabric of the building, one said 'It's obviously very old and needs a lot of maintenance' whilst another told us that they felt the current works to repair the roof were 'long overdue'.

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 should be a detailed planned programme of building maintenance and restoration works. This will ensure the home remains sound, fully functional and able to provide a safe and welcoming environment for residents and staff. Healthwatch recognises the work already underway and offers this recommendation as a strengthening of existing practice.
- 2) Staffing levels require regular review to ensure they are adequate to provide safe and appropriate care. Healthwatch acknowledges existing staffing contingency plans to cover unexpected sickness absence or loss of staff for other reasons.

- 3) The range of activities on offer should be reviewed to support inclusion of residents who currently do not make use of the common areas. This will encourage socialisation of all residents, reduce the likelihood of feelings of isolation and foster an inclusive environment.
- 4) Relationships with the local GP surgery and the referrals team at social services need to be improved. Regular meetings should be held between the management team of the home and each organisation, to ensure goals are aligned, expectations are clearly defined, and resident care is put at the heart of the decision-making process. These meetings should take place as soon as practicable, and detailed action plans, including escalation pathways, produced.

8 Provider Response

The following response has been received from Philiphaugh Manor:

Action 1 states “there should be a detailed planned programme of building maintenance”. This action contradicts the last paragraph of page 6 and the beginning of page 7 which states “Management also recognised the challenges posed by operating from an older building. They did however report that they have a programme of building works to maintain the fabric of the home, which included the ongoing roof replacement. Each residents room had a monthly maintenance inspection which checked decoration, health & safety compliance and general condition”. The home does also have a maintenance book where jobs are recorded and a maintenance log alongside the planned works. I believe all these things in place, checks, measure and a programme of building works cover this action off already.

Action 2 states “Staffing levels need regular review to ensure they are adequate. There also needs to be a staffing contingency plan to cover unexpected sickness absence or loss of staff for other reasons.” Our staffing rota is reviewed on a daily basis to ensure adequate cover is provided based on the needs of the residents. On page 7 of the report it states “A third reported that they had no concerns for safeguarding or the level of care provided for the residents” suggesting that member of staff has no concerns regarding staffing levels. The home also has an emergency contingency plan in place, which is also required by CQC – this covers off all areas of emergencies including staff shortages and cover

The number of CoS staff I feel is irrelevant. Staff at the home are employed based on experience, qualities and if they have the caring nature and ability to provide the support required to the home and residents. The comment recorded “we also have a number of overseas staff on sponsorship schemes and if we lost them then we’d be very stretched” would

be exactly the same, if not more severe if we stated if we lost all the Cornish staff we would be over stretched. I feel this is a bit of an inflammatory comment. With direct regards to this action, all homes, including this one, has a contingency plan which includes emergency staff cover which the LA and CQC would have seen. We were also recently inspected by the LA who raised no issues with our staffing numbers.

Action 3 states “the range of activities on offer should be reviewed to consider inclusion of residents who currently do not make use of the common areas” I cannot find the reference, and I may have missed it, within your report that suggests otherwise to this statement. I have since spoken to the activities staff regarding this and they have confirmed that when required, 1:1 activities do take place with individual residents, sometimes in their room and sometimes in a communal area. You have noted in your report “Residents described feeling respected, included and well supported, with strong trust in staff”

Action 4 I do not have a query with

Matt Betts

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