



# Enter and View

The Orchards Care Home

14<sup>th</sup> April 2026

**healthwatch**

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# 2. Introduction

## 2.1 Details of visit

Name of home	<b>The Orchards Care Home</b> 2 Forsythia Rd, Ely, Cambridgeshire CB6 2FU
Service provider	Greensleeves Care
Date and time	14 <sup>th</sup> April 2026 10:30 – 14:00
Authorised representative(s)	<b>Janine Newby-Robson</b> (Project Manager)  <b>Lorraine Lofting</b> (Authorised Representative)  <b>Maria Garner</b> (Authorised Representative)  <b>Sallyann Ford</b> (Authorised Representative)

## 2.1 Details of visit

Healthwatch Cambridgeshire and Peterborough provide appropriate training as recommended by Healthwatch England for Authorised Representatives and ensure that they attend safeguarding training.

## 2.2 Acknowledgements

Healthwatch Cambridgeshire and Peterborough would like to thank the service provider, staff, service users, and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality and courtesy.

## 2.3 How we gathered the data

This report is based on our observations and the experiences of the residents, relatives, and staff we spoke to on the day of the visit.

## 2.4 Disclaimer

This report is not a representative portrayal of the experiences of all residents, friends and family, and care home staff, but an account of what was observed on the day of the visit and shared with us.

**Note:** Some of the residents Healthwatch spoke with have cognitive impairment which can impact their ability to have a conversation or answer questions.

# 3. What is Enter and View?

Part of the Cambridgeshire and Peterborough Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are run and make recommendations where there are areas for improvement.

Healthwatch Cambridgeshire and Peterborough provide appropriate training as recommended by Healthwatch England for Authorised Representatives and ensure that they attend safeguarding training.

The Health and Social Care Act allow local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and Views are not intended to identify safeguarding issues specifically. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead, who will inform the service Manager, ending the visit.

In addition, if any staff member wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission, where they are protected by legislation if they raise a concern.

# 4. About this visit

## 4.1 Purpose of visit

The purpose of this recent visit was to gather views from the residents, their relatives and friends and staff about the services and care provided.

We also observed the care provided for the residents and their interaction with staff and their surroundings.

During our visits our team refer to the Kings Fund/ University of Worcester “**Is your care home dementia friendly?**” assessment tool.

This tool is designed and produced by the Association for Dementia Studies, University of Worcester to help develop a more supportive design for people with dementia.

Reference: [Environmental assessment tools - University of Worcester](#)

## 4.2 Why we visited

The Care Quality Commission (CQC) visited The Orchards Care Home in 2023. The overview showed it required improvement in some areas.

[The Orchards - Care Quality Commission](#)

The Healthwatch visit was an announced Enter and View visit, arranged in advance with the manager. The purpose of this visit was to capture the experience of life and care within a care home environment and to observe the standards of working practice.

The Authorised Representatives (AR's) arrived at 10:30 AM and actively engaged with residents, visitors and staff between 10:30AM -2:00PM.

On arrival, the AR's introduced themselves to the Unit Manager and the visit details were discussed and agreed. We were given a tour of the home, and the ARs were subsequently afforded access to the communal areas of the care home for the duration of the visit.

# 5. Our findings

## 5.1 Overview

### General Information

The Orchards Care Home is a not-for-profit care home run as part of Greensleeves Care, a UK charity.

The building has been purpose built as a care home and has three floors.

There are 66 bedrooms with ensuite wet rooms. At the time of our visit there were 54 residents, 35 have different levels of dementia.

The Manager has been in post since March 2026. The Managers CV showing their experience in specialist dementia care homes is available at the reception area.

## 5.2 Premises

The building opened 2019 and is well maintained.

The surroundings of the building have a car park which was full for a short time approximately 10.30, however on-street parking is available.

The front of the building is accessed from the car park, but we found signage from the road is somewhat unclear. Finding the front entrance could be confusing if arriving on foot or by public transport.

Entering from the road, we observed several staff members outside the building on a smoking break. Smoke from this area, which we were informed is the staff entrance, was drifting across the path we used to access the front entrance.

Access to the care home is via a call bell and sign-in process using an iPad. At the start of our visit, there was no receptionist present. Our call bell was answered by a passing activity coordinator.

Later in our visit, a receptionist informed us the home has CCTV for outside the building, but no cameras inside.

The reception area is spacious, decorated in a modern fashion, with a free tea/coffee machine and biscuits for both visitors and residents.

Each floor is almost a mirror image of the others, with its own lounge/dining room, quiet room, and hoist cupboard.

The top floor accommodates residents living with dementia.

The carpets in the reception and library area have a busy pattern, which may confuse people with dementia or visual impairments.



Some, but not all, shared spaces had dementia and low vision-friendly signage, using yellow backgrounds and large fonts and images.

We observed that shared toilets and bathrooms along the corridors had signs which included relevant pictorial symbols. These could improve by changing the text to a stronger

contrasting colour in order to be considered helpful for those with dementia or sight issues.



The bathrooms along the corridors were pleasant, with a fresh scent and decorated with pictures. Baths were equipped with hoists and there was ample space to manoeuvre. However, sanitary fittings and grab rails were not in a strong contrasting colour, which may reduce visibility and ease of use.

Ensuring good colour contrast for sanitary fittings would make toilets easier to see and use. We inspected an ensuite bathroom attached to an unoccupied resident's room and found that the sanitary fittings were also not in a contrasting colour. We were unable to access or check the ensembles on the third floor, however after our visit, the Manager told us the sanitary fittings were either white or grey.

The clocks in the lounges are not easy to read for people with visual impairments or those living with dementia. Providing a weather station and calendars that display the season will support residents with orientation.

An on-site hair and beauty salon, cinema room, small library, craft/activity room, and bar area contribute to a homely atmosphere.

The building has a garden with several colourful raised beds and seating areas. Residents on the ground floor can access the garden directly from their bedrooms. We observed the maintenance team preparing additional raised beds.



On each floor, lounges contained their own open-plan kitchen and dining area. The spaces are bright and clean and arranged to stimulate socialisation.

Corridors are wide, well lit, and easy to navigate, supporting wayfinding to other areas. The corridors feature pictures, some of which are relevant to residents and may help stimulate conversation. In parts of the corridors are displays including modern vases and sculptures. Some of the more modern items could be replaced with items that are more appropriate to the residents' ages and life experiences.



Different styles of seating are found in corridors and shared spaces which can be used by residents or visitors.

Doors to resident's rooms were painted different colours and had personalised name signs. The rooms on the first and second floors included memory boxes containing personal photographs.

There are two lifts available, each with a numeric keypad. We observed staff assisting residents to different floors for activities and lunch.

Low-level music was playing in some areas, while the building maintained a quiet and peaceful environment.

Access to the third floor, which accommodates residents living with dementia, is via a numeric lock.

The corridors feature floor-to-ceiling murals depicting shopfronts. While intended to provide interest and orientation, according to the Kings Fund



Environmental Assessment tool, such large-scale murals may be confusing or disorienting for some people with dementia. In addition, in certain areas the grey and white handrails blended into the background imagery, potentially reducing their visibility and effectiveness.

The murals would be a conversational area for residents if found within the other floors.

### 5.3 Staff interaction and quality of care

The Senior Carer and all staff we spoke to were enthusiastic about their jobs and the residents. Staff conveyed empathy and understanding, respecting privacy and dignity. Residents are offered choice, for example being able to eat in their rooms if they prefer. Several staff members have worked at the home for a number of years, supporting continuity of care. Most staff were seen wearing name badges.

During our visit, we observed medication being dispensed at mealtimes by a Care Assistant (CA) who had received additional training in medication dispensing and was wearing a red tabard identifying this role. The care home had one trained CA on each floor of the building.

We were informed that, in general, all three floors are staffed by the care team at a ratio of 1:4.5. Daytime staffing levels consist of three Senior Care Assistants (SCA's) and ten Care Assistants (CA's). Night shifts are covered by three SCA's and five CA's.

The home uses agency staff, although they are generally fully staffed during the day and only rely on agency cover in cases of sickness or emergency. At present, there is a shortfall of 33 hours for permanent night Care Assistants, and recruitment is underway to address this.

There is a 30-minute handover period between shifts to update and inform teams about the resident's care and any issues.

We were also informed staff receive annual eLearning and multiple inhouse training sessions for safeguarding, dementia awareness and duty of care.

The home has a complaints procedure, which we were informed is discussed at the point of admission and is also regularly covered during residents' and relatives' meetings. Relative meetings are held bi-monthly, either in person or via video call.

A residents meeting is held monthly. One resident told us they:

6 "Influenced food choices" 9



There are an extensive range of languages spoken by the staff and this information is shared in public areas.

We were informed that two residents have family members attending the school opposite the home. These residents have been provided with rooms overlooking the school.

Laundry is carried out on site. Soiled clothing is collected and sorted by textile type. We were informed that most items are labelled by families; however, staff generally know which clothing belongs to each resident.

An Easy Read booklet on the right to private and family life is available from leaflet dispensers.



6 "The staff really know how to look after people for end-of-life care" Residents Family Member 9

## 5.4 Routine healthcare

**GP services:** The home is covered by two GP surgeries. They attend the home on Tuesdays and Thursdays, and any concerns can be assessed on-site and, where necessary, referred on to specialists.

**Ophthalmic services:** The care home has an in-house optician, or residents can use their own.

**Dental care:** The home no longer has access to a visiting dentist. Residents who are registered with a dental practice are supported to attend appointments for routine care and any required treatment. The GP can make referrals to an orthodontist if needed.

**Auditory care:** Staff ensure hearing aids are worn and switched on. Maintenance of these devices is organised if necessary.

**Podiatry services:** Three residents with diabetes receive free NHS podiatry care, while all other residents are seen every six weeks by a privately paid visiting chiropodist, with visits recorded in resident notes and fees paid by the resident or their LPA.

## 5.5 Social engagement and activities

The care home has four Activity Coordinators who collectively provide 118 hours of cover per week across seven days. There is a dedicated activity room that is always accessible, which is bright and displays residents' work.

Posters and flyers are displayed in public areas promoting the activities on offer and are updated weekly. These include a range of organised individual and group activities, both within the home and in the wider community, supporting residents' wellbeing and meaningful use of time.

The care home also has a Facebook page showcasing residents' activity, which provides a useful way for families and loved ones to stay informed and up to date. One resident commented:



"I go to most activities and really enjoy them"



Recently, residents have been caring for ducklings and benefit from regular visits from therapy animals. The cinema room is used frequently, and there are tables placed around the home offering activities such as quizzes, word searches, and colouring-in materials.

The local primary school is opposite and invite residents to events such as performances, fireworks and Christmas celebrations.

At the time of our visit a religious service was in process on the ground floor. Staff ensured the service was not disturbed.

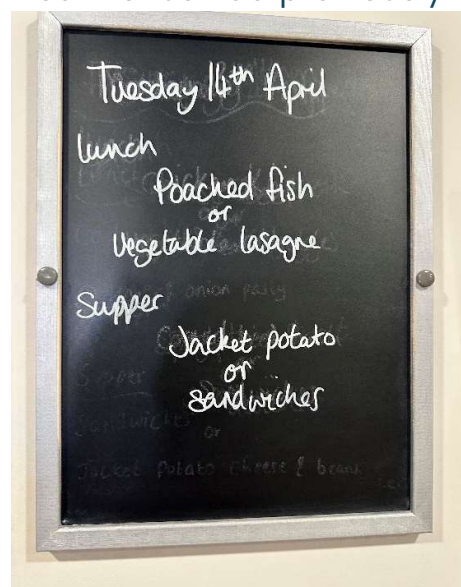
## 5.6 Dining experience



The dining rooms form part of the open plan lounges. Tables are arranged in groupings to accommodate both small and larger groups, encouraging social interaction. On the ground and first floors, tables are set out in a homely manner with cotton tablecloths and flowers. The third floor is similarly arranged, although without tablecloths.

Independent access to water and squash is available to residents. Staff encourage residents to eat in the dining room and are assisted where necessary. Residents can also choose to consume non-alcoholic wine or beer with their meals.

A chalkboard outside the dining room displayed the menu for the day. We were informed that printed menus had previously been in use but had “disappeared.”



As the handwriting on the chalkboards can be difficult to read, a printed menu, preferably including pictures, would be better placed to support residents and their food choices.

The lunch appeared attractive and appetising; however, we observed that the serving plates were cold and that some of the food was beginning to cool. Residents can dine with their families, and we spoke to a visitor who regularly assists their loved one with eating. They commented:



“The food could be hotter,” and noted, “there is a lack of staff at mealtimes in particular.”



We heard one resident request an omelette rather than the dish offered that lunch time, this was arranged without a fuss. Specialist diets were accommodated for people who had specific dietary and/or cultural needs.

At the time of the observation, we did not see cutlery or crockery specifically designed for people living with dementia.

On the third-floor dining room for residents with dementia, all residents required assistance with eating. With three staff supporting and one serving meals, this appeared to require an additional team member to ensure adequate support at mealtimes.

# 6. Our recommendations

## 6.1 Positive feedback

- A well-maintained building with spacious bedrooms and en-suite facilities. The lounges and quiet spaces create a homely atmosphere.
- Activity Coordinators provide a range of events and opportunities to promote activity and maintain residents' interests.
- Staff treat everyone with dignity and in a friendly and respectful manner.
- Residents told us they enjoy staying at the home and some have been residents for approximately 4-5 years.

## 6.2 Areas recommended for improvement

- Directional signage outside the building leading to the care home is confusing and could be improved to make navigation clearer.
- Using colour-contrasting toilet fittings would help improve visibility and make them easier for residents to identify and use.
- Replace small-faced clocks with ones that have clearer, larger faces. In addition, provide calendars in shared spaces showing the day, date, and season to support orientation.
- Arrange further staffing to help residents at mealtimes.
- Replace chalkboard menus with printed menus, ideally including pictures to improve clarity and accessibility.
- Ensure signage around the home is dementia friendly, consistent and clear.
- Consider replacing the realistic, life-size shop imagery on the third floor, as this may further disorientate people living with dementia.
- Consider ways to make the existing white and grey handrails more visible to residents where they pass through this imagery, to ensure they are easy for them to identify and use safely.

- People living with dementia may find it difficult to distinguish white foods when served on white plates. Therefore, crockery should provide good colour contrast with the food to improve visibility and support independence at mealtimes.
- Encourage staff to use the designated smoking area in a way that is less visible from visitor access points, to ensure visitors are not directly exposed to staff smoking.

## 7. Summary

The Enter and View visit to The Orchards Care Home in Ely found a warm, welcoming and generally well-maintained environment where residents are treated with dignity and respect. Residents, relatives and staff spoke positively about the quality of care, the wide range of activities available, and the friendly atmosphere throughout the home. Staff were observed to be compassionate and knowledgeable, with strong engagement between residents and care teams. The home also demonstrated a commitment to supporting residents' wellbeing through social activities, community links and personalised care.

The visit also identified several areas for improvement, particularly around dementia-friendly design and accessibility. Recommendations included improving external signage, increasing colour contrast for bathroom fittings and handrails, introducing clearer clocks and printed menus, and reviewing some environmental features on the dementia floor which may be confusing for residents. Observations during mealtimes also suggested that additional staffing support may be beneficial, alongside ensuring food is served hotter and with more dementia-friendly crockery. Overall, Healthwatch found many positive aspects within the home while highlighting practical changes that could further enhance residents' safety, independence and quality of life.

## 8. Service provider response

The care home was invited to provide a provider statement for inclusion within this report. At the time of publication, no statement had been received by Healthwatch Cambridgeshire and Peterborough. Should a statement be provided at a later date, the report will be updated accordingly.


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