



Enter & View

Redannick Residential and
Nursing Home

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1 Introduction

1.1 Details of visit

Service provider	Redannick Residential and Nursing Home
Service Address	Redannick Lane, Truro, TR1 2JP
Date and time	25 th February 2025 9.30am–12.30pm
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 to improve their experiences if required.

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 home and view the facilities.

One to one and group conversations with residents

Eight residents were asked either individually or in the group they were sitting with about their experiences with the care home including the facilities, the food, the staff and the activities.

Observations

Observations were made throughout the visit, focussing on the interactions between staff and residents, general atmosphere of the home and the condition of the facilities.

3 Service Overview

Redannick Residential and Nursing Home is a purpose-built facility and managed by the company Sanctuary Care who operate 110 care homes across the UK. The home has a total capacity of 41 beds, with residential care and nursing care being provided in different wings of the building. At the time of the visit, the home had 36 residents, 10 of whom were nursing care residents.

The home is located in a residential area close to Truro town centre. The home has its own small carpark and road parking easily accessible in the surrounding area. It is possible to walk to and from town, however, the building is reached via a relatively steep hill. There are two small, enclosed gardens for residents to use if requested and a variety of activities are available throughout the week.

4 Observations

Staff and Resident Interactions

The administration staff gave a warm welcome upon arrival and were friendly throughout the visit. Residents were seen using various spaces to socialise, watch TV, or rest. They all appeared happy, comfortable and at ease.

Feedback received included concerns about a resident living with dementia entering other residents' rooms. This was observed firsthand when, during the same conversation, a resident attempted to return to their room but found the individual already inside. The situation seemed

to cause discomfort for the resident, who had returned to the communal space. When the resident with dementia later emerged from the room, the group of residents addressed the issue with them asking them not to enter other residents' rooms (*recommendation 1*).

During the visit, an exercise activity with music was led by the activities coordinator. A good number of residents participated and appeared to be enjoying themselves. Staff members were consistently friendly and generally attentive. Staff were often observed to immediately stop their tasks when assistance was required and room call bells were not ringing for long.

We requested staff check on a resident who, while not appearing to be in physical distress, was intermittently and very quietly asking for help but did not seem to be heard by staff.

While speaking with a group of residents, one individual requested assistance from a passing staff member to help them mobilise to the toilet. The staff member assured them they would return. Some time later, while the representative was in conversation with the administrator, another resident approached to seek help for the same individual, who was still waiting to use the toilet (*recommendation 2*).

The environment

The main entrance doors were secure, but residents were free to move throughout the different wings of the building, including the reception area. All areas appeared accessible, except for restricted spaces such as the kitchen.

The building was quite busy with what felt to be a higher-than-average number of staff present. We had been informed there should be eight staff working during the day but there were eleven on shift during the visit. The atmosphere felt positive and there was a good mix of social and quiet lounge areas, as well as multiple dining spaces.

It was noted that in the Orange Lounge, the chairs were arranged in a row against the wall rather than facing each other or the TV. The TV was positioned too high on the wall at the end of the row of chairs, with the row starting directly beneath it. Neither arrangement seemed to promote social interaction, engagement, or physical comfort, as reflected in resident feedback (*recommendation 3*). In contrast, another lounge area had chairs arranged in an arc around the TV. While the TV was still positioned high on the wall, the chairs were placed further away, allowing residents to interact more easily while still watching the program comfortably.

A photo wall and a colourful activity schedule on a whiteboard were displayed in the main communal space, however this space was not used during the visit (*recommendation 4*). There appeared to be a good variety of food options, with residents finishing up cooked breakfasts at the start of the visit. The environment was generally clean and tidy, aside from breakfast items that were in the process of being cleared away during the visit.

5 Resident Feedback

The Healthwatch Representative spoke with eight residents during the visit. Residents spoken to had an overall positive opinion of the care home with a few points they found challenging.

Positive Experiences

A group of three residents were asked for feedback while they were sat together. They expressed that the food is excellent, and they could not fault the care they receive. They felt that the home has a lovely atmosphere, the staff are very friendly and there are a lot of activities to participate in.

This was echoed by residents spoken to individually who also felt the medical care was good. One resident expressed they often felt bored, but the activities were improving, and that management have offered to purchase activities they would find more enjoyable. A resident shared that the staff enable them to have the same routine as they would have had at home and a further resident shared that there often seem to be new staff but that the whole team makes the home a pleasant place to be.

Challenging Experiences

The group discussion brought up several concerns. One member mentioned that their labelled laundry frequently goes missing (*recommendation 5*). Additionally, the group agreed that they dislike the layout of the Orange Lounge, as it makes it difficult to see the TV or engage in face-to-face conversations.

The group also raised concerns about a resident with dementia who repeatedly enters their bedrooms, causing discomfort. A couple of other residents echoed this issue in subsequent individual discussions, adding that personal belongings sometimes go missing as a result.

One resident individually expressed dissatisfaction that they had to move from the lounge to the dining room for meals to socialise with others. They felt the change was imposed rather than introduced in a considerate manner.

The same resident reported that had experienced another resident become aggressive by swinging their walking stick around and felt that more should have been done to prevent it from happening.

One resident expressed that while they felt the care was good and received regular visitors, they still experienced feelings of loneliness. This feedback was shared with management, but it was felt to be dismissed because the resident has regular visitors.

6 Staff Feedback

Management shared how they care for residents in the home, emphasising a person-centred approach. A care plan is created within 72 hours of a resident's arrival and reviewed every six months, in collaboration with families, who are welcome to discuss it at any time. Where appropriate the home supports residents' individual choices and preferences, working with a multidisciplinary team to ensure access to necessary services, including doctors, dentists, and mental health professionals if needed.

To enhance residents' quality of life, the home offers activities, a strong staff team, and volunteer support. Sanctuary Care provides extensive training opportunities for staff and staffs the home based on service needs and resident numbers, using a Needs of Service Staffing Ladder to ensure adequate coverage. At night, the care home is staffed by four carers and a nurse. While we gained a good understanding of how residents are cared for, we were unable to gain insight into the challenges and successes of staff retention or how staff wellbeing is supported.

7 Recommendations

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

1. While some resident rooms cannot be locked, take further steps to prevent residents from entering others' rooms. This could include clearer signage, personalised door markers, closer staff supervision for individuals to provide redirection when needed, and further communication between staff about residents' locations to ensure safety without restricting their freedom of movement.
2. Improve communication of resident requests between staff to ensure they are not held by a single staff member and are responded to promptly. This could include implementing a tracking or messaging system, especially for requests not made via a call bell, as these may be easily forgotten.
3. Orange Lounge:
 - a. Rearrange the chairs to create a more engaging and comfortable environment, while still ensuring access through the space to the corridors and the conservatory.
 - b. Reposition the TV by either lowering it to a more accessible height, relocating it to a more suitable viewing spot, or moving it to the wall opposite the chairs, if feasible.
4. Display copies of the activity schedule at eye level in all communal spaces to ensure that residents with limited mobility and those who choose not to move far can easily view it.

5. Identify the actions causing resident clothes to go missing and implement solutions to ensure they are placed in the correct location for washing and returned to the proper place afterward.

8 Provider Response

Healthwatch Cornwall did not receive a response from the provider.

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