



Enter and View

Marlin Lodge

January 2026

healthwatch

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Introduction

Marlin Lodge is a residential care home located in Luton. Based in two premises next door to each other, the service provides accommodation for up to 15 adults with learning disabilities and/or autistic spectrum disorder and dementia. Some of the people who use the service require considerable support and some are on their first steps to supported living.

Name of home	Marlin Lodge
Service provider	Quality Care (Surrey) Limited
Date and time	27th January 13.00-15.00
Authorised representative (s)	Patricia Lattimer, Philip Turner, Angela Andrews and Maureen Matthews

2.1 Details of visit

Marlin Lodge is managed by Quality Care (Surrey) Limited, a provider delivering residential care services for adults with learning disabilities and additional needs. The home operates across two adjoining properties and benefits from spacious communal areas and garden space.

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 enter and view is it is part of a project to understand and report the experiences of residents in selected accommodation in Luton including supported living, residential and nursing homes and day centres, their relatives, supporters and staff.

3.2 Strategic drivers

This visit was part of Healthwatch Luton's wider work to hear from underrepresented groups using community-based care and support services. Marlin House is a residential home for adults with learning disabilities and additional needs, and the visit was designed to gather insight directly from

service users, staff and management about their experience of care and support.

Healthwatch Luton is gathering feedback from people in inpatient and residential settings, in addition to daytime provision for people with learning disabilities. Given the ongoing need for more inclusive, personalised and accessible services, including in non-residential settings, this visit offered valuable insight into how well current provision meets people's needs.

This visit also supports our commitment to ensuring that people whose voices are less often heard, including those with learning disabilities, are given the opportunity to share their views and help shape services

Overall summary

The Enter and View visit to Marlin Lodge took place on 27 January 2026. The service provides residential care for adults with learning disabilities and additional needs across two adjoining properties in Luton.

On the day of the visit, residents were observed engaging in a variety of activities within communal areas. The atmosphere throughout the home was calm and welcoming. Residents appeared comfortable in their surroundings and were observed interacting positively with staff.

The environment was clean, well maintained and appropriately furnished. Communal areas were spacious and allowed residents to move freely. Outdoor space was available and appeared accessible. Observations and conversations suggested that the home promotes a homely setting while supporting residents' individual needs.

Residents who provided feedback spoke positively about the support they receive. Staff were described as caring and approachable, and interactions observed during the visit were respectful and unhurried. Residents indicated that they felt safe living at the home.

Staff members who participated in the visit spoke positively about their roles and described a supportive team culture. Training and communication processes were referenced as part of routine practice.

While the overall impression was positive, opportunities were identified to further strengthen structured resident feedback mechanisms and ensure documentation processes remain robust.

Overall, Marlin Lodge appeared to provide a supportive and person-centred environment, with staff committed to promoting residents' wellbeing, dignity and independence.

Four residents were spoken to in detail during the visit. All were male, aged between 30 and 50 years, and all had learning disabilities. One resident had limited communication skills.

Four members of staff also took part: the person in charge and three support workers, who provided insight into their roles, the care delivered and their views of the service.

One family member, the mother of one of the residents, shared her experiences and discussed the care her son was receiving.

Methodology

The visit to Marlin Lodge was partially announced. The service provider was informed that an Enter and View visit would occur during the month of January 2026; however, no specific date or time was given in advance. This approach was used to balance transparency with the opportunity to observe normal day-to-day operations.

The visit took place on 27 January 2026 from 13:00 to 15:00. Four Authorised Representatives (ARs) attended the visit: Patricia Lattimer, Philip Turner, Maureen Matthews and Angela Andrews.

Upon arrival, the team introduced themselves to the person in charge. 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 person in charge 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 areas of the home and observed 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 by hand throughout the visit. Feedback was later collated and analysed alongside observational findings to produce this report.

Demographics and Participation

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

Marlin Lodge is a residential care home providing accommodation for up to 15 adults with learning disabilities and/or autistic spectrum disorder and dementia. Some residents require considerable support, while others are taking steps towards greater independence.

The service is managed by Quality Care (Surrey) Limited and operates from a large, spacious property with extensive garden areas. The building includes a large lounge, a smaller lounge and a conservatory. Residents typically eat their meals in the main lounge or conservatory. Communal areas were observed to be clean, well maintained and appropriately decorated. Clear signage was visible throughout the home, and personal touches contributed to a comfortable and homely atmosphere. The premises were free from strong odours.

The registered manager was not present during the visit; however, the person in charge was actively engaged and supported the Enter and View process. It was reported that the current manager has been in post for approximately two years and that positive changes have been implemented during this period.

Staff were observed to be friendly, approachable and attentive to residents' needs, supporting activities across different areas of the home. Feedback from residents and staff suggested a relaxed and supportive atmosphere, with positive views expressed about the environment and the care provided.

6.2 Premises

Marlin Lodge operates from a large property that has been adapted to meet the needs of residents. The internal layout is spacious and provides several communal areas, as well as quieter spaces where residents can spend time independently. Staff, visitors and residents described the home as homely, clean and well maintained. Observations during the visit supported this feedback, with the environment appearing calm and welcoming.

The home includes a large lounge, a smaller lounge and a conservatory. These areas were clean, comfortably furnished and actively in use during the visit.

Clear signage was visible throughout the building, indicating consideration for accessibility and inclusivity. Photographs displayed in the hallway and lounge areas contributed to a personalised atmosphere.

No visible hazards were identified, and the environment appeared comfortable in terms of temperature and layout. Accessibility adaptations were evident, including the presence of a lift and good wheelchair access within communal areas.

The home includes a designated garden area with wheelchair access. Outdoor space appeared accessible and well maintained. The front garden also provides limited parking.

Overall, the premises gave the impression of being well cared for and appropriately adapted to meet residents' needs, with attention given to comfort, safety and dignity.

6.3 Staff interaction and quality of care

Staff were consistently described as friendly and approachable. Observations during the visit supported this, with staff engaging naturally and warmly with residents. Residents demonstrated familiarity with staff and referred to them by their first names, indicating established relationships and rapport.

Residents spoke positively about communication and feeling listened to. Comments included: *"Staff are friendly and chatty."* *"They have good communication and relationships with the residents."* *"They talk with me and always listen to me."* *"The staff are very busy, but they always have time to talk with you."*

All residents stated that they felt safe and supported in the home and reported that they were treated with dignity, with independence encouraged. Residents described the home as "a lovely place to live," with one stating: *"This is one of the nicest places I have lived."*

Staff were observed responding promptly to residents' needs and providing reassurance where necessary. Staff members also spoke positively about their roles. One support worker described the team as: *"A good, happy team, with good teamwork."*

Another commented: *“I have only worked at the home a few months, but I was made welcome by the existing staff.”*

Staff reported flexibility in working arrangements and described regular supervision sessions and team meetings. One staff member stated: *“There’s flexibility in how we work, and the manager listens to the staff.”*

Training was reported as appropriate and ongoing. Some staff were undertaking NVQ Level 3 in Care, and regular supervision meetings provided opportunities to discuss development needs. Staff stated that they felt listened to and supported in requesting additional training where required.

Cultural sensitivity and person-centred care were referenced by both staff and residents, with individual preferences respected in daily routines. There was no indication of rigid or institutional practice. Residents were supported to make choices about their day-to-day lives.

During the visit, one resident’s mother shared her experience. She explained that although she had initially found it difficult when her son first moved into the home, she felt that the quality of care had improved significantly under the current manager. She described the care as “excellent” and stated that communication with staff was “very good.”

Overall, feedback from residents, staff and a family member suggested a supportive team culture and positive staff-resident relationships.

6.4 Social engagement and activities

Residents reported feeling able to choose how they spent their time. On arrival, several residents were engaged in individual activities within the large lounge. One resident was completing a jigsaw puzzle, another was using a tablet to watch video clips, one resident was sitting with a member of staff, and another was spending time with their visiting mother.

In the smaller lounge, two residents were listening to and singing along to 1980s music on the television. They spoke about their favourite artists, including Boney M, and described enjoying the opportunity to choose what music to listen to in this space. Both residents discussed shared musical interests and reflected positively on being able to select activities that suited them.

Residents also spoke about structured activities within the home. Exercise sessions were reported to take place on Mondays, delivered by an external instructor. One resident stated that he particularly enjoyed cycling.

The conservatory was also in use during the visit. One resident spoke enthusiastically about gardening, explaining that he had his own greenhouse and enjoyed spending time outdoors supporting garden activities.

Staff described the home as calm and relaxed. One member of staff commented: *“The home is a relaxed, happy, quiet environment. The residents have one-to-ones where you can really listen to their likes and dislikes.”*

Staff explained that each resident has a named key worker and participates in regular one-to-one sessions to discuss wellbeing, preferences and any concerns. This approach appeared to support individual engagement and personal choice.

Overall, activities observed and described reflected a flexible and person-centred approach, enabling residents to engage in both individual and shared interests.

6.5 Dining Experience

The dining environment appeared clean, relaxed and well organised. Residents were observed eating at individual tables positioned near their chairs in the large lounge, while others used the larger table in the conservatory. Residents, a visiting relative and staff stated that meals are sometimes taken in the garden during the summer months.

All residents spoke positively about the food provided. One resident commented: *“The food here is very good. I like the noodles.”*

Another stated:

“The food here is good, there is lots of choice. The pies are my favourite.”

A visiting relative explained:

“I come in every day to help feed my son. We sometimes sit in the conservatory to eat. The food has greatly improved since the new manager.”

Staff reported that residents' preferences and dietary needs are considered, including the provision of soft diets where required. While there was no specific reference to cultural or religious dietary requirements during the visit, staff appeared confident in offering choice and adapting meals to individual needs. Menus were discussed with residents, although no printed or displayed menus were observed at the time of the visit.

Although there was no opportunity to observe a full mealtime, the dining arrangements and availability of snacks between meals suggested a supportive and informal approach. Residents appeared comfortable accessing drinks and light refreshments independently, with refreshments available throughout the day.

6.6 Choice

Residents at Marlin Lodge appeared to have a good level of autonomy in their day-to-day lives. Feedback from both staff and residents indicated that individuals were able to make decisions about their routines, including when to get up, where to spend their time and when and where to eat. One resident stated: *"We have good choice of food and where we eat. We also choose what we want to do and which room we want to be in."*

Residents were observed moving freely between communal areas and choosing whether to engage in shared or individual activities. Staff described the home as relaxed and explained that they adapt communication methods to support residents with differing needs, offering options visually or verbally where appropriate. Knowledge of residents' preferences appeared to support meaningful engagement.

Evidence of personalisation was visible throughout the home, including resident photographs and individual signage. Staff explained that residents are encouraged to personalise their bedrooms and may bring their own furniture if they wish.

Access to healthcare services was reported to be well coordinated. Residents were supported to attend appointments with a local GP and a dentist specialising in treatment for people with learning disabilities. An optician was reported to visit the home, and residents were accompanied to external

appointments when required. A communication book was used to record appointments and share relevant information.

Overall, the evidence gathered during the visit suggested that residents were supported to exercise choice within a structured and supportive environment.

Recommendations

Marlin Lodge presented as a welcoming and person-centred residential home. The following recommendations are offered to support continued development and enhancement of existing good practice.

1. Consider strengthening formal opportunities for resident involvement in decision-making.

While residents reported feeling listened to and supported in day-to-day choices, introducing or further developing structured forums – such as regular resident meetings or accessible feedback sessions – may enhance collective involvement and provide a clear record of how feedback informs service development.

Suggested review: within 6 months.

2. Continue to ensure that dietary, cultural and religious preferences are formally documented and reviewed.

Although residents and staff reported that individual preferences are respected, maintaining clear documentation and periodic review of dietary and cultural needs would further strengthen person-centred care across a larger residential setting.

Suggested review: within 6 months.

3. Consider making menus available in accessible formats.

Menus were discussed with residents; however, there was no visible display at the time of the visit. Providing menus in accessible formats, such as pictorial or easy-read versions, may further support informed choice.

Suggested review: within 6 months.

7.1 Examples of Best Practice

Positive and Respectful Staff-Resident Relationships:

Interactions between staff and residents were consistently warm and respectful. Residents described staff as friendly, approachable and good communicators, and demonstrated familiarity by referring to staff by their first names. Observations supported feedback that residents felt listened to and treated with dignity.

Person-Centred Approach to Daily Living:

Residents were observed exercising choice in their daily routines, including where to spend time, what activities to engage in and where to eat. Staff demonstrated awareness of individual communication needs and adapted their approach accordingly. The use of regular one-to-one sessions and named key workers supported personalised care planning.

Accessible and Adapted Environment:

The home has been adapted to meet the needs of residents, including the provision of a lift and wheelchair-accessible garden space. Clear signage and personalised displays contributed to an inclusive and homely environment.

Family Engagement and Improved Communication:

A visiting relative spoke positively about the current management and the quality of care, highlighting improved communication and involvement. The presence of regular family visiting and open communication reflects a transparent and supportive culture.

Structured Healthcare Support:

Residents were supported to access GP, dental and optician services, including specialist dental provision for people with learning disabilities. The use of a communication book to record appointments and share information demonstrated coordinated care.

Service provider response

Anitha Vetrivel

Enter and View Report – January 2026

Service: Marlin Lodge

Provider: Quality Care (Surrey) Limited

Quality Care (Surrey) Limited and the management team at Marlin Lodge would like to thank Healthwatch for their visit and for the positive findings outlined within the report. We are pleased that the overall feedback reflects our commitment to providing safe, person-centred and dignified care.

We welcome the recommendations and confirm the following:

Resident Involvement

Marlin Lodge holds structured monthly resident's meetings where activities, future planning, safety topics, feedback and any complaints are discussed. Minutes are recorded, displayed on the notice board and retained in a meeting folder.

In addition:

Weekly key worker sessions are completed and recorded on our PCS system.

Annual surveys are conducted with residents, families, professionals and day centres. The 2025 survey report is available.

We will continue to strengthen the visibility of "You said – We did" outcomes to further evidence collective decision-making.

Cultural, Religious and Dietary Needs

Care plans are completed in a person-centred manner in collaboration with residents, professional input were needed and families and are shared accordingly.

Care plans are reviewed monthly and include:

Cultural background

Religious needs

Food preferences

Health monitoring

Activities and goals

Risk assessments

Any changes are updated promptly within digital records and daily notes.

Marlin Lodge promotes physical wellbeing as part of a holistic, person-centred approach to care.

We have an on-site **gym facility** in our garden, which is regularly serviced and maintained to ensure safety and suitability for use. Residents are supported who can access the gym in line with their care plans, abilities and health needs. The gym is well utilised, and residents enjoy participating in exercise sessions to promote physical health, independence and overall wellbeing.

Physical health monitoring and activity participation are documented within care plans and reviewed regularly during key worker sessions and monthly reviews.

Accessible Menus

A pictorial easy-read menu booklet is available in the kitchen. Weekly menus are displayed, and resident's choices are recorded digitally and within a menu book. Alternatives are offered where requested.

We will review menu display arrangements to further enhance accessibility.

Marlin Lodge remains committed to continuous improvement and robust governance.

Should Healthwatch Luton require any further evidence, including meeting minutes, survey reports, care plan templates or digital records, we would be pleased to provide this.

Anitha Vetrivel

Registered Manager

Marlin Lodge

Quality Care (Surrey) Limited

