



Enter & View

Trevaylor Manor

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1 Introduction

1.1 Details of visit

Service provider	Trevaylor Manor
Service Address	Gulval, Penzance TR20 8UR
Date and time	9 th May 2025 1pm-4pm
Authorised representative	Abi Harding-White

1.2 Purpose of visit

This visit was conducted in response to feedback received about the service. Our goal was to observe the service in action, hear directly from residents, and make recommendations for improvement.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank residents 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 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

Introductory meeting with manager

At the beginning of the visit, Healthwatch Cornwall met with the manager to discuss the service and team and view the facilities.

Conversations with residents

We were able to speak with one resident about their experiences with the service including the facilities, the care and the staff.

Conversations with staff

We spoke with five members of staff about their experience of working at the home.

Observation of facilities

Observations were made throughout the visit, focussing on the condition of the facilities and resident experience.

3 Service Overview

Trevaylor Manor provides care for individuals living with dementia and deteriorating mental health. The home is made up of three main areas which include the nursing floors, the dementia unit and the Coach House that offers residential dementia care. It is located near Penzance and is set within woodland and large gardens. The home can accommodate up to 70 residents and currently has 63 in place. Trevaylor Manor has been rated as 'Good' overall by the Care Quality Commission. It is part of Swallowcourt, an organisation that operates six homes across the county. These include three homes for older people and three specialist homes, all of which work closely together.

4 Observations

Residents

Residents across the home appeared calm and content. They seemed well cared for, clean, and dressed appropriately. It was evident that residents were well known by staff, with care tailored to their individual needs and staff very responsive to those needs. Residents moved freely and independently on their floor where appropriate, and there was no indication of restriction or agitation.

Staff

Staff were attentive, kind, and showed genuine care for residents. While clearly alert to residents' needs, they were relaxed and unrushed, creating a reassuring environment. They spoke to residents respectfully, consistently using their names and engaging in friendly conversation. Non-verbal communication and physical contact were used appropriately, particularly when initiated by residents or to offer comfort. Staff also used a gentle tone of voice, responded to any signs of confusion with patience, and used simple, clear language when needed.

Environment

The home was clean, tidy, and uncluttered. It did not feel clinical, and the living spaces had a homely, comfortable feel. Bedroom doors were personalised with residents' names and photographs, contributing towards it being a familiar and safe space for residents. Toilet doors were clearly marked, supporting independence and easy identification for residents. Each area of the home was secure, but residents were free to move around within their designated floors. The floors were spacious, with lift access between levels and mostly step-free access throughout each floor.

The board by reception was very thorough, displaying a wide range of important information including the whistleblowing policy, visitor policy, current CQC rating, guidance on how to leave a review or make a complaint, a colour-coded staff uniform guide for easy identification, and safeguarding details including the name of the safeguarding lead.

Activities

On the day of the visit, it did not appear that there were any organised or structured activities in progress. Residents seemed to be sitting or wandering around. Although staff were engaging residents in casual conversation, the home appeared quiet and somewhat inactive, although the visit took place after lunch. This was noticeable across all three areas. In the reception area, there was a blackboard with dates and activities planned across the month, indicating that larger activities are well planned and thought out. The home had recently held an event for VE Day, with decorations still on display.

Management

Management appeared approachable and actively involved in the day-to-day running of the home. Staff interactions and demeanour suggested that this level of leadership was a normal and positive part of the home's culture. Staff appeared to view management as accessible and supportive, which was reflected in their feedback.

5 Resident Feedback

The resident we spoke with currently lives in the Coach House and said they were happy with the care they receive. They described the atmosphere as relaxed, mentioned that meals are served on time, and said the staff are helpful whenever needed.

6 Relative Feedback

We spoke with one family member who, despite describing themselves as incredibly critical, described the home as "faultless". They expressed that the care is brilliant, and the staff are friendly and supportive. They do not always tell the home when they are coming so they can see how their loved one really is, and they are always reassured. Communication is good and the home keeps them updated. They felt that staff are approachable and try to engage their loved one in activities.

They noted that staff appear more relaxed since the new management came in. They seem to get on well and laugh together. They have never heard staff speak ill of anyone. The transition to new management was described as seamless from their perspective and they felt that the low staff turnover is a positive sign. They also described the environment as clean and bright, with a pleasant smell.

7 Staff Feedback

We were able to speak with three carers. One was a new member of staff, another had been there for ten years, and the third for twenty-five years.

One carer spoke about how much they enjoy looking after the residents and chatting with them. They described the manager as very approachable. Although there had been some big changes recently, and they felt a bit apprehensive at first, everything had turned out well. No concerns or recommendations were raised.

Another carer said they like working at the home, highlighting that there are now more activities and more time available to spend with residents.

A third spoke positively about the beautiful environment and the community. Having more time and space allows for a more holistic approach to care. They felt well supported, and colleagues were described as kind and patient. The managing director takes the time to meet new members of staff, and there is a sense that opinions and ideas are genuinely valued. While teatime has improved, they felt there should be more variety beyond soup and sandwiches. They also suggested that more community activities and greater integration between the three areas would be beneficial. Although they recognised the need to remain versatile in their roles to best support the whole home, they think staff should be able to specialise to develop their skills and interests.

We spoke with the behaviour specialist, who had been at Trevaylor for one month, although they had worked at Swallowcourt for many years. Their role was relatively new and designed to support staff with resident behaviour, ensuring residents receive the best care tailored to their

needs. They also work closely with other agencies and assist with admissions, care plan reviews, and post-incident reviews. They felt that Trevaylor had a well-established team and was both welcoming and supportive.

8 Manager Feedback

The new manager was appointed in February. Under the previous management team, concerns had been raised about care plans and delays in escalating safeguarding alerts. There is also a temporary clinical lead in place, with a planned handover period of two months once the permanent position is filled. Previously, the home had felt closed off and rigid, not moving with the times, but since the new team took over, many changes have been implemented, and the home is still in the process of making significant improvements across the board. They have allocated four or five residents per nurse and specialist roles to review care plans and have resident meetings on the second Tuesday of every month.

There is a high level of support in place for the new management. The managing director visits once a week, and the manager has a mentor from a different elder home. They also maintain regular contact with the manager of the other elder home. There is close collaboration across Swallowcourt, particularly through cross-home working with the nearby elder home. A daily staffing call takes place between the homes to share staff, reducing the need to use agency workers which is better for the residents' continuity of care.

The vacancy rate at Trevaylor was previously very high. However, they have recruited 22 new staff members in the last month and now have over 100 staff in total. There are 21 staff on the early shift, 19 on the late, and nine overnight. Currently, 11 to 12 staff work overnight to support new employees. Inductions are now longer, with additional time for staff who may need more support to learn their roles. They use staff recognition to show appreciation for the team. Staff previously only worked in their area, and while they are still based in one area, they have the ability to work across different areas of the home when needed. All staff are trained in de-escalation techniques, with dementia unit staff receiving higher level training in these skills. This ensures any staff member can work in any area of the home. Further recruitment plans include appointing another activities coordinator.

In terms of changes to the home environment, they are implementing an alarm system that alerts staff based on noise levels, moving away from hourly checks which can disturb residents. This system is also linked to Nourish, the care management software used by the home. They also plan to make the coach house kitchen more dementia friendly and to repaint one of the communal rooms in a calmer colour.

The business manager shared some of the changes currently being implemented in the catering department. New menus are being introduced, with a complete overhaul aimed at making the quality consistent across all homes and are focusing on seasonal ingredients. There are regular meetings with the head chefs and new suppliers have been brought on board. They are also using the Erudus system for recipes and nutritional information.

The conversation highlighted that Trevaylor has been going through an unsettled period, with every element of care and each department undergoing change. They are also carrying out more quality reviews and holding inter-departmental meetings as part of a wider service improvement plan. At this point, they feel that their greatest success has been in recruitment. From the outside looking in, it appears they are also fostering a culture of transparency and taking proactive steps to improve care for their residents.

9 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from residents and staff to improve experiences at the practice.

1. **Increase activity engagement during the day**

On the day of the visit, residents were largely observed sitting or wandering, with no structured activities in progress. This might not reflect the usual daily routine; however, ensure that:

- At least one group or individual activity is scheduled during core daytime hours in each of the three areas of the home.
- Daily activities are displayed clearly within each unit (in addition to the reception board), so residents and visitors are aware of what is happening that day.
- If activity coordinators are unavailable, consider assigning small roles to staff or volunteers to lead short, simple sessions that maintain engagement.

2. **Strengthen communication and integration across the three residential areas**

Opportunities for interaction between the home's separate areas appeared limited for both residents and staff.

- Pilot one shared activity per month that is specifically aimed at bringing together residents and staff from more than one unit (e.g., music, gardening, or games).
- Improve communication and collaboration between staff across different areas to help plan events and support each other.

3. **Maintain transparent communication around ongoing changes**

The home is undergoing a period of significant change, including staffing and procedural updates.

- Continue providing regular updates to residents, relatives, and staff through newsletters, meetings, or noticeboards.
- Consider introducing a way of highlighting improvements based on feedback.

4. **Enhance staff support and development**

Management is highly supportive of the team, but with a large intake of new staff and ongoing organisational change, support structures are essential for staff wellbeing, consistent care, and to prevent undue pressure on management.

- Develop team leads or senior carers within each unit to act as a first point of support for day-to-day issues, easing pressure on management.
- Introduce a buddy system for new starters, pairing them with experienced staff for shadowing, emotional support, and informal check-ins during the initial weeks.
- Provide clear guidance on buddy responsibilities and encourage peer support as part of the team culture.

10 Provider Response

I was really pleased with the overall feedback and agree with your recommendations. I will act to ensure these are actioned. Since your visit I have appointed an additional activity coordinator and I'm hopeful she will be in place before the end of the month. This will really help with developing that area of the home.

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