



Enter & View

St Austell Hospital, Harold
White & Heligan Wards

healthwatch
Cornwall

Contents

Contents	1
1 Introduction	2
2 Visit Summary	3
3 Service Overview	3
4 Observations	3
5 Patient Feedback	4
6 Staff Feedback	5
7 Manager Feedback	5
8 Recommendations	6
9 Provider Response	6

1 Introduction

1.1 Details of visit

Service provider: St Austell Hospital. Harold White & Helligan wards

Service Address: Porthpean Road, St Austell, PL26 6AA

Date: 2nd & 9th February 2026

Authorised representative: Nigel Oakes

1.2 Purpose of visit

This visit was conducted as part of a rolling programme of service visits across clinical service providers. Our goal was to observe the service in action, hear directly from patients, and make recommendations for improvement.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for providing a warm welcome and their positive 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 patients 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 ward managers from both wards and four nursing/healthcare staff

Conversations with patients

Seven patients across both wards were asked about their experience of the care they had received. A relative of a patient was asked about their experience of their partners care.

Observation of facilities

Observations were made throughout the visit, focussing on the condition of the facilities, administrative procedures and patient experience. Observations and feedback indicated a generally positive experience of care, alongside several areas where improvements could enhance patient experience and service delivery.

3 Service Overview

St Austell community hospital provides inpatient care on two wards, for elderly patients and patients who require rehabilitation following surgery or illness. Each ward has 23 inpatients beds and both currently have an escalation space bed. The hospital is part of the Cornwall Partnership NHS Foundation trust (CFT) which was rated overall by the Quality Care Commission (CQC) as 'Needs Improvement' when inspected in July 2022.

4 Observations

The hospital is clearly signposted from the main road and on-site car parking is also well signposted. On arrival there were car parking spaces available, including disabled spaces immediately adjacent to the main entrance. Surface water on the road to and from the car park made potholes difficult to see, creating a possible hazard for vehicles and pedestrians.

Both wards were clearly signposted from the main reception area of the hospital. On arrival we were welcomed, our identification was checked and were introduced to the ward team

members. We were offered access to all clinical areas, were escorted to patient areas and were introduced individually to patients.

Both wards were clean and well lit, with no noticeable unpleasant odours. Many of the patients were being attended to by clinical staff and some were being escorted to therapy or activities. Staff interactions observed during the visit appeared respectful and patient-centred. Patients were supported at a pace appropriate to their mobility needs, with staff providing assistance where required.

Information boards were visible at ward entrances and included cleanliness ratings, assurance information and feedback opportunities. Some displayed information, including patient experience results, appeared out of date (over 10 months old), and some sections such as planned versus actual staffing were not completed. Up-to-date information may support transparency for patients and visitors.'

There were numerous personal protective equipment (PPE) stations across all clinical areas, and all were all stocked. Staff and visitors were observed wearing appropriate PPE such as gloves and disposable aprons.

Both wards had an additional 'escalation' bed space, located in a room without bathroom facilities.

5 Patient Feedback

Seven patients and one relative were asked about their experience of the care received on the wards

All seven patients commented that the staff were kind. Six patients and the relative we spoke to reported positively on the care they had received,

A patient relative said, 'The care they give here is amazing, I feel such relief my partner is in here as I'm confident they are getting looked after properly, the staff take the time to listen and it feels like they are looking after me too, I can't speak more highly of them'. They did however report a negative experience with the hospital grounds and told us 'The road from the car park is terrible and I was worried that my tyres were going to burst, there were that many pot holes'.

Two patients compared their experience with those at other services. One told us 'Treliske was just too busy and all they seemed interested in was getting me out of the door and it was as if speed was of the essence, but when I came here, everything changed and they set about getting me right as they had the time to actually get me better'. Another said 'I was in and out of Plymouth [hospital], but they didn't seem to do much to treat me and just kept sending me

home which meant I kept getting readmitted. It's different here, I've had a proper care plan and am getting fit enough to go home for good now' They added 'The care here is head and shoulders above the other place'.

An inpatient who had been on the ward for several months told us, 'The staff here are AI brilliant, they can't do enough for you and the foods very good too'. They summed up their experience by saying 'The quality is in the staff here, it feels more community based here'.

6 Staff Feedback

All four members of nursing staff reported positively about working at the hospital. One said, 'It's not always easy, especially when we're short staffed but I wouldn't work anywhere else'. When asked about the management team they told us, 'They're brilliant, so supportive and they often come in early to help cover'.

A healthcare worker commented, 'We strive to give excellent care here and from the feedback we get from patients and relatives, we're doing it right'. They also told us 'Coming to work here was the best thing I've ever done, I feel as if I'm really making a positive difference to the patients'.

Other members of the nursing team said they were able to provide, 'Good long term care for those that need it most' and added 'We get to know the patients so well and that means we can anticipate and meet their needs far better than in an acute hospital setting'.

7 Manager Feedback

Both wards managers spoke with us and agreed that the greatest challenge facing the wards was staff absence through sickness. They told us, 'We often can't maintain core numbers of staff but do work with other wards to borrow staff to keep the service safe'. They reported that recruitment and retention was not a problem. Staffing issues were however compounded by the fact that the acuity of patients was increasing, which meant staff were having to spend more time with unwell patients. We were told that these issues were being reported and recorded on the Trust incident management system.

Managers noted delays in accessing Adult Social Care (ASC) services. They described the ASC team as 'Unresponsive' and told us 'We often have to wait weeks for a social worker to come and assess patients, which delays discharge' they added 'They will often tell us they have to refer back to a manager, which can take another two weeks'. Prior to the COVID pandemic, there had been social workers based at the hospital but that was no longer the case. The told us that these issues placed extra strain on the system and added 'Complex discharges are

now problematic'. These challenges were described as contributing to delays in discharge planning, which may affect patient flow and length of stay.

8 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients and staff to improve experiences in the department

- 1) Consider reviewing staffing levels and skill mix regularly to ensure they remain sufficient to meet patient acuity and support safe care delivery. Monitoring through existing incident reporting processes may help identify trends.
- 2) Explore opportunities to strengthen communication pathways with Adult Social Care to support timely assessments and reduce discharge delays.
- 3) Ensuring the estates department are aware of the condition of the roadways on site may help with planning of remedial works and reduce risk to vehicles and pedestrians.
- 4) Performance and information posters are valuable tools for keeping patients and visitors informed and may benefit from review and update.
- 5) Consider reviewing the use and environment of escalation bed spaces to ensure patient comfort, dignity and access to appropriate facilities.

9 Provider Response

1. Staffing is ever evolving and it is monitored by the ward manager's, matron of the site and a staffing team dedicated to ensuring that there as many gaps filled as much as possible but at times we are left unable to fulfil all shifts which is added pressure to the ward and the staff working on those shifts. We do have bank staff also but again these work across all CFT sites which does lead to times of unallocated shifts.
2. We have meetings where adult social care attend once a week and we discuss patients that they are involved with but this does not always result in questions being answered or patient's having a clear plan, they adult social care team have their own pressures I am sure but the hope would be that the service will in due course be able to respond quicker to requests and action them sooner than they are able to at present. We do also have a system whereby we can ask questions and these are flagged to the adult social care team also.
3. Works continue on site at St Austell Community Hospital and I have flagged the concerns regarding the entrance road to the estates team.

4. We agree that our boards have not been kept up to date with relevant information and we have taken steps for this to improve and up to date information displayed.
5. Our escalation beds are only used for patients that have a discharge date within 48 hours time and for patients that are able to independently mobilise to the bathroom.

Emma Palmer

Ward Manager

St Austell Community Hospital

Contact us:

Healthwatch Cornwall, Suite 1, Calenick House, Heron Way, Newham, Truro, Cornwall, TR1 2XN

 0800 038 1281

 enquires@healthwatchcornwall.co.uk

 healthwatchcornwall.co.uk

 @HWCornwall

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