Enter and View

Milliner House

May 2026

healthwatch

Contents

Introduction

2.1 Details of visit

Name of home	Milliner house
Service provider	HC One
Date and time	26th May 2026 10.30-11.45
Authorised representative (s)	Patricia Lattimer, Philip Turner, Maureen Matthews, Angela Andrews

Milliner House is a purpose-built 40-bed care home located in a residential area on the outskirts of Luton. The home provides residential, dementia and mental health care.

The home is divided into four residential areas, each named after a style of hat in recognition of Luton's historic association with the hat industry. Residents have access to comfortable bedrooms and communal facilities designed to support their day-to-day needs.

Milliner House is owned by HC-One. At the time of the visit, the provider advised that ownership of the home was due to change.

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 formed part of Healthwatch Luton's wider programme of work to hear the views and experiences of people using community-based care and support services, particularly those whose voices are less often heard.

The visit aimed to gather feedback from residents, staff and management to understand people's experiences of care, identify examples of good practice, and highlight any areas for improvement. Findings from this visit will contribute to Healthwatch Luton's ongoing work to inform service development and promote person-centred, accessible care.

Overall summary

Healthwatch Luton carried out a partially announced Enter and View visit to Milliner House on 26th May 2026 as part of its statutory role to gather feedback from people using health and social care services.

Milliner House provides residential care for up to 40 residents, including people living with dementia and mental health conditions. During the visit, Healthwatch representatives spoke with three residents and four members of staff, including the deputy manager. No relatives were present during the visit.

The home presented as clean, bright and well maintained, having recently undergone refurbishment. Healthwatch representatives were welcomed by staff, and the atmosphere throughout the home was calm and relaxed. Residents were observed spending time in communal lounges, listening to music, watching television or relaxing in their bedrooms. The home also benefits from a well-maintained outdoor area with covered seating and a large car park for visitors.

Residents spoke positively about the care they received, describing staff as friendly, caring and approachable. They said they felt safe living at the home and valued the choices available to them in relation to meals, activities and daily routines. Feedback about the food was positive, with residents commenting that there was a choice of meals and that the quality of the food was good.

Staff described a supportive working environment and demonstrated a commitment to meeting residents' individual needs, including supporting access to healthcare, maintaining residents' independence and undertaking regular training.

Overall, the visit found Milliner House to be a welcoming service with a positive atmosphere. Observations and feedback indicated that residents were treated with dignity and respect, felt safe, and were supported to make choices about their daily lives while maintaining access to meaningful activities and healthcare services.

Methodology

The visit to Milliners House was **partially announced**: the service provider was informed that an Enter and View visit would occur during the month, 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 26th **May 2026, from 11:00-12.30 PM.** Four Authorised Representatives (ARs) attended the visit: **Patricia Lattimer, Philip Turner, Maureen Matthews and Angela Andrews.**

Upon arrival, the team introduced themselves to the deputy 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 lounge area.

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 the lounge. 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:

- **Three resident residents** were spoken to in detail during the visit, **one male, and one female, aged over 60 years old.**
- **Four members of staff** also took part, the home manager and 2 support workers 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

Milliner House is registered to provide accommodation and care for up to 40 residents, including people living with dementia and mental health conditions.

The home is located on Marsh Road in Luton, close to local amenities and public transport. Accommodation is arranged across two floors and comprises 40 single en-suite bedrooms. The home is divided into four residential units, each secured with keypad entry systems to support residents' safety. Residents also have access to communal lounges, dining rooms, wheelchair-accessible gardens and a hairdressing room.

During the visit, the service was operating as usual. Residents were observed moving freely around the communal areas, while others chose to spend time in quieter spaces or their own bedrooms. The atmosphere throughout the home was calm and welcoming.

The environment appeared clean, bright and well maintained. Personalised displays, including staff photographs, menus and activity information, contributed to a welcoming environment.

Residents were encouraged to speak openly with the visiting team. Based on observations and the feedback received, Milliner House appeared to provide a welcoming environment that supported residents' wellbeing, independence and day-to-day needs.

6.2 Premises

The external areas of Milliner House were well maintained and presented. The home has a large visitor car park to the rear, together with enclosed gardens that provide residents with access to outdoor seating and communal space.

Milliner House is a purpose-built care home arranged over two floors. Internally, the home was clean, bright and well maintained, with modern décor and furnishings throughout. No unpleasant odours or obvious environmental hazards were identified during the visit.

Communal areas included four lounges and four dining rooms across the two floors. The layout enabled residents to move freely within each residential area, while secure keypad entry systems supported residents' safety. Residents were

observed using the communal areas comfortably, with some watching television and others choosing to spend time in their own bedrooms.

The home appeared accessible to meet residents' needs. Signage throughout the building was clear, and key information, including the complaints procedure, was displayed. Hand sanitising facilities were readily available, and fire exits were clearly marked.

Evidence of a person-centred approach was reflected through personalised displays, activity information and orientation clocks showing the day, date and time. The outdoor garden provided additional space for residents to relax, socialise and take part in activities.

Overall, the premises presented as a clean, safe and welcoming environment that supported residents' comfort, independence and privacy.

6.3 Staff interaction and quality of care

During the visit, interactions between staff and residents were observed to be calm, respectful and person-centred. Staff were approachable, and residents appeared comfortable engaging with them. Residents spoke positively about the care they received. One resident commented, *"Yes, the staff are friendly, they communicate well with me,"* and added, *"It is good here; they care for us well."* Another resident said, *"The care is good here, you are looked after well."* Residents also reported feeling safe living at the home, and no safeguarding concerns were raised during the visit.

The deputy manager and staff described a wide range of healthcare and wellbeing support available to residents, including regular GP visits, multidisciplinary team meetings, hospital appointments and access to dental, optical, hearing, chiropody and mental health services. The deputy manager explained that doctors from Bell House visited the home regularly, multidisciplinary team meetings were held weekly, chiropodists visited every six weeks, and residents were supported to attend hospital and mental health appointments when required. Residents also confirmed they were supported to attend healthcare appointments. One resident said, *"I have regular appointments with my psychiatrist, I do not agree with what they say,"* while another commented, *"I know the doctor visits regularly and I can see the doctor when I need to."*

Staff described a person-centred approach to care, explaining that residents were encouraged to maintain their independence while receiving support appropriate to their individual needs. The deputy manager advised that all

residents were able to communicate their needs. One member of staff said, *"It is important to be a good listener and spend time with residents listening to what they are saying."*

Staff consistently described a positive and supportive working environment. They reported good teamwork, low staff turnover and appropriate staffing levels, with a senior member of staff always available to provide guidance and support. One member of staff commented, *"I like it here. Everyone is caring and friendly, including my colleagues and the deputy manager. The rooms in the home are comfortable, and the residents are lovely and allowed to be independent."* The deputy manager added that the home had a stable staff team and sufficient staffing, supported by housekeeping, catering and administrative staff.

Training and professional development were well established. Staff confirmed that mandatory and specialist training, including dementia and mental health care, was regularly updated. New staff completed a structured induction, and regular supervision, staff meetings and shift handovers supported communication, learning and the sharing of information. Staff also described a positive team culture, with one member of staff commenting that morale was high and teamwork was a particular strength of the home.

Staff demonstrated a clear understanding of safeguarding procedures and were confident in reporting concerns in line with the home's policies and local safeguarding arrangements. Opportunities for residents and relatives to provide feedback were available through regular meetings, questionnaires and QR code surveys displayed throughout the home.

Overall, observations and feedback indicated that residents were treated with dignity and respect, felt safe, and received care that reflected their individual needs and preferences. Staff described a positive and supportive working culture underpinned by effective communication, ongoing training and a commitment to person-centred care.

6.4 Social engagement and activities

Residents spoke positively about the opportunities available for social engagement and activities. They described taking part in a range of activities, including bingo, games, exercise sessions, watching television, listening to music and spending time in the garden. One resident said, *"I like to watch television in the lounge. There are activities every day, including exercises in the lounge*

every morning. I also go out into the garden when I want." Another resident commented, *"I enjoy watching television and join in the exercises sometimes."*

During the visit, residents were observed watching television, relaxing in the communal lounges and receiving refreshments from staff. Although no organised activities were taking place at the time of the visit, activity timetables were displayed in each residential area, and seasonal displays celebrating Eid reflected the home's recognition of residents' cultural diversity and opportunities for inclusive celebration. The well-maintained garden provided additional space for residents to spend time outdoors.

Residents said they were able to choose how they spent their time, including whether to participate in activities, remain in communal areas or spend time in their own bedrooms. They also confirmed they were supported to attend appointments outside the home where required. Staff demonstrated an awareness of residents' individual needs and preferences, and regular residents' and relatives' meetings provided opportunities to share feedback and discuss life within the home.

Overall, observations and feedback indicated that Milliner House offered a varied programme of activities and supported residents to make choices about how they spent their time, promoting social engagement, independence and wellbeing.

6.5 Dining Experience

Residents who provided feedback were generally positive about the food at Milliner House. One resident commented, *"The food is good. There is cereal and a cooked breakfast. There is a choice of two meals, and they ask you what you want to eat."* Another resident said, *"The food is adequate, with two choices on the menu."* These comments indicated overall satisfaction with the quality and choice of meals available.

Residents reported that they could choose where they ate their meals, including the dining room, communal lounge or their own bedrooms. The dining rooms appeared clean, welcoming and well furnished. Residents also said that staff provided support with eating where required while encouraging independence wherever possible.

During the visit, refreshments were readily available. Juice dispensers were located in the communal lounges, and staff were observed serving drinks and

snacks from a refreshments trolley. A variety of snacks, including fruit, biscuits and cakes, was available to residents between mealtimes.

No concerns were raised regarding portion sizes, dietary requirements or access to refreshments. Staff explained that residents' dietary needs and preferences were recorded electronically to support personalised care planning.

Overall, observations and resident feedback indicated that mealtimes were a positive part of daily life at Milliner House, with residents supported to make choices about where they ate and to maintain their independence wherever possible.

6.6 Choice

Feedback gathered during the visit indicated that residents at Milliner House were supported to make choices about their daily lives. Residents described deciding how they spent their time, including whether to participate in activities, watch television, socialise with others or remain in their bedrooms. One resident commented, *"I like to watch television in the lounge. There are activities every day, including exercises in the lounge every morning."* Another resident said, *"I enjoy watching television and join in the exercises sometimes."* This reflected that residents felt their preferences were recognised and respected.

Residents also reported having choice over where they ate their meals, including in the dining room, communal lounge or their own bedrooms. They described being involved in aspects of their care and daily routines and said that staff listened to them and provided support in a way that met their individual needs while encouraging independence.

Staff described a person-centred approach to care, supporting residents to access healthcare services when required and encouraging participation in activities that reflected their interests and preferences.

Overall, observations and feedback indicated that residents were supported to make choices about their daily routines, care and social activities, with staff promoting independence and responding to individual needs and preferences.

Recommendations

Healthwatch Luton did not identify any significant concerns during this Enter and View visit that required formal recommendations.

The observations and feedback gathered indicated that residents felt safe, were treated with dignity and respect, and were supported to make choices about their daily lives. The examples of good practice identified within this report should be maintained and built upon as part of the home's ongoing commitment to delivering person-centred care.

7.1 Examples of Best Practice

Examples of Best Practice

The following examples of positive practice were identified during the Enter and View visit to Milliner House:

Welcoming Environment

Healthwatch Luton representatives were welcomed by staff throughout the visit. The home appeared clean, bright and well maintained, with a calm and welcoming atmosphere. The recent refurbishment and well-maintained communal areas contributed to a comfortable environment for residents.

Positive Staff–Resident Relationships

Interactions between staff and residents were consistently respectful, friendly and supportive. Residents described staff as approachable, caring and willing to listen, and appeared comfortable engaging with them throughout the visit.

Promoting Choice and Independence

Residents reported being supported to make choices about their daily routines, including where they spent their time, where they ate their meals and whether they participated in activities. Staff demonstrated a person-centred approach that encouraged residents to maintain their independence wherever possible.

Meaningful Activities and Social Engagement

Residents spoke positively about the range of activities available, including exercise sessions, games, music and opportunities to spend time outdoors. Activity timetables were displayed throughout the home, and the well-maintained garden provided an additional space for relaxation and social interaction.

Supporting Residents' Health and Wellbeing

Residents were supported to access a wide range of healthcare services, including GP, dental, optical, hearing, chiropody and mental health services. Staff demonstrated a good understanding of residents' individual health needs and the importance of maintaining access to appropriate healthcare.

Service provider response

The Service provider was given the opportunity to review and comment on this report. However, no response had been received by time of publication.