Enter and View

Rosedale Care Home

May 2026

healthwatch

Contents

Table of Contents

Introduction

2.1 Details of visit

Name of home	Rosedale Care Home
Service provider	Chelham Healthcare Ltd
Date and time	5th May 2026 13.00
Authorised representative (s)	Patricia Lattimer, Steph Power, Maureen Matthews, Angela Andrews

Rosedale Care Home is a 20-bedroom care home registered to support residents living with dementia, mental health conditions, physical disabilities, and age-related care needs, including specialist Alzheimer's care. The home is located close to local shops and public transport links. Facilities include a lift, wheelchair access, and accessible gardens for residents.

The home is under new ownership and has recently undergone refurbishment throughout the property.

Rosedale offers a range of services including residential care, dementia care, and respite care, tailored to individual needs. The service states that its approach focuses on enhancing residents' quality of life through compassionate care, activities, and promoting a sense of community.

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 project 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. Rosedale Care Home is a 20 bedded care home providing care for residents with dementia, mental health conditions, old age, physical disability and specialist care in Alzheimer's., 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 residents in 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 Rosedale Care Home on 5 May 2026. The visit was partially announced and undertaken as part of Healthwatch Luton's statutory role to gather the experiences of people using health and social care services.

Rosedale Care Home provides residential care for adults living with dementia, mental health conditions, physical disabilities, age-related care needs, and specialist Alzheimer's care. During the visit, Healthwatch Luton representatives spoke with two residents and four members of staff and observed the general environment and interactions within the home. Regina Kravcenko was the manager on duty during the visit.

Overall, the home appeared clean, welcoming, and well maintained. Both the interior and exterior had recently been refurbished and presented as bright and fresh. Healthwatch representatives were welcomed by staff, and the atmosphere within the home appeared calm, with residents appearing comfortable in their surroundings. Most residents were in the downstairs lounge area, where they were watching television, participating in individual activities, or engaging with staff.

There were visible signs of personalisation throughout the home, including resident photographs, birthday displays, information boards, and reminiscence items. The home also benefits from a well-maintained outdoor area with covered seating, providing opportunities for social interaction and activities. Ample parking was available at the front of the property.

Feedback from residents was generally positive. Residents described staff as friendly and spoke about regular contact with their keyworkers. Residents identified a range of activities available within the home and indicated that they felt safe living there. Feedback regarding meals was also positive, with residents commenting that the food was "really good" and that alternatives were available if they did not like the meal options provided. Residents described having choice in aspects of daily living, including where they spent their time and where they chose to eat meals.

Residents and staff referred to a variety of activities and engagement opportunities, including exercise sessions, music, television, games, and support to access the local community and attend appointments. Staff feedback reflected a supportive team culture focused on meeting residents' needs. Staff

also spoke positively about the recent change in ownership, stating that they felt valued and that investment had been made in both the home environment and staff support.

Overall, the visit gave the impression of a friendly and inclusive service with positive interactions between residents and staff. Evidence gathered during the visit suggests that residents are supported to feel safe, maintain choice in day-to-day living, and access activities and support in line with their needs and preferences.

Methodology

The visit to Rosedale 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 5th **May 2026, from 13.:00-15:00 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:

- **Two residents** were spoken to in detail during the visit, both **were female, aged over 65 years old.**
- **Four members of staff** also took part, the home manager and 3 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

Rosedale Care Home is a 20-bedroom care home registered to support residents living with dementia, mental health conditions, physical disabilities, age-related care needs, and specialist Alzheimer's care. The home is located close to local shops and public transport links and includes a lift, wheelchair access, and gardens for residents. At the time of the visit, the home was accommodating 20 residents.

The home is situated on Lansdowne Road in Luton, within a residential area and within walking distance of local amenities and transport links. The property consists of twenty single bedrooms, with communal areas including two lounges and dining spaces. Visitors were required to sign in and out using an electronic system, and staff were also observed following the same process.

The home benefits from an enclosed and well-maintained outdoor area with seating, providing residents with safe access to outdoor space. Additional facilities include a hairdressing room, with hairdressing services available regularly and on request.

On the day of the visit, the service was operating as usual. The registered manager, Gina, was present throughout the visit. Residents were observed moving freely around communal areas, and the atmosphere within the home appeared calm and welcoming. The home appeared clean and well maintained throughout.

Displays around the home included residents' photographs, artwork, reminiscence items, staff photographs, and activity schedules, contributing to a personalised environment. Residents were encouraged to speak openly with the visiting team. Based on observations and feedback gathered during the visit, Rosedale Care Home presented as a residential setting focused on supporting residents' wellbeing, independence, and day-to-day needs.

6.2 Premises

The external condition of Rosedale Care Home appeared well maintained and appropriately presented within its residential setting. The property benefits from a flat driveway, with additional roadside parking available at the time of the visit.

There was also a large enclosed garden to the rear of the property, which appeared well maintained and accessible for residents.

Internally, the home appeared clean, bright, and well organised. Representatives were informed that the property had recently undergone refurbishment throughout. No unpleasant odours or visible hazards were identified during the visit. Resident accommodation is arranged over two floors, with staff facilities located on the third floor.

Communal areas included a large downstairs lounge and dining area, together with a second lounge upstairs. These spaces appeared spacious and enabled residents to move around freely. Residents were observed using communal areas comfortably throughout the visit. Accessibility within the home appeared appropriate to meet residents' needs.

One staff member commented positively on the recent changes within the home following the change in ownership, stating that improvements had been made to the environment and staff facilities, and that the owners were visible and supportive within the service. The owner's wife was present at the start of the visit, and the owner arrived towards the end of the representatives' time at the home.

Signage throughout the home was clear, and key information, including complaints procedures, was visibly displayed. Hand sanitising facilities were available, and general health and safety measures appeared to be in place. Fire exits were clearly marked.

The home provides both communal and private spaces, including lounges, dining areas, and individual bedrooms. Residents were observed spending time in communal areas as well as in their own rooms, reflecting flexibility and choice in how they used the environment.

Personalisation was evident throughout the home. Residents' photographs, reminiscence items, and clocks displaying the time, day, and date were visible in communal areas. Activity schedules were also displayed. The outdoor area included seating and space suitable for social interaction and activities, providing residents with an additional area to relax.

Overall, the premises presented as a clean, safe, and homely environment that appeared to support both shared living and individual privacy.

6.3 Staff interaction and quality of care

During the visit, interactions between staff and residents were observed to be calm, respectful, and supportive. Staff appeared friendly and approachable, and residents appeared comfortable engaging with them. Residents who provided feedback spoke positively about the support they receive.

One resident commented, “I have a lovely keyworker who I can talk to if and when I need to,” and added, “I have a care plan which we discuss regularly.” Another resident stated, “The staff talk with me,” reflecting that residents felt listened to and included in discussions about their care. One resident also described forming friendships within the home, stating, “I have made two good friends since coming to live here.” Another resident commented positively on staff communication, particularly during the night, stating that staff respond when support is needed.

Residents indicated that they felt safe living at the home, and no safeguarding concerns were raised during the visit. Staff explained that residents are supported to access healthcare services when required, including GP and hospital appointments. Residents also confirmed that support is provided when attending external appointments. One resident stated, “My social worker also visits and asks if everything is okay,” indicating ongoing involvement from external professionals.

Care planning processes were described positively by residents, who stated that staff support them with daily living needs and routines. One resident shared, “I was very ill when I came here. I feel better now and enjoy living here.” Another resident stated, “I get help with washing and dressing, and it makes me feel good.”

Staff reported that all employees complete an induction programme and that a senior member of staff is always available to provide support and oversight. Staff feedback indicated that mandatory training is maintained, including specialist dementia training. The manager confirmed that training is delivered through a combination of online and face-to-face sessions, and that staff can request additional training where needed.

During the visit, some residents were observed spending time in their bedrooms, while others chose to remain in communal areas. Residents reported that they were able to make choices about how and where they spent their time within the home. The overall atmosphere throughout the visit remained calm and settled.

Staff described support from external healthcare professionals, including the Primary Care Network, paramedics, physician associates, and visiting GPs, who regularly support residents' healthcare needs. Staff also explained that residents are supported to access external appointments where required.

The home reported some challenges in accessing community dental services, as community dentists no longer routinely visit the home. However, residents had recently received dental check-ups. Staff stated that opticians visit twice yearly and also carry out audiology checks during visits. Residents were also supported to attend external optician appointments if preferred. A hairdresser visits the home weekly, with additional appointments available on request.

Staff consistently spoke positively about working at Rosedale Care Home and described morale within the team as good. Staff stated that regular meetings are held, supported by ongoing communication through memos and updates. One staff member commented that meetings were generally well attended. Staff also referred to social events organised by the new provider and improvements made to staff facilities, including refurbishment of the staff room.

Staff described teamwork and communication within the service as positive and inclusive. Staff stated that they felt supported by senior staff and management and felt confident raising concerns or discussing issues when required. Staff also reported that breaks were managed fairly through a rota system.

Safeguarding procedures were described as being in line with the home's policies. Staff confirmed that safeguarding training had been completed and stated that they would report concerns to senior staff, the registered manager, and the local authority where appropriate.

Overall, the evidence gathered during the visit suggests that residents felt supported and safe, and that staff interactions were characterised by a respectful and reassuring approach.

6.4 Social engagement and activities

Residents who participated in the visit spoke positively about the range of activities available both within the home and externally. Activities mentioned included singing sessions, bingo, games, and foam darts. One resident stated, "There are lots of activities – bingo, foam darts and games – but I also like to go to my room sometimes for a nap or some quiet time." Residents also referred to being supported to attend appointments outside the home.

During the visit, communal areas were in use, with residents observed spending time in the lounge area watching television, socialising, and relaxing. Staff explained that residents' information and activity plans were recorded electronically, supporting personalised approaches to activities and engagement.

Residents described opportunities for social interaction within the home. One resident commented, "I have made two good friends since coming here," suggesting that communal engagement forms part of everyday life within the service. The outdoor seating area also appeared to provide additional opportunities for social interaction and activities during suitable weather.

Some residents chose to spend time in their bedrooms during the visit. Residents indicated that they were able to choose how they spent their time, including whether to participate in communal activities or remain in private spaces. No concerns were raised regarding activity provision.

Residents also referred to maintaining contact with family and friends. Some residents described receiving regular visits from relatives at weekends and maintaining ongoing communication with family members. One staff member explained that during the summer months the home organises outdoor events, including barbeques, where families are invited to attend. Staff stated that these events are generally well attended and provide opportunities for residents, relatives, and staff to socialise together.

Technology was also available to support communication with relatives. One resident stated, "There is a laptop and we can FaceTime our family, which is lovely." Another resident commented, "I have a mobile phone and can contact my family anytime." Staff stated that relatives are also able to contact residents through the home if needed.

Staff demonstrated awareness of residents' individual needs and family relationships. The home also holds regular residents' meetings and relatives' meetings, providing opportunities for feedback and discussion.

Overall, the evidence gathered during the visit suggests that Rosedale Care Home provides opportunities for both structured and informal social engagement, while supporting residents to make choices about how they spend their time and maintain contact with family and friends.

6.5 Dining Experience

Residents who provided feedback were generally positive about the food provided at Rosedale Care Home. One resident described the meals as "really good with a really good choice of options," while another commented, "It's not bad. I don't eat very much, but I enjoy what I do eat." A further resident stated, "I am a fussy eater and they will make me something else if I do not like what is on the menu." These comments suggest overall satisfaction with the quality and variety of meals available.

Residents reported that they are able to choose where they eat their meals. Some residents preferred to dine in communal areas, while others chose to eat in their bedrooms. This flexibility reflected a more personalised and domestic-style approach to mealtimes. Residents also stated that staff provide support with eating where required while encouraging independence where possible.

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

The dining areas appeared clean and appropriately arranged during the visit. Drinks and snacks were available between formal mealtimes, with a refreshments trolley accessible within the dining area. Residents were able to help themselves independently or receive support from staff where needed.

Overall, observations and resident feedback indicated that mealtimes formed a positive part of daily living within the home, with residents supported to exercise choice and maintain independence in line with their preferences.

6.6 Choice

Feedback gathered during the visit suggests that residents at Rosedale Care Home are supported to exercise choice in their daily lives. Residents indicated that they were able to make decisions about how they spent their time, including whether to participate in communal activities, watch television, socialise with others, or remain in their bedrooms. One resident commented, "There are lots of activities – bingo, foam darts and games – but I like to go to my room sometimes for a nap or some quiet time." This reflected that residents felt their preferences were recognised and respected.

Flexibility was also evident in relation to mealtimes, with residents reporting that they could choose where they ate their meals. Residents described being

involved in aspects of their care and daily routines, and support from staff was described as responsive to individual needs. Residents stated that staff listened to them and provided assistance when required.

Residents also referred to maintaining regular contact with family and friends through visits, telephone calls, and video calls. Some residents described receiving visits from relatives at weekends, suggesting that support is available to help residents maintain relationships and connections outside the home.

Staff described a person-centred approach to care planning and support. One member of staff stated that all residents have a care plan and a named keyworker, with regular one-to-one discussions taking place to review residents' preferences, wishes, and support needs. Staff explained that this approach is intended to ensure care is tailored to the individual needs of each resident. Overall, the evidence gathered during the visit suggests that residents are supported to make choices about their daily routines, care, and social engagement within the structure of residential care.

Recommendations

Rosedale Care Home presented as a welcoming and inclusive service, with positive feedback received from both residents and staff. The following recommendations are offered to support ongoing development and enhancement of existing practice.

Consider strengthening the visibility of structured activity planning.
Residents spoke positively about the activities available within the home. However, ensuring that planned activities are clearly displayed and consistently communicated may further support participation and engagement for all residents. Continued opportunities for activities such as exercise, music, and social interaction may also support residents' wellbeing.

Suggested review: Within 6 months.

Consider enhancing the visibility of meal choices.
Residents commented positively on the quality and flexibility of meals provided. The use of visual or picture-based menus may further support residents, particularly those living with dementia or communication needs, to make informed choices and encourage discussion prior to mealtimes.

Suggested review: Within 6 months.

7.1 Examples of Best Practice

The following examples of positive practice were identified during the Enter and View visit to Rosedale Care Home:

Welcoming and Inclusive Environment

Representatives were welcomed by staff throughout the visit, and staff spoke positively about the home and the care provided to residents. The environment appeared clean, well maintained, and homely, with a calm and friendly atmosphere observed during the visit.

Positive Staff–Resident Relationships

Interactions between staff and residents were observed to be respectful, supportive, and relaxed. Residents described staff as approachable and responsive to their needs, and residents appeared comfortable engaging with staff members throughout the visit.

Promotion of Choice and Independence

Residents reported being supported to make choices about their daily routines, including how they spent their time and where they chose to eat meals. Staff demonstrated an awareness of residents' individual preferences and support needs.

Opportunities for Social Engagement

Residents referred to a range of activities and opportunities for social interaction within the home. Outdoor spaces and communal areas appeared to support both structured activities and informal social engagement.

Supporting Family Connections

Residents described maintaining regular contact with relatives through visits, telephone calls, and video communication. The home also supports opportunities for family involvement through social events and gatherings.

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.