Enter and View

Georgiana Care Home

February 2026

healthwatch

Contents

Introduction

2.1 Details of visit

Name of home	Georgiana Care Home
Service provider	Heritage Care Homes
Date and time	3rd February 2026 10.00-12.00
Authorised representative (s)	Patricia Lattimer, Phillip Turner, Maureen Matthews, Angela Andrews

Georgiana Care Home

Georgiana Care Home is a residential service providing accommodation and support for adults with learning disabilities, mental health needs, physical disabilities and associated conditions. The home is operated by Heritage Care Homes Limited and is located in a residential area of Luton, within a quiet neighbourhood and in proximity to local amenities. Information regarding the type of service and service user group has been referenced from publicly available Care Quality Commission (CQC) records.

The property is a detached house providing accommodation for up to eight residents in single bedrooms, with shared communal areas including a lounge, dining space and kitchen. The home also benefits from an outdoor garden area, offering residents access to external space.

The home is designed to provide a domestic, non-clinical environment, supporting residents with their day-to-day living needs.

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 project is to understand and report on the experiences of residents in selected Luton accommodation including 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 community-based care and support services. Georgiana is a residential home 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 is gathering feedback from people in inpatient and residential settings, in addition to daytime provision for people with learning disabilities. Given the ongoing need for more inclusive, personalised and accessible services, including 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

Georgiana Care Home provides residential care for adults with learning disabilities, mental health needs and physical disabilities. During the visit, Healthwatch Luton spoke with three residents and two members of staff and observed the general environment and interactions within the home. The manager, Peter Nworgie, was present on the day.
Overall, the home presented as clean, homely and well-maintained, with both the external and internal environment recorded as being in good condition. The atmosphere within the home appeared calm and relaxed, and residents were observed to be comfortable within the setting. Personalisation was evident throughout the home, including photographs displayed within communal areas. The home also benefits from an outdoor garden area, providing residents with access to external space.

Feedback from residents was positive. Residents described staff as supportive and approachable, with comments indicating that staff "talk to me" and "listen". Residents also reported that they enjoy living at the home and described good relationships with staff. Experiences of meals were positive, with residents commenting that they enjoy the food and are involved in aspects of meal preparation.

Residents and staff referred to a range of activities both within the home and in the community. Activities mentioned included cooking, arts and crafts, watching television, shopping and accessing local amenities. One resident also attends a regular external club. Staff feedback reflected a supportive working environment,

with staff describing good teamwork, regular communication and access to training, including refresher courses and opportunities for further development.

In summary, the overall impression from this visit was of a friendly and supportive service, with a homely environment and positive relationships between residents and staff. The evidence gathered suggests that residents are supported to maintain their independence, engage in activities and access support in line with their needs and preferences.

Methodology

The Enter and View visit to **Georgiana Care Home** took place on **25 February 2026, between 10:00 and 12:00**. The visit was **partially announced**, with the provider informed in advance that a visit would take place, although the specific date and time were not disclosed. The visit was conducted by Authorised Representatives from Healthwatch Luton: Patricia Lattimer, Phillip Turner, Maureen Matthews and Angela Andrews.

On arrival, the team introduced themselves and explained the purpose of the visit. The manager, Peter Nworgie, was present on the day and facilitated access to the home. The Authorised Representatives were given access to communal areas of the home and observed the general environment, interactions between residents and staff, and day-to-day routines. A structured observation checklist was used to record environmental factors, accessibility, signage, cleanliness and overall atmosphere.

Feedback was gathered using written questionnaires and informal conversations. Residents were approached sensitively and informed that participation was voluntary. It was explained that they could decline to answer any questions or withdraw at any time. Support was provided where required to enable residents to complete questionnaires.

In total:

Three residents participated in providing feedback.

Two members of staff provided feedback.

Residents spoken to were adults living at the home and receiving support for learning disabilities and associated needs. No relatives were present during the visit. All feedback has been anonymised and reflects the experiences and observations gathered on the day of the visit only.

Summary of findings

6.1 Overview

Georgiana Care Home is a residential service operated by Heritage Care Homes Limited, providing accommodation and support for adults with learning disabilities, mental health needs and physical disabilities. The home is located in a residential area of Luton, within a quiet neighbourhood and with access to local amenities and community facilities.

The property comprises a detached two storey house providing accommodation for up to eight residents in single bedrooms. Communal areas include a lounge, dining space and kitchen. The home also benefits from an outdoor garden area with seating, providing residents with access to external space.

On the day of the visit, the service was operating as usual. The manager, Peter Nworgie, was present on site. Residents were observed moving freely around communal areas, and the overall atmosphere within the home appeared calm and relaxed.

The home appeared clean and well maintained throughout. Displays within the home included residents' photographs, contributing to a personalised and homely environment.

Based on observations and feedback gathered during the visit, Georgiana Care Home presented as a residential setting focused on supporting residents' day-to-day living and wellbeing.

6.2 Premises

The external condition of Georgiana Care Home was observed to be in good condition. The property is situated within a residential street and was noted to blend in with the surrounding neighbourhood. Limited parking was available at the front of the home.

Internally, the home was recorded as clean, tidy and well maintained. The environment appeared homely rather than clinical, with décor and furnishings contributing to a comfortable living space for residents. Communal areas, including the lounge and dining space, were well furnished and in use during the visit.

The layout of the home includes a lounge area at the front of the property and a dining area towards the rear. The kitchen is separated by a gate, and a separate area within the property was used for storage of files and medication, as well as administrative tasks.

Residents were observed using communal areas comfortably, with space to move around the home. Accessibility within the home appeared appropriate for residents' needs. Signage was visible, and information, including Healthwatch materials, was displayed within the home. The home also benefits from a rear garden area, which was observed to be well maintained and includes a patio space suitable for outdoor activities and social use.

Overall, the premises presented as a clean, safe and homely environment that supports both shared living and individual comfort.

6.3 Staff interaction and quality of care

During the visit, staff were present within communal areas of the home and were observed interacting with residents. Staff appeared approachable and engaged with residents in a calm and supportive manner.

Residents who spoke with the visiting team described positive relationships with staff. Residents commented that staff "talk to me" and "listen" and indicated that they felt comfortable approaching staff when needed. Residents also described staff as helpful and supportive in their day-to-day lives.

Staff feedback reflected a positive working environment. Staff described good teamwork within the home and stated that they support one another in their roles. Staff also reported that they felt able to raise concerns with the manager if required and described an open and supportive management approach.

Staff explained that communication with residents is adapted to meet individual needs. Methods such as gestures, signs and the use of visual prompts were described as ways of supporting residents who may have difficulty communicating verbally.

Staff also referred to the use of care plans to guide support, including providing one-to-one support where required. Staff indicated that they work with residents and, where appropriate, family members to understand individual needs and preferences.

Training opportunities were highlighted by staff as part of their role. Staff confirmed that training was up to date and included both mandatory and refresher training, as well as opportunities to develop further qualifications.

Overall, observations and feedback suggested that staff were supportive and focused on meeting residents' needs, with positive relationships evident between staff and residents.

6.4 Social engagement and activities

During the visit, residents were observed spending time within the communal lounge area of the home.

Residents who spoke with the visiting team described a range of activities that they take part in both within the home and in the community. Activities mentioned included cooking, arts and crafts, watching television, shopping and going for walks. One resident also referred to attending a regular club, indicating opportunities for engagement outside of the home.

Residents indicated that they enjoy the activities available and described being involved in day-to-day routines, including supporting with cooking and meal preparation.

Staff also referred to residents accessing community-based activities and local amenities, supporting residents to maintain links with the wider community.

At the time of the visit, no organised activities were observed taking place within the communal lounge area. Residents were seated within the lounge and appeared relaxed.

6.5 Dining Experience

The visiting team did not observe a main mealtime during the visit. Residents present within the communal areas had already eaten prior to the team's arrival.

Residents who spoke with the visiting team provided positive feedback about meals. Residents described the food as enjoyable, with comments indicating that they '**like the dinners'** and are happy with the meals provided. Residents also referred to being involved in aspects of meal preparation, including cooking with staff.

Feedback from residents suggested that they are able to make choices about what they eat. Staff also reported that menus are discussed and planned in advance, with input from residents.

The visiting team observed that residents were seated comfortably within communal areas during the visit. Drinks were available within the home. As a mealtime was not observed, the visiting team were not able to comment further on the overall dining experience within the home.

6.6 Choice

During the visit, residents were observed spending time within communal areas of the home and appeared able to move freely throughout the environment.

Residents who spoke with the visiting team indicated that they have opportunities to make choices in their day-to-day lives. Residents referred to being able to choose what they eat, what activities they take part in, and how they spend their time within the home. Residents also indicated that they are supported by staff to make decisions where required.

Residents described being able to choose their clothing and reported that staff provide support where needed. Residents also indicated that they are involved in daily routines, including aspects of meal preparation.

Staff feedback supported this, with staff explaining that they use care plans to guide support and ensure that individual preferences and needs are taken into account. Staff also referred to adapting communication methods to support residents in making choices.

The visiting team did not observe resident meetings or structured forums during the visit. However, staff reported that communication with residents takes place on an ongoing basis and that residents are supported to express their views.

Due to the limited duration of the visit, the visiting team were not able to observe all aspects of choice, such as personal care routines.

Overall, residents appeared to have opportunities to make choices within their daily routines, with staff providing support to enable decision-making.

Recommendations

Based on the observations and feedback gathered during the Enter and View visit, Healthwatch Luton makes the following recommendations.

1. Increase visibility of structured activities within communal areas
While residents and staff described a range of activities taking place both within the home and in the community, no organised activities were observed within the communal areas during the visit. The service may wish to consider how activities can be made more visible within shared spaces, for example through the use of activity schedules or displayed materials, to support engagement and choice throughout the day.
Timescale: The service provider should review current activity provision and consider improvements within two months of receiving this report.

2. Continue to develop opportunities for resident involvement in planning and feedback
Residents and staff described ongoing communication and support in making choices. The service may wish to further develop structured opportunities, such as resident meetings or forums, to support residents in sharing their views and contributing to decisions about the home.
Timescale: The service provider should review and implement opportunities for structured resident involvement within three months of receiving this report.

7.1 Examples of Best Practice

During the visit, residents consistently described positive relationships with staff. Residents reported that staff are approachable, listen to them and provide support when needed, indicating a person-centred approach to care.

Staff demonstrated an understanding of how to adapt communication to meet individual needs. Methods such as gestures, signs and visual prompts were used to support residents, ensuring that individuals were able to express themselves and be understood.

The home was observed to provide a clean, homely and well-maintained environment. Personalisation within the home, including the display of residents' photographs, contributed to a comfortable and familiar setting.

Staff feedback reflected a supportive working environment, with staff describing good teamwork, regular communication and access to training and development opportunities.

Residents were also supported to access the local community and maintain relationships with family and friends, demonstrating a focus on promoting independence and social inclusion.

Service provider response

The service provider was given the opportunity to review and comment on this report, however no response has been received at time of publication.