



# Enter & View

Rendle House Residential Care  
Home

**healthwatch**  
Cornwall

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# 1 Introduction

## 1.1 Details of visit

Service provider	Rendle House Residential Care Home
Service Address	Trehannick Road, St Teath, PL30 3LG
Date and time	24 <sup>th</sup> November 2025
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 aim was to observe the home in action, speak with residents, relatives 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, 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 two members of care staff and met with two members of the management team to discuss the service and view the facilities.

### **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 calm conversation and supportive gestures, such as staff explaining activities and helping when needed.

Some environmental and safety issues were identified during the visit, which could potentially pose risks to residents wellbeing. These were discussed with management and reassurance given that they would be addressed as a priority.

## 3 Service overview

Rendle House residential care home is a purpose-built home on the outskirts of St Teath, it is part of the HF Trust Ltd who manage several residential, respite and supported living homes in Cornwall. Rendle house provides accommodation for persons with learning disabilities who require personal care.

Rendle house had an overall CQC rating of 'Inadequate' when inspected in 2023. It has recently been reinspected, and the latest report due for publication.

## 4 Observations

There is no signage to the house and nothing from the outside to indicate it is a residential care home and as such is difficult to locate. The home is situated within large grounds and has ample on-site private parking. Access to the grounds is through an access-controlled gate which has an intercom system linked to the house. At the front door there is an intercom security system.

On entry we were greeted by a resident and their carer, our identification was checked, and we were asked to sign the visitors logbook.

The house was brightly lit throughout communal areas, was heated and had no noticeable odours. Communal areas were decorated with Christmas lights and large inflatable figures. Rooms had signs on the door explaining what they were and this information was supplemented by sign language pictures and an explanation of the signing action.

There were 2 residents in the home at the time of the visit, and both were engaged in activities in the kitchen area. Both residents were interacting with staff, who were observed speaking in a calm tone and providing explanations during activities.

A resident was keen to show us their room, which was located on the upper story of the house. It was large, well-lit and had personal belongings, including bedding, throughout. There was an activities board that listed what the resident was due to be doing that day. The windows had security opening restrictors fitted. There was a large en-suite bathroom which was stocked with personal toiletries. One of the doors on a built-in wardrobe was broken and hanging loose, we were told it was awaiting repair, but no temporary measure was observed to restrict access or prevent further damage. There was also damage to a stairway banister in the home and a temporary repair was made during our visit.

At the time of the visit there were several unoccupied resident rooms. We were shown one of these on the ground floor, which was unfurnished and had recently been decorated. We were told that prior to occupancy the room would be adapted as appropriate for residents needs.

We saw numerous informational sheets for the residents throughout the home that contained pictures of an activity or event along with a simple explanation and a representation of the date. We also saw folders and posters with pictures of food items that the residents could use to indicate what they wanted to eat.

Staff areas were access controlled, as were all external doors. Office areas were untidy and the floor had a quantity of paper debris in need of clearing up. Residents care/medical information was in an access-controlled area and appeared to be well organised, with a picture of the resident on the front. Personal protective equipment was available and adequately stocked, there were numerous hand hygiene wash points throughout the home, all of which were filled and operational.

The home had décor and furnishings that resembled a domestic environment, although there were obvious adaptations, the home looked and felt like a large family residence. The environment was quiet, and interactions appeared relaxed, both residents and staff were cheerful throughout the visit and staff spoke positively about the home and the residents.

# 5 Resident feedback

Two residents were asked about their experience of the home and the care they received. Both had limited verbal communication ability. One resident told us they were happy and that they liked living there. They said, 'They look after me and are good'. Another resident said they were warm and happy and liked the food.

Resident wellbeing was clearly a priority for staff, and we noted residents smiling and laughing during interactions with staff.

# 6 Staff feedback

## **Management team**

A 'turnaround' manager and interim home manager were on site during the visit.

We were told a turnaround manager, with extensive experience working in Adult Social Care had been brought in from outside the organisation to support the new management team as they went through a bedding in period. They told us they liked working with HFT and said, 'They are a big organisation but very person centric, they realised that mistakes have been made in this home, but they have taken steps to change'. They said that the home had undergone a 'massive transformation plan'.

They said that they had no concerns for residents safety, but they thought that HFT needed to modernise as an organisation and that they were taking positive steps in that direction.

Another member of the management team told us 'We have a good team here, I'm well supported and the residents seem to like me'. Talking about the future of the home they added 'I can see myself staying here for many years'.

They told us that the home had good relations with locals and that residents often went into the village to go to the café or the pub. Speaking about the residents care they said, 'We have regular house meetings with the residents where we talk about their goals and aspirations for the coming month'. They also told us 'We like to get the residents involved in house activities as much as possible and they help with things like cooking, cleaning and doing the recycling'.

We were told that the home had regular visits from allied health professionals such as a chiropodist and that a local dentist and optician visit when required. We were also told that residents were registered with a local GP practice, and they had never had a problem with

support from them. In addition, they had regular contact with the hospital Speech and Language Therapy (SALT) team

### **Healthcare team**

An experienced care support worker who had recently joined the home said, 'I love working here'. They described the management team as 'Brilliant and supportive' and told us that 'nothing is too much trouble for them'. They reported that they were undertaking additional training and that management were supporting them 'both financially and timewise'. They did not have any safeguarding concerns for the residents and were very clear about how they would report any concerns and the escalation steps they would take if necessary.

# 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) The home is difficult to find and has no signage from the road. New residents and visitors may benefit from being given clear directions improve the arrival and visiting experience.
- 2) On arrival it is not immediately obvious how to gain entry to the home. Clearer signage at the entrance would improve visitor experience.
- 3) Maintenance issues identified during the visit that present a risk to resident and staff safety should be addressed promptly, with interim risk mitigation measures implemented where immediate repair is not possible.
- 4) New residents needs and abilities should be assessed and matched to room facilities, with proactive checks on unoccupied rooms being made to ensure adaptations are in place before occupancy. This will improve resident experience and wellbeing.
- 5) Staffing levels should be regularly reviewed and contingency plans in place to mitigate for unplanned sickness absence, to ensure there are sufficient staff to provide adequate care that is appropriate for resident care needs.

- 6) Management acknowledges historical failing and mistakes. With a view to improving resident experience and safety, there should be regular review of progress towards improvement and change in line with the companies transformation plan.
- 7) Steps should be taken to ensure continuity of senior leadership and suitably experienced management of the home to support the transformation plan and contribute towards residents care and safety.

## 8 Provider feedback

Thank you for your report and for coming to visit us at Rendle House, we all really enjoyed meeting you.

I have provided below a response to all of your actions and hope this goes some way to reassuring you.

1)The home is difficult to find and has no signage from the road. New residents and visitors may benefit from being given clear directions improve the arrival and visiting experience.

*I agree completely with this, and we have now produced a small map that we send to all visitors to help them find us more easily*

2) On arrival it is not immediately obvious how to gain entry to the home. Clearer signage at the entrance would improve visitor experience.

*We have included this as part of our map*

3) Maintenance issues identified during the visit that present a risk to resident and staff safety should be addressed promptly, with interim risk mitigation measures implemented where immediate repair is not possible.

*These maintenance issues have now been resolved.*

4) New residents needs and abilities should be assessed and matched to room facilities, with proactive checks on unoccupied rooms being made to ensure adaptations are in place before occupancy. This will improve resident experience and wellbeing.

*We have a detailed assessment process in place that would ensure all adaptations to bedrooms are completed before a resident moves in*

5) Staffing levels should be regularly reviewed and contingency plans in place to mitigate for unplanned sickness absence, to ensure there are sufficient staff to provide adequate care that is appropriate for resident care needs.

*We review our staffing regularly, our rotas are completed 6 weeks in advance, and we have risk assessments in place to ensure that staffing levels are always adequate. We have a 24hr on call system in place as well to support this*

6) Management acknowledges historical failing and mistakes. With a view to improving resident experience and safety, there should be regular review of progress towards improvement and change in line with the companies transformation plan.

*We have an ongoing Service Improvement Plan which is in line with the overarching organisational values and transformation plan*

7) Steps should be taken to ensure continuity of senior leadership and suitably experienced management of the home to support the transformation plan and contribute towards residents care and safety

*There is effective, stable management in place*

In addition, can I add that our CQC rating is no longer Inadequate, but is at Requires Improvement. We developed an action plan following the inspection in October and this is now almost complete.

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