Enter and View

Rowles House

May 2026

healthwatch

Contents

Introduction

2.1 Details of visit

Name of home	Rowles House
Service provider	BC&G Homes
Date and time	5th May 15.00-16.30
Authorised representative (s)	Patricia Lattimer, Steph Power Angela Andrews Maureen Matthews

Rowles House is registered to accommodate up to 26 older people, including individuals living with dementia, mental health conditions, and/or physical disabilities. The home also provides respite care for residents twice a year.

The service is located in a residential area on the north side of Luton, on the main A6 road. Rowles House comprises two converted large houses and provides accommodation in 22 single rooms and two shared rooms.

Communal facilities include four lounge/dining areas and a conservatory, all located on the ground floor. The home has toilet and shower facilities, a passenger lift providing access to the first floor, and kitchen and laundry facilities.

There is a large enclosed garden and recreational area at the rear of the property, which is accessible to residents. Off-road parking is available at the front of the property. The home also has access to its own transport to support residents in participating in activities within the local 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.

Rowles House is a 2 bedded care home providing care for residents with dementia, mental health conditions, old age, or 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 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 Rowles House on 5 May 2026. The visit was partially announced and formed part of Healthwatch Luton's statutory role to gather the views and experiences of people using health and social care services.

Rowles House provides residential care for older adults, including people living with dementia, mental health conditions, and physical disabilities. The home also offers respite care, with one resident staying twice a year for periods of approximately one month. During the visit, Healthwatch Luton representatives spoke with two residents and five members of staff and observed the environment and interactions within the home. Susan Rees was the manager on duty at the time of the visit.

The home appeared clean, bright, and well maintained, with recent refurbishment having taken place both internally and externally. Representatives were welcomed by staff, and the atmosphere throughout the home was observed to be calm, with residents appearing comfortable in their surroundings. Most residents were in the downstairs lounge areas during the visit, while one resident chose to remain in their room.

The service has a large enclosed garden with covered seating areas and space for outdoor activities and social interaction. Off-road parking is available at the front of the property.

Feedback from residents was positive overall. One resident described the home as “a good little community,” commenting that the connected houses created “a comfortable environment, better than big care homes.” Another resident said, “It is lovely to live here. The staff are friendly and make you feel at home when I come to stay. My husband can stay overnight in the spare room.”

Residents spoke about participating in a range of activities and said they felt safe living at the home. Comments about meals were also positive, with residents describing the food as “good,” “varied,” and offering “lots of choice.” One resident explained that they preferred eating in the lounge rather than the dining room because they sometimes found the dining area noisy. Residents also described having choice and flexibility in their daily routines, including where they spent their time and ate meals.

Staff described a supportive team culture focused on meeting residents’ needs, including supporting access to healthcare services and maintaining staff training. Some staff members commented that, since the change in ownership, they felt more valued and believed investment was being made in both the environment and the wellbeing of residents and staff.

Overall, the visit indicated that Rowles House provides a friendly and inclusive environment where residents are supported to maintain choice, participate in activities, and access care and support in line with their individual needs and preferences.

Methodology

The visit to Rowles House 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, from15.:00-16:30 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, **one male over 80, and the other female, aged over 70 years old.**
- **Four members of staff** also took part, **including the home manage**r 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

Rowles House is registered to provide accommodation and care for up to 26 residents, including people living with dementia, mental health conditions, and physical disabilities. The service also provides limited respite care. At the time of the visit, the home was fully occupied. The registered manager, Susan Rees, has worked at the service for seven years.

The home is located on Barton Road in Luton, close to local amenities and public transport links. The property consists of two connected houses and includes 26 single bedrooms, communal lounge and dining areas, wheelchair-accessible slopes, and a large enclosed garden for residents' use. A parking area at the front of the property provides space for approximately 20 vehicles.

Visitors are required to sign in and out using a visitors' book in the reception area. During the visit, the service was operating as usual, with the registered manager present throughout. Residents were observed moving freely around communal areas, and interactions between staff and residents appeared relaxed and positive.

The environment was observed to be clean and orderly. Information displayed around the home included safeguarding guidance and other relevant notices. Additional facilities included a children's corner and a breastfeeding room.

Residents were encouraged to speak openly with the visiting team. Based on observations and feedback gathered during the visit, Rowles House appeared to provide an inclusive environment that supported residents' day-to-day needs, choice, and wellbeing.

6.2 Premises

The external condition of Rowles House was observed to be well maintained and in good condition. The property includes a large, level driveway with parking for approximately 20 vehicles. To the rear of the home, there is a spacious enclosed garden with seating areas and two gazebos, providing residents with access to outdoor space. Wheelchair-accessible slopes are also in place.

Internally, the home appeared clean, bright, and organised, with no unpleasant odours or visible hazards identified during the visit. The accommodation is arranged across two floors within two connected houses.

Communal areas included a large lounge and dining space on the ground floor, which residents were observed using throughout the visit. Bedrooms appeared comfortable and residents were able to personalise their rooms with photographs and personal belongings. Adjustable beds were also in use. Residents moved freely between communal areas and their bedrooms, with one resident stating they were returning to their room for an afternoon nap.

Accessibility within the home appeared appropriate to residents' needs. Signage throughout the building was clear, with rooms labelled and key information, including safeguarding guidance, displayed on noticeboards. Fire exits were clearly marked. Residents were observed spending time both in communal areas and in private spaces, reflecting flexibility and choice in how they used the environment.

The home also included facilities intended to support visiting families, including a children's play area and a breastfeeding room. Overall, the premises presented as clean, safe, and supportive of both communal 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 were described by residents as friendly and approachable, and residents appeared comfortable engaging with them. Feedback from residents about the care provided was positive overall. One resident described the home as "**a good little community**," adding that the connected houses created "a comfortable environment, better than big care homes. Another resident stated, "**It is lovely to live here. The staff are friendly and make you feel at home when I come to stay. My husband can stay overnight in the spare room**."

Residents also spoke positively about communication with staff. One resident commented, "**Staff communicate well with you, they are very caring and helpful when you need them**," while another stated, "**The staff are very respectful, communication is very good**." Residents indicated that they felt safe living at the home, and no safeguarding concerns were raised during the visit.

Staff reported that residents are supported to access healthcare services when required, including GP, hospital, dental, and chiropody appointments. One resident receiving respite care stated, "**I do not see a lot of professionals because I am on respite; however, the staff would call my GP if required**." Another resident said, "**The GP visits, and I see the chiropodist**." Staff also confirmed that residents are supported to attend external healthcare appointments when needed. Staff advised that there are regular multi-disciplinary team meetings with the local GP practice.

Feedback from staff indicated that they felt supported within their roles and described the team environment positively. One member of staff stated, "**We work well as a team**," while another commented that "**the staff are lovely and friendly**." Staff also reported that concerns and issues are addressed appropriately within the service. Regular staff meetings were said to take place every two to three months, alongside monthly resident meetings and family meetings when required.

Staff confirmed that mandatory training was maintained and updated regularly. One staff member stated, "**Staff are trained regularly and training is updated, with specialist training being given when there are special needs**." Another staff member explained that both face-to-face and online training opportunities were available. The manager confirmed that all staff training was up to date and that additional training could be requested where needed.

During the visit, residents were observed choosing how and where they spent their time, with some residents in communal areas and others in their bedrooms. The atmosphere throughout the home remained calm and settled.

Staff demonstrated an awareness of safeguarding procedures and stated they would follow the home's policy if concerns arose. Staff confirmed they had received safeguarding training and understood reporting procedures, including escalation to the manager and Luton Borough Council where appropriate.

Overall, the evidence gathered during the visit suggested that residents felt supported and safe, and that staff interactions were caring, respectful, and responsive to residents' individual needs.

6.4 Social engagement and activities

During the visit, residents were observed spending time within the communal lounge and dining areas of the home. The lounge appeared to be the main

communal space in use at the time of the visit, with residents seated there for much of the visiting period.

No organised activities were observed taking place while the visiting team was present. One resident stated that they did participate in activities, although they were unsure what activities were currently available, and said they particularly enjoyed relaxation activities. Another resident explained that they preferred to return to their room after lunch to rest.

Residents appeared able to choose how and where they spent their time during the day, including whether to remain in communal areas or return to their bedrooms. The visiting team did not observe an activities timetable displayed within the communal areas during the visit.

6.5 Dining Experience

Residents who provided feedback were generally positive about the food at Rowles House. One resident described the meals as “good,” while another commented that “the food is varied and to my taste, traditional English and lots of choice.” The same resident explained that they preferred to eat meals in the lounge rather than the dining room, as they sometimes found the dining area noisy.

Residents reported that they were able to choose where they ate their meals, with some preferring the dining area and others choosing to eat in the lounge. This flexibility reflected a more domestic-style approach to mealtimes and supported residents’ personal preferences.

Residents stated that support with eating and drinking was available where needed, while staff also encouraged independence. No concerns were raised regarding portion sizes, dietary requirements, or access to refreshments. Staff advised that residents’ dietary needs and preferences were recorded electronically and reviewed as part of care planning.

Snacks and drinks were available between mealtimes, with a drinks trolley accessible in the dining area for residents to help themselves or receive support from staff if required.

The dining areas appeared clean and appropriately arranged during the visit. Overall, feedback and observations suggested that residents were supported to make choices about meals and refreshments in line with their individual preferences and needs.

6.6 Choice

Feedback gathered during the visit suggested that residents at Rowles House were supported to make choices about their daily routines and how they spent their time. Residents described being able to decide whether to participate in activities, spend time in communal areas, watch television, or remain in their bedrooms. One resident stated, “There are lots of activities, but I cannot remember what they are. I do enjoy relaxation sessions,” while another commented, “I like to go to my room for an afternoon nap.”

Choice and flexibility were also reflected in residents’ dining arrangements, with residents reporting that they could decide where to eat their meals, including in the dining area or lounge. This appeared to support individual preferences and promote a more domestic-style environment.

Residents described staff as responsive and supportive, stating that staff listened to them and provided assistance when needed. Feedback also indicated that residents were involved in aspects of their care and day-to-day routines.

Residents spoke positively about maintaining contact with family and friends. One resident stated, “Yes, I see my family often; they are made welcome when they come.” Another resident explained, “My family live abroad, but I have a friend and neighbour who visits me regularly.” This suggested that residents were supported to maintain relationships and social connections outside the home.

Overall, feedback and observations indicated that residents were supported to exercise personal choice within the structure of residential care, with flexibility evident in daily routines, meals, and social engagement.

Recommendations

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

1. **Increase visible opportunities for engagement and activity within communal areas**

During the visit, no organised activities were observed taking place within the communal lounge and dining areas. The service should consider how opportunities for social engagement and meaningful activity can be made more visible and accessible throughout the day. This may include displaying activity timetables within communal areas and providing materials or resources that encourage participation.

Timescale: The service provider should review current activity provision and consider implementing improvements within two months of receiving this report.

2. **Review communication of meal choices**

Residents provided positive feedback about the quality and variety of food available. However, the visiting team did not observe how meal choices were communicated to residents prior to meals being served. The service may wish to review how meal options are presented to residents to support informed choice and independence. This could include the use of written or pictorial menus where appropriate.

Timescale: The service provider should review current arrangements for communicating meal choices and consider implementing improvements within two months of receiving this report.

7.1 Examples of Best Practice

Welcoming and Inclusive Environment

Healthwatch Luton representatives reported being warmly welcomed by staff during the visit. The home appeared clean, well maintained, and comfortably furnished, contributing to a homely environment. The atmosphere throughout the visit was observed to be calm and friendly, helping to create a reassuring setting for residents and visitors.

Positive Staff–Resident Relationships

Residents spoke positively about their relationships with staff and described staff as supportive and responsive to their needs. One resident described the home as “a good little community,” adding that the connected houses created “a comfortable environment, better than big care homes.” Another resident stated, “It is lovely to live here. The staff are friendly and make you feel at home when I come to stay. My husband can stay overnight in the spare room.”

Interactions observed during the visit appeared respectful, relaxed, and person centred, with residents engaging comfortably with staff members.

Supporting Family and Social Connections

Residents described maintaining regular contact with family members and friends. One resident stated, “Yes, I see my family often; they are made welcome when they come.” Another resident explained, “My family live abroad, but I have a friend and neighbour who visits me regularly.”

Feedback indicated that the home supports residents to maintain relationships and social connections outside the service, which may contribute positively to residents’ emotional wellbeing.

Service provider response

Thank You for report

Please see copy of The menu choice for meals.

We are no longer BC&G CARE Home - we are just Rowles house limited as we have new directors

Activities was one to one that afternoon from 2-4pm

Kind regards
Susan Rees
Registered Manager