



Enter and View

Capwell Grange

March 2026

healthwatch

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Introduction

2.1 Details of visit

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| Name of home | Capwell Grange |
| Service provider | HC-One No.1 Limited |
| Date and time | 13 th March 13.30–15.30 |
| Authorised representative (s) | Patricia Lattimer, Steph Power, Maureen Matthews, Angela Andrews |

Capwell Grange

Capwell Grange is a large care home located in Luton, registered to accommodate up to 146 residents across multiple units. The service provides a range of care, including nursing care, residential care, support for adults under 65 with physical disabilities, and dementia care.

The home operates from purpose-built, single-storey accommodation across five units. Each unit provides individual bedrooms with access to specialist bathing facilities and equipment. The home is located within reach of local amenities and community facilities.

The service is operated by HC-One No.1 Limited, a provider of residential and nursing care services. Staff teams are assigned to individual units to provide care and support tailored to residents' needs.

Healthwatch Luton visited Mitre Ward during this Enter and View visit.

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 allow 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 visit is to understand and report on the experiences of residents in selected Luton living in 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. Capwell Grange is a large care home and provides a wide range of care services, caring for adults who require nursing care, residential care, adults under 65 with physical disabilities and also dementia care., 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 underrepresented groups. 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 care settings, are given the opportunity to share their views and help shape services.

Overall summary

Healthwatch Luton carried out an Enter and View visit to Capwell Grange on 3 March 2026. The visit was undertaken as part of Healthwatch Luton's statutory role to listen to the experiences of people using health and social care services.

Capwell Grange is a large care home in Luton, registered to accommodate up to 146 residents across a number of units. During the visit, Healthwatch Luton observed one unit, Mitre Ward, which supports adults under 65 with a range of needs.

Overall, the unit presented as clean, well maintained and welcoming. The main lounge area was spacious, with seating arranged to allow residents to choose where they sat and who they spent time with. Large windows and doors provided access to a garden area, which was in use during the visit. The atmosphere within the unit appeared calm and comfortable.

Staff were observed interacting positively with residents, demonstrating a caring and supportive approach. Residents described staff as kind and indicated that they felt confident in the support they received. Staff also reported positive working relationships, describing the team as supportive.

The unit manager was present on the day and was welcoming and engaged, facilitating the visit and supporting the process throughout.

Residents expressed satisfaction with the food and referred to a range of activities available within the home. Feedback and observations suggested that care is delivered in a way that reflects individual needs and preferences.

No significant concerns were raised during the visit. However, opportunities for development were identified, including strengthening resident feedback mechanisms and ensuring that cultural and religious dietary needs are clearly recorded and reviewed.

In summary, the overall impression from this visit was of a positive and person-centred service, with supportive staff and a focus on maintaining residents' dignity, independence and wellbeing.

Methodology

The visit to Capwell Grange 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 3rd March 2026, from 13:30–15:00 PM. Four Authorised Representatives (ARs) attended the visit: **Patricia Lattimer, Steph Power, Maureen Matthews and Angela Andrews.**

Upon arrival, the team introduced themselves to the 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:

- **4 residents** were spoken to in detail during the visit, **three were male, and one female, three aged around 40 years old and, one resident was 60 and had limited communication skills.**

- **3 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

Capwell Grange is a large, purpose-built care home located in Luton, registered to accommodate up to 146 residents across a number of units. The service provides a range of care, including nursing care, residential care, dementia care and support for adults under 65 with physical disabilities.

The home is operated by HC-One No.1 Limited, a provider of residential and nursing care services for people with a range of needs.

6.2 Premises

Capwell Grange operates from purpose-built, single-storey accommodation across five units. Healthwatch Luton visited Mitre Ward during the visit. The environment within the unit was observed to be clean, well maintained and well decorated. The space was light and airy, with large windows and doors providing access to outdoor areas. The overall atmosphere appeared calm, comfortable and welcoming.

The communal lounge was spacious and comfortably furnished, with a range of seating areas that allowed residents to choose where they sat and who they spent time with. Signage was displayed within the unit, supporting accessibility for residents.

Residents' accommodation is arranged on one level, supporting accessibility, including for individuals using mobility aids. Staff were observed using appropriate equipment, including a hoist, which was stored safely when not in use.

There were no visible hazards or strong odours identified during the visit, and the temperature within the unit appeared appropriate. Residents commented positively on the cleanliness of the environment and the relaxed atmosphere.

The unit benefits from access to outdoor space, including a garden area. During the visit, residents were observed spending time outside with staff. Residents also reported that they are able to access outdoor areas and spend time outside when they choose. Visitors were present during the visit, and the environment supported both communal activity and quieter spaces for residents.

Overall, the premises presented as a clean, safe and well-maintained environment that supports residents' comfort, accessibility and day-to-day living.

6.3 Staff interaction and quality of care

Staff were consistently described by residents as kind, supportive and approachable. Observations during the visit supported this, with staff engaging with residents in a warm and respectful manner. Residents commented positively on their relationships with staff, with one stating, "Yes, I like it here, the staff are very nice... they get to know you," and another noting, "The staff are kind and supportive." Residents also reported that staff communicate well and take time to talk with them about their care.

Residents indicated that they felt safe and well supported within the home. Feedback suggested that care is delivered with dignity and that independence is promoted. One resident stated, "Staff look after my needs, the nurse cares for me very well," while another commented, "The staff are very friendly, we are well looked after." Staff were observed responding promptly to residents' needs and providing reassurance where required.

Staff demonstrated a good understanding of residents' individual needs, and interactions reflected a sense of familiarity and rapport. A person-centred approach to care was evident, with staff describing how care is tailored to meet individual preferences. Communication methods were adapted where necessary, including the use of visual aids such as picture boards.

Staff feedback was positive, with staff describing the team as supportive and collaborative. Staff reported good morale and a sense of belonging within the team, with one stating, "We enjoy working here... it feels like a large family," and

another noting, "I am happy here... you have time to meet residents' needs and are not rushed." Staff also highlighted the importance of teamwork and support across units.

A range of staff roles were present within the unit, including registered nurses, student nurses and healthcare assistants. Staff spoken to had a range of experience within the home, contributing to continuity of care and knowledge of residents' needs.

Staff reported receiving appropriate training, including both online and face-to-face sessions, with opportunities to request additional training where required. Staff demonstrated an understanding of how training supports them in adapting care to meet individual needs.

Regular communication within the team was described, including handovers at the start of each shift, the use of communication records, and team meetings. Staff indicated that staffing levels are sufficient and that support is available across units when required.

Overall, observations and feedback suggest that staff provide supportive, person-centred care, with positive relationships contributing to a sense of safety, dignity and wellbeing for residents.

6.4 Social engagement and activities

Residents reported having choice in how they spend their time. During the visit, some residents were observed watching television, others were socialising within the lounge, and some were spending time in the garden.

Residents described a range of activities available to them, reflecting individual preferences. Activities mentioned included watching television, playing dominoes, colouring, drawing, completing word searches and using tarot cards. One resident stated, "I like to play dominoes and watch television," while another commented, "I enjoy colouring and drawing, and doing word searches." Residents also referred to opportunities to spend time outdoors, including walking in the garden. Activities to support physical wellbeing were also reported.

Residents confirmed that they are able to maintain regular contact with family and friends. One resident stated that their family visits weekly, while another described seeing family at weekends and using video calls to stay in touch. Residents also reported receiving visits from friends, including members of their

local community. Most residents had access to mobile phones, with additional support available to contact family if required. Families were described as being involved in the home.

Staff described the environment as relaxed and responsive to residents' preferences, explaining that activities are guided by individuals' likes and dislikes. Staff also reported supporting residents to access the local community and participate in activities of their choosing.

Overall, feedback and observations suggest that residents are supported to engage in activities that reflect their interests, with opportunities for social interaction, independence and community involvement.

6.5 Dining Experience

The dining environment was observed to be clean, organised and relaxed. Staff and residents reported that meals can also be enjoyed outdoors during warmer weather, including in the garden.

Residents spoke positively about the food provided. One resident stated, "The food here is nice, it is lovely food," while another indicated that they were happy with both the food and the choices available.

Staff reported that residents' preferences and dietary needs are considered, including where individuals have specific medical dietary requirements. Staff also confirmed that residents are able to choose what they eat and that menus are discussed with residents.

Although a full mealtime was not observed during the visit, the dining setup and availability of snacks between meals suggested a flexible and supportive approach. Residents appeared comfortable accessing drinks and light refreshments independently.

There was no feedback to suggest that residents were rushed during mealtimes or lacked support. Staff described supporting residents as needed and adapting to individual routines and preferences, including whether residents choose to eat communally or independently.

6.6 Choice

Residents at Capwell Grange appeared to have a good level of autonomy in their day-to-day lives. Feedback from both residents and staff indicated that individuals are supported to make decisions about their routines, including when to get up, when and where to eat, and how they spend their time. One resident stated, "I can communicate my needs and I feel staff listen to me and are able to meet my needs," while another commented, "My care is discussed with me, my preferences are considered." Residents also confirmed that they receive support with personal care where required.

Staff described a person-centred approach to care, explaining that they listen carefully to residents and adapt their communication to ensure understanding. This approach was reflected in observations during the visit, with residents seen engaging in different activities and using communal and private spaces according to their preferences.

Although the visit was limited to communal areas, it was reported that residents are able to personalise their bedrooms with personal belongings, including photographs, televisions and phones.

Residents were supported to access healthcare services, with regular visits from a GP and access to other professionals including dentists, opticians, physiotherapists and occupational therapists. Staff also supported residents to attend appointments in the community where required.

During the visit, residents were observed engaging in shared activities within the lounge, including watching television, with choices appearing to be agreed between individuals. Staff were also observed acknowledging personal events, such as a resident's birthday, contributing to a personalised and supportive environment.

While feedback suggested that residents are able to express their views informally and are listened to by staff, there may be opportunities to further strengthen formal feedback mechanisms, such as regular resident or relative meetings.

Overall, observations and feedback indicate that residents are supported to make choices and maintain independence, with staff providing flexible and responsive support.

Recommendations

Consider establishing regular resident and relative feedback sessions or forums.

While residents reported feeling heard informally, introducing a more structured way to gather and act on feedback (e.g. monthly resident meetings or suggestion boxes) may empower residents further and support continuous improvement.

Strengthen documentation and staff awareness of cultural, religious, or dietary requirements.

Although residents felt their needs were met, there was limited mention of formal systems in place to record or monitor cultural and religious dietary needs. Strengthening this could ensure consistent person-centred care and pre-empt future needs.

7.1 Examples of Best Practice

During the visit, a number of examples of best practice were identified.

Residents consistently described positive relationships with staff, with feedback indicating that staff are kind, supportive and attentive. Observations confirmed that staff interacted with residents in a respectful and responsive manner, contributing to a calm and supportive environment.

Staff demonstrated a strong person-centred approach to care, taking time to listen to residents and adapt communication to meet individual needs. This included the use of different communication methods and ensuring that residents' preferences and choices were understood and respected.

Residents were supported to maintain independence in their daily routines, including making choices about how they spend their time, where they eat and how they engage in activities. The layout of the environment, including accessible spaces and appropriate equipment, supported this independence.

The home demonstrated good access to healthcare services, with regular visits from healthcare professionals including GP, dental, optical and therapy services. This ensured that residents' health needs were monitored and addressed in a timely manner.

Staff described a positive and supportive team culture, with good communication through handovers, meetings and shared records. Staff also

reported receiving appropriate training and ongoing development opportunities, supporting consistent and informed care.

The environment was observed to be clean, well maintained and comfortable, with communal areas supporting both social interaction and individual choice. Access to outdoor space further supported residents' wellbeing.

Staff were also observed recognising and supporting individual needs and preferences, including personal events, which contributed to a personalised and inclusive environment.

Service provider response

It is a very positive report.

For the recommendations;

We do hold regular resident meetings which take place twice monthly.

We do have formal systems in place to record and monitor cultural and religious dietary needs. We will though increase Colleague awareness of these dietary requirements and where they can source support to ensure these needs are met.

Regards,

Nicola Berry

Home Manager Capwell Grange

