

Guys Cross Nursing Home Enter and View Report

Name of service provider:	Travid Enterprises Limited
Premises visited:	Guys Cross Nursing Home 120 - 122 Coventry Road, Warwick. CV34 5HL
Date of visit:	20 May 2026
Time of visit:	10:30 am – 2:30 pm
Registered Manager:	Charlotte Hall
Authorised Representatives:	Robyn Dorling, Maggie Roberson.

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Disclaimer

Please note that this report is based on observations and feedback gathered during a single visit on 20th May 2026. It may not reflect the experiences of all service users, staff, or relatives.

Purpose of Visit

We visited Guys Cross Nursing Home because the Care Quality Commission (CQC) had not visited the home since 2023, and a new Registered Manager had been in post for a year. Our aim was to find out if the people living in the home are treated with dignity and experience high-quality, person-centred support.

Approach used

The visit was announced, with two days' notice. During the visit, we:

- Met with the Registered Manager
- Observed life in communal areas
- Spoke with residents and staff

1. Summary of findings

Overall, this was a very positive visit to a well-maintained and thoughtfully organised nursing home. The home provides long-term support for 34 people with severe and enduring mental health issues; bipolar, depression, schizophrenia and Korsakoff syndrome. Some people also have a learning disability and / or autism.

The building is a large, detached Victorian property in a residential area of Warwick. It has been refurbished into 4 smaller, household-style living areas, similar to flats, each accommodating approximately seven to nine residents. Residents are placed in households based on their interests and compatibility, rather than their conditions. Each household has a shared kitchen, dining space, and lounge, helping to create a calm, homely, family-style environment.

The management structure appears well organised and responsive, with a Registered Manager, Deputy Manager, and the owner all present and actively involved. The Registered Manager showed strong knowledge and understanding of severe and enduring mental health conditions, as well as innovative approaches to supporting residents.

On the day of our visit, the atmosphere in the home was calm. Staff were open and approachable, interacting with residents in a kind and respectful way. Residents appeared safe, comfortable and well cared for. Staffing was stable and experienced, with consistent teams working in each household, providing continuity and support. The staff-to-resident ratio is high.

Providing skilled specialist mental health support requires a strong commitment to staff training, crisis prevention, and reducing the use of restraint. The service holds BILD Association of Certified Training accreditation, demonstrating its commitment to best practice in this area.

“There was no use of physical restraint in the previous year, and I put that down to training.”

(Charlotte, RM)

“Staff are led by people telling them what helps them when they are in a crisis.”

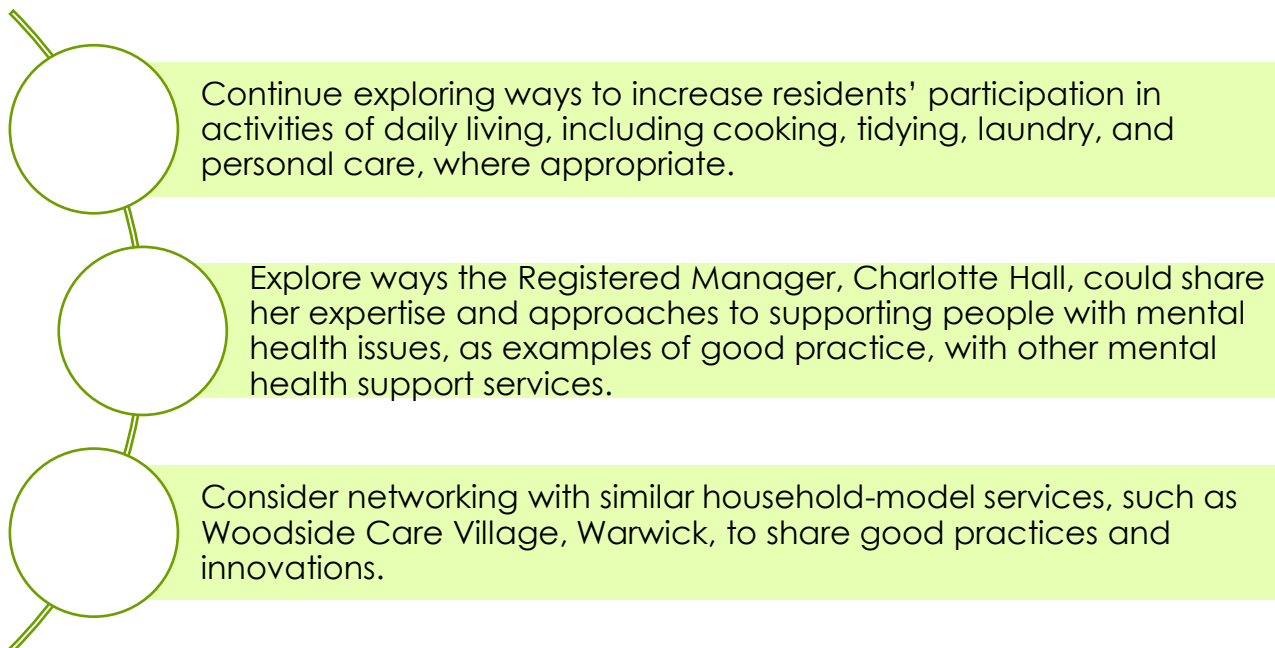
Staff also work proactively to manage external challenges, such as inconsistent support from psychiatry and social work services.

Areas of particularly positive practice include:

- Strong, visible leadership and management
- Kind, respectful relationships between staff and residents
- A warm, homely household model based on compatibility
- Experienced, supportive and consistent staff teams in each household, providing stability and continuity
- Collaborative care planning where residents are involved, where possible
- Innovative approaches to supporting people with complex mental health conditions
- A strong focus on de-escalation and restraint reduction

The main area for development is encouraging greater resident involvement in daily living tasks and self-care, where possible. During our visit, residents appeared relatively inactive, and there was limited evidence of people taking part in activities such as household tasks, personal care, or building independence skills. While this may reflect the complexity of residents' needs, supporting greater participation could further improve independence and wellbeing.

2. Recommendations



3. Arrival and First Impressions

The Healthwatch Warwickshire Enter and View Lead and one Authorised Representative visited after giving two days' notice. We let staff know in advance so they could tell residents we were coming. We did this because the people living in the home have long-term and complex mental health issues.

When we arrived, we were warmly welcomed. The Registered Manager, Charlotte Hall, was friendly, open, and easy to talk to throughout the visit. We spent two hours discussing the home with her. She then showed us around the building and introduced us to staff and residents in each household, giving us time to speak with people as we went.

4. Interview with the Registered Manager

The Registered Manager (RM), Charlotte Hall, has worked at the home for 20 years, beginning in the kitchen and progressing through a variety of roles before becoming Registered Manager approximately a year ago. Charlotte is a Registered Mental Health Nurse (RMN).

The Deputy Manager, Mark Wong, is also a Registered Mental Health Nurse and specialises in supporting people with Korsakoff Syndrome.

Tracey Strickley and David Strickley, both Registered Mental Health Nurses (RMNs), own the home and managed the service for approximately 20 years. Tracey Strickley has now retired, Charlotte Hall has taken on the role of Registered Manager, and David Strickley still works at the home 3 days a week.

The home was established in 1984 and was purchased by the current owners approximately 20 years ago.

Occupancy and Placements

The home supports people with enduring complex mental health needs; schizophrenia, bipolar disorder, depression and Korsakoff's syndrome. Some people also have autism and/or a learning disability.

Most of the people living in the home also have extensive histories of repeated stays in psychiatric hospitals and have been unable to live in their own homes. Most residents are now aged between 60 and 70 years old. Placements are typically long-term, with the ethos being that the home provides 'a home for life.' Charlotte told us that Guys Cross is 'their home' and the staff are visitors.

Residents can remain at the home for end-of-life care.

The home currently accommodates 34 residents and is fully occupied, with a long waiting list for placements. Requests for placements are received from psychiatric hospital discharge and “flow” teams, social workers, and ICB brokerage services.

Demand for placements for people with Korsakoff's syndrome is particularly high due to the lack of specialist services nationally. Charlotte told us that:

“People can arrive severely unwell and require support with nutrition, personal care, and emotional well-being. The assessments carried out before people come to live at Guys Cross are very thorough and can involve multiple visits to hospital wards.”

Assessments involve exploring the individual's wishes, their understanding of the service, mental and physical health needs, medication compliance, cognition, emotional well-being, personal care needs, and ability to live safely within the environment. “We need to make sure that people understand what this home is and that they want to live here.”

The home is made up of 4 households: Avon, Leam, Rains Brook and Sherbourne.

“People share a kitchen and living space and live together as a family. We group people into households according to personalities and interests rather than diagnosis.”

Specialist Support and Mental Health Approach

Charlotte (RM) demonstrated an exemplary, in-depth understanding of schizophrenia. Care plans are developed collaboratively with residents wherever possible. Staff focus on understanding what helps each individual cope, particularly in a crisis, and are led by what people say helps them.

Residents who have some insight write in their own care plans and describe how they think they are doing, recording how they feel and whether they achieved something each day.

“We never discourage people from talking about the voices they hear, as this is often how they express how they are feeling.”

We were very impressed with Charlotte's knowledge and understanding of schizophrenia, and her approach showed genuine compassion and care.

Perceived people have been welcomed into meetings where they can describe the person's beliefs and feelings.

Charlotte explained that when supporting people with Korsakoff's, the aim is to understand the reasons behind their alcohol misuse and to support the whole person, not just their symptoms. Alcohol is not allowed in the specialist Korsakoff's household.

There is high demand for places in this household, and people are referred from outside Coventry and Warwickshire because it is a specialist service with limited availability nationally. Planning permission has been approved to extend the household, which will include a larger living area and three additional bedrooms.

Staffing and Workforce

The home never uses agency staff. Staff spoken with during the visit had worked at the service for a long time. Staff-to-resident ratio is high. Shift patterns are organised into 12-hour day or night shifts, with waking night staff.

The home employs:

- 13 Registered Mental Health Nurses (RMN's)
- 3 Registered General Nurses (RGN's)
- 56 care staff.
- A full-time maintenance person maintains the building.

Staff are responsible for shopping, cooking, laundry, and cleaning, and try to involve residents in these tasks where possible.

Charlotte (RM) told us that staff are supported through

- Regular supervision
- Staff meetings
- Open-door management
- Peer support across Warwickshire County Council services

Staff benefits include:

- BHSF health insurance support
- Free counselling services
- Contributions towards glasses and dental care
- Access to chiropractic treatment
- Opportunity to add additional cover

Training:

- Crisis Prevention Institute (CPI) training is delivered by the Registered Manager. This involves teaching staff evidence-based, trauma-informed de-escalation and behaviour management strategies.
- The service holds BILD Association of Certified Training accreditation,

- Training is delivered face-to-face
- Night staff also received dedicated training opportunities delivered during their night shifts by the Registered Manager to avoid disrupting people.

Charlotte told us that no physical restraint had been used in the home within the last year and attributed this to staff training and communication approaches.

External Professional Support

When we asked about professional external support, Charlotte (RM) told us the home is having difficulty getting reliable support from psychiatry and social workers because those services are short-staffed:

“We proactively arrange follow-up appointments with psychiatrists by making the next appointment before the end of the last one. If we did not do this, the appointments might not happen. We invite the social workers to all the multi-disciplinary meetings, sometimes they turn up, sometimes they don’t. They have large caseloads, and we are not a priority.”

Support from Priory Medical Centre is good:

“A GP and practice nurse come to the home once a week. Staff write a list of who needs to be seen on a Wednesday, and they visit on a Thursday.”

People can choose to have an Independent Mental Health Advocate.

Involvement of Family and Friends

People are welcome to visit at any time, except during mealtimes, unless they are staying to eat. There is a strong focus on nutrition to keep people well, so they do not want mealtimes disrupted. Family members are invited to meetings as they know the person best. Charlotte (RM) spoke warmly of a family that is very involved with making decisions about their relatives' care and sounded appreciative of their input.

Activities and Wellbeing

The home owns a minibus and two cars to support community access. Residents choose activities within their households. Things that people like doing include:

- Bingo
- Pub visits
- Café trips
- Shopping outings

Residents are involved in choosing annual holidays and destinations through residents' meetings.

Charlotte (RM) adopts a hands-on approach and accompanies residents on outings. We heard how one person enjoys going out clothes shopping and to the café.

5. Observations and findings

A. Physical Environment

- Households all had a good-sized modern kitchen with an open-plan dining and living area.
- Communal spaces, bedrooms, bathrooms, and dining areas appeared accessible and well organised.
- Communal areas were clean, tidy, and well-maintained. There were no unpleasant odours.
- Cleaning is the responsibility of care staff rather than dedicated domestic staff.
- Security arrangements included thumbprint access in and out of the building; internal doors were not locked.
- The décor was modern, homely, and in good condition. Lighting, ventilation, and temperature throughout the building were appropriate, with large windows providing substantial natural light.
- Outdoor areas included gardens, seating areas, and a designated smoking shelter.
- The building looks very well-maintained.

B. Service User Experience, Dignity and Respect

- Staff appeared to know residents well and interacted with them in a calm, caring, kind, patient and respectful manner.
- Staff did not appear rushed and demonstrated confidence, patience, and attentiveness.
- Residents appeared comfortable, safe, and well cared for.
- Staff were appropriately dressed, approachable, and presented as positive role models.
- Privacy and dignity were promoted through individual bedrooms and bathrooms.

C. Activities and Engagement

- The household model appeared effective in promoting familiarity and supportive relationships between residents. All of the households felt calm, friendly, and welcoming.
- People were using the communal spaces in every household on the day of our visit, spending time together watching TV, and eating lunch.
- We saw residents reassuring and supporting one another.
- Residents looked at us and some spoke with us, while others were less able or motivated to communicate.
- There were no signs of distress or loud noise, except for some excitement during a bingo activity.
- Activities taking place during the visit included bingo and a social cake and coffee morning.

Although we saw some positive interactions between staff and residents, overall, people in the home appeared quite inactive. During our visit, we did not see many residents taking part in everyday tasks. Staff seemed to carry out most household duties, such as cooking and laundry.

This may reflect the residents' complex needs and the extent of some people's illness. However, it would have been good to see residents take a more active part in daily activities. We were told that progress can be very slow, and that staff are patient and understanding about it taking a long time. Staff showed care and compassion towards residents, many of whom were clearly quite unwell.

D. Food and Mealtimes

The food we saw during the visit was fresh and well presented. Food choices are discussed during house meetings, and staff buy and cook the meals. In one household, people were eating burgers and chips cooked by staff. People can choose what they want to eat. We were told about a resident who helps by doing the food shopping.

6. Feedback from Residents / Relatives / Carers / Visiting Professionals

Residents were welcoming and appeared comfortable with one another and with the staff. While several residents spoke with us, prolonged conversations were limited due to communication difficulties associated with their conditions. We both felt requests for longer conversations would have been intrusive.

We were unable to obtain any feedback from relatives or visiting professionals, as none were at the home during our visit.