Enter and View

Hope Lodge

February 2026

healthwatch

Contents

Introduction

2.1 Details of visit

Name of home	Hope Lodge
Service provider	Naizrah Care Ltd
Date and time	19th February 2026 9.30-10.30
Authorised representative (s)	Pat Lattimer, Phil Turner, Sandra Gouldbourne, Maureen Matthews

Hope Lodge

Hope Lodge is situated in a residential area of Luton, within walking distance of the town centre and with access to local amenities and public transport links. The home provides accommodation and support for three adults with learning disabilities associated with autistic spectrum disorder, supporting residents to live within the community.

The home is arranged across three floors and includes individual bedrooms and shared communal spaces, including a lounge, dining area and kitchen. The property also benefits from a secure and well-maintained rear garden, providing residents with access to outdoor space.

Staff at Hope Lodge provide support tailored to individual needs, with a focus on promoting independence and supporting residents in their daily living.

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 it is part pf a project to understand and report the experiences of residents in selected accommodation in Luton 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. Hope Lodge 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

Healthwatch Luton carried out an Enter and View visit to Hope Lodge on 19 February 2026. The visit was partially announced and was undertaken as part of Healthwatch Luton's statutory role to listen to the experiences of people using health and social care services.

Hope Lodge provides residential care for adults with learning disabilities associated with autistic spectrum disorder. During the visit, Healthwatch Luton spoke with two residents and two members of staff and observed the general environment and interactions within the home. The home manager was present on the day.

Overall, the home presented as clean, homely and well maintained. The atmosphere appeared calm, and residents were observed to be comfortable within the setting. The environment included personalised elements, and residents had access to both indoor communal spaces and an outdoor garden area.

Feedback from residents was positive. Residents described staff as supportive and approachable, with comments indicating that staff listen to them and provide help when needed. Residents also described feeling settled within the home and spoke positively about their day-to-day experiences. Experiences of meals were also positive, with residents describing the food as good and indicating that choices are available.

Residents and staff referred to a range of activities, including community outings, shopping, and individual activities such as puzzles and reading. One resident described regular outings and opportunities to access the local community. Staff feedback reflected a supportive environment, with staff describing training opportunities and support within their roles.

In summary, the overall impression from this visit was of a supportive and person-centred service, with positive relationships between residents and staff. The evidence gathered suggests that residents are supported to feel comfortable within the home, maintain contact with family and access community-based activities.

Methodology

The visit to Hope Lodge 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 **19th February 2026, from 9.30-11.00 AM** our Authorised Representatives (ARs) attended the visit: **Patricia Lattimer, Philip Turner, Maureen Matthews and Sandra Goulbourne.**

Upon arrival, the team introduced themselves to the person in charge. 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 person in charge 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:

2 residents were spoken to in detail during the visit, both were fe**male, aged ranged between 30 and 40 years old** and all had **learning disabilities, one resident had limited communication skills.**

2 members of staff also took part, the person in home manager and a support worker providing insight into their roles, the care provided, and their views on the service.

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

Hope Lodge is a residential service providing accommodation and support for adults with learning disabilities associated with autistic spectrum disorder. The home is located in a residential area of Luton, within walking distance of local amenities and public transport links.

The property is arranged across three floors and provides accommodation for three residents in individual bedrooms. Communal areas include a shared lounge and dining space, kitchen and bathroom facilities. The home also benefits from a secure outdoor garden area.

On the day of the visit, the service was operating as usual. The home manager was present, and residents were observed within communal areas of the home. The overall atmosphere appeared calm.

The home appeared clean and well maintained. Residents were observed to be comfortable within the environment, and the setting reflected a domestic style living space.

Based on observations and feedback gathered during the visit, Hope Lodge presented as a small residential service supporting residents with their day-to-day living and access to the community.

6.2 Premises

The external condition of Hope Lodge was observed to be in good condition. The property is located within a residential street and benefits from some off-street parking. The rear garden was observed to be secure and well maintained, providing a safe outdoor space for residents.

Internally, the home was recorded as clean, tidy and well maintained. The environment appeared homely and domestic in style, with communal areas including a shared lounge and dining space where residents were observed during the visit.

The accommodation is arranged across three floors. Each resident has their own bedroom, all of which are equipped with a hand wash basin. Additional facilities include a domestic-style kitchen, utility area, downstairs toilet with shower and an upstairs bathroom. Laundry facilities are located within the conservatory.

Residents were observed using communal areas comfortably, and the layout of the home appeared to support shared living. There were no unpleasant odours or visible hazards identified during the visit. Overall, the premises presented as a clean, safe and homely environment.

6.3 Staff interaction and quality of care

During the visit, staff were present within communal areas and were observed interacting with residents. Interactions appeared calm, respectful and supportive.

Residents who spoke with the visiting team described positive relationships with staff. Residents indicated that staff listen to them, explain things clearly and provide support when needed. Residents also described staff as helpful and approachable.

One resident described how staff supported them when they were feeling distressed, explaining that staff helped them to feel calm. This suggests that staff are responsive to residents' emotional needs.

Staff demonstrated an understanding of residents' individual needs and explained that care is guided by care plans. Staff described providing support on a one-to-one basis where required and adapting communication methods to meet individual needs.

Staff feedback indicated that training is provided, including refresher training, and that staff feel supported in their roles. Staff also described a team approach to care and reported that they are able to raise concerns with the manager if needed.

Access to healthcare services, including GP, dental and hospital appointments, was reported to be in place.

Overall, observations and feedback suggested that staff provide supportive, person-centred care, with positive relationships evident between staff and residents.

6.4 Social engagement and activities

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 shopping trips, visits to the library, bingo and outings within the local area. One resident described attending regular outings and spending time with family.

Residents also referred to individual activities within the home, including puzzles and reading. Residents indicated that they are able to take part in activities that suit their preferences and needs.

Staff also described supporting residents to access the community, including accompanying residents on outings and supporting them with day-to-day activities.

Feedback from both residents indicated that they would like to see a wider variety of activities available within the home, including additional group activities such as quizzes.

Residents were able to maintain contact with family members, with visits taking place regularly and opportunities to spend time outside of the home.

6.5 Dining Experience

The visiting team did not observe a main mealtime during the visit. Residents who spoke with the visiting team provided positive feedback about the food. Residents described the meals as “good” and “nice”, and indicated that they were satisfied with the quality of food provided.

Residents also reported that they are able to make choices about what they eat. Feedback suggested that residents’ preferences are taken into account, and one resident referred to being involved in aspects of meal preparation, including cooking with staff.

There were no concerns raised by residents in relation to access to food, availability of drinks or support during mealtimes.

As a mealtime was not observed, the visiting team were not able to comment on the presentation of food, the mealtime environment or the level of support provided during meals.

6.6 Choice

Residents who spoke with the visiting team indicated that they are supported to make choices in their day-to-day lives. Residents referred to being able to choose activities and meals, and described staff as listening to them and supporting their preferences. Residents were also able to access the community, including shopping trips and outings, and maintain contact with family members, suggesting opportunities for choice in how they spend their time.

Staff feedback indicated that support is guided by care plans and that communication is adapted to meet individual needs. Staff described using gestures, reassurance and other communication methods to support residents in expressing their needs and preferences.

One resident was noted to have limited communication ability, which may affect their ability to express choices independently. However, feedback indicated that staff provide support to help residents communicate and make decisions where required.

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 or involvement in care planning. Overall, residents appeared to be supported to make choices within their daily routines, with staff providing assistance where needed.

Recommendations

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

1. Increase the variety of activities available within the home

Residents and staff described a range of activities and community engagement; however, feedback from residents indicated that they would welcome a greater variety of activities within the home, including additional group-based activities such as quizzes. The service should review its current activity provision and consider introducing a wider range of structured and meaningful activities tailored to residents' interests.

Timescale: The service provider should review and implement improvements within three months of receiving this report.

2. Continue to develop communication support for residents with differing needs

One resident was noted to have limited communication ability, which may impact their ability to express choices independently. While staff described adapting communication methods, the service may wish to further develop and embed the use of communication tools and approaches to support residents in expressing their preferences.

Timescale: The service provider should review current communication approaches and consider enhancements within two months of receiving this report.

7.1 Examples of Best Practice

During the visit, residents described positive relationships with staff, with feedback indicating that staff listen, explain things clearly and provide support when needed. Staff were observed interacting with residents in a calm and respectful manner, demonstrating a person-centred approach to care.

Staff were also noted to provide effective emotional support. One resident described how staff supported them when they were distressed, helping them to feel calm, which reflects an understanding of individual needs and appropriate behavioural support.

Residents were supported to maintain contact with family and access the community, including regular outings and visits. This supports residents' independence and social inclusion.

The home was observed to provide a clean, safe and homely environment, with residents appearing comfortable within the setting.

Service provider response

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