Enter and View

Castletroy

May 2026

healthwatch

Contents

Introduction

2.1 Details of visit

Name of home	Castletroy
Service provider	Castletroy Care Home Limited
Date and time	14th May 2026 13.00-14.30
Authorised representative (s)	Pat Lattimer, Phil Turner, Maureen Matthews, Angela Andrew

Castletroy is a purpose-built, two-storey care home situated on the outskirts of Luton. The home is registered to accommodate up to 70 residents aged 65 and over, including people living with dementia, eight of whom may also have physical disabilities.

Single-room accommodation is available for each resident, with en-suite toilet and washbasin facilities. Communal lounges and dining rooms are located on both floors. A hairdressing salon and an activities room are situated on the ground floor. A passenger lift provides access to the first floor.

The home benefits from spacious, well-maintained gardens to the front and rear of the property. Public transport links and local amenities are easily accessible.

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 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 programme of work to hear from underrepresented groups using community-based care and support services. Castletroy is a purpose-built, two-storey care home situated on the outskirts of Luton. The home is registered to accommodate up to 70 residents aged 65 and over, including people living with dementia, eight of whom may also have physical disabilities. The visit was designed to gather insight directly from residents, staff and management regarding their experiences of care and support.

Healthwatch Luton is gathering feedback from people using inpatient, residential and day services to better understand the experiences of underrepresented groups. Given the ongoing need for inclusive, personalised and accessible care and support services, this visit provided valuable insight into how effectively current provision meets people's needs and preferences.

This visit also supports Healthwatch Luton's commitment to ensuring that people whose voices are less often heard, including those living in care settings, have the opportunity to share their experiences and contribute to the development and improvement of local services.

Overall summary

Healthwatch Luton carried out an Enter and View visit to Castletroy Care Home on 14 May 2026. The visit was partially announced and undertaken as part of Healthwatch Luton's statutory role to gather the views and experiences of people using health and social care services.

Castletroy Care Home provides residential care for up to 70 residents aged 65 and over, including people living with dementia, eight of whom may also have physical disabilities. During the visit, Healthwatch Luton spoke with two residents, two relatives and three members of staff, and observed the environment and interactions within the home. Jackie England, Home Manager, was the person in charge on the day of the visit.

Overall, the home presented as clean, welcoming and well maintained. Recent refurbishment work had contributed to a bright, fresh and comfortable environment. Healthwatch representatives were warmly welcomed by staff, and the atmosphere throughout the home was calm and relaxed. Residents appeared comfortable and were observed spending time in a variety of settings, including communal lounges, quiet areas and their own rooms. There were clear signs of personalisation throughout the home, including the display of residents' photographs. The home also benefits from well-maintained outdoor spaces, including covered seating areas that support social interaction and activities, as well as ample on-site parking.

Feedback from residents was largely positive. Residents described staff as friendly and approachable and reported that staff communicated well with them. Residents identified a wide range of activities available within the home and stated that they felt safe. Feedback regarding meals was positive, with one resident commenting: **"There is a choice of two meals, and they ask you what you want."** Residents also described having choice and control in their day-to-day lives, including where they spent their time and where they ate their meals.

Residents and staff referred to a range of activities and engagement opportunities, including music, television, games and support to attend external appointments and activities.

Staff feedback reflected a supportive team culture focused on meeting residents' needs. Staff described positive working relationships and highlighted the importance of ongoing training and support. One staff member commented: **"It is lovely working here. I have been here from the start."**

Relatives reported positive communication with staff and management. One relative stated: **"Yes, the staff engage with relatives. They always keep you up to date with information."** Another commented: **"The deputy manager emails me with updates."**

In summary, the overall impression from this visit was of a friendly, inclusive and well-managed service, with a homely environment and positive relationships between residents, relatives and staff. The evidence gathered suggests that residents are supported to feel safe, maintain choice and independence in their daily lives, and access activities and services that meet their needs and preferences.

Methodology

The visit to Castletroy 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 **14th May 2026, from 13.00-14.30 PM.** Four Authorised Representatives (ARs) attended the visit: **Patricia Lattimer, Philip TurnTurner, Maureen Mattthews 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, and one female, both aged over 65 years**

Three 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.

Two family members were present during the visit and spoke to Healthwatch Luton representatives.

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

Castletroy Care Home is registered to accommodate up to 70 residents aged 65 and over, including people living with dementia, eight of whom may also have physical disabilities.

The home is situated on Cromer Way, on the outskirts of Luton, within easy reach of local amenities and public transport links. Accommodation is provided across two floors and comprises 70 single bedrooms, communal lounges, a dining room and an additional communal area on the first floor. The home is fully accessible, with a passenger lift, wheelchair access throughout, and a secure area on the first floor with keypad-controlled access to support residents' safety. The home also benefits from well-maintained gardens and an enclosed outdoor seating area, enabling residents to access outdoor space safely. Additional facilities include a hairdressing salon, with visits from a hairdresser available on request.

The Home Manager, Jackie England, has worked at the home since it opened and spoke positively about the service, the standards of care provided and the staff team.

On the day of the visit, the service was operating as usual, with the Home Manager overseeing the home. Residents were observed moving freely around communal areas, and the atmosphere throughout the home was calm, welcoming and relaxed. The environment appeared clean, bright and well maintained. Personalised displays, including residents' and staff photographs, alongside an activity board detailing a range of activities, contributed to a homely and inclusive environment.

Residents were encouraged to speak openly with the Healthwatch representatives. Based on observations made during the visit and the feedback gathered from residents, relatives and staff, Castletroy Care Home appeared to be an inclusive service that supports residents' independence, wellbeing and day-to-day needs.

6.2 Premises

The external condition of Castletroy Care Home was observed to be very good. The building appeared well maintained and appropriately presented within its residential setting. The home benefits from a flat driveway with ample parking to

the front, and roadside parking was also available at the time of the visit. There is a large, enclosed and well-maintained garden to the rear of the property, as well as a smaller garden area to the front.

Internally, the home was also found to be in very good condition. On arrival, Healthwatch representatives noted that the environment was clean, bright and welcoming. The layout was well organised, with no unpleasant odours, visible hazards or maintenance concerns identified during the visit.

Accommodation is provided across two floors. Communal areas were spacious, light and airy, with a large lounge and dining area on the ground floor and a further lounge and communal area on the first floor. The layout enabled residents to move freely around each floor. Access to the upper floor was secured by keypad-controlled doors to support residents' safety, while allowing staff easy movement throughout the home.

Residents were observed using shared spaces comfortably and confidently. Accessibility appeared appropriate to residents' needs, and signage throughout the home was clear and easy to follow. Essential information, including details of the complaints process, was displayed. Hand sanitising facilities were readily available, and general health and safety measures appeared to be in place. Fire exits were clearly marked.

The home benefits from a range of communal and private spaces. Residents were observed spending time in communal areas watching television, listening to music, socialising with relatives and other residents, as well as spending time in their own rooms. This demonstrated flexibility and choice in how residents use the environment.

Personalisation was evident throughout the home. Residents' and staff photographs were displayed, and clocks showing the time, day and date were positioned around the home to support orientation. Individual activity schedules were also visible, reinforcing a person-centred approach to care and support.

The outdoor area includes seating and space suitable for social activities and relaxation, providing residents with safe access to outdoor space. Overall, the premises presented as a clean, safe and homely environment that supports 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 as friendly and

approachable, and residents appeared comfortable engaging with them. Residents who provided feedback spoke positively about the support they receive. One resident commented, **"Yes, communication is very good between staff and residents."**

Another resident provided a more mixed view, stating: **"Some staff do talk with you, some staff do not. Some staff will spend time talking and listening to you. The ones on today are prize-winning; however, not all staff are the same. The ones on last night didn't talk."**

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, community and hospital appointments.

Residents confirmed that support is available when attending external appointments. One resident stated: **"I have regular appointments with my GP and at the hospital. My daughter takes me to all my hospital appointments."** Another resident commented: **"All the health services visit the home when needed. I am quite able to verbalise and express my choices and raise any problems. I recently had vaccinations."**

The Home Manager advised that residents receive support from a range of healthcare professionals. This includes GP support from Bushmead Medical Practice, community dental services, local dental practices, and visits from opticians and hearing care providers. Residents are also supported to attend appointments in the community where appropriate. In addition, a hairdresser visits the home weekly, with additional appointments available on request.

Care needs varied across the home. One resident explained: **"I cannot stand anymore and rely on staff to help with personal care."** Staff described supporting residents with a wide range of needs, including dementia care, and emphasised the importance of monitoring residents' wellbeing to ensure their individual needs are met.

Staff reported that there is always a senior member of staff on duty to provide guidance and support. Feedback indicated that training is maintained and regularly updated. One member of staff stated: **"We have regular training, all staff training is up to date, and staff have recently completed dementia training."** The Home Manager confirmed that mandatory training requirements were current.

Staff described a positive and inclusive team culture and reported feeling supported by colleagues and managers. Staff stated that communication within the team was effective, with regular handovers at the beginning of each shift and monthly staff meetings. One member of staff commented: **"We have regular staff meetings and there is also a newsletter."** Staff also reported receiving regular supervision sessions, which provide opportunities to discuss training, performance and professional development.

All staff spoken to stated that they enjoyed working at Castletroy Care Home. One staff member commented: **"It is lovely working here; I have been here from the start."** While staff described morale as good overall, some expressed uncertainty regarding the recent Care Quality Commission (CQC) inspection and the forthcoming retirement of the Home Manager.

Staff reported that they are able to take scheduled breaks and that break arrangements are managed fairly. The Home Manager advised that staff receive a 30-minute paid break during a standard shift, with additional break time provided during longer shifts.

Safeguarding procedures were understood by staff, who confirmed that they had received safeguarding training and were confident in reporting concerns in line with the home's policies and procedures, including escalation to senior management and Luton Borough Council where required.

Overall, the evidence gathered suggests that residents feel safe, supported and able to access the care and services they need. Interactions between residents and staff were generally positive, and staff demonstrated a commitment to meeting residents' individual needs and promoting their wellbeing.

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 in the local community. Activities mentioned included watching television, listening to music, bingo, games, shopping trips, cinema visits and meals out.

One resident stated: **"I like to watch television in my room; however, I go into the lounge when there are activities on. Sometimes I miss the activities because I have not been told they are on."** Another resident commented: **"I enjoy watching television and listening to music."**

No organised activities were taking place during the visit. However, residents were observed watching television, listening to music and socialising in

communal areas. Some residents chose to spend time in their bedrooms. Residents indicated that they were able to decide how they spent their time, including whether to participate in communal activities or remain in private spaces.

Residents also referred to receiving support to attend appointments and activities outside the home when required. No concerns were raised regarding the range of activities or opportunities available.

Residents described different ways of maintaining contact with family and friends. One resident stated that they had their own mobile phone, while another reported that they would use the office telephone if they needed to make a call. Staff demonstrated an awareness of residents' individual needs and the importance of maintaining family relationships.

The home also holds regular residents' and relatives' meetings, providing opportunities for feedback, discussion and involvement in the life of the service.

Overall, the evidence gathered during the visit suggests that Castletroy Care Home provides a range of opportunities for both structured and informal social engagement. Residents appeared to be supported to make choices about how they spend their time, maintain social connections and participate in activities that reflect their interests and preferences.

6.5 Dining Experience

Residents who provided feedback were generally positive about the food provided at Castletroy Care Home. One resident described the meals as **"really good with a really good choice of options."** Another resident commented:

"The food here is very good. There are two choices at dinner time during the week, but only one choice at the weekend. There is cereal and a cooked breakfast in the mornings and a choice of sandwiches in the evening. They come around with hot and cold drinks."

A further resident stated: **"Yes, the food is good. You can ask for what you want."**

These comments suggest a high level of satisfaction with both the quality and variety of food available.

Residents reported that they are able to choose where they eat their meals. Some preferred to dine in communal areas, while others chose to eat in their bedrooms. This flexibility reflected a person-centred approach to mealtimes and supported residents to make choices about their daily routines. Residents also

stated that staff provide support with eating and drinking where required, while encouraging independence wherever possible.

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

The dining areas appeared clean, comfortable and appropriately arranged during the visit. Drinks and snacks were available between formal mealtimes, and a refreshments trolley was observed in the lounge, with staff offering residents drinks and biscuits.

Overall, observations and feedback gathered during the visit indicated that mealtimes form a positive part of daily life within the home. Residents appeared to be supported to exercise choice, maintain independence and access food and refreshments in line with their individual needs and preferences.

6.6 Choice

Feedback gathered during the visit suggests that residents at Castletroy Care Home are supported to exercise choice and maintain control over aspects of 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: **"I like to watch television in my room; however, I go into the lounge when there are activities on. Sometimes I miss the activities because I have not been told they are on."** This feedback suggests that residents are generally able to make choices about their participation in activities, although communication about activities may not always be consistent.

Choice was also evident in relation to mealtimes, with residents reporting that they could decide where they wished to eat. Some residents preferred to dine in communal areas, while others chose to eat in the privacy of their own rooms. Residents described being involved in decisions about their daily routines and reported that staff listened to them and responded to their individual needs and preferences.

Staff described a person-centred approach to care and support, with an emphasis on respecting residents' wishes, promoting independence and encouraging involvement in day-to-day decisions. Residents were supported to access a range of healthcare services, including GP, dental and optician

services, helping them to maintain their health and wellbeing while retaining choice about their care where appropriate.

Overall, the evidence gathered during the visit suggests that residents are supported to make choices about their daily lives and receive care that is responsive to their individual preferences, needs and circumstances.

Recommendations

Castletroy Care Home presented as a welcoming and inclusive service, with positive feedback received from residents, relatives and staff. The following recommendations are intended to support the continued development and enhancement of existing good practice.

1. Consider strengthening the communication and visibility of planned activities

Residents spoke positively about the range of activities available within the home. However, one resident reported that they were not always aware when activities were taking place. The home may wish to consider whether planned activities are communicated consistently and in ways that are accessible to all residents. This may further support participation and ensure that residents are aware of the opportunities available to them.

Suggested review period: Within 6 months.

2. Consider enhancing the visibility of meal options

Residents were positive about the quality of food provided and the choices available to them. The introduction of visual or pictorial menus may further support residents, particularly those living with dementia or communication difficulties, to make informed choices and engage in discussions about meal preferences prior to mealtimes.

Suggested review period: Within 6 months.

7.1 Examples of Best Practice

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

Welcoming and Inclusive Environment

Healthwatch representatives were warmly welcomed by staff throughout the visit. Staff spoke positively about the home and the care provided to residents. The environment appeared clean, well maintained and homely, with a calm, friendly and welcoming atmosphere observed throughout 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 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 their meals. Staff demonstrated an awareness of residents' individual preferences and support needs, supporting a person-centred approach to care.

Opportunities for Social Engagement

Residents referred to a range of activities and opportunities for social interaction both within the home and in the wider community. The home's communal areas and outdoor spaces appeared to support both organised activities and informal social engagement, enabling residents to participate according to their interests and preferences.

Supporting Family Connections

Residents described maintaining regular contact with relatives through visits, telephone calls and other forms of communication. Feedback from relatives indicated that staff maintained regular communication and provided updates when appropriate. The home also supports family involvement through residents' meetings, relatives' meetings and social events.

Service provider response

This report was sent to the provider to review and comment, However, at the time of publication no response had been received.