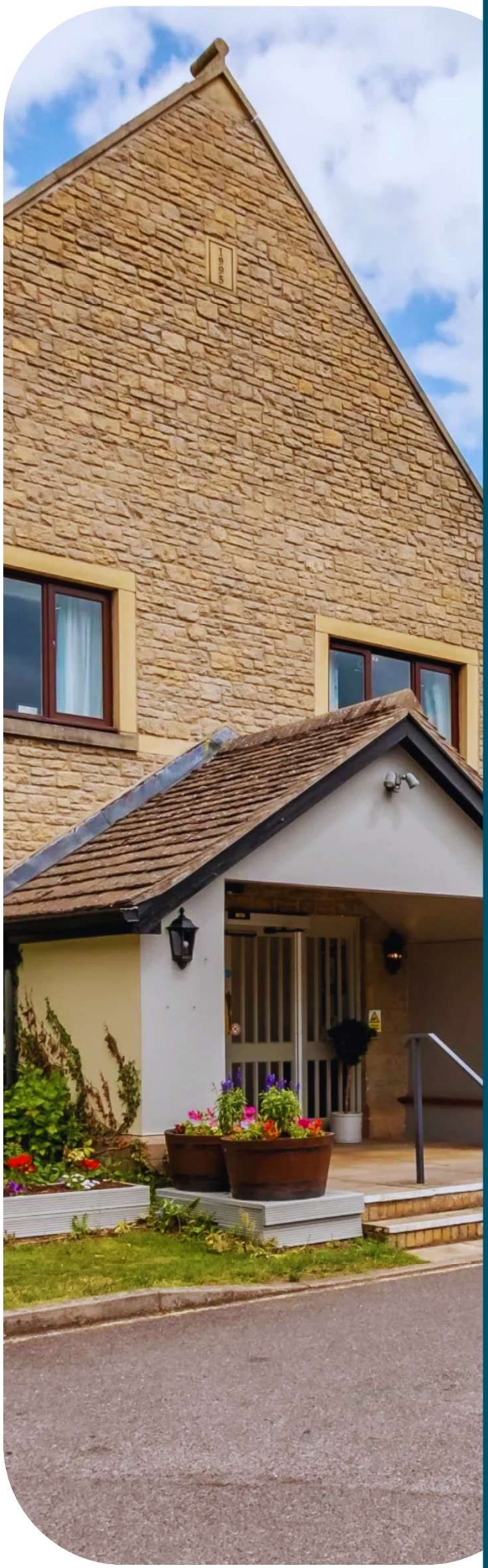


healthwatch

Enter and View Report

Longueville Court Care Home

24th June 2026

Prepared By :

Healthwatch Cambridgeshire and Peterborough

t. 0330 355 1285

e. enquiries@healthwatchcambspboro.co.uk

w. www.healthwatchcambridgeshire.co.uk or
w. www.healthwatchpeterborough.co.uk

1. Contents

2. Introduction

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

Name of home	**Longueville Court Care Home** The Village Green, Orton Longueville, Peterborough PE2 7DN
Service provider	Barchester Healthcare
Date and time	24 June 2026 10.30am -1.30pm
Authorised representative(s)	**Sue Allan** (Head of Engagement) **Caroline Tyrrell-Jones** (Head of Operations) **Lorraine Lofting** (Authorised Representative) **Maria Garner** (Authorised Representative)

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.

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 provides 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) last published a report about Longueville Court Care Home on 29th May 2024. The home was awarded an overall rating of 'Good', although 'Well Led' was graded as 'Requires Improvement'. View the report here.

Our 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 too serve the standards of working practice.

The Authorised Representatives (ARs) arrived at 10:30am and actively engaged with residents between 10:30am and 1:30pm. They then left just after 2:00pm, following a debrief.

On arrival, the ARs introduced themselves to the Manager, and the visit details were discussed and agreed. We were given a tour of the home,

and then subsequently afforded access to the communal areas of the home for the duration of the visit.

Prior to our visit, posters were provided to the care home to place onto notice boards informing of our visit. We observed that these had been placed in more than one location around the home in locations where they could be clearly seen by residents and visitors, including on the reception desk. This meant people would be aware we would be attending ahead of our visit.

On the day, we monitored interactions between staff and residents and spoke to residents to understand their experiences. We asked relatives, friends, and staff members to provide their experience and views of the care home through conversations on the day. We also used the “Is your care home dementia-friendly?” assessment tool developed by the Kings Fund and University of Worcester.

We spoke to several residents, who shared their thoughts and experiences as well as life and care in the home to guide the conversations. Some of the residents have dementia or other cognitive issues, which meant some were unable to answer all our questions. Where this was the case, we had more general conversations to understand their experiences of living at Longueville Court. Not all respondents provided answers to every question and some respondents preferred not to answer all questions.

In addition, we spoke to staff, family members and health professionals during our visit.

5. Our Findings

5.1 Overview

General information

Longueville Court Care Home is a residential care home providing personal care and accommodation. Services provided include nursing care, dementia care, respite/short stay care and services for people aged under 65.

The home is based in Orton Longueville which is situated on the outskirts of Peterborough. It is set in a quiet residential area.

There is a parking area in front of the building with access to further car parking to the side of the building. Parking is limited, and availability can be affected by the arrival of ambulances and contractor vehicles attending the home however further parking along the street is available. This parking is restricted however, we were informed that members of the local community have complained to the home if and when visitor parking impacts upon nearby residential properties.

The Manager was very accommodating and showed us around when we arrived, explained the layout of the home and answered all questions we asked. He has been employed at the home since 2024, having previously managed another home owned by the same provider The previous CQC inspection took place during his first week managing the home. We heard from the Manager that approximately 50% of residents fund themselves and the other 50% are funded by Continuing Healthcare (CHC) or by the Local Authority.

5.2 Premises

The home is approximately 30 years old. The resident's accommodation is provided over two floors. The home has 103 rooms, some of which are doubles available for couples who both require care. At full capacity, the home can accommodate up to 109 people. At the time of our visit, we were informed that there were 101 residents, with around 90% living with dementia.

The home is divided into four units/communities situated over two floors:

Six rooms are 'contracted beds' for short-term use.

Ground floor:

'The Robin Unit' provides nursing care, including care for people under the age of 65 and people requiring end-of-life care. At the time of our visit there were two people aged under 65 with a learning difficulty on the unit, including one resident who had been living there for 16 years.

'Memory Lane' provides care and accommodation for people living with dementia. Memory Lane is due to be refurbished in August 2026. This is the last unit to be refurbished and will be done gradually as rooms become empty. The room design is overseen by Head Office.

Upper floor:

'Skylark' – people requiring nursing care and early-stage dementia.

'Kingfisher' – people requiring nursing care and early-stage dementia.

When entering the reception area, it appeared spacious, clean and well lit. Artwork on display was very calming and neutral colours were used.

There is a café/meeting area with comfortable seating and facilities for people to help themselves to hot and cold drinks which they could enjoy in the area. Fresh cake was displayed on a covered cake dish which we were told is available every day.

The Registered Manager's office is situated in the reception area and the door to the office remained open for the duration of our visit.

The receptionist was helpful and friendly. We were asked to sign in. We observed some residents were chatting to the receptionist. She told us that residents are encouraged to walk around and sit and talk to staff. On the reception desk was hand sanitizer, a suggestion box for complaints or requests. Our Healthwatch poster was visible to advertise we were coming. There was a 'Meet the Team' picture on the wall. There is a security doorbell which is manned by the receptionist in the day and by nursing staff at night.

There are three part-time receptionists who cover the week.

There was a variety of artwork on the walls and ornaments placed around the building creating interest. Neutral colours were used throughout the building.

Our visit took place on the hottest day of the year (over 30 degrees Celsius). The home did not have any air conditioning apart from in the administrator's office. Fans were in use but were not very effective in the extreme heat. A garden party had been planned for the day, but this had to be cancelled.

5.3 Staff Team

We heard that many of the nursing staff and carers had been employed for between five and fifteen years.

Staff did not appear rushed and were available.

An experienced palliative care nurse is employed at the home, also a dementia care nurse for the whole division and there is always a registered nurse on duty.

Normally, there are 20 nursing and care staff working during daytime shifts (five or six per unit) and 12 at night.

There are 5 or 6 support staff in each unit during daytimes.

One of the Team Leaders is a specialist Support Worker and can offer support to families. There are additional end-of-life treatments offered to residents and loved ones by a specially trained member of staff.

The nurses, care staff and cleaners all have different coloured uniforms for different roles, to make them easily identifiable by residents and visitors.

The nursing staff work 12-hour shifts and complete a 15–30-minute handover at the start and finish of shifts.

We observed one resident was calling for help. Nobody was responding so one of our representatives knocked on the door to notify a carer. We remained nearby until we were able to see help was on the way.

Staff Training

When starting employment at Longueville Court Care Home, all staff complete four days of company training leading to an NVQ qualification. All staff complete training in:

- Safeguarding
- Duty of Care
- Dementia
- Deprivation of Liberty Safeguards (DoLS)
- Food Hygiene
- Infection Control

Refresher training is arranged on an annual basis.

There is an 'Employee of the Month' award to motivate staff. There are also opportunities for staff development. For example, one member of staff is completing additional training to become 'Nutrition and Hydration Champion'.

5.4 Routine Healthcare

GP surgery visits – residents are registered with Nene Valley Surgery and receive a weekly visit on Thursdays from a Community Matron. Two Matrons from Nene Valley cover this home.

The Matron was very complimentary of the home for how well they treat residents and how well they communicate with them. The Matron told us that nurses and staff are always keen to learn.

Dentistry – The Manager told us that residents can access and are registered with an NHS dentist. They can use a private dentist if they prefer. Dentists do not come into the home. Some residents/visitors told us finding a dentist can be an issue. One resident told us, "I have problems with my teeth. They hurt at night. Staff have taken me to the dentist, but I am still waiting to go again to get them sorted out". One resident raised she had difficulty accessing a dentist and as a result her teeth were in a very poor state. She said she was not in pain at the time.

One of the family members also said there was no dentist available for his mother to see.

Opticians – Specsavers opticians visit the home when requested by residents.

Podiatry services - A chiropodist visits the home once a week.

Interview - Emma: Community Matron from Nene Valley.

Emma has been the designated Matron for Longueville Court for three years. She is studying for her master's degree. Her colleague who also attends has a masters. They collectively have GP oversight.

They visit once a week on Thursdays and stay all day. They receive a list before each visit, which they can discuss in advance. They speak to nursing staff at the home every day, and each unit at Longueville Court has a designated nurse.

Emma said:

"This is an aligned care home. Everyone talks to you and is very friendly, including maintenance staff."

There are health interim beds for those who are need additional support after hospital treatment, before returning to their own homes. There are end-of-life beds, which are fast tracked to Sue Ryder, through the MacMillan team.

Family members can speak to the Matron on a Thursday if they need to or ring Nene Valley directly.

The Matrons write the 'Do Not Resuscitate' documentation (DNRs), which is part of the care plan.

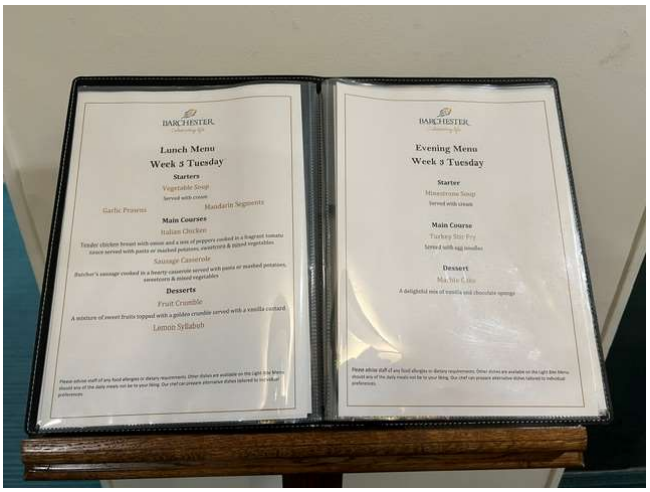
Emma said the best things about the care home are nursing care, activities, communication between staff and good food choices.

5.5 Dining Areas and Dining Experience

There is a dining room on each unit, all very similar in design and layout. We observed residents sitting in groups and feeding themselves and others being supported by a carer. One resident had a family member feeding them. Family members could sit with residents and could eat with them for a small fee. One family member comes for Christmas lunch every year and it costs £10.

The food looked nice and was well presented and was kept hot in a heated trolley. Meals were colourful and different dietary needs could be catered for.

Residents have the choice to eat in the dining room or in their room. Family members are encouraged to join them in the dining room.



The dining rooms had larger fans operating to cool the environment.

Outside of mealtimes there is a choice of fruit, cake, hot and cold drinks and smoothies on trolleys in each lounge. The residents can use the kitchenettes.

Tables are set out with white tablecloths and food is served on white plates. This may be challenging for patients with dementia as it can be difficult for them to identify white-coloured foods against a white background, it is recommended that contrasting coloured plates are used for people living with dementia.

Following our visit and in response to our observations we were informed by the Registered Manager. “This will be discussed with our hospitality team and with our Specialist Dementia Nurse”.

The home received ‘5 stars’ for kitchen food hygiene.

The menu is displayed every day. The residents have alternative choices if they do not want what’s on the menu. On admission to the care home the food preferences and cultural preferences will be part of the care plan. There is a ‘light bites’ menu displayed on the tables.

5.6 Activities

The home provides a programme of activities which are available for residents to partake in seven days a week. There are four activity co-ordinators in total, with two of them being employed full-time. On five out of the seven days, there are two activity co-ordinators available.

The team organises a variety of animal-related activities, including twice-yearly alpaca visits and regular visits from dogs.

Residents can request to bring their own pets to visit. The Manager told us they “wouldn’t say no” to the prospect of someone having their dog

stay with them in the home, but the resident would need to be able to look after them including making arrangements for them to be walked. A full risk-assessment would need to take place.

Residents have opportunities to enjoy a variety of outings, including sailing days, visits to local schools, trips to the seaside and churches, and pub visits for those who are able and would like to attend.

5.7 Rooms

All rooms have en-suite bathroom facilities. When the residents' room, doors were open we could see that the majority of residents seemed calm or asleep. One lady seemed in distress calling out a name, with her legs resting over the side of her bed rail, but a carer attended very quickly. We could see they had their individual personal items scattered around the room and some had memorabilia on their doors.

Each room had a television. We were told some people bring their own television in, but some may already be available for long-term residents.

Residents could also bring in items of their own furniture if risk assessed.

As it was such a hot day the curtains were closed in most rooms because of the sun, however they all had good-sized windows to allow for natural daylight and views of the outdoor space.

5.8 Corridors

All the corridors had carpets that were mainly green or light brown. The walls were decorated in neutral colours. In most corridors there was only a handrail on one side of the corridor.

We noticed a potential trip hazard on the opening of one resident's room in the 'Robin Unit' where the floor was uneven where the two carpets joined. This was mentioned to the Manager who said he would investigate it.

The signage on doors in corridors and on the residents' rooms were not dementia friendly. Although they had text and images, they were of a similar colour so did not stand out for those with sight impairment or dementia.

Corridor Toilets

One toilet door would not remain closed unless locked. Another toilet had an alarm cord that was resting on the shelf.

We noted that toilets/bathrooms seen did not have sanitary fittings in contrasting colours. We also saw that the signage on the toilet and bathroom doors was not at a suitable height to allow it to be used by wheelchair users.

The home responded to our observations regarding this matter, advising that the toilet seats provide sufficient visual contrast and that the required Light Reflectance Value (LRV) levels have been achieved to ensure a clear distinction between the toilet seats and the tiled background. They explained that all sanitary ware contrasts with the surrounding tiles and meets the British Standard requirement of a minimum 20-point LRV difference. In addition, grab rails within the bathrooms are a contrasting colour and material to

achieve the appropriate LRV levels. The Registered Manager also advised that a contrasting tile has been installed behind each toilet to support wayfinding and help ensure the toilet is clearly visible within the room.

The home also commented that, while they do not currently use low-level signage, all toilet doors are painted in a contrasting colour to the surrounding corridor to support wayfinding. They further advised that they could install projecting signs that extend out from the corridor wall, making them more visible to residents as they approach the toilet. The home noted that the Care Quality Commission (CQC) has responded positively to the use of these signs in other Barchester homes.

5.9 Garden Area

The home has a beautiful garden that was well maintained. The home won an award in 2025 for 'Garden of the Year'. There is lots of seating around the garden, and it is accessible for wheelchair users. The Manager informed us that some residents like to help with the gardening. We observed ornamental hedging, plants of varying heights and textures, tubs of flowering plants and a range of seating options, including tables where residents could spend time outdoors with family or friends, as well as a covered seating area offering shade from the sun. We were informed that a team of two maintenance staff look after the garden, although as previously mentioned residents can also partake in caring for the garden if they wish.

As our visit took place during a heatwave, many residents found it was too hot to use the garden. However, we observed one resident sitting outside enjoying a drink with a family member through their own choice. The structure of the garden offers an opportunity for it to be used as a quiet space where residents can share time with family and friends.

5.10 Communal Areas

The conservatory area has recently been renovated and looks out over the garden. It has doors to exit and large windows. It is a spacious area with plenty of comfortable seating.

There is a lounge in each unit for socialisation with books, games and a radio playing music in the background. We also noticed a piano and a guitar.

The residents can also use the café area in reception.

The balcony in the 'Skylark Unit' was out of use for this year due to being unsafe and requiring refurbishment.

5.11 Cleanliness and Hygiene

We noted that, generally, the home looked and smelled clean and was well maintained. There were two small areas on 'Kingfisher' and 'Memory Lane' where our representatives noticed a slight smell of urine. It was possible that this was related to individual hygiene issues that were being addressed.

5.12 Dementia-friendly

As previously mentioned, (see: 4.1 'Purpose of Visit'), during our visits our team referred to the Kings Fund/University of Worcester 'Is your care home dementia-friendly?' assessment tool.

We used this tool throughout our visit to assess whether we felt the home was dementia-friendly in its design.

During our observations, the décor, including the choice of colours, offered poor contrast for people living with dementia. Signage, although clear, also presented as challenging to read for those with dementia.

Following our visit and in response to our observations, the Registered Manager commented, “All colours are chosen to meet the light reluctance value differences of a minimum of 20 points which is the British standard – between wall and handrail, wall and doors, wall and carpet etc. We want the homes to feel homely, but sophisticated hence the palette chosen, but everything works and meets the 20-point difference requirement”.

We only observed handrails on both sides of corridors in ‘Memory Lane’ with other units only having rails on one side, even though all units had residents living with dementia.

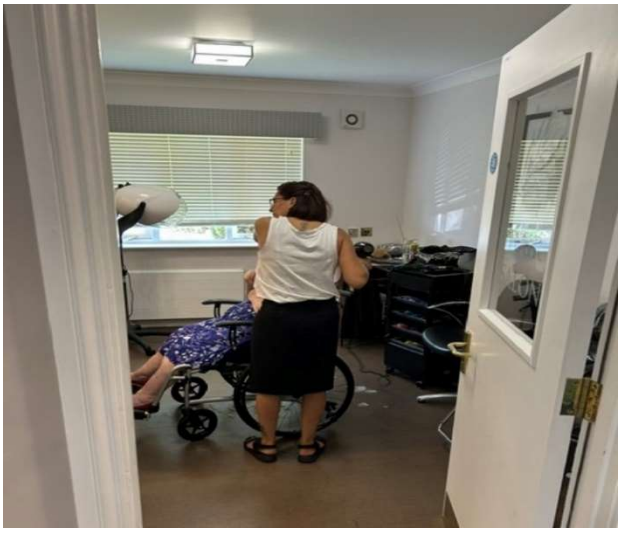
We observed toilets on the corridor on ‘Memory Lane’ which did not use contrasting colours to help residents identify features which would help them to use them. We have included a picture to evidence this.

Following our visit, the Registered Manager explained that a full refurbishment of the Memory Lane unit, known as the "WOW" project, began on 26 July 2026. They advised that the refurbishment is being carried out “in line with recommended dementia design guidance”, with the aim of creating an environment that is both dementia friendly and comfortable, while avoiding an institutional appearance.

The Registered Manager further advised that “once the refurbishment is complete, the Memory Lane unit will fully reflect dementia-friendly design principles.”

There were clocks on display in dining areas, some of which but not all had large numbers making them easier to use for residents. It would be useful to display dementia-friendly calendars including visuals such as day of the week and seasons, including picture symbols to help orientate residents to the date and time of year.

5.13 Hairdresser



There is a hairdresser available on site. Sometimes the hairdresser assists the residents from their rooms to the salon space. Some residents are confined to their beds; therefore, the hairdresser will visit these residents in their own room so they can access the service. Families are typically sent an invoice to pay for this. The hairdresser has good communication with families and has many years of experience working within a care setting.

5.14 Feedback from Individuals

Resident 1

Male, 55 Years Old

The resident is a wheelchair user with a learning disability. He can move freely around the home. He said, “the rooms are very nice” and he likes the environment. He can get to the dining room to eat with friends in the home. He sometimes uses the garden area, which is accessible in a wheelchair. He said, “the food is good and you get choices”. He has a shower once a week with support from a carer, with washes in between. He told us the staff are “supportive and helpful”. He also joins in with the activities.

Resident 2

Male

This resident stated he was an ambassador in the home. He uses a wheelchair following an accident in the army. He told us that he would advise anyone to try respite in the home first before deciding. He commented that “the staff and residents are like a big family”.

However, he did say in his opinion there are “not enough staff”, and he has relayed this to the manager.

He said that there is one nurse and two carers on each unit at night. This causes difficulties if there is an emergency as other residents have to wait to be seen.

He would recommend an extra member of staff in the morning and at night.

He has a shower twice a week on a shower bed.

Resident 3

Female, Under 65 Years Old

She has been a resident for approximately five years. She said that she "likes to keep herself to herself" most of the time. Said it was "so-so" living there but was unable to be more specific. We did however observe her being very familiar with staff members and having a joke with them. Staff paint her nails and she had her hair plaited by the hairdresser. The hairdresser comes in regularly. She doesn't normally partake in activities; however, she stated that once there was an activity she would have liked to have done but she was asleep and nobody woke her to allow her to join in. She said she was happy there, "staff are nice" and there was a cake on her birthday, and everyone sang happy birthday to her. This resident identified that she has difficulties with her dental care and is awaiting treatment.

Resident's Relative

The relative came in to visit the home specifically to speak to the Healthwatch team as she saw our pending visit advertised. Their relative has been a resident for 14 years and is now 45 years old. They have Fahr's disease and are no longer able to communicate or move out of bed, having now been confined to bed for six years. They are unable to use sign language, and they spend most of their time with their eyes closed, therefore they are also unable to sit in a chair, go outside, socialise with others or take part in activities.

The relative told us some staff do interact with their loved one, but some just come in and do their procedures.

The parent does not have Power of Attorney, but there is a Deprivation of Liberty Safeguard (DoLS) in place.

The resident is always washed in bed and is never showered, although they have never had bed sores. They are PEG fed. The parent expressed

their loved one receives good personal care. They cannot access a dentist as they will not open their mouth.

When the parent first visited this care home, they liked the environment and the staff straight away. Other professionals wanted to place their loved one in a home for autistic people in the North of England, but they didn't want to send them there.

They stated they have no concerns about their loved one's safety. The family are delighted with the care their daughter has received especially as her condition has deteriorated. They moved her to a room when it became available, so she had views of the garden. The home involves the family in all aspects of care and needs explaining that sadly there is not a chair suitable for her, hence they take activities in her room and animals for her to touch.

Resident's Relative

"Dad's more than happy here". This relative's father has been resident since October 2025. He makes use of the spa bath which he enjoys. He also enjoys the activities provided. The relative feels they are kept well updated and was promptly contacted by telephone during a recent issue. They said ''Christmas dinner was nice''. They stated parking at the home can be an issue, especially when there is an ambulance in attendance as they can block access to the car park. Their father enjoys the food and is receiving end-of-life care.

Resident's Relative

"Mum has been in the home for five years". She has many illnesses and has dementia. She had previously been in hospital for so long she had lost the use of her legs. Feedback was very positive about the help the home has given with her mobility meaning the resident is now able to walk short distances. She enjoys activities such as singing and dancing, also days out. "Activities are good here". They stated the resident had recently been on a day out to 'Sailability' at Ferry Meadows Country Park. They said, ''some bikers came and hosted a barbecue at the home. There was also recently a banjo player''. "Mum has the best quality of life she could have here".

The relative claimed her mother had previously had an issue with the food and changes were made to suit. However, they felt this could have been due to the fact their mother was disappointed to have to go into a home. Communication is good and staff listen to you. The relative had raised a concern with care staff two weeks previously about a medical issue. Tests were arranged and a UTI was diagnosed and treated. They

said ''staff are nice''. ''Mother does a chair exercise class once a week with someone from Peterborough United who comes into the home. ''

The resident has sight tests twice a year during which cataracts were detected. She has had two operations, one on each eye and her eyesight is now much better.

When asked if there were anything they would like to change, we were told, "I wish sometimes staff would wake Mum up as she likes a nap in the afternoon and sometimes misses activities".

They said there were occasional issues with laundry and clothing. They also mentioned that she has lost some items in the laundry including a shawl and a pair of shoes.

Resident's Relative

This relative has been visiting since their loved one arrived at the home in April. The home was recommended by the hospital as a nursing bed was needed for observation.

The relative stated they were happy with the home and their relative seems happy here. However, a comment was made that lots of people stay in their rooms on this floor (upper floor) particularly for mealtimes. Their relative has told staff they don't like being alone. They are aware of another resident who doesn't tend to go to activities. They would probably go if someone went with them and stayed with them. They said they feel that if they gained confidence this way they might attend activities alone once they were used to it.

Staff Feedback

We spoke to three further staff members (all catering staff) who said they carried out a variety of roles in the home. They all seemed happy and committed to their jobs. All had been there for a few years (between three and fifteen). One was dressed brightly for Pride Week, and she said the residents loved seeing her out of uniform.

We observed that many staff were wearing name badges but not all.

Staff told us they are happy in their roles. Residents we spoke to told us the best things about the home were:

- Food
- Staff
- Cleanliness

- Nurses
- Reception

Staff commented:

"More parking is needed as it can get very congested when ambulances or maintenance is being carried out".

"Often visitors park on the residential road in front of the home, but often residents complain".

5.15 Staff Interaction and Quality of Care

Throughout our visit, all residents we saw looked well cared for and appeared appropriately dressed with tidy hair. We were informed by the Registered Manager that residents exercise their own choice in terms of how often they bathe or shower with assistance available as needed.

Staff seem to know residents well and we witnessed warm interactions between staff and residents.

5.16 Other information

Once a month a Church of England religious service is delivered by a visiting minister. The Manager said that if residents worship another religion, they can request appropriate support. Under five percent of residents are from minority ethnic backgrounds at present.

Residents can be taken out of the home by relatives and risk assessments are carried out.

Laundry

When laundry is taken away residents have coloured pins placed on their clothes to prevent these being mixed up with laundry belonging to other residents. We were told this system was chosen due to name

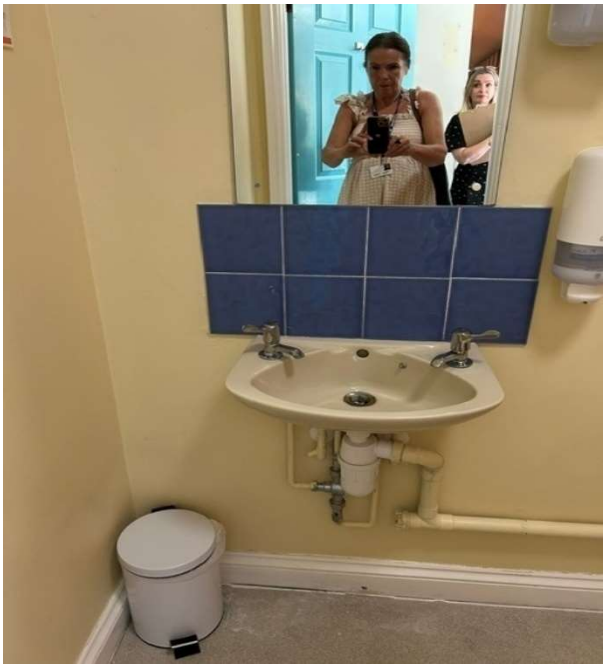
labels previously used becoming detached from items after being washed a few times. Laundry bins were labelled with different colours for different types of laundry.

Some relatives told us family members had lost some items of clothing. These sometimes ‘resurfaced’ in other people’s rooms.

Additional Supporting Photos

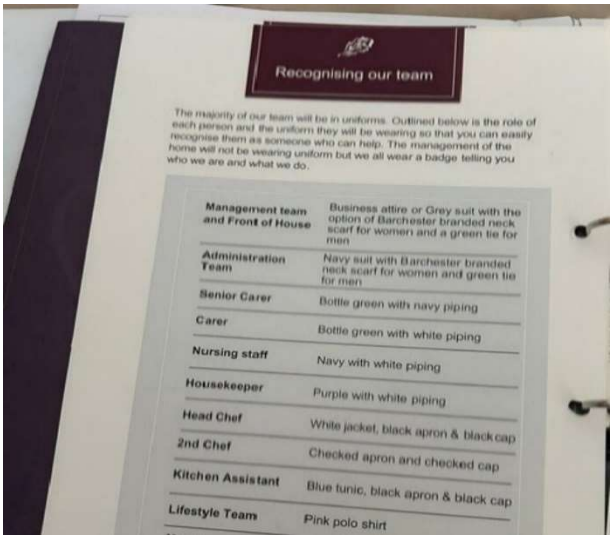
Displayed ‘Policy of the Month’

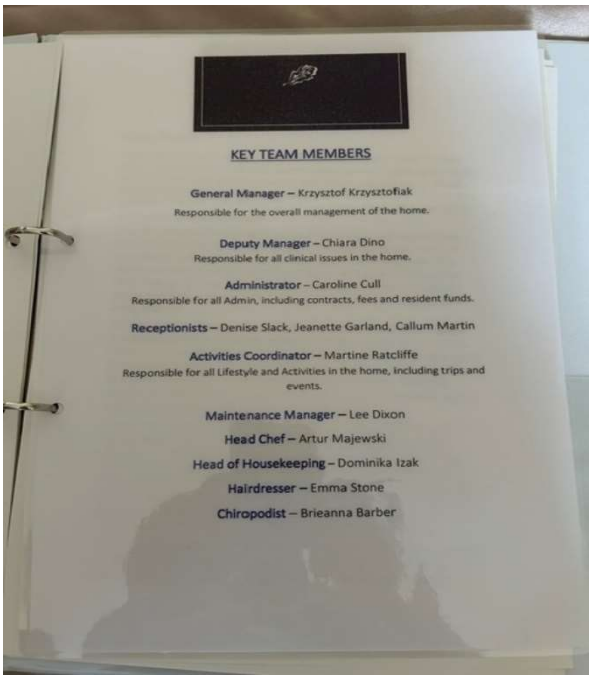
Corridor Communal Toilets

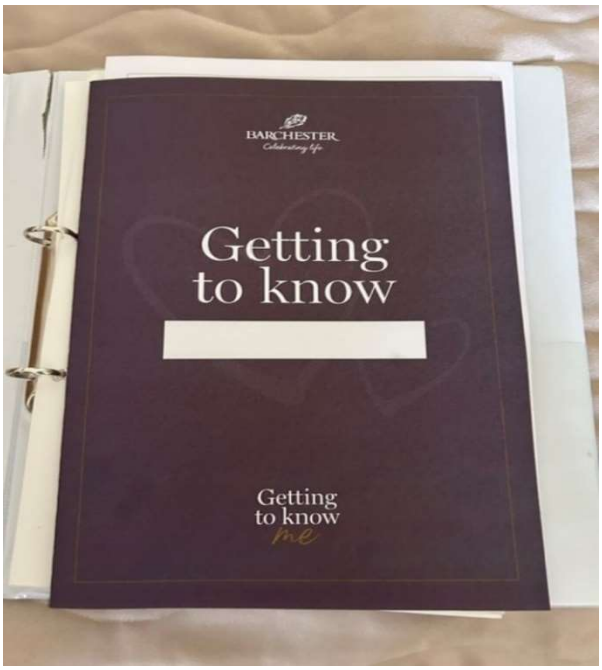


Ensuite

Resident Welcome Pack







Spa Room (recently renovated)

6. Our Recommendations

6.1 Actions taken following CQC visit in 2024

We spoke to the Manager and the Office Manager regarding actions taken following the CQC inspection in 2024, in which 'Well-led' was assessed as 'Requires Improvement'. The Manager had previously explained that the assessment had taken place during his first week in post, meaning he had been unable to implement any changes to practices overseen by the previous Registered Manager.

- We were told that auditing procedures have changed and they are now clearer.
- New recruitment systems are in place and there is a new Talent Application Portal (TAP).
- They also have a new enquiries system.

- An ENABLE system, which monitors resident care. This is connected to a monitor in the resident's room that the carers scan. Also, a new CONNEX system for the administration side.
- **6.2 Positive Feedback**
- Residents largely express that they feel happy and well cared for and relatives speak positively of care provided.
- There is an attractive garden for residents and family members to use which is accessible and provides a pleasant space for people to enjoy when weather conditions allow.
- Many staff have been in post for several years which is good for continuity of care. It is evident that staff know residents and understand their needs.
- A good variety of activities are provided with activities staff employed seven days a week. Activities can be tailored to meet individual needs, such as when a resident is unable to get out of bed or leave their room.
- A hairdresser works in the home several days each week and can tend to residents' hair either in the hair salon or in resident rooms.
- Food is freshly prepared and well presented. Residents express that they enjoy the food. Snacks including fruit and cake as well as a variety of hot and cold drinks are always easily accessible and available.
- There is a good working relationship between the home and local GP surgery meaning resident's medical needs are taken care of. Regular visits mean any concerns can be addressed promptly.

Resident's family member:

"Mum has the best quality of life she could have here"

6.3 Areas Recommended for Improvement

- Not all décor is dementia-friendly, use of contrasting colours for items such as handrails would work better for people living with dementia. Please see comments on page 17 of report regarding renovation of 'Memory Lane' unit.

- Use of contrasting coloured dining plates would make it easier for people living with dementia, also those with a visual impairment as it can be difficult for white food items to be seen against white plates.
- Ensure residents who have expressed that they would like to join an activity are woken up if they have fallen asleep, so they do not miss out on the opportunity.
- Ensure all bathrooms have contrasting coloured sanitary fittings.
- Improve door signage to enhance dementia-friendliness. Although the wording is clear, the use of neutral colours may make the signage less visible and easily recognisable for people living with dementia. Signage on toilet doors is not at a suitable height to allow it to be read by wheelchair users.
- Better cooling systems or air conditioning needs to be installed in preparation for extremely hot conditions which are becoming a more regular occurrence. Regular fans do not keep the environment sufficiently cool.
- Handrails should be installed on both sides of corridors.
- Address the issue of uneven carpet seen between the corridor and resident door to prevent the risk of trips and falls.

7. Summary

In summary, Longueville Court Care Home provides a generally caring environment with experienced staff, freshly prepared meals, and a varied programme of activities. Rooms and communal areas provide a pleasant and comfortable environment, offering plenty of opportunities for residents to interact with staff, each other, and visiting family members. The facilities, including the garden area, offer opportunities for quiet time to reflect or for families to meet.

Recommendations for improvement include making sure the environment, including the décor, is dementia-friendly, including use of contrasting colours to make areas more accessible.

Healthwatch would like to thank the residents, visitors, Manager, and staff for sharing their feedback, which has been invaluable in identifying these areas for improvement.

8. Service Provider Response

"We welcome this report from Healthwatch and sincerely appreciate the opportunity to provide a formal response. We would also like to thank the Healthwatch team for working collaboratively with us and for incorporating our amendments into the final version of this document. The feedback collected from patients, service users, and their families is invaluable to our organisation. We take all insights seriously and are committed to using this data to continuously review, update, and improve the quality of care and service we deliver. We look forward to maintaining a positive, transparent engagement with Healthwatch to ensure that the voices of our local community directly inform our ongoing service developments."

Krzysztof Krzysztofiak
Senior General Manager

Phone Number
0330 355 1285

Email Address
enquiries@healthwatchcambspboro.co.uk

Website
www.healthwatchcambridgeshire.co.uk
www.healthwatchpeterborough.co.uk

healthwatch Cambridgeshire

healthwatch Peterborough