



Enter and View

Tennyson Road

January 2026

healthwatch

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Introduction

2.1 Details of visit

Name of home	Tennyson Road
Service provider	The Beeches
Date and time	6 th January 10.30-12.30
Authorised representative (s)	Patricia Lattimer Philip Turner Sandra Gouldbourne

104 Tennyson Road, Luton, LU1 3RP

104 Tennyson Road is a supported living service registered to accommodate up to eight adults with mental health needs, with a particular focus on supporting individuals with schizophrenia. The service operates within a three-storey residential property, comprising eight single bedrooms. It is managed by The Beeches, a provider specialising in residential care for people with mental health conditions.

2.2 Acknowledgements

Healthwatch Luton 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.

What is Enter and View?

Part of the local 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 being run and make recommendations where there are areas for improvement. 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.

3.1 Purpose of visit

The aim of the visit is to understand and report on the experiences of residents in selected Luton living in supported living, residential and nursing homes and day centres, their relatives, supporters and staff.

3.2 Strategic drivers

This visit was part of Healthwatch Luton's wider work to hear from underrepresented groups using supported living services. While initially thought to support people with learning disabilities, the provider clarified that the setting is for adults with mental health needs, particularly schizophrenia. This

highlighted the importance of including mental health-specific services in our engagement programme.

Healthwatch Luton has previously gathered feedback from people in inpatient mental health wards and is now expanding this work into community settings. National concerns around the quality of mental health care, including a statutory inquiry by the CQC and the absence of a long-term government strategy, further underline the need for local insight.

This visit also supports our commitment to ensuring that people whose voices are less often heard; including those with long-term mental health conditions, are given the opportunity to share their views and help shape services.

Overall summary

The Enter and View visit to **104 Tennyson Road** took place on **6th January 2026** and provided a valuable insight into the experience of residents and staff at the service. The home is a supported living environment for up to eight adults with mental health needs, with a particular focus on supporting individuals with schizophrenia. On the day of the visit, six residents were living at the property.

The atmosphere throughout the home was calm, welcoming, and homely. Communal spaces were clean, well-furnished, and actively used by residents. Informal observations and conversations suggested that residents feel safe, respected, and supported in maintaining their independence and preferences.

Staff were consistently described as kind, approachable, and respectful. Interactions between staff and residents were natural and caring, and residents expressed confidence in the support they received. The manager was open, engaged, and supportive of the Enter and View process, facilitating the visit and welcoming feedback. Staff also reported feeling well-supported and proud of the work they do.

Residents expressed satisfaction with the food, flexibility in daily routines, and the level of autonomy they experienced. While formal structures such as activity programmes or resident forums were not evident, the service appeared to take a responsive, individualised approach that suited the current resident group.

No major concerns were raised during the visit. However, the Healthwatch team identified opportunities for development, including exploring a wider range of

structured activities, introducing regular resident feedback mechanisms, and ensuring that cultural or religious dietary needs are clearly documented and reviewed.

Overall, 104 Tennyson Road appeared to provide a positive, person-centred environment, with caring staff and a strong focus on maintaining residents' dignity, autonomy, and wellbeing.

Methodology

The visit to 104 Tennyson Road was **partially announced**: the service provider was informed that an Enter and View visit would occur during the month of January, but no specific date or time was given in advance. This approach was used to balance transparency with the opportunity to observe normal day-to-day operations.

The visit took place on **6th January 2026**, from **10:30 AM to 12:30 PM**. Four Authorised Representatives (ARs) attended the visit: **Patricia Lattimer, Philip Turner and Sandra Gouldbourne**.

Upon arrival, the team introduced themselves to the manager. The purpose and scope of the visit were briefly reiterated, and staff were asked whether any residents should not be approached or were unable to give informed consent. The manager provided a short tour of the premises and introduced the team to staff and residents in the communal areas.

The team was given access to all communal parts of the home and were able to observe the environment, interactions, and general atmosphere. The ARs used a **semi-structured conversation approach**, primarily engaging with residents in communal spaces. Conversations were guided by Healthwatch Luton's standard themes for care home visits, and additional insight was gathered through informal observation.

Notes were taken throughout the visit by hand. Feedback was later collated and analysed alongside observational findings to produce this report.

Demographics and Participation:

- **3 residents** were spoken to in detail during the visit. All were **male**, and all had long-term mental health needs.
- **3 members of staff** also took part, providing insight into their roles, the care provided, and their views on the service.
- **No family members** were present or available during the visit.

Residents were informed that participation was voluntary, and it was made clear that they could withdraw from the conversation at any time. Staff and residents appeared relaxed and open during interactions.

Summary of findings

6.1 Overview

104 Tennyson Road is a supported living service registered for a maximum of eight adults with mental health needs, particularly specialising in support for individuals with schizophrenia. On the day of the visit, six residents were present. The home is run by The Beeches and is in a residential area in Luton.

The building is a converted three-storey house and contains eight single bedrooms. It has a homely and welcoming appearance, both externally and internally. The layout includes communal spaces such as a lounge and dining area, with clear signage and personal touches that contribute to a comfortable atmosphere. The premises were clean, well-maintained, and free from any strong odours.

The home manager was present and actively engaged during the visit. Staff were observed to be friendly, approachable, and attentive to resident needs. Based on resident and staff feedback, there is a strong sense of familiarity and community in the setting, with staff and residents expressing positive views about the environment and care provided.

6.2 Premises

The home is a converted three-storey property with eight single bedrooms, offering supported living for adults with mental health needs. The internal layout was described as homely, clean, and well-maintained. Staff and residents reported, and observers confirmed, that the environment felt calm, familiar, and welcoming.

The communal lounge was clean, comfortably furnished, and included clear signage, including BSL signs and a resident name chart. The presence of this signage suggests a focus on accessibility and inclusivity. A dining area was observed with a table set for drinks and snacks, where residents could help themselves to tea, coffee, and biscuits. These areas were actively used and supported informal social interactions.

There were no visible hazards, and the environment appeared comfortable in terms of temperature and layout. Residents commented positively on the cleanliness of the home and the relaxed atmosphere.

There is a designated garden/formal outdoor space, residents mentioned that they can access outdoor areas nearby, such as the front garden or for walks, and some said they enjoyed smoking or sitting outside when weather allowed. Visitors are made welcome, and the environment supports both communal activity and quiet space, including access to an annexe area.

Overall, the home gave a strong impression of being personalised and well-cared for, with attention paid to the comfort and dignity of the residents.

6.3 Staff interaction and quality of care

Staff were consistently described as kind, approachable, and respectful. Observations during the visit supported this, with staff members engaging naturally and warmly with residents. One resident noted, *"Staff are brilliant,"* and another said they felt they could speak to staff openly and comfortably. Staff appeared to know residents well, and there was a strong sense of familiarity and rapport.

Residents expressed that they felt safe and supported in the home. Several reported that they were treated with dignity and could be themselves. One resident said, *"They respect me here,"* while another commented, *"I feel like it's my home."* Staff were observed responding promptly to questions or needs and providing reassurance where necessary.

Staff also spoke positively about their roles. They described the team dynamic as supportive and inclusive. One noted, *"We are a close team, and we work together really well."* Another expressed pride in working in a setting where residents were "treated as individuals, not numbers." There was a clear emphasis on person-centred care.

Cultural sensitivity was also referenced, with residents and staff both acknowledging that individual preferences were respected. There was no indication of institutional or rigid care practices. Residents had choice in their daily routines, such as when to get up and how to spend their time, and staff appeared to support these choices flexibly.

Staff reported receiving appropriate training, including mental health-specific guidance, and most said they felt confident in managing residents' needs.

Several mentioned regular team discussions and good communication with management.

Overall, the interactions between staff and residents contributed positively to the atmosphere of the home and reinforced a sense of trust, safety, and comfort.

6.4 Social engagement and activities

The environment supported informal social engagement among residents, and communal areas were in regular use during the visit. Music was playing in the background in shared spaces, and refreshments such as tea, coffee, and biscuits were readily available. These small but meaningful details contributed to a relaxed and sociable atmosphere.

Residents reported feeling free to choose how they spent their time. While there were no structured activities timetable visible during the visit, residents spoke positively about being able to go out into the local area, watch TV, or simply relax in communal areas. One resident mentioned enjoying going for walks, while another expressed satisfaction with having quiet time when needed.

Staff described the home as resident-led, noting that they aimed to support each person in doing what felt comfortable to them, rather than enforcing a schedule. This flexible approach appeared to suit the needs and preferences of the current residents, though it may benefit from further development in terms of planned group or individual activities.

There was no mention of in-house activities being regularly coordinated by a designated staff member, and residents did not refer to regular events, crafts, or games. While this may reflect the preferences of the current resident group, it could also suggest an opportunity for more structured engagement for those who may benefit from stimulation or connection.

Residents noted they were able to stay in touch with family and friends, either through visits or by phone. Staff reported that visitors were welcome, and the environment supported both communal socialising and private space for more personal interaction.

6.5 Dining Experience

The dining environment appeared clean, relaxed, and well-organised. During the visit, refreshments such as tea, coffee, and biscuits were available on a table in

the communal area, and residents were seen helping themselves freely. This supported a sense of independence and comfort amongst residents.

Residents commented positively on the food offered, with several noting that they were happy with the meals provided and had choices. One resident said, **“I like the food, it’s what I’m used to,”** while another mentioned that if they didn’t want something, an alternative could usually be offered. There was no indication of dissatisfaction with the dining arrangements.

Staff reported that residents’ preferences and dietary needs are taken into account, with alternatives available if someone doesn’t want the planned meal. While there were no specific references to cultural or religious dietary requirements during the visit, staff appeared confident in offering choice and respecting individual preferences as part of daily routines.

Staff confirmed that residents are able to choose what they eat, and that preferences and dietary needs are respected. Menus are discussed with residents, although there was no mention of printed or displayed menus in the home at the time of the visit.

There was no opportunity to observe a full mealtime during the visit, but the setup of the dining space and availability of snacks between meals suggested a supportive and informal approach. Residents appeared comfortable and confident in accessing drinks and light refreshments independently.

There was no feedback to suggest that residents were rushed during meals or that anyone lacked support. Staff reported that they assist residents with meals as needed and are mindful of individual routines and preferences, including whether residents wish to eat communally or alone.

6.6 Choice

Residents at 104 Tennyson Road appeared to have a good level of autonomy in their day-to-day lives. Feedback from both staff and residents indicated that individuals are free to make decisions about their routines, including when to get up, when and where to eat, and how they spend their time. One resident said, **“They don’t rush me. I do things in my own time,”** which reflects the supportive and flexible environment described throughout the visit.

Staff described the home as ‘resident-led’ and reported that they work to support each person’s preferences rather than enforcing a schedule. This was reflected in how residents moved freely throughout the home, accessed drinks

and snacks independently, and engaged with communal or private space as they wished.

There was evidence of some personalisation, such as name charts and resident-specific signage, though feedback did not include detailed examples of room decoration or broader input into home decisions. Residents did not mention having a say in who provides personal care, and no references were made to gender preferences in care or access to interpreters for medical or care planning discussions.

There was no mention of formal resident forums or structured feedback systems, but staff described an open-door culture where residents could raise concerns or requests at any time. The overall tone of both staff and resident comments suggested that people felt listened to and respected.

While the day-to-day atmosphere supported individual choice and comfort, there may be opportunities to further involve residents in formal decision-making processes, such as regular meetings or co-planned activities, particularly as the needs of the group evolve.

Recommendations

1. **Explore opportunities to introduce a wider range of structured activities.**

While residents expressed satisfaction with informal routines, some may benefit from occasional group activities or one-to-one engagement. A flexible activities programme could enhance social stimulation and wellbeing, particularly for those less likely to self-initiate.

2. **Consider establishing regular resident feedback sessions or forums.**

While residents reported feeling heard informally, introducing a more structured way to gather and act on feedback (e.g. monthly resident meetings or suggestion boxes) may empower residents further and support continuous improvement.

3. **Strengthen documentation and staff awareness of cultural, religious, or dietary requirements.**

Although residents felt their needs were met, there was limited mention of formal systems in place to record or monitor cultural and religious dietary needs. Strengthening this could ensure consistent person-centred care and pre-empt future needs.

4. **Encourage further personalisation of residents' private spaces.**

While communal areas felt homely, future visits could explore how well residents are supported in personalising their rooms to reflect identity, culture, or preference – particularly for new or quieter residents.

7.1 Examples of Best Practice

- **Person-centred support and flexibility:**

Staff demonstrated a consistent commitment to respecting residents' individual preferences, allowing them to maintain control over daily routines. Residents were not rushed and felt free to get up, eat, and relax on their own terms.

- **Positive staff-resident relationships:**

Interactions between staff and residents were warm, respectful, and natural. Residents described staff as approachable and supportive, and staff spoke about their work with care and pride.

- **Open and welcoming environment:**

The home had a relaxed, homely atmosphere. Visitors were welcomed, and residents could move freely and comfortably throughout the space. The availability of refreshments and the informal use of shared spaces added to the overall sense of normality and dignity.

- **Clear and inclusive signage:**

The use of BSL signage and personalised name charts in communal areas supported accessibility and indicated an awareness of residents' individual needs and identities.

Service provider response

Feedback via email received from Natalie Smith in response to their report.

"I really appreciate the feedback received. I will have a look at the recommendations and implement a plan."

