



Enter & View

Trewartha Residential & Nursing
Home

healthwatch
Cornwall

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1 Introduction

1.1 Details of visit

Service provider	Trewartha Residential & Nursing Care Home
Service Address	Polmennor Drive, Carbis Bay, St Ives, TR26 2TQ
Date and time	8 th December 2025
Authorised representative	Nigel Oakes & Tom Brunwin

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 six members of care staff and met with two members of the management team to discuss the service and view the facilities.

Conversations with residents

Five 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. Overall, interactions between residents and staff observed on the day appeared calm and respectful. However, several environmental, safety and information-governance issues were also identified during the visit, which may impact resident wellbeing if not addressed.

3 Service overview

Trewartha is a residential nursing home providing residential, nursing and respite care. The home is located within a residential area and includes its own garden spaces. There is a maximum capacity of 36 residents, housed in single occupancy rooms, some of which are en-suite. Trewartha is owned and operated by Sanctuary care Ltd, who operate a further twelve care homes across the county. It has a CQC rating of 'Good' and was last inspected in 2018.

4 Observations

A website operated by Sanctuary Ltd contains details of the home, staffing and services. These were checked prior to the visit and found to be accurate and up to date, apart from the address.

The home is situated in a residential development and is difficult to locate. The signage outside the grounds is small and not visible from the main road. The published post code did not accurately locate the building when used with a common satellite navigation system.

The home has a private car park to the front, which was full on the day of the visit, there are no disabled parking bays, the entranceway has 'ambulances only' markings.

The front of the building has a keypad-controlled security door. There is a push button doorbell marked for out of hours use but no obvious daytime entry system.

On arrival we were asked to sign into the visitors book and were granted access through a second keypad-controlled security door. Although identification badges were worn by us, these were not checked.

On entry the house appeared bright, clean and warm, with no noticeable unpleasant odours. Communal areas were decorated with Christmas trees and decorations; there was music playing at a low volume throughout the home for the duration of the visit.

The home has several communal areas, including a conservatory overlooking the gardens. Many of the residents were in these communal areas, some of which had large screen televisions, showing a variety of daytime programmes and displaying closed captions. On the day of the visit the home was at maximum occupancy, with no vacant rooms.

Some residents were engaged in activities such as card or wreath making and others were observed having 1:1 interaction with carers, which appeared to be calm and considerate. During the visit, an activities co-ordinator was on site, and several residents were at an off-site activities visit to a nearby community wellbeing hub. The home has an on-site hairdressing salon, interactive tabletop activities centre and an adapted minibus.

There is a poster in the main communal area with details of the weeks activities displayed. There was a variety of activities on offer including bingo, movement & dance, interactive table play and a Christmas show with a local DJ. A notice advised the time and location of local church services. We were also shown a monthly activities magazine published by the home, which features stories about residents and the activities they have been involved in.

There is also a large photo board with pictures of all the staff and their names on prominent display in the communal area. There is a small library with books, magazines and DVD's and a bar area, where we were told visitors can sit and interact with residents.

There were several safeguarding notices displayed throughout the home, a 'Have your say' poster with details of how to give feedback was prominently displayed in a communal area. The results of recent resident feedback surveys were also on prominent display. Daily menus were available and showed a wide variety of meals were available which catered for specific dietary requirements and offered daily alternatives.

A member of staff was observed dispensing prescription medication to residents in communal areas. A computerised medicines dispensing system was being used and this was supplemented by a manual information system which included photos of each resident on their individual medicines storage drawer. The staff member responsible for the controlled drugs at the home was able to demonstrate a robust knowledge of dispensing principles and procedures.

The dining area had the daily menu on each table, the day and date on these was however, four days out of date, showing a day and date that was incorrect, and food options that may have not been available, which may be confusing to those with dementia. Adjacent to the dining area was a small, open-plan food & drink preparation area, separate from the main kitchens. This area had a lockable cupboard containing prescribed food supplements. Although the cupboard was labelled as requiring secure storage, it was observed unlocked with the key left in the lock. Prescribed food supplements inside displayed patient identifiable information. This presents a data protection and medication-safety risk and could allow unauthorised access

The conservatory area had a leak in the corner, resulting in rainwater pooling on the floor. At the time this was observed, there was no warning notice or restricted access in place, presenting a potential slip and fall risk for residents and staff. Although a warning sign was later displayed, the pooled water remained throughout the visit.

We spoke to a resident in their room, which was clean and tidy but contained no personal effects. There were several safety features and aids in the room, such as an anti-tilt fastening on the furniture and side stabilizers on the bed. Other residents rooms were similarly clean and tidy, some contained personal effects and decorations.

All external doors were security controlled with keypad access. Residents were observed being escorted through these doors by staff who were helping as required in a calm and unhurried manner. Overall, the environment was quiet, and interactions appeared relaxed, both residents and staff were cheerful throughout the visit.

Office areas were clean, tidy and well ordered. There was evidence of a well-ordered filing system for patient information, administrative procedures and audit paperwork. The home uses the RADAR computerised incident management system, and we were shown evidence of a comprehensive programme of internal audit.

5 Resident feedback

Five residents with a range of communication abilities were asked about their experience of living in the home.

A long-term resident told us *'I feel OK with the home, I'm happy here, there's sometimes not enough staff and they need better pay for the staff'* they added *'Sometimes there's only six staff to look after 34 residents'*. They described the staff as *'All lovely'* and said, *'The foods lovely and there's a good choice'* When asked about activities they told us they preferred to stay in their room at times as *'I've always been a loner'*. They also told us that they had recently sustained a head injury following a fall in their bathroom. This incident raises the importance of timely incident reporting, investigation and review of environmental safety measures.

Another resident who had been in the home for two years reported *'I get woken up by someone with dementia screaming down the hall each morning'*. They said the food was *'OK, they give you enough and sometimes I'll have two desserts'* They told us that they had recently been taken out in the home minibus to visit their mothers grave, which they hadn't seen for many years and described the experience as *'Really lovely'*. They said they liked their room and particularly liked the view of the garden as they liked looking at the birds. They did however say *'I prefer the window shut, so I've made a sign to say to keep closed but sometimes the cleaners come in and open it to air the room'*.

Other residents with limited communication abilities were observed to be smiling during our interactions and two described both the home and food as *'Nice'*.

Resident feedback regarding staffing levels contrasted with the views expressed by the management team, indicating a potential difference between organisational assurance and resident experience.

6 Staff feedback

Management team

Feedback was received from the care home manager and the deputy care home manager, both of whom had worked for Sanctuary care for several years.

When asked about Sanctuary care as a management group we were told by the manager that they were *'Brilliant'*. They said, *'They have a comprehensive training programme, and I really like the structure they provide, there are lots of benefits and they recognise and reward achievement'*.

The deputy manager, who is a practicing registered nurse, commented on staffing levels and said *'Staffing levels are good, you can't help sickness, but we can always cover gaps and haven't used any agency staff in the last three years'*. We were told that there were currently no staffing gaps and that, when necessary, staff could be reallocated from other Sanctuary

properties nearby. The manager also told us, *'Moving to twelve-hour shifts has been a positive step as if there is sickness there are fewer shifts to cover'*.

We were told that the home has a good relationship with the local GP practice and that a GP performs a weekly ward round. In addition, community nursing teams visit every day, and the home has regular visits from a community dentist and their own chiropodist. On the day of the visit the local hospital community vaccination team were due to attend to offer seasonal influenza and Covid vaccinations to eligible residents.

When asked about the challenges the home faced, we were told *'Losing the care hub has been a blow, as we now have to call NHS 111 if we need GP support before the ward round is due'* they also reported that referrals to the speech and language therapy team *'Took an age'*.

Care team

Six care home staff were asked about their experience of working at Trewartha.

Staff consistently described positive team relationships, supportive management and access to training opportunities. Several staff stated they felt valued by Sanctuary Care and expressed job satisfaction.

A registered mental health nurse specialist who had worked in five different care homes before coming to Trewartha said, *'This one is the best by far'*. They said this was because of *'The team ethos and standards, the care plans are well maintained, and they listen to what I have to say'*. Speaking about the care home manager we were told *'She's really on the ball, the best manager I've ever had by a mile, even when she's not on duty she'll call in to check everything's OK'*. When asked about the standard of care they were able to provide, they said *'It's great and more about quality of care than ticking boxes'*.

A member of the domestic staff told us, *'It's a lovely place to work'* and another said, *'The residents are fabulous, we have a right crack'*. Speaking about the residents activities, they described them as *'Amazing, it would be good to be able to do more external activities, but they do a great job'*.

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 positive practice was observed at Trewartha, Healthwatch Cornwall also identified areas requiring improvement to ensure resident safety, dignity and wellbeing are consistently maintained.

- 1) The home is difficult to find and has no signage from main roads. The published address is misleading as the home is not on Polmennor Drive. New residents and visitors may benefit from being given clear directions from main roads to improve the arrival and visiting process.
- 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) Lockable cupboards containing patient identifiable information should be kept secure and keys should not be left in locks. This will protect patients data protection rights and prevent unauthorised access to information and materials.
- 5) All incidents that result in resident injury must be reported and investigated. Measures to prevent a recurrence should be implemented to ensure the health and wellbeing of residents is protected.
- 6) 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.
- 7) 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. Healthwatch Cornwall recommends that systems are in place to ensure all displayed information is reviewed and updated daily.
- 8) There were no disabled parking bays in the home car park. The absence of designated disabled parking bays may present accessibility barriers for visitors, residents and professionals with mobility needs. Healthwatch Cornwall recommends that appropriate disabled parking provision is put in place to support inclusive access to the service.

8 Provider feedback

Recommendation

The home is difficult to find and has no signage from main roads. The Published address is misleading as the home is not on Polmennor Drive. New residents and visitors may benefit from being given clear directions from main roads to improve arrival and visiting process.

Provider Feedback

Sanctuary Care Website, Cornwall Council, CQC website and carehome.co.uk do not include the Polmennor Drive in the address. This is Google maps only. Google pin drop is correct as is the navigation function using Google maps to the home, so is simply that one street name that needs deleting. This is being addressed.

Recommendation

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

Provider Feedback

Signage present at entrance of car park and outside of the reception area. Have not had any negative feedback previously regarding signage.

Recommendation

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

Provider Feedback

We have recently had a new conservatory built. There has been a couple of areas of leakage, causing the floor to be wet on occasions. This has been passed to the Regional Maintenance Manager. Maintenance engineers visited on 19th January 2026 to address this problem. Whilst we are waiting for the problem to be rectified and to avoid any risk to our residents, staff, and visitors. The Conservatory flooring is checked daily, the area is cleaned, and a wet floor sign is placed in situ. Unfortunately, we do have residents who will remove floor signs. Since the inspection, a humidifier is now in place whilst we wait for repairs to be completed, the humidifier also prevents the floor being wet.

Recommendation

Lockable cupboards containing patient identifiable information should be kept secure and keys should not be left in locks.

Provider Feedback

Thank you for bringing this recommendation to our attention, the lockable cupboards in the kitchenette, should be always locked to prevent unauthorised access. This has been discussed with staff during daily handovers and checked on the Managers Daily walk round.

Recommendation

All incidents that result in a resident injury must be reported and investigated. Measures to prevent a recurrence should be implemented to ensure the health and wellbeing of residents are protected.

Provider Feedback

We have a robust reporting process within Sanctuary Care. All incidents are recorded onto the RADAR system. Each incident is investigated, depending on the severity of the incident an (SBAR) (Situation Background Analysis Recommendation) would be completed. Our Investigations will consider actions to be implemented to reduce any further risks. Shared learning is also part of our incident investigation process and enables us the opportunity to understand good practice and where improvements can be made.

Recommendation

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's needs.

Provider Feedback

Staffing is reviewed daily in the home and weekly staffing analysis completed. Nursing and Care hours are determined by LaingBuisson, and safe staffing levels are ensured, with Trewartha staffing being above the National Benchmark.

Recommendation

Day and date information on signs/ notices should be updated. Daily menus had not been updated.

Provider Feedback

Thank you for bringing this to our attention. Unfortunately, during the week of the inspection, the Cirros printer was unavailable, however, this should have been noted before, and the menus removed from dining areas to avoid any confusion. To ensure the menus are updated daily this has now been incorporated into the daily managers walk round.

Recommendation

There are no disabled parking bays in the home car park. The absence of designated disabled parking bays may present accessibility barriers for visitors.

Provider Feedback

We have recently had lined parking spaces in the carpark. Unfortunately owing to the size of the car park and limited car park spaces, we could not accommodate disabled parking bays, however, at the front of the home, there is a parking bay for Ambulances only. Should any of our visitors require disabled parking access this area may be used to support inclusive access to our service.

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