



# Enter and View

Advanced Housing

Tennyson Road

**healthwatch**

January 2026

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# Introduction

## 2.1 Details of visit

Name of home	Advanced Housing
Service provider	Advanced Housing and support Ltd
Date and time	15 <sup>th</sup> January 13.30–15.30
Authorised representative (s)	Patricia Lattimer, Philip Turner, Sandra Gouldbourne, Maureen Matthews

### Advanced Housing 135 Tennyson Road

135 Tennyson Road was a mid-terrace house owned by Advance Housing Ltd. It accommodates up to four adults who have learning disabilities.

## 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 allows 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 enter and view is part of a project to understand and report on the experiences of residents in selected Luton supported living, residential homes 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 community based care and support services. Advanced Housing is supported living for adults with learning disabilities and additional needs, and the visit was designed to gather insight directly from service users, staff and management about their experience of care and support.

Healthwatch Luton has previously gathered feedback from people in inpatient and residential settings and is now expanding this work into daytime provision for people with learning disabilities. Given the ongoing need for more inclusive, personalised and accessible services, particularly in non residential settings, this

visit offered valuable insight into how well current provision meets people's needs.

This visit also supports our commitment to ensuring that people whose voices are less often heard, including those with learning disabilities, are given the opportunity to share their views and help shape services.

## Overall summary

The Enter and View visit to 135 Tennyson Road, operated by Advanced Housing, took place on 15th January 2026. The service provides supported living accommodation for up to four adults with learning disabilities. On the day of the visit, four residents were living at the property.

The atmosphere within the home was calm and welcoming. The environment was observed to be clean, well maintained and comfortably furnished. Residents appeared relaxed within the space and engaged positively with staff.

Feedback from both residents and staff was generally positive. Residents described staff as supportive and approachable, and interactions observed during the visit were respectful and responsive. Staff demonstrated awareness of residents' needs and confirmed that care plans are reviewed regularly.

Residents reported satisfaction with the support they receive, including assistance with daily living, opportunities to go out into the community, and access to food and activities within the home. One resident described enjoying shopping trips and spending time listening to music or watching television in their room.

Staff reported that staffing levels are usually sufficient, although at times the complexity of residents' needs can increase pressures during certain shifts. Training opportunities were described as available, and safeguarding procedures were understood.

No safeguarding concerns were identified during the visit. Overall, 135 Tennyson Road presented as a small, person-centred supported living environment where residents are supported to maintain independence within a homely setting.

# Methodology

The Enter and View visit to 135 Tennyson Road took place on **15th January 2026** between **13:30 and 15:30**. The visit was carried out by Authorised Representatives from Healthwatch Luton: **Patricia Lattimer, Philip Turner, Sandra Gouldbourne and Maureen Matthews**.

The provider had been informed in advance that a visit would take place in January 2026; however, the specific date and time were not disclosed.

On arrival, the team introduced themselves to the person in charge. The purpose of the visit was explained, and access was provided to communal areas of the home. A brief overview of the property was given, and staff on duty were introduced.

The Authorised Representatives used a structured observation checklist to assess the environment, accessibility and atmosphere within the home. Interactions between staff and residents were observed during the visit.

Feedback was gathered through written questionnaires and informal conversations. In total:

**Two residents** provided feedback through questionnaires.

**Two members of staff** completed written questionnaires.

No relatives were present during the visit.

Residents were informed that participation was voluntary and that they could decline to answer any questions. All feedback has been anonymised.

## Summary of findings

### 6.1 Overview

135 Tennyson Road is a mid-terrace property operated by Advanced Housing Ltd. The service provides supported living accommodation for up to four adults with

learning disabilities. On the day of the visit, four residents were living at the home.

The service is managed by Cornelia Mpofu. The home is located in a residential area and appeared externally well maintained.

Internally, the property was observed to be clean, comfortably furnished and personalised. Communal areas were arranged to support shared living while allowing residents access to private space within their own bedrooms.

The atmosphere during the visit was calm and relaxed. Residents appeared comfortable within the environment and were observed interacting positively with staff. The service was operating as usual during the visit.

## 6.2 Premises

135 Tennyson Road is a mid-terrace residential property situated within a busy residential area. On arrival, the exterior of the home appeared well maintained. Parking is available on the road directly outside the property.

Access to the property is via a ramp at the front entrance. While this supports wheelchair access, the ramp was noted to be relatively steep. Internally, the home was observed to be clean, well decorated and comfortably furnished. There were no unpleasant odours or obvious hazards identified during the visit. The temperature throughout the home was appropriate, and the overall atmosphere was calm.

Communal areas were arranged to promote shared living, with seating available in the lounge area where a member of staff was, the television was on. Residents also have access to private bedrooms, where they were all located on arrival. One resident described spending time in their room listening to music and watching television, indicating access to personal space and independence.

Signage within the home appeared clear, and essential information was available. Hand sanitiser was visible, and accessible bathroom facilities were observed to be in good condition. The environment overall gave the impression of a small, homely setting rather than an institutional space.

While outdoor space was not a central focus of the visit, residents confirmed that they are able to access communal areas and spend time outside, particularly during warmer months.

Overall, the premises were observed to be clean, personalised and suitable for the needs of the residents living there.

### **6.3 Staff interaction and quality of care**

During the visit, staff were observed interacting with residents in a calm and respectful manner. Communication appeared relaxed and appropriate, and residents responded positively to staff engagement.

Residents described staff in positive terms. One resident stated that staff were “good,” while another indicated they felt safe within the home and able to speak to staff if they had concerns. No complaints or safeguarding concerns were raised during the visit.

Staff questionnaires reflected a generally positive view of the working environment. Staffing levels were reported as usually sufficient, although it was acknowledged that the complexity of residents’ needs and behaviours can increase pressures at certain times. This suggests that flexibility and responsiveness are required depending on individual need.

Staff confirmed that care plans are reviewed regularly and that residents are involved in decisions relating to their support. Access to healthcare services, including GP, dental and optician appointments, was described as available when required. Safeguarding procedures were understood, and staff reported that any concerns would be raised with the manager in line with company policy.

Overall, interactions observed and feedback received suggest that residents are treated with dignity and respect within a supportive environment.

### **6.4 Social engagement and activities**

Residents at 135 Tennyson Road described having opportunities to engage both within the home and in the wider community. One resident spoke positively about going shopping and visiting town, reflecting support for independence and community participation.

Within the home, residents were observed using communal areas comfortably. Individuals also described spending time in their own rooms listening to music and watching television, demonstrating a balance between shared activity and personal time.

Staff confirmed that activities are provided both in-house and in the community. While no formal activity schedule was referenced, engagement appeared to be incorporated into daily routines and adapted to individual preferences. There was some concern from the team around residents being in their rooms, while staff in the communal area and whether this was common practice.

Family contact remains an important aspect of residents' lives. One resident referred to regular visits from family members, suggesting that external relationships are supported and maintained.

Overall, the home appears to promote a flexible approach to engagement, allowing residents to participate in activities aligned with their interests while respecting their need for privacy.

## 6.5 Dining Experience

Feedback regarding meals within the home was positive. One resident described the food as "lovely," and residents confirmed that they are able to choose their meals. Snacks and drinks were reported to be available outside of structured mealtimes.

Flexibility was evident in relation to where meals are taken. Residents may choose to eat in communal areas or within their own rooms, supporting comfort and autonomy. No concerns were raised regarding portion sizes, dietary needs or quality.

Although detailed information regarding menu rotation was not gathered, residents appeared satisfied with current arrangements. The overall dining experience reflects a domestic approach consistent with supported living provision.

## 6.6 Choice

Residents at 135 Tennyson Road appeared to have a good level of autonomy over aspects of their daily lives. Feedback indicated that individuals can choose what they wear, what they eat and how they spend their time. The ability to

access private bedrooms, as well as shared communal areas, further supports independence and personal preference.

One resident spoke about spending time in their room listening to music and watching television, reflecting flexibility in how personal time is managed. Residents also confirmed that they can go out into the community, including shopping trips, suggesting that independence extends beyond the home environment.

Staff reported that care plans are reviewed regularly and that residents are involved in discussions about their support. This collaborative approach indicates that individuals are encouraged to contribute to decisions affecting their care.

Both staff and residents described communication within the home as open. Residents stated that they feel able to raise concerns if needed, and staff confirmed that there are clear processes in place for addressing issues.

Overall, the service appears to support residents in maintaining choice and personal autonomy within a structured and supportive environment.

# Recommendations

135 Tennyson Road demonstrated a positive and person-centred approach during this visit. Based on the findings, Healthwatch Luton makes the following light-touch recommendations to support continued development:

## **1. Consider strengthening opportunities for structured resident feedback.**

While residents indicated that they feel able to speak to staff directly, introducing more visible or formalised feedback opportunities – such as periodic resident meetings or accessible suggestion methods – may further support ongoing engagement and shared decision-making.

**Suggested review: within 6 months.**

## **2. Continue to review staffing arrangements in relation to changing levels of need.**

Staff reported that staffing levels are generally sufficient; however, the complexity of residents' needs can increase pressures at certain times. Ongoing review of staffing deployment in response to individual needs will help ensure consistent quality of support.

**Suggested review: within 6 months.**

## **3. Consider further developing structured opportunities for active engagement throughout the day.**

During the visit, some residents were observed spending extended periods of time in their rooms. While residents are supported to exercise choice and independence, increasing visible opportunities for proactive staff-led engagement within communal areas may help ensure that all individuals are encouraged to participate in meaningful interaction where appropriate.

Strengthening structured engagement may also support staff by providing clearer shared activity focus during quieter periods, helping to promote consistent interaction and reinforce person-centred practice.

**Suggested review: within 6 months.**

## 7.1 Examples of Best Practice

The following areas of good practice were identified during the Enter and View visit to 135 Tennyson Road:

### **Positive and respectful staff-resident relationships:**

Residents described staff as supportive and approachable, and interactions observed during the visit were calm and respectful. Residents indicated that they feel safe within the home and able to speak to staff if they have concerns, contributing to a reassuring and supportive atmosphere.

### **Promotion of independence and community access:**

Residents reported being able to make everyday choices about meals, clothing and activities. One resident spoke positively about going shopping and spending time in town, demonstrating support for independence and engagement beyond the home environment.

### **Homely and personalised environment:**

The property presented as clean, comfortable and domestic in character. Residents appeared at ease in both communal areas and their private bedrooms, reflecting a setting that supports both shared living and personal space.

### **Access to healthcare and safeguarding awareness:**

Staff demonstrated understanding of safeguarding procedures and confirmed that residents are supported to attend healthcare appointments when required, including GP, dental and optician services. This reflects appropriate oversight of residents' wellbeing.

# Service provider response

The provider was given the opportunity to review and comment on this report ; no response had been received at time of publication.

