healthwatch
Leicester and
Leicestershire

Enter & View Report

Goodwood Orchard Care Home

June 2026

Contents

Report Details

Details of Visit	
Service Address	304 Uppingham Road Leicester Leicestershire LE5 2BE
Service Provider	Helping Hand Care Home Limited
Date and Time	Monday 8th June 2026, 10am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols, Debra Watson and Dulna Shahid (Staff)

Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.

Purpose of the visit

The purpose of the Enter & View visit was to speak with residents, relatives and staff, and to observe the care being provided within the care home. The visit aimed to understand people's experiences and look at key areas such as dignity, respect, safety, the environment and overall wellbeing. It also identified examples of good practice as well as areas where improvements could be made, to help support ongoing quality assurance and improve the experience of people living in the home.

Methodology

This was an announced Enter and View visit.

We contacted the care home management team in advance and had access to communal areas during our visit.

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked) attend and make observations.

Where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.

Where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns or complaints.

Speak to staff about training, turnover, support and staff levels.

Observing interactions between residents, staff, manager and visitors.

At the end of the visit, we gave our initial findings to the management team.

Results of the Visit

External

The care home is a purpose-built home with a clearly signposted and easily accessible entrance. Although the exterior of the building was only somewhat maintained due to ongoing construction work to extend the home, including a skip at the front, this did not obstruct access. During our visit, we observed a relative collecting a resident for an appointment and easily taking them out of the home in a wheelchair.

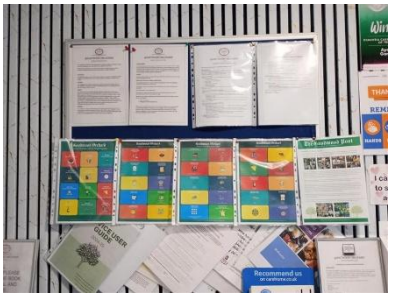
The gardens were also somewhat maintained as a result of the building work and were not fully accessible at the time of our visit. However, we were told that residents are normally able to access the garden area whenever they wish and, in the meantime, residents regularly visit a local park. The home has CCTV at both the front and back of the building and access to the home is via a doorbell system.

Internal

The home has three floors. The second and first floors primarily accommodate residents' bedrooms, with the first floor also having wet rooms and bathrooms. The ground floor includes additional bedrooms, communal lounges and the dining room. The reception and office are located through the garden area.

Visitors sign into the home electronically using a tablet located in the main foyer. Staff explained that when relatives sign in, their visit is automatically recorded in the resident's care notes. CCTV is in operation throughout the communal areas of the home.

Throughout our visit, there were no unpleasant odours and the home appeared clean, tidy and well maintained. The décor was in good condition, furniture and soft furnishings were well cared for, and the corridors were free from clutter, creating a welcoming environment.



A range of information was clearly displayed on noticeboards throughout the home, including activity schedules, safeguarding information, the latest Care Quality Commission (CQC) report and details of how to make a complaint. Posters were displayed with QR codes to enable residents, relatives, staff and other stakeholders to provide feedback. In addition, visitors were able to access a QR code when signing out to share their experience of the home.

The home has three lounges and one dining area, in one lounge there is a massage chair. Wheelchairs are available to support residents with mobility needs. There are also shower rooms and wet rooms which are large and spacious. The home has a lift and stairs which has a stair lift.

The home is currently undergoing building work to extend the premises. During the visit, we were shown the new extension, which will include additional resident bedrooms and bathroom facilities. We were told that once the extension is completed, the overall capacity of the home will increase; however, this will need approval from the CQC.

Residents

The home has a capacity of 21 residents and, at the time of the visit, was supporting 19 residents. The home

has a total of 17 bedrooms, comprising 13 single rooms and 4 shared rooms. Some of the bedrooms benefit from en-suite facilities.

On each resident room door has a name plate and an illustrated notice with pictures and brief notes about the resident's interests and life history.

The home supports a range of residents with varying care needs. This includes older people living with dementia, as well as younger adults with mental health needs.

Staffing

We were told the home's staffing levels consisted of 22 carers providing day-to-day support for residents, alongside 1 activity coordinator. There are 2 domestic staff and 2 maintenance staff. In addition, the management team consists of 1 manager supported by 1 deputy manager. The catering team includes 2 staff members.

Agency staff are not routinely used within the home. However, the home does have arrangements in place for backup support and would only use agency staff if required.

Staff interaction and quality of care

We were told residents have choice over food, drink, clothing, personal care and bedtime routines, with individual preferences supported within daily care. Care needs were being met, with individualised care plans in place that were tailored to each resident's needs. We were told that family members are involved in the care plans. We were told the hairdresser visits the home every 3 weeks. We were told privacy and dignity were always maintained, and residents were supported to feel safe. Religious and cultural preferences were also taken into account within care planning and daily practice.

The home has a good working relationship with Humberstone Medical Centre and staff reported that the practice will email in advance when visiting the home. The dentist is located across the road and is able to see residents when required, with appointments arranged as needed. The district nursing team is described as very supportive and helpful, visiting regularly, with nurses also attending the home as required. An optician is also able to visit the home on an ad hoc basis, attending when required to support residents' eye care needs.

Residents are supported to access healthcare both within the home and by attending external appointments. Staff or family members can accompany residents to GP, hospital, or other healthcare visits. Transport is provided through a taxi service and staff will also accompany residents where needed.

It was noted that when residents attend hospital, there can sometimes be issues with paperwork not being returned with the resident, including documents such as respect forms and advance care plans, as hospitals may request originals. On return, residents typically come back with only their discharge letters. To help address this, each resident has a "grab bag" containing key paperwork to ensure important information is available during appointments and transfers.

Residents are supported to go out into the community by themselves and can be accompanied by staff when needed.

The home has two call bell systems, one wired and one cordless, which are accessible throughout the building. In resident bedrooms, when a call bell is activated, an alert is displayed on a central screen indicating where staff are required to attend. We were told that audits are carried out monthly to monitor

response times and assess how quickly call bells are being answered.

Residents appeared well cared for and residents looked happy. We spoke with one resident who had been at the home for 5 weeks and they said they are happy here, "I went to Market Harborough for dinner with my next of kin". When asked if they are able to go out much and have choice over food the resident said "yes". Another resident spoken to said" The home is beneficial to me." They said that the home had helped to improve their mobility.

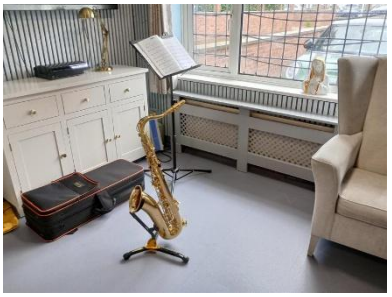
Staff welcomed the visit team within the home. We were told staff are appropriately trained, with a training matrix in place to monitor staff development. We were told training is delivered through a combination of in-house sessions and NHS-provided training. The staff member felt they are supported to acquire further skills and qualifications where appropriate.

The staff member expressed feeling supported by their manager. They said, "I have been here a long time, manager and his mom really good."
During the visit, staff and management interactions with residents were observed to be positive and respectful.

When asked about how interactive the manager is with residents, we were told the manager provides one-to-one support and assists with appointments. The manager stated, "Residents know me and know where my office is." They are available in the home Monday to Saturday and are also able to log in remotely when not on site.

The manager expressed there were no challenges, they have a good team. The deputy is really good and staff have been here a long time.

Social engagement and activities



Activities within the home are tailored to individual residents' needs, with personalised activity care plans in place that staff can access to understand residents' preferences and interests. We were told that one resident likes to play the saxophone; in one lounge there is a saxophone for the resident to use. During our visit the resident played the saxophone beautifully while all staff and residents listened.

Outings are arranged, and the home also celebrates special events, including residents' birthdays and religious occasions.

During our visit, we observed a singing and dancing activity in which residents were actively engaged and clearly enjoying the session. There is also an activity information board on display, outlining planned activities for the whole month as well as key monthly event highlights.

Residents are encouraged to go out regularly, including visits to local parks, and family members are also welcomed to join these outings. The home actively promotes family involvement and maintains communication through a WhatsApp group, which is regularly used to share updates, along with a Facebook page for wider engagement. Family members can visit the home at any time.

Resident meetings are held once a month and are led by the activity coordinator, providing residents with an opportunity to share feedback, raise any concerns, and discuss any actions arising from previous meetings. In addition, family meetings are held annually.

Dining experience

We were told there is a varied menu choice available. Special dietary requirements, including vegetarian and religious needs, are catered for. Residents are supported appropriately with eating and drinking, including one-to-one assistance where required.

Residents have the choice of where they would like to have their meals, and those who are non-verbal are supported by staff to ensure their needs are met. The home offers both English and Indian meal options, with vegetarian choices also available.

Menus are displayed on a board in the dining area, along with a food requirement chart in the kitchen. The cook also speaks directly with residents to find out their preferences. The menu changes daily and visual menus are available to support residents in making choices.

Nutrition and hydration were monitored by care staff and recorded using the Person Centered Software (PCS). This system was used to document food and fluid intake, monitor nutritional needs and record any updates or changes in a resident's condition. The software also has resident care plans.

Choice

We were told residents are supported to make choices about their daily living, including food, drink, clothing, bedtime routines and personal care. We were told that residents' needs are being met and that individual care plans are tailored to each person's specific requirements.

Residents' rooms are personalised and families are encouraged to bring in photographs and personal items to create a homely environment. Each resident's door also displays a picture of the resident. Residents appeared well cared for.

We were told privacy and dignity are maintained and that religious and cultural preferences are taken into account when planning care.

Summary

Overall, the visit team found the home to be welcoming, clean and well maintained, with residents appearing happy and well cared for. Although building work was taking place to extend the home, this did not impact accessibility or the quality of the environment.

Residents were supported to make choices about their daily lives, with personalised care plans, well-presented bedrooms and opportunities to personalise their living spaces. Staff and management were observed to interact positively and respectfully with residents and staff described feeling well supported and appropriately trained.

The home offers a varied programme of activities tailored to residents' interests and abilities, including regular outings, celebrations and opportunities for social engagement. During the visit, residents were actively participating in a singing and dancing session and appeared engaged and enjoying the activity.

Family involvement was encouraged through open visiting and regular communication. Residents also had access to a range of healthcare professionals and systems were in place to support appointments, monitor nutrition and hydration. Overall, during the visit we found the home to be a caring and welcoming environment where residents were well supported and encouraged to make choices about their daily lives.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report.

Thank you for taking the time to visit Goodwood Orchard Care Home and for the professional and supportive approach throughout the assessment process. We appreciate the time and effort you have put into completing the report.

Distribution

The report is for distribution to the following:

- Goodwood Orchard Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
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Healthwatch Leicester & Leicestershire
9 Newarke Street
Leicester
LE1 5SN

www.healthwatchLL.com
t: 0116 257 4999
e: enquiries@healthwatchll.com

@HealthwatchLeic