Enter and View Report

Name of Setting: Community Inpatient Unit (CIU) Cambridge Park

Name of Manager James Skivington

Insert address: Peterhouse Road, Grimsby, DN34 5UX

Date of visit: 12.06.2026 Date of publication:

HWNEL staff involved in the visit: Lucy Wilkinson and Helen Blow

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the residents who contributed to the report on that date.

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered. Healthwatch North East Lincolnshire use powers of entry to find out about the quality of services within North East Lincolnshire.

Enter and View is not an inspection; it is a genuine opportunity to build positive relationships with local Health and Social Care providers and gives service users an opportunity to share their views in order to improve service delivery. Enter & View allows Healthwatch to-.

- Observe the nature and quality of services.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives of service users.
- Collate evidence-based feedback.

- Enter and View can be announced or unannounced.

Main Purpose of Visit

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. On this occasion Healthwatch had received feedback from a member of the public, which prompted our visit. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across a number of premises
3. To respond to local intelligence at a single premises

This visit forms part of the Healthwatch North East Lincolnshire program of work and was carried out in response to feedback Healthwatch received about the care home.

Community Inpatient Unit (CIU) Background

The Community Inpatient Unit located on Peterhouse Road in Grimsby is operated by Care Plus Group (North East Lincolnshire) Limited and has capacity for 44 patients. On the day of the visit there were 35 patients staying at the unit. Most patients are referred to the unit from Diana, Princess of Wales Hospital or Scunthorpe General Hospital, or were referred to avoid hospital admission. The unit supports people across North East Lincolnshire with rehabilitation and reablement following a period of illness or trauma. The Unit is a step between acute hospital care and home, and supports patients in regaining confidence, mobility and independence. The average length of stay for a patient is 22 days, however this can be longer depending on the complexity of need.

The Community Inpatient Unit is open 24 hours a day, seven days a week and is staffed with multiple disciplines including Assistant Practitioners, Nurses, Healthcare Assistants, Social Work Team, Patient Flow Co-Ordinator, Recovery Workers, Therapy Team, Housekeeping Team, Maintenance Team, Kitchen Team and Reception Team. There are around 125 staff employed at the unit,

with an average of 55 staff on duty per day.

Specialist care categories registered with the Care Quality Commission (CQC) include,

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Caring for adults over 65 yrs
- Caring for adults under 65 yrs
- Dementia
- Physical disabilities
- Sensory impairments

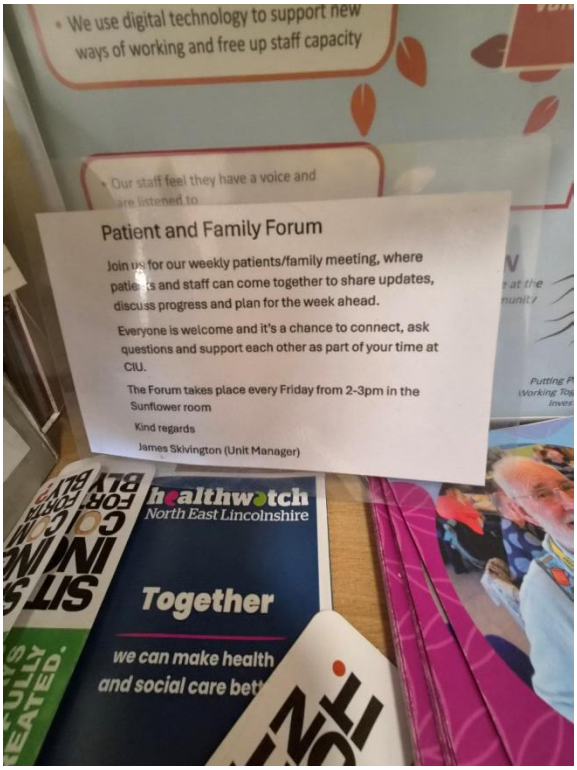
The visit – on arrival

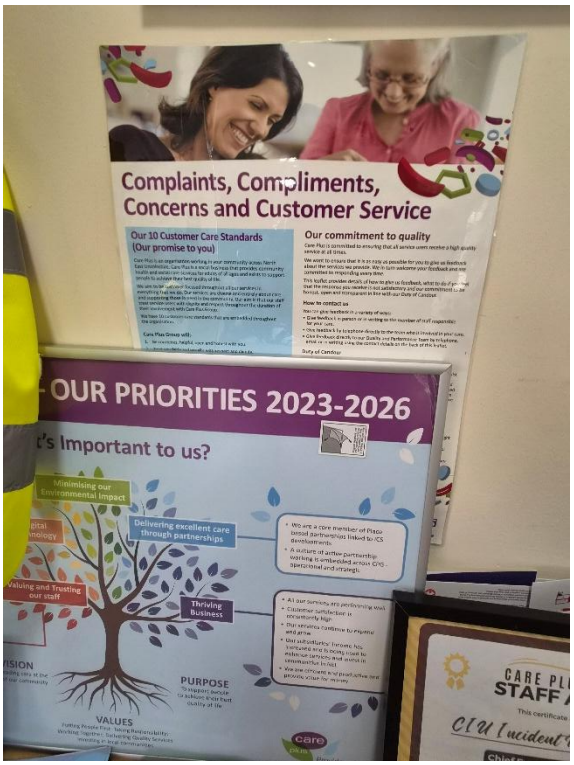
The Enter and View visit (E&V) was semi-announced. The manager was advised that Healthwatch would visit on the week beginning the 8th of June 2026. We arrived on the 12th of June at approximately 10am.

On arrival, the Healthwatch team were welcomed into the unit and introduced to the manager. After these introductions the Healthwatch team were given a tour of the care home over the two floors including all communal areas and facilities. We were introduced to staff and patients as we met whilst moving around the building.

As we walked around the building there were several notice boards displaying important information such as the complaints policy and information about the patient and family forum.

All of the patients were in their allocated rooms, with each room indicating the name of the patient outside of the door.





Summary of the Registered Manager's Questionnaire

Healthwatch spent time with the manager James Skivington to discuss the manager's questionnaire.

The manager confirmed he had been in post as the Registered manager since March 2025.

The unit is decorated in a minimalist style reflecting the clinical usage of the area. There were two dining rooms, one on each floor, decorated with pictures and 'home comforts' where patients could sit and have their meals if they would like to. The patients are allocated their own room with an en-suite toilet and sink during their stay. There are separate showering facilities located on each of the two floors. Some patients had brought in their own pillows and personal items to enable their stay to be more homely. Each room that had

been vacated by a patient had been clearly marked as deep cleaned and ready for the next patient.

The unit runs over two floors with the lower-level catering for those patients with more complex needs. Healthwatch completed their observations and questionnaires with patients and staff members from both floors of the building. The unit currently has 35 patients residing there, with the optimum capacity of 44 patients.

The manager confirmed that the current staffing team is reasonably stable and some staff have worked at the unit for many years.

The unit rarely uses bank staff and always attempts to fill shifts with regular staff that are part-time or on days off.

Latest Care Quality Commission (CQC) Report

The last recorded CQC visit to the Community Inpatient Unit was on the 21st February 2023 and was rated as Requires Improvement.

Since this inspection the unit has implemented changes in the form of a Patient and Family Forum which takes place on a Friday every week between 2-3 pm.

Safety

Staff training is offered via Care Plus Group. This is usually a mixture of e-learning and face-to-face training. Nurses have 31 training areas to cover for training compliance. Staff supervision will also check that compliance is sufficient. The unit also uses external training providers for Basic Life Support and Moving and Handling training.

There is a nurse call system in place that patients and staff could use to alert others if they require support or in an emergency. Healthwatch observed the use of this during the visit.

Patients' nutritional and dietary needs are met through regular assessments and care planning. Each resident's dietary needs, allergies, fortified foods, and medical and personal preferences are documented. The SALT team and dietician would be involved if there were concerns about a person's dietary needs. Residents are weighed weekly depending on their MUST score and if there are any concerns this would be acted upon and escalated.

We were advised Care plans and risk assessments are updated accordingly and any issues will be escalated appropriately. There is a multi-disciplinary meeting every day at 10am with the Hospital Discharge Team to discuss admissions. The manager said that these meetings have ensured better collaboration with other services.

Staff receive supervision every 2 months and have a Group Supervision every 3 months. Staff also have appraisals once a year. The manager said that they are a little behind with supervisions due to changes in the leadership team. The Therapy Team are on track and currently meet every month.

Patient Health and Wellbeing

Healthwatch were advised that close family have open visiting times, usually between 8am and 9pm. On the day of the visit a relative had been staying all day to help feed a family member. However general visiting times are 2pm-4pm and 6pm-8pm.

Families keep in touch via mobile phones, iPad etc. The unit has regular Patient and Family Forums which run weekly on Friday afternoons.

The unit has a designated room on the upper level of the building for patients to take part in activities. There are Coffee Mornings, Crafts, Bingo, Tai Chi, and Chair based exercise sessions. The unit also has a volunteer to help support the activities, and they are actively recruiting for more to join the team.

The patients are registered with their own GP practice; however, the unit also has access to an on-call GP who they can speak to for advice and support if necessary. The unit can also speak to the Urgent Care Team based at Westgate Park if needed.

External Health Services

Healthwatch were advised that the residents have access to a full range of external healthcare services, either through routine in-house visits or referral and outpatient appointments. Recent health professional visits include

District Nurses

Physiotherapy and occupational therapy

Navigo

Speech and Language therapy (SALT), Dietitian

On-call GP

Urgent Care Team

Social workers

DOLs assessors

What did patients say?

During the Enter and View visit, Healthwatch spoke to seven patients. The patients had been residing at the Community Inpatient Unit for rehabilitation for a few days to over 14 weeks.

When asked, **"How do you feel about staying here?"** patients responded with the following:

Male patient *"Fabulous. They're excellent. The girls are always smiling. I have my own room; they change my sheets. I've got time to sit and take notice."*

Female patient *"Its alright. It's a bit noisy."*

Female patient ***"****The staff are dashing about; they could do with more. They are all still very giving and encouraging. Makes a difference to how you feel. They are amazing but spread a bit thin. Everyone is very pleasant and helpful."*

Male patient *"Brilliant, 6 out of 5. Physio is very good".*

Female patient *"Staff are amazing. However sometimes when I'm getting washed the staff talk to each other. It doesn't upset me, but it might others."*

Female patient *"It's all good".*

Female patient *"Staff are busy, but so good, nothing is too much trouble. They put you at ease, they adapt to my mood. They make me my own earl grey tea and hot chocolate. So different to hospital. I brought my own pillows in."*

When asked if they felt safe, patients responded

"Definitely. Busy times, I have to wait for call bells".

"Yes".

"Yes".

"Yes".

"Yes, I do".

"Yes and no".

"Definitely".

If you want to raise concerns, who would you tell?

"Anyone. Staff. The girls. They get a nurse".

"Staff".

"One of the staff".

"Staff. Speak to the manager".

"2-3 of the carers, I would tell, they would help me".

"Forum every week. Tell a member of staff".

How do you keep in touch with family and friends?

"Wife comes, and my lad. I've asked the others not to come."

"Yes, every day."

"Yes, friends and husband visit."

"Yes, at least once a day. Not all weekends."

"Husband comes once a day. Friends once a week."

"Lots of visitors, Friends. Family live away".

"Yes, whenever I want".

Have you been able to take part in any activities in the Community Inpatient Unit?

"Forum. Activities, Tai Chi, games, bingo, chit chat, books. Outside seating area."

"Tai Chi absolutely fantastic. I do this at home so it's good to continue."

"Yes, Patient and Family Forum."

"No, I feel more comfortable on my own."

"Tai Chi, I absolutely loved it-two classes. I didn't feel awkward they make you feel comfortable."

"No".

"I play music".

How is the food? Do you get a choice of meals?

"*Excellent. Chef comes to ask what we want. Home -made soup, lovely."*

"Average choice. Veg isn't always hot. It's a minor complaint".

"Very good. All edible and well presented."

"Good. I was poorly and I fancied some scrambled egg. The chef kindly made it for me."

"Excellent. At home I eat cold food, but I've enjoyed a lamb stew. They work around my preferences; there is a lot of choice. Nutritious meals and balanced."

"Debatable. You get a lot of choice, but not my choice."

"When I came in, I was 17 stone. I lost two stone, but I've put it back on."

What did family and friends say?

Healthwatch did not speak to any family members on our visit. We left a poster with a Q.R code at the home for any visiting family or friends to leave feedback if they wanted. We did not receive any responses.

What did the staff say?

During the Enter and View visit, Healthwatch spoke to six members of staff. Staff were happy to speak to us regarding their experience of working at the Community Inpatient Unit.

How long have you been working at the Community Inpatient Unit?

"I have been here for 3 months."

"3 months."

"5 years".

"3 years."

"2 years."

"Almost 6 years."

"3 years.

What is the most enjoyable part of your job?

"Working with the patients and staff. We all muck in together. Learning about conditions. They are not just patients."

"Seeing the patients".

"Speaking with the patients, what they like, don't like. You don't always get the full picture."

"Seeing progression. Non-weightbearing to walking."

"I just like my job. Got to have empathy and teamwork."

"Patient Progression-They get better and they go home. A really nice team- I enjoy my colleagues and working together."

Do you feel there are adequate staff numbers on duty in your workplace?

"No."

"No, not really."

"No, one nurse on duty, somedays its full. There's no consistency."

"Often no. Changes in management and structure."

"Often not."

"Yes."

Is there any additional training you would like?

"No, some people want to progress to complete clinical tasks."

"Fitting training in is the issue. When short- staffed we can't just leave. Issue completing training on day off. Training is available, we're understaffed at work."

"No."

"Nothing immediately. Other team members could benefit. Training in conditions that we haven't seen, the training would benefit patients."

"Professional training. Develop skills-social work based."

"No, asked for training for dressings and we got it."

If there was one thing you could change, what would it be?

"Staffing levels-not just for nursing, across all areas."

"More staff- can be brutal we can't keep up sometimes."

"Staffing levels would make us able to spend more time with patients".

"I don't know. We're missing some equipment, hopefully it will be received shortly."

"Management Team. The manager, in my professional opinion, doesn't have experience of Health and Social Care. My professional view isn't heard. They made promises and did not deliver. My opinion isn't heard."

"More opportunities for learning. More practice- skill set in general. More education on each other's roles, to make us more confident and competent."

Do you have any other comments?

"As a unit we do care. Some staff don't have the knowledge or experience. My team in general is supportive; they would help me. I can't praise my team enough."

"Complexity of patients-we need more staffing. Every Friday there is a meeting for family and patients."

"Constantly short staffed. Client complexity never stays the same."


Patient
Thank you!
Thank You!
thank you!
Thank you!
Special Thanks
Thank You

General Observations

Control over daily Life

Healthwatch observed staff supporting patients to meet their needs. A member of the kitchen team was observed taking a trolley of sandwiches around the building and asking the patients what they would like for dinner. Another patient was observed taking their medication with minimal support.

Patients were able to bring in their own belongings to make them feel more comfortable during their stay. Each room had the name of the patient just outside of the room.

Regular activities take place within the unit, and patients took part in these sessions where they could.

Family and friends could visit freely, and this was noted on the day of the visit as family members were observed visiting.

Patients could help themselves to snacks that were placed on the tables in the dining rooms.

There was a choice of meals at dinnertime. However, residents could still ask for alternatives, and the cook would do their best to accommodate.

Personal cleanliness and comfort

Healthwatch observed that the patients were wearing clean, tidy and comfortable clothes and footwear, where appropriate.

Staff wore uniforms with colours appropriate to their role, and all looked well presented.

Safety

During the visit, no safeguarding or health and safety concerns were observed or raised with the Healthwatch team.

Doors to certain areas and cupboards were locked for patient safety purposes.

Staff were visible in each area and were available to immediately respond to a patient should they need too.

Accommodation and cleanliness

Overall, the cleanliness and décor of the unit was of a good standard. All the areas observed were clean, and the flooring and furniture were in good condition. The accommodation was of a good standard throughout.

The unit smelt clean, and no unpleasant odours were noted.

Signs were appropriately placed and the handrails in the communal areas were a contrasting colour to the walls.

Food and nutrition

The manager informed us that patients were given a choice of meals that were being served that day, however the menu was adaptable for individual preferences when required.

The cutlery and plates were all in good condition. Patients were supported with adaptations when required.

General

On the day of the visit the patients were relaxing in their rooms. A few patients had family members that were visiting. The staff were busy supporting patients. The environment was relaxed and there appeared to be ample members of staff on shift.

Activities, social participation and involvement

Healthwatch did not observe any activities during the visit in the morning. However, patients had told us that they had taken part in activities if they wanted to and they had attended the Patient and Family Forum.

The Community Inpatient Unit was welcoming and accommodating to families and visitors.

Conclusion

Overall, Healthwatch found the Community Inpatient Unit to provide a comfortable, clean, caring rehabilitation unit.

The patients appeared happy, comfortable and relaxed at the time of the Healthwatch visit.

Staff were kind and respectful when supporting and talking to the patients. They spoke of good teamwork, especially during busy and challenging shifts.

There were no health and safety, or safeguarding concerns noted at the time of the visit.

Highlighting good practice

Healthwatch would like to highlight the following good practice observed

during the visit:

- Staff that were supporting patients were observed being caring and respectful of each individual patient's needs.
- Staff were responsive to patients needs and offered choice.
- Patients were encouraged to maintain their independence wherever possible.
- Patients advised nothing was too much trouble.

Themes and recommendations

The following themes and recommendations are being made based on the feedback and observations made during the visit:

Theme: **Staffing**

Recommendations: The manager should review staffing levels to ensure adequate staff are available on each shift across all areas of the staffing team and specialist areas. This should take into consideration the complexity of patient needs and be adjusted accordingly.

Theme**: Training:**

Recommendation: The manager should ensure that staff have time to access training and further develop their clinical skills especially when supporting patients with more complex needs.

Signed on behalf of Healthwatch North East Lincolnshire: L.Wilkinson	Date: 03/07/2026

Provider response to recommendations:

Providers have 20 working days to respond to recommendations. This can include why they may or may not take on board the recommendations

Thank you for taking the time to visit the Community Inpatient Unit and for producing such a comprehensive report. We are pleased that the report highlights the kindness, professionalism and dedication of our staff, as well as the positive experiences shared by patients. We also welcome the feedback and recommendations provided and this will give us the opportunity to reflect on our service. I've shared the findings with the Leadership Team and this will be shared with all staff to help with our ongoing quality improvement work.

Staffing

We recognise that staffing levels remain a recurring theme and acknowledge the concerns raised by some patients and staff. Patient complexity is formally reviewed through the multidisciplinary team (MDT) process each week and this directly influences admission decisions, including whether patients are accepted into the service immediately or placed on a waiting list until we can safely meet their needs.

In recent years, we have seen a significant increase in the complexity and acuity of patients being referred in from the hospital and the community with many patients requiring more clinical oversight than previously experienced. To support this changing patient cohort, the service introduced an Advanced Care Practitioner role within the last six months, providing additional clinical expertise and support for patients with more acute and complex healthcare needs.

Whilst we utilise bank staff to cover periods of sickness absence and vacancies, we do not use agency staff. This supports continuity of care, familiarity with patients and safer team working. Staffing levels, patient acuity and service pressures continue to be monitored through established governance processes to ensure safe and effective care is maintained.

We also closely monitor patient safety indicators, including call bell response times, through regular audits. Current performance shows an average response time of approximately 2 minutes 50 seconds, demonstrating that patients are receiving timely support despite increasing patient complexity and operational pressures. These audits are reviewed alongside patient feedback, incidents and staffing data to identify improvement opportunities and ensure standards are maintained.

Training and Development

We accept the recommendation regarding access to training and ongoing professional development. We have provided additional bespoke training in recognition of the increasing number of patients requiring neurological rehabilitation, the service has introduced regular stroke-specific training sessions delivered in partnership with Stroke Specialist Practitioners internal and external. These sessions focus on areas such as neurological rehabilitation, mobility, washing and dressing techniques, and supporting patients to maximise independence. The aim is to increase staff confidence, competence and clinical skills when caring for patients with complex neurological conditions.

The service continues to provide a comprehensive programme of mandatory and role-specific training through Care Plus Group and external providers. Staff are encouraged to conduct their online training on shift during quieter periods, and we have had dedicated time for online training on the overlap of shift changes. We recognise that are some occasions when operational pressures can sometimes impact staff availability to attend training and will continue to strengthen compliance monitoring, workforce planning and protected learning opportunities where operationally possible. Through these measures, we remain committed to ensuring staff have the knowledge, skills and support required to meet the evolving needs of our patients.

Kind regards

James Skivington