



# Enter and View

Mulberry House

February 2026

**healthwatch**

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# Introduction

## 2.1 Details of visit

Name of home	Mulberry House
Service provider	Complete Care Services Ltd Sergio Rodrigues (Manager)
Date and time	25th Feb 2026 - Time - 9:15am - 10.45am
Authorised representative (s)	Pat Lattimer, Phil Turner, Maureen Matthews, Angela Andrews

### **Mulberry House** – 120 Barton Road

Mulberry House is registered to provide care and support for adults with learning disabilities. The service is registered with the Care Quality Commission to accommodate up to eight residents. At the time of the visit, both male and female residents were living at the home, with a mixed age range.

The home is located in a residential area of North Luton, approximately five minutes by car from Luton town centre. The property is a detached two storey house that has been adapted to provide residential care.

Mulberry House provides accommodation in eight single bedrooms, all with en suite bathroom facilities. Two bedrooms are located on the ground floor and six bedrooms are located on the first floor. Communal areas include a large lounge overlooking the rear garden, dining space, a kitchen and a separate laundry room.

The property also has a rear garden with a patio area that can be used for outdoor activities and social time. Local amenities, including public transport, healthcare services and shops, are located within the surrounding area.

The service is registered by the Care Quality Commission to support adults with learning disabilities and autism, including younger adults under the age of 65.

## 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. Mulberry House 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 **Mulberry House on 25 February 2026** as part of its statutory role to gather feedback on the experiences of people using health and social care services.

Mulberry House provides residential care and support for adults with learning disabilities. The service is registered to accommodate up to **eight residents** and supports **both male and female** residents with a range of needs.

During the visit, the Healthwatch Luton Authorised Representatives observed the environment within the home and spoke with residents and staff present at the time. The visit provided an opportunity to observe the home during a typical morning period and to gain an understanding of how care and support are delivered.

On arrival at the property, the visiting team experienced some difficulty obtaining entry to the home. Staff initially advised that the visit should take place on another day. Following discussion and clarification of the statutory Enter and View role, access to the home was subsequently granted and the visit proceeded.

Once inside the home, residents were present within the communal lounge area and the visiting team were able to observe interactions between residents and staff. The general atmosphere within the home appeared calm during the visit.

However, some observations raised questions regarding engagement within communal areas and the responsiveness of support provided to residents at the time of the visit. Limited organised activity was observed during the visit and the visiting team noted an instance where a resident repeatedly requested a drink but did not appear to receive one during the time the team were present.

The manager was present on site and was working from an office located in an outbuilding within the garden area of the property.

Overall, the visit provided insight into the daily environment within the home. While residents appeared settled within the setting, the visiting team identified a number of areas where further consideration may be beneficial. These observations are explored in more detail within the findings section of this report.

# Methodology

The Enter and View visit to **Mulberry House** took place on **25 February 2026** between **9:15am and 10:45am**. The visit was partially announced. The service provider was informed that an Enter and View visit would occur during the month of February 2026; however, 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.

On arrival, the Healthwatch Luton representatives introduced themselves and explained the purpose of the visit. There was a short delay before access to the home was granted while staff sought guidance regarding the visit. Once entry was permitted, the visit proceeded.

Information for this report was gathered through a combination of **direct observation, informal conversations** with residents and staff, and **questionnaires** completed during the visit. The visiting team spent time in the communal areas observing the environment and interactions between residents and staff.

Residents were approached in communal areas and asked whether they were happy to speak with the visiting team. Participation was voluntary and residents were informed that they could decline to take part or withdraw at any time.

## Demographics and Participation

- **3 residents were spoken to**
- **2 members of staff were spoken to**
- No relatives or friends were present
- Gender of residents was **not recorded**
- Residents were adults with **learning disabilities** (as per the service type)

Responses were recorded anonymously to encourage participants to share their experiences openly.

The manager was reported to be present on site during the visit. A member of the visiting team spoke with the manager in an office located in an outbuilding within the garden area of the property, the manager was not observed in the main building during the visit.

Notes were taken during the visit and later collated alongside questionnaire responses to inform the findings presented in this report.

# Summary of findings

## 6.1 Overview

Mulberry House is registered with the Care Quality Commission to provide residential care and support for adults with learning disabilities and autism. The service is registered to accommodate up to eight residents.

The service was most recently rated **Good** by the Care Quality Commission. Previous inspections of the service had resulted in ratings of **Requires Improvement** and **Inadequate**.

The home is located in a residential area of North Luton, approximately five minutes by car from Luton town centre. The property is a detached two storey house that has been adapted for residential care.

Accommodation is provided in eight single bedrooms, all with en suite bathroom facilities. Two bedrooms are located on the ground floor and six bedrooms are located on the first floor. Communal areas include a large lounge overlooking the rear garden, dining space, kitchen and laundry room. The property also has a rear garden with a patio area.

At the time of the visit, residents were present within the communal lounge area and staff were also present within the home.

## 6.2 Premises

Mulberry House operates from a detached two storey property adapted for residential care. The home includes communal areas such as a lounge, dining space and kitchen, as well as a rear garden with a patio area.

During the visit, residents were observed within the main lounge area of the home. Three residents were present in the lounge when the visiting team entered the property, and another resident entered the room shortly afterwards.

The lounge area appeared to be the main communal space in use at the time of the visit. One resident was observed using a word search book, and no other activities were visible within the lounge during the period the visiting team were present.

One resident was observed to be dressed but without footwear while moving around the communal area. Staff were also present within the lounge area, while another member of staff was observed completing paperwork in a separate area of the home where files and medication were stored.

The visiting team spent time within the communal areas observing the environment and the use of shared spaces during a typical morning period.

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

During the visit, members of staff were present within the communal lounge area where residents were seated. Two staff members were observed in the lounge during the time the visiting team were present. Another member of staff was observed completing paperwork in a separate area of the home where files and medication were stored.

The visiting team observed interactions between residents and staff within the communal area during the visit.

On one occasion, a resident asked several times if they could have a drink of juice. The resident was advised that the drink would be provided shortly. However, during the time the visiting team were present, the resident was observed asking again on several occasions and the visiting team did not observe the resident receiving a drink.

Residents who spoke with the visiting team shared some feedback about their experience of living at the home. Residents indicated that staff were present within the home and available in communal areas.

Feedback gathered from staff questionnaires indicated that staff felt supported within their roles and reported that training opportunities were available. Staff also referred to using care plans and communication with family members to support residents' individual needs. Staff responses suggested that concerns could be raised with management if required.

The manager was reported to be present on site during the visit. A member of the visiting team spoke with the manager in an office located in an outbuilding within the garden area of the property.

Observations made during the visit focused on interactions between residents and staff within communal areas and how requests for support were responded to at the time.

## 6.4 Social engagement and activities

During the visit, residents were present within the communal lounge area of the home.

At the time the visiting team were present, no organised activities were observed taking place within the lounge area. One resident was observed using a word search book.

The lounge appeared to be the main communal space being used during the visit, and residents remained seated within this area for much of the time the visiting team were present.

The visiting team did not observe an activity timetable displayed within the communal area during the visit.

Information shared during the visit indicated that one resident attends a club on Mondays.

## 6.5 Dining Experience

The visiting team did not observe a main mealtime during the visit. Residents present in the lounge area had already had breakfast prior to the team's arrival.

During the visit, one resident asked several times if they could have a drink of juice. The resident was advised that the drink would be provided shortly. However, during the time the visiting team were present, the resident was observed asking again on several occasions and the visiting team did not observe the resident receiving a drink.

Feedback from one resident indicated that they were not always aware of what meals would be served in advance. The resident explained that they often only became aware of the meal choice once the food had been placed in front of them. This meant that residents may not always have the opportunity to know beforehand whether the meal being served was something they liked or suited their preferences.

The visiting team did not observe menus or information about meal choices displayed within the communal areas during the visit.

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 the communal lounge area of the home. Residents appeared able to move around the communal spaces and were seated in the lounge during much of the visit.

Information shared during the visit indicated that one resident attends a club on Mondays, suggesting that some opportunities exist for residents to take part in activities outside of the home. However, during the period of the visit, the visiting team did not observe a range of activity options available within the communal areas of the home.

As previously noted, the visiting team observed an instance where a resident requested a drink on several occasions. This observation raised questions regarding how promptly residents' requests are responded to at the time.

Feedback from one resident also indicated that they were not always aware of what meals would be served in advance and often only became aware of the meal choice once the food had been placed in front of them. This may limit residents' opportunity to know beforehand whether the meal being served is something they would prefer.

The visiting team did not observe resident meetings, forums, or other structured opportunities for residents to provide feedback during the visit. Due to the limited duration of the visit, the visiting team were not able to observe other aspects of choice, such as personal care routines or decisions about daily schedules.

Overall, limited evidence of visible choice or options for residents was observed by the visiting team during the time spent within the communal areas of the home.

# Recommendations

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

## 1. Improve responsiveness to residents' requests and support needs

The service should review how residents' requests are responded to within communal areas to ensure that requests for assistance, including drinks and other basic needs, are responded to promptly. This could include reinforcing staff awareness of responding to residents' requests in a timely manner and ensuring that residents feel their requests are acknowledged and acted upon.

**Timescale:** The service provider should review current practice and implement any necessary improvements within **one month** of receiving this report.

## 2. Increase visible opportunities for engagement and activity within communal areas

During the visit, limited organised activities were observed within the communal lounge area. The service should consider how a wider range of visible activity options can be made available within communal areas to support resident engagement and choice throughout the day. This may include displaying activity schedules or providing accessible materials that encourage participation.

**Timescale:** The service provider should review current activity provision and ensure that visible opportunities for engagement are in place within **two months** of receiving this report.

## 3. Improve communication around meal choices

Feedback from one resident indicated that they were not always aware of what meals would be served in advance. The service may wish to review how meal options are communicated to residents to ensure that individuals are aware of available choices before meals are served.

**Timescale:** The service provider should review how meal choices are communicated to residents and implement improvements within **one month** of receiving this report.

## 7.1 Examples of Best Practice

During the visit, residents were observed spending time within the communal lounge area and appeared able to move freely within the communal spaces of the home.

Information shared during the visit indicated that at least one resident attends a club on Mondays, demonstrating that some opportunities exist for residents to take part in activities outside of the home.

The manager was also available on site during the visit and a member of the visiting team was able to speak with them during the course of the visit.

## Service provider response

Mulberry House acknowledges receipt of the Enter and View report following the visit conducted by Healthwatch Luton on 25 February 2026. We would like to thank the authorised representatives for their observations and for the professional manner in which they engaged with our residents and staff. We value this feedback as part of our commitment to providing high-quality, person-centred care for adults with learning disabilities and autism.

**Addressing Access and Statutory Role** We note the report's mention of an initial delay in gaining entry to the home. We apologise for this misunderstanding. While our staff are trained to maintain the security and privacy of our residents, it is clear that further information is required regarding the statutory rights of Healthwatch representatives.

**Action:** We have scheduled a staff briefing to clarify the "Enter and View" process to ensure immediate and transparent access for future statutory visits.

**Resident Responsiveness and Hydration** The report highlighted an instance where a resident's request for a drink was not met during the visit. We take this observation seriously, as hydration and responsiveness are fundamental to our care standards. Looking into our records, the resident mentioned in the report had 100ml of water at 8:14 am with her medication, 300ml of a drink of her choice (hot chocolate) at 9:10am and 400ml of orange squash at 11:15am (independent choice). The visit from Healthwatch occurred between 9:55am and 10:45am. We think the comment on this matter doesn't take into consideration the monitoring of fluids intake and the behavioural aspect of attention seeking by the resident.

Our digital records, also shows that the resident had 1800ml of fluids throughout the

day and this are just the records monitored by staff. The individual also has her own drinks in her bedroom for anytime she doesn't want to come out from her bedroom (water and squash).

Action: We are keep monitoring the access to food and drinks and ensuring the adequate level of hydration to our residents. All residents are offered with different choices of hot and cold drinks and are supported to prepare their own drinks when possible. Regarding food, all resident are to have their choices from the Menus display in the board except from one resident with dietary restrictions.

Engagement and Meaningful Activity Healthwatch observed limited organised activity during the morning period. While we strive to provide a calm environment, we recognise the importance of consistent, meaningful engagement.

Action: Our Activities Champion is currently reviewing the daily schedule to ensure a broader range of person-centred activities are available. We will ensure these activities are documented clearly to show resident participation and choice. Looking into the records for the morning of the visit, 1 resident remained in her bedroom doing sensory activities, 1 resident chose to do word search, 1 resident decided to watch the "Morning Show" on TV, 1 resident attended the Day centre, 1 resident chose to remain in bed after breakfast and medication and 2 residents went shopping after the Healthwatch visit as scheduled.

Managerial Oversight The report noted that the Manager was working from the garden office at the time of the visit. While this space is used for confidential administrative tasks, we recognize the need for visible leadership within the main house and for that reason, managers are frequently present in the main building.

Action: The office in the garden is always open and accessible to residents. However, both manager and deputy manager are very involved in the daily care of the residents, either interacting with the users of the service, supporting them to fulfil basic needs or even escort the residents while accessing the community.

Closing Summary We are pleased that the visiting team found the atmosphere at Mulberry House to be calm and the residents to appear settled. We remain dedicated to addressing the "areas for further consideration" identified in the report to ensure the highest standards of dignity and support for our residents.

