Enter and View Report

Name of Setting: Sycamore Lodge

Name of Registered Manager: Zuzanna Kubacka

Address: Sycamore Lodge Care Home, 2 Burringham Road, Scunthorpe. DN17 2BB

Date of visit: 23/04/2026 Date of publication: 30/07/2026

HWNL staff and volunteers involved in the visit: Karen Andrew, Marie Spence, Rebecca Price

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the residents who contributed to the report on that date.

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered. Healthwatch North Lincolnshire uses powers of entry to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection; it is a genuine opportunity to build positive relationships with local Health and Social Care providers and gives service users an opportunity to share their views on improving service delivery. Enter & View allows Healthwatch to:

- Observe the nature and quality of services
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives of service users
- Collate evidence-based feedback
- Enter and View can be announced or unannounced

Main Purpose of Visit

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across several premises
3. To respond to local intelligence at a single premises

This visit forms part of the Healthwatch North Lincolnshire programme of work and was carried out in response to feedback Healthwatch received about the care home.

Care Home -Background

Sycamore Lodge is a registered residential care home situated in Ashby, Scunthorpe that caters for the needs of residents over the age of 65 and those with dementia. The home has 45 beds which are currently all full. The home provides support to people with complex dementia and complex physical care needs.

The most recent CQC rating on 18th November 2021 was 'good' in all domains. This was a post COVID-19 Infection Prevention Control themed inspection. No actions were required following the themed inspection.

The visit – on arrival

The Enter and View visit (E&V) was announced, so the registered manager of Sycamore Court knew that Healthwatch would be visiting on Thursday 23rd April 2026 at 10:30am.

On arrival, the Healthwatch team were welcomed into the care home by Zuzanna Kubaka the registered manager, and were asked to sign in. After a quick introduction the registered manager gave the Healthwatch team a tour of the care home including empty bedrooms, kitchen and laundry facilities. Healthwatch spent time observing interactions in the care home during the visit. We were introduced to staff and residents, as we met them around the building.

Latest Care Quality Commission (CQC) Report

The last CQC visit to Sycamore Lodge was on the 18th of November 2021. It was a post COVID-19 IPC themed inspection. The CQC undertook this announced focused inspection in line with their reinspection programme. The report only covered CQC findings in relation to the key questions of safe and well led.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains 'good'.

Summary of the Registered Manager's Questionnaire

The registered manager confirmed that she had her registration for Sycamore Lodge for the last five years. She first started working for the Marjara Care Group in 2010 at 19 years of age.

Safety

As part of the visit the registered manager was sent a questionnaire in advance, which was emailed back to Healthwatch following the visit. One question asked if Sycamore Lodge had an infection prevention and control policy in place and if yes, how often it was updated. The registered manager confirmed that they do and that their policies are on an auto-update service via a Quality Compliance System portal, so that they are updated when change occurs or as a minimum once a year.

When asked about how they manage risks such as falls, the registered manager wrote that at Sycamore Lodge, risk management is structured, multi-layered, and embedded across all stages of care delivery. Their approach is proactive from pre-admission, systematic in day-to-day management, and robustly governed through clear recording, escalation,

and quality assurance processes in line with Care Quality Commission expectations.

Much of the following information was provided to Healthwatch North Lincolnshire by the registered manager.

Pre-Admission Risk Assessment and Preparation

Prior to admission, every individual undergoes a comprehensive pre-assessment process which includes:

- Review of clinical records, discharge summaries, and multidisciplinary input
- Identification of key risks such as falls history, mobility issues, cognition, and medication-related risks
- Environmental and behavioural considerations

Where risks are identified, control measures are proactively arranged prior to admission, ensuring a safe environment from day one. This includes:

- Low profiling / low-entry beds
- Sensor equipment (bed / chair alarms, pressure mats)
- Appropriate mobility aids
- Pressure-relieving equipment
- Strategic room allocation (e.g. visibility, proximity to staff)

This pre-planning ensures risks are mitigated before the resident enters the service.

Individual Risk Assessments and Care Planning

On admission, a full suite of person-centred risk assessments is completed via our electronic care system (PCS – Person Centred Software). These include:

- Falls risk assessment
- Mobility and moving & handling
- Skin integrity

- Nutrition and hydration
- Behavioural risks (where applicable)

Each assessment is:

- Individualised and evidence-based
- Directly linked to care plans with clear staff guidance
- Continuously reviewed and updated following any change

Care plans clearly define preventative strategies such as supervision levels, safe transfer methods, equipment use, and personalised interventions to reduce risk.

Ongoing Monitoring and Preventative Approach

Risk management is continuously monitored through:

- Daily observations and structured handovers
- Responsive updates to care plans
- Referrals to external professionals (e.g. GP, physiotherapy and falls prevention teams such as SAFE)
- Regular reviews of medication and health conditions

Environmental controls (lighting, clutter-free spaces), hydration support, appropriate footwear, and meaningful activity programmes are also used to reduce falls risk.

Incident Recording and Escalation Process (PCS System)

All incidents, including falls, are recorded using the PCS (Person Centred Software) system, following a clear governance pathway:

Initial Recording:

- The staff member who witnesses or discovers the fall records the incident immediately
- Detailed factual account, observations, and immediate actions are documented

Senior Review:

- The senior in charge conducts a further analysis of the incident
- Immediate risk factors and required actions are identified

Deputy Manager Audit:

- All incidents are audited by the Deputy Manager for accuracy, completeness, and appropriateness of response

Manager Oversight:

- The Home Manager conducts a further review to ensure governance oversight and identify any wider concerns

This layered approach ensures accuracy, accountability, and learning at every level.

Where required:

- Body maps and neurological observations are completed
- Families and professionals are informed
- Safeguarding referrals are made
- Notifications are submitted to the Care Quality Commission

Post-Incident Analysis and Quality Assurance

All incidents feed into a monthly falls and accidents analysis report, which forms part of the home's quality assurance framework.

This includes:

- Trend and pattern analysis (time, location, repeat incidents)
- Identification of root causes
- Service-wide learning and improvement actions

The care home operates a strong "closing the loop" approach, ensuring all identified actions are implemented, reviewed, and evidenced.

Management of High-Risk and Repeat Fallers

Residents identified as high risk of falls are subject to enhanced monitoring and additional assessment.

This includes:

- Development of a Repeated Faller Assessment, which provides a detailed review of:
- History and patterns of falls
- Medical and environmental contributing factors
- Effectiveness of current interventions

Implementation of further control measures such as:

- Increased observation levels
- Additional or upgraded equipment
- Changes in care approach

Partnership working with external professionals, including:

- GP reviews
- Falls prevention teams (e.g. SAFE)
- Physiotherapists and occupational therapists

All actions and outcomes are clearly documented, reviewed, and integrated into care planning.

Staff Competency and Governance

Staff are trained in:

- Falls prevention
- Moving and handling
- Safeguarding
- Incident reporting

Leadership oversight is maintained through:

- Daily management presence
- Audit systems
- Supervision and competency checks

Person-Centred Risk Management

Our approach ensures that:

- Residents are supported to remain as independent as possible
- Risks are managed proportionately, without unnecessary restriction
- Residents and families are involved in decision-making wherever appropriate

Summary

Risk management at Sycamore Lodge is:

- Proactive – through robust pre-admission planning
- Structured – via clear PCS recording and escalation processes
- Analytical – through multi-level review and monthly audits
- Collaborative – involving internal teams and external professionals
- Governed – with strong managerial oversight and alignment to Care Quality Commission standards

This ensures risks such as falls are effectively managed, lessons are continuously learned, and residents are supported in a safe, responsive, and well-governed environment.

In answer to, what mandatory training do staff need to complete and how often is training updated? It was explained that all staff at Sycamore Lodge are required to complete a robust programme of mandatory training aligned with regulatory expectations, including those set out by the Care Quality Commission and best practice guidance in Adult Social Care. Training is delivered and monitored via the E-cert training portal, which enables real-time compliance tracking, automated reminders, and audit-ready records.

All mandatory training is refreshed annually to ensure staff knowledge remains current, evidence-based, and aligned with evolving legislation, safeguarding expectations, and clinical best practice.

Mandatory Training – Care Staff

Care staff are required to complete a comprehensive suite of training modules covering all aspects of safe, effective, and person-centred care:

- Urinary Catheter Care
- Challenging Behaviour in People with Dementia
- Safeguarding an Adult
- GDPR & Handling Information
- Promoting Dignity & Compassion in Care
- Person Centred Approaches
- Mental Capacity Act 2005
- Malnutrition
- Infection Control
- Health & Safety
- Food Hygiene
- Fire Safety & Emergency Provisions
- Equality, Diversity & Inclusion
- Diet & Nutrition
- Death, Dying & Bereavement
- Improving Outcomes in People with Dementia
- Assisting & Moving Individuals
- Basic First Aid
- Mental Health First Aid (Carers)
- Oral Healthcare
- Safeguarding Children
- Diabetes
- Deprivation of Liberty Safeguards (DoLS)
- Falls Prevention

- Hand Hygiene in Care Setting
- Managing COSHH in Care Setting
- Prevention of Pressure Ulcers
- Safe Administration of Medication
- Oliver McGowen Mandatory Training on Learning Disability and Autism
- Dysphagia

Mandatory Training – Ancillary Staff

Domiciliary staff complete a focused but still comprehensive training programme tailored to community-based care delivery:

- Challenging Behaviour in People with Dementia
- Safeguarding an Adult
- GDPR & Handling Information
- Promoting Dignity & Compassion in Care
- Person Centred Approaches
- Mental Capacity Act 2005
- Infection Control
- Health & Safety
- Food Hygiene
- Fire Safety & Emergency Provisions
- Equality, Diversity & Inclusion
- Assisting & Moving Individuals
- Basic First Aid
- Mental Health First Aid (Carers)
- Safeguarding Children
- Hand Hygiene in Care Setting
- Managing COSHH in Care Setting
- Practical / Face-to-Face Training and Competency Assurance

In addition to e-learning, the service operates a strong competency-based training model:

Moving and Handling

- Delivered by internal Train-the-Trainer instructors
- Annual refresher training for all staff
- 6-monthly competency observations to ensure safe practice is embedded in real working environments

Fire Safety (Practical)

- Annual Fire Warden / Fire Marshal training
- Delivered by an external accredited provider (Right Action)
- Last completed: November 2025

First Aid

- Level 3 Emergency First Aid at Work
- Delivered by external provider (Training Lincs)
- Last completed: 22.05.2025
- Refreshed annually

Marjara Care Academy – Workforce Development and Mentorship

In addition to mandatory training, the service has implemented the Marjara Care Academy, a structured internal development programme designed to go beyond compliance and actively build a skilled, confident, and values-driven workforce.

Key features include:

- Allocated Mentors:
  Each staff member is supported by an experienced mentor (e.g. senior carers, head seniors, or management team members) to guide their development, reinforce learning in practice, and provide consistent supervision.

- Structured Induction Pathway:
  New starters are supported through a structured onboarding process, linking mandatory training with real-life application on the floor.
- Ongoing Competency Development:
  The Academy ensures that training is not purely theoretical. Staff are observed, coached, and supported to embed learning into day-to-day care delivery.
- Leadership Development:
  Staff demonstrating potential are supported to progress into senior roles through coaching, shadowing, and targeted development plans.
- Reflective Practice and Supervisions:
  Regular supervisions and informal "on-the-floor" coaching conversations are used to reinforce standards such as dignity, safeguarding awareness, and person-centred care.
- Requires Improvement Conversation Sheets:
  As part of the development framework, the service utilises structured Requires Improvement Conversation Sheets. These are used by seniors and management to:
- Address practice concerns promptly at the point of care
- Provide clear, documented feedback to staff
- Support reflective learning and immediate improvement
- Prevent escalation into formal disciplinary processes where appropriate
- Ensure consistency and fairness in managing performance

This approach promotes a supportive, learning-focused culture, where staff are guided to improve through coaching and accountability rather than punitive measures.

Qualifications and Professional Development

Beyond mandatory training, the service actively promotes formal qualifications to strengthen workforce competence:

- NVQ Level 2: 46% of staff
- NVQ Level 3: 32% of staff
- NVQ Level 5: 2% of staff
- NVQ Level 7: 2% of staff
- Care Certificate: 18% of staff

All qualifications are delivered through TutorCare, ensuring structured progression and alignment with national standards.

Governance, Monitoring, and Quality Assurance

- Training compliance is centrally monitored via E-cert, with clear oversight by management
- Automated alerts ensure timely completion and renewal
- Training is reviewed through audits, supervisions, and appraisal processes
- Non-compliance is escalated with defined timeframes (e.g. 7-day completion expectations where required)
- Practical competencies are validated through observations and competency checks
- Development tools such as mentoring and Requires Improvement Conversation Sheets ensure continuous quality improvement in practice

Summary

The service maintains a comprehensive, structured, and proactively monitored training and development framework, enhanced by:

- Annual mandatory training updates
- Practical competency validation
- The Marjara Care Academy mentorship model
- Structured performance support tools such as requires improvement conversation sheets.

This ensures that staff are not only compliant but are continually developing, resulting in a workforce that is competent, confident, and consistently delivering high-quality, person-centred care in line with regulatory expectations.

Resident Health and Wellbeing

When asked the question, "How do you support residents to stay in touch with friends and family?'' The registered manager wrote that supporting residents to maintain meaningful relationships is a key element of person-centred care and aligns with expectations set by the Care Quality Commission around dignity, wellbeing, and social inclusion.

Open Door Culture and Visiting

- The service operates a clear open-door policy, enabling family and friends to visit freely and flexibly
- Visitors are encouraged to spend meaningful time with residents in lounges, bedrooms, or garden areas
- There is a strong emphasis on informal, day-to-day engagement, with families able to speak directly to staff and management at any time

- Informal conversations ("on-the-floor" chats) are actively encouraged, ensuring concerns or updates are shared promptly without always needing formal meetings.

Daily Facebook Engagement and Digital Communication

- The home maintains an active Facebook presence, with daily updates including photos and videos of activities, events, and day-to-day life
- This allows families to remain connected even when they cannot visit in person, providing reassurance and transparency

Consent and governance:

- All content is shared only where appropriate consent has been obtained
- Consent is based on individual mental capacity assessments or, where applicable, Power of Attorney decisions, ensuring full compliance with the Mental Capacity Act 2005

Families are encouraged to engage through:

- Comments and interactions on posts
- Regular surveys conducted via Facebook, enabling feedback and involvement in service development
- The service also shares daily menus on Facebook, ensuring families are informed about nutrition, choice, and meal quality, further strengthening transparency and involvement.

Use of Technology for Direct Contact

- Residents are supported to maintain contact through:
- Phone calls

- Video calls (e.g. WhatsApp, FaceTime)
- Staff provide assistance to residents who may require support due to:
- Dementia
- Sensory impairments
- Limited digital skills

Person-Centred Communication Planning

- Each resident has a care plan detailing their communication preferences, including:
- Who they wish to stay in contact with
- Preferred methods and frequency of communication
- Any support required
- Residents' choices and consent are respected at all times in line with the Mental Capacity Act 2005

Family Involvement in Daily Life and Events

- Families are actively encouraged to participate in:
- Activities and entertainment events
- Seasonal celebrations and themed days
- Special occasions such as birthdays
- This promotes a community feel and strengthens relationships between residents, families, and staff

Ongoing Communication and Feedback

- The service maintains regular communication with families, including:

- Updates on wellbeing
- Involvement in care reviews
- Immediate communication of any changes
- Feedback is gathered through:
- Informal discussions
- Facebook engagement and surveys
- Direct communication with management

The service promotes strong connections between residents and their loved ones through a transparent, open, and highly engaged approach, including:

- Open door visiting and informal daily communication
- Daily Facebook updates with photos, videos, and menus
- Safe and consent-based digital engagement
- Technology-supported communication
- Active family involvement and feedback mechanisms

This ensures residents remain socially connected, emotionally supported, and fully engaged with their families and wider community.

When asked the question if there are any restrictions around visiting?

The registered manager wrote that:

Sycamore Lodge operates a fully open and flexible visiting approach, meaning there are no set restrictions on visiting hours or the number of visitors per resident under normal operating conditions. This supports residents' rights to maintain relationships and aligns with expectations set by the Care Quality Commission around person-centred care, dignity, and family involvement.

Standard Practice

- No fixed visiting hours – families and friends can visit at times convenient to them and the resident
- No strict limits on number of visitors – visits are accommodated in a way that remains safe, comfortable, and respectful of other residents
- Visitors are welcomed throughout the home, including bedrooms, communal areas, and gardens
- The service promotes an open-door culture, encouraging regular and meaningful contact

The only situation where restrictions may be temporarily introduced is during periods of home closure due to an active infection outbreak (e.g. flu, COVID-19, or other communicable illnesses).

In such cases:

- A specific infection control protocol is activated in line with public health guidance
- Visiting arrangements may be temporarily adapted to protect residents, staff, and visitors
- Measures may include:
- Scheduled visits
- Use of personal protective equipment (PPE)
- Limiting visitor numbers where clinically required
- Alternative communication methods (e.g. video calls)

When asked the question have you been able to offer activities to residents? (If yes, what kind of activities? And if not, why not?) the registered manager

wrote that Sycamore lodge delivers a highly structured, innovative, and person-centred activities programme, which is embedded into daily life and designed to maximise residents' wellbeing, independence, and social inclusion. This aligns with expectations set by the Care Quality Commission regarding meaningful engagement and quality of life.

Planned and Structured Approach to Activities

The registered manager develops weekly activity suggestion plans, ensuring activities are:

- Aligned with national events and celebrations
- Adapted to the weather forecast
- Varied, meaningful, and inclusive
- This ensures activities are purposeful, current, and consistently engaging, rather than repetitive or task led.

Range of activities offered (they use Golden Carers of Oomph! on Demand portals to access dementia friendly activities).

Daily and Group Activities

- Quizzes, games, and reminiscence sessions
- Music, singing, and entertainment
- Arts, crafts, and creative engagement
- Gentle exercise and mobility-based activities
- One-to-one engagement tailored to individual needs

Celebrations and Personalised Events

Resident birthdays are celebrated in a highly personalised way, including:

- Themed cakes based on individual preferences

- Group celebrations with peers and staff
- Regular sharing with families via social media for inclusion and reassurance

Community Engagement and External Activities

Residents are actively supported to remain part of the wider community, including visits to:

- Local hairdressers in Ashby or town
- Cinema trips
- Live shows at The Baths Hall

This promotes independence, normality, and continued community involvement.

Staff Commitment Beyond Expectations

- Staff frequently volunteer their own personal time to take residents out
- This is done despite being offered payment, demonstrating a strong, values-driven culture focused on resident wellbeing

Community, Spiritual, and Individual Engagement

- Monthly church services are held within the home
- Weekly visits from a community volunteer singer
- A resident continues his passion as part of a guitar band, who:
    - Attend weekly for practice
    - Perform shows for residents

This demonstrates a strong commitment to maintaining identity, hobbies, and life roles.

Fundraising and Community Integration

The service actively organises fundraising initiatives for residents' comfort funds, enhancing quality of life beyond standard provision.

Activities include:

- Community parties with:
- Bouncy castles
- Face painting for children
- Ticketed entry for families and stakeholders
- Seasonal events, such as:
- Hosting a pantomime at Christmas, with tickets sold to stakeholders
- Food-based fundraising initiatives:
- Chef Elena prepares themed meals (e.g. Chinese takeaway evenings) for stakeholders, with proceeds contributing to resident funds
- Bake sales organised within the home
- Gardening project (upcoming seasonal initiative):
- Residents will grow tomatoes, potatoes, and herbs with support from staff
- Produce will be:
    - Used in the home's kitchen to promote farm-to-table engagement
    - Sold as part of fundraising activities

These initiatives provide:

- Meaningful resident involvement

- Intergenerational engagement
- A strong sense of purpose and contribution
- Additional resources to enhance residents' experiences

Use of Social Media and Family Engagement

Activities are shared daily on Facebook, including photos and videos. All content is shared with appropriate consent, based on capacity assessments or Power of Attorney, in line with the Mental Capacity Act 2005

Families engage through:

- Comments and interaction
- Feedback and surveys
- Daily menus are also shared, promoting transparency and involvement

Inclusivity and Person-Centred Approach

- Activities are adapted to:
    - Physical abilities
    - Cognitive needs (including dementia)
    - Personal preferences
    - Residents are encouraged but never forced to participate, ensuring autonomy and respect

Digital Activity Resources and Structured Content

To further strengthen activity provision, the service invests in professional activity platforms:

Golden Carers

- Provides a wide range of structured activity ideas, resources, and themed content
- Supports staff in delivering evidence-based, varied, and dementia-friendly activities
- Ensures alignment with national events and best practice

Oomph! On Demand

- A digital platform offering interactive wellbeing sessions, including:
- Exercise and movement programmes
- Music and dance sessions

Cognitive and reminiscence activities

- Radio stations from all around the world
- TV stations from all around the world
- Live show entertainment
- Designed to support physical health, mental stimulation, and emotional wellbeing

These platforms ensure activities remain fresh, engaging, and professionally guided, enhancing consistency across the service.

Sycamore lodge delivers a dynamic, well-led, and highly person-centred activities programme, characterised by:

- Strategic weekly planning
- Strong community integration
- Meaningful and personalised celebrations
- Innovative fundraising initiatives

- Exceptional staff commitment
- Active family engagement through social media

This ensures residents experience stimulating, purposeful, and socially connected lives, significantly enhancing overall wellbeing and quality of life.

External Health Services

Feedback provided to Healthwatch North Lincolnshire through the registered manager's questionnaire revealed that residents benefitted from access to a comprehensive network of external healthcare services, including:

- GPs and primary care
- Community nursing teams
- Specialist therapists and clinicians
- Mental health and dementia services
- Emergency and hospital care

They felt that this multi-disciplinary approach ensured residents received holistic, responsive, and high-quality healthcare support, thus promoting safety, wellbeing, and improving health outcomes.

When asked if there had been any issues with accessing healthcare in the last twelve months, the registered manager confirmed that there had been some ongoing challenges, largely linked to wider system pressures.

The main issues include:

- Inappropriate or poorly coordinated hospital discharges, including Discharge Facilitation Forms (DFFs) not always providing a full or accurate picture of residents' needs

- Residents occasionally being discharged without sufficient clinical information
- Delays in accessing mental health and specialist services, impacting timely assessments and interventions.

  These have been managed by escalation through the appropriate channels, including incident reporting systems and safeguarding processes concerns and issues are regularly discussed at care forums and Multi-Disciplinary Team (MDT) meetings to support system-wide improvement. On admission, residents are reassessed immediately, and care plans are updated to manage any gaps in information.

When asked the question how residents' nutrition and dietary requirements are met. The registered manager wrote that residents receive safe, nutritious, and highly personalised meals, supported by:

- Resident-led menu planning
- Visible and interactive dining experience
- Clinical and cultural dietary support
- High-quality, freshly prepared food
- Strong monitoring and governance

This ensures residents' nutritional needs are consistently met while promoting choice, dignity, and overall wellbeing.

When asked the question about including residents in any changes or developments within the care home, the registered manager wrote residents are actively involved in changes and developments through a structured, person-centred, and feedback-driven approach, ensuring their voices directly influence how the service operates.

Residents are included in service development through:

- Formal meetings and surveys
- Daily informal engagement
- Transparent “You said – We did” processes
- Participation in activities and initiatives
- Involvement in individual care planning

This ensures the service remains resident-led, responsive, and continuously improving, with residents’ voices at the centre of all changes.

When asked the question is there anything else you would like to tell us about residents’ health and wellbeing. The registered manager wrote:

The Destination Home (DH) project at Sycamore Lodge is a reablement-focused service designed to support individuals—primarily following hospital discharge—to regain independence and safely return to their own homes.

What the Destination Home Project is:

- A short-term, goal-focused placement (typically around 2 weeks initially funded)
- For individuals who are medically fit for discharge but not yet ready to return home safely
- Delivered by trained care staff following structured reablement plans

It is important to note this is not a rehabilitation unit, but a supported reablement model, focused on enabling independence.

The Destination Home project at Sycamore Lodge is a highly successful and well-governed reablement service, characterised by:

- 85% successful return home rate
- Strong and consistent multi-disciplinary partnership working

- Weekly monitoring of satisfaction and progress outcomes
- A clear focus on independence and community reintegration

The following information was obtained by Healthwatch North Lincolnshire during our visit.

What did residents say?

During the Enter and View visit, Healthwatch spoke to nine residents. Residents spoke to had lived there from just a couple of days to 10 years.

When asked, "How do you feel about living here? tell us what a normal day looks like.' residents responded with the following:

"Happy to be here"

"Like living here"

"Hoping to go home"

"Food very nice, good portion size"

"Carers help get me up, but there is nothing to do once I sit in the living room, I'm just in another room of the home"

"We just get on with it"

When asked if they felt safe, all residents who could answer responded yes.

When asked what made them feel safe, residents responded:

"Staff make me feel safe"

"Plenty of people"

When asked, "How do you find the staff?" The residents told Healthwatch:

"Caring"

"Friendly"

"Staff are excellent-like friends"

"When you see the managers, they will chat"

"Very nice. Night staff are lovely"

"Mostly very good. One staff not very helpful, everyone else okay"

All the residents we asked said that if they wanted to raise a concern, they would feel confident to tell a staff member/manager or family/friend. Most residents we spoke with said that they have friends /family or a representative who come and visit.

When asked, "Do you feel lonely?' most said they did not feel lonely, however, two residents said yes.

When asked, "Have you been able to take part in any activities in the care home?" there was a mixed response.

"Not seen any activities".

"Don't do a lot of activities in the home"

"Bingo"

"***Music"***

"I like to watch all the sports on the tv. We go out into Ashby"

All residents who we spoke to confirmed they could go out in the garden if they wanted to. However, one resident said, ***"I didn't realise that there was an outside".***

All residents spoken to said that they enjoyed the food and had a choice of meals. Only one person said that they didn't know what they were getting until it arrived. No one reported that they had been given food that they didn't like or was allergic too.

"Good choices, cater to my religion",

"Always choices. Well cooked, can ask for something different"

"Brilliant"

"100 per cent good"

"Different choices, I really like the casseroles"

When asked if there was anything else that they would like to say about living at Sycamore lodge the residents replied with:

"Happy"

"Bed not very comfortable as I am tall, hoping to go home. Very responsive staff"

"Takes a long time to answer buzzers"

"Much better than other care homes I have been in. More hygienic, better organisation"

"Managers sort concerns out"

"Wonderful"

What did family and friends say?

Unfortunately, Healthwatch didn't get the opportunity to speak to any family members or friends during this visit. A family member took a copy of the questionnaire as they were leaving, and a poster was left with a QR code that directs people to the Healthwatch website to leave feedback.

What did staff say?

Healthwatch spoke with six members of staff during the visit. The staff spoken to had worked at Sycamore anywhere from 1 week to over 8 years. The 6 staff members said they enjoyed working there, felt supported in their role, and felt management were approachable and helpful. They also felt they could raise any concerns if needed and that they would be acted upon.

When asked 'What is the most enjoyable part of your job?", the staff responded:

"Enjoying being with residents".

"Caring"

"Teamwork"

"Talking to the residents"

"Flexibility of the shift patterns. Great career progression."

"Really enjoy the interaction with the residents. I even come in on my days off to take the residents out".

Staff who were spoken to during the visit felt Sycamore Lodge provided person centred care and that they were able to respond effectively to residents' needs and had adequate time to support residents. Staff felt they knew residents' personal preferences, backgrounds and history and that residents were treated with kindness and compassion. All staff felt they had time to adequately support residents.

When asked 'Do you feel there are adequate members of staff on duty?' All staff asked said yes. All staff agreed that staff absences were well managed. Staff confirmed that they had completed induction training when they first started in their role and that training was ongoing.

When asked 'Is there any additional training you would like?' One staff member told Healthwatch they would like to have a better understanding of patient's conditions so they would be more able to understand and support them.

Healthwatch asked staff, 'If there was one thing you could change, what would it be?' Staff answered saying nothing that I would change and the ability to understand residents' conditions, the cause and effects of some illnesses.

We asked staff whether they would like to tell us anything else, this could be positive or negative. Staff told Healthwatch:

"Very understanding management"

"Good work life balance, great shift pattern"

"Nice working here. They act on complaints"

"Doesn't matter who you are, diversity is welcomed and managed well"

Observations - control over daily life

Healthwatch observed staff supporting residents to meet their needs by helping residents to the dining area for lunch and during the drink trolley round when small homemade cakes and biscuits were offered.

Observations - personal cleanliness and comfort

Healthwatch observed that all residents looked clean and tidy. The registered manager confirmed that residents have the opportunity of using the services of a hairdresser every Wednesday. The care home staff also looked clean and tidy, and most staff wore a uniform with their name embroidered on their tunic. Staff who were new were waiting for their uniform and wore a branded t-shirt instead of a tunic.
It was very hot and the sun was shining into a resident's eyes who was sat in the conservatory. Healthwatch brought this to the attention of the manager as there were no blinds at the windows of the conservatory.

Observations - safety

During the visit, no safeguarding concerns were raised with the Healthwatch team. However, there was an incident between two residents that was raised with the deputy manager at the end of the visit.

It was noted that there were some trip hazards in the corridors including hoists and trollies. One member of the Healthwatch team did trip over a hoist.

Observations - accommodation and cleanliness

The décor of the care home was of a high standard. All furniture appeared well kept. It had a homely feel, with coordinating soft furnishings and pictures

on the walls. The communal dining room was very light and modern. There were St. George's banners in this area and posters around the building.

There was a hairdressing salon within the care home which was used regularly by residents. This room was very light and clean. It felt very much like a high street salon as we walked in.

There was a small room which was once a bar for residents but was now used as a space for reablement. This was a great space for those residents who were part of the Destination Home programme. This facility enabled the therapy team to work with residents to gather information around independence when planning discharge. The room was equipped with a washing machine, kettle and toaster and a space for sitting (see picture below).

We were shown into the laundry room it appeared clean and well organised. We saw clothes in plastic boxes with resident details on and room numbers.

When invited into a resident's room, Healthwatch noted that it was personalised with photographs and the resident's belongings. There was a poster in the resident's bedroom explaining the 'Key Buddy' system. This centered around the wellbeing of residents. There were photographs and the name of the member of staff who was the nominated 'key buddy' for that resident.

Residents' rooms had ensuite facilities and rather than a name (for confidentiality purposes) each resident had chosen a picture of either a butterfly or a bird to have on their door. This was to enable the residents to identify their own room.

All bathrooms and communal areas were clean and tidy.

Observations - food and nutrition

Healthwatch saw a chalk written food menu on top of the Bain Marie. There were three choices offered for the main meal either pasta bolognaise with garlic bread/salad, or braising steak, with onion, broccoli, mixed veg and gravy or sausage with mashed potato. There was only one pudding option listed, rhubarb crumble with custard or ice cream.

The communal dining room was very light and modern. Some tables were quite small. The area was very clean and uncluttered. However, the Bain Marie didn't look as clean; there appeared to be finger marks smudged on the glass and residues of food.

Whilst we were there a resident asked a member of Healthwatch to come and look at their table, it was very wobbly and their drink was spilling. We checked a few of the other tables in the dining room and found others were wobbly.

The food appeared to be late being served that day, so we did not have an opportunity to see it being presented.

It was noted that Sycamore Lodge had a 3-star score (generally satisfactory) rating, on the door, from Environmental Health.

Observations - activities, social participation and involvement

They were holding St. George's Week activities at Sycamore Lodge. This included a tea trolley with decorated cupcakes. We observed the drinks trolley and teacakes being offered to residents.

The TV was on in the lounge; all chairs were occupied there. Some residents were sitting in the conservatory.

There were a variety of board games, puzzles and books that residents could play or borrow in the lounge/conservatory.

There was an outside space that residents could access.

Dates for church services for 2026 were displayed on a noticeboard. These services are held monthly within Sycamore Lodge. The most recent monthly newsletter was also displayed on this board.

There were posters and leaflets around the care home advertising activities taking place and future events.

Conclusion

Overall, Healthwatch found Sycamore Lodge to be warm and welcoming, and staff and residents appeared happy and relaxed. Information was available that allowed people to feedback suggestions to the home and provide comments. It was also noted that written menu and activity information were displayed within the home.

Some issues were identified on the visit including a lack of blinds in the conservatory and hoists situated in the corridor.

Staff spoken to, during the visit, enjoyed working at Sycamore Lodge and felt supported in their roles. Staff also enjoyed interacting with residents, and felt diversity was a strength. Staff also mentioned that they would like to know more about residents' health conditions.

Healthwatch would like to thank the manager and all the staff at Sycamore Lodge for accommodating the Enter and View visit.

Highlighting Good Practice

Healthwatch would like to highlight the following good practice observed during the visit:

Healthwatch found the staff to be warm and welcoming.

Healthwatch found the registered manager to be open and knowledgeable about her residents and Sycamore Lodge.

Themes and Recommendations

The following themes and recommendations are being made based on the feedback and observations made during the visit:

Theme: Safety

Recommendation 1:

The registered manager should ensure blinds or something similar are installed in the Conservatory.

Recommendation 2:

The registered manager should Make sure that the hoists are not left in the corridor as they are a trip hazard for residents/staff and guests.

Recommendation 3:

The registered manager should check the tables in the dining area to make sure they are secure and do not wobble.

Signed on behalf of Healthwatch North Lincolnshire: J. Allen	Date: 30/07/26

Provider response to recommendations:

Providers have 20 working days to respond to recommendations. This can include why they may or may not take on board the recommendations.

Theme: Safety | Recommendation 1	
Specific	**What is the recommendation?**
	The registered manager should ensure blinds or something similar are installed in the Conservatory. The Registered Manager has reviewed the recommendation regarding the conservatory. The conservatory is intentionally designated as the home's sun room where residents can choose to enjoy warmer temperatures and natural sunlight. Residents also have access to several alternative communal lounges throughout the home should they prefer a cooler environment. To further improve resident comfort during periods of hot weather, the owners have commissioned quotations for a permanent air conditioning system to be installed within the conservatory. Due to the exceptionally high demand for specialist air conditioning contractors during recent warmer weather and changing climate conditions, current installation lead times are approximately 6–8 weeks.
Measurable	**How can you measure progress and know if you've successfully met the recommendation?**
	Progress will be measured through: • Obtaining quotations and appointing a contractor. • Confirmation of installation date. • Completion and commissioning of the air conditioning system. • Positive resident feedback regarding comfort within the conservatory.
Achievable	**Is the recommendation achievable? Do you have the skills to achieve it?**
	Yes. The owners have already commenced the procurement process and funding has been approved.

Relevant	**Is the recommendation relevant?**
	This recommendation supports resident comfort, wellbeing and environmental safety while maintaining residents' freedom to choose between warmer and cooler communal areas.
Time-bound	**When will the recommendation be completed?**
	Air conditioning installation is expected to be completed within **6–8 weeks** (anticipated by **September 2026**).

Theme: Safety | Recommendation 2	
Specific	**What is the recommendation?**
	The registered manager should make sure that the hoists are not left in the corridor as they are a trip hazard for residents/staff and guests. Following review, the Registered Manager completed a comprehensive risk assessment regarding the temporary storage of mobile hoists within designated corridor locations. The assessment concluded that the current arrangement presents a **low residual risk**, provided existing control measures remain in place. Sycamore Lodge does not currently have a dedicated hoist storage room. Hoists are therefore positioned only within specifically designated locations in the widest parts of corridors, never outside bedrooms, fire exits, fire doors or cross-corridor fire doors. Escape routes remain unobstructed and daily environmental safety checks are undertaken. Furthermore, the most recent independent Health, Safety and Fire Risk Assessment undertaken by **Susan Smithson, Principal Health, Safety and Fire Risk Consultant**, during **October 2025**, identified **no concerns whatsoever** regarding the temporary positioning of hoists. The consultant

	confirmed that no recommendations were made requiring their removal and the home's Fire Risk Assessment accreditation certificate remains in place. The building's exceptionally wide corridors and designated storage points significantly mitigate any associated risks
Measurable	**How can you measure progress and know if you've successfully met the recommendation?**
	Success will be measured by: • Daily environmental safety inspections. • Weekly management walk-rounds. • Ongoing Fire Risk Assessment reviews. • No obstruction of fire exits or evacuation routes. • No incidents involving hoists causing trips or collisions.
Achievable	**Is the recommendation achievable? Do you have the skills to achieve it?**
	Yes. Existing control measures are already embedded within the home's daily practices and staff are trained in correct storage locations.
Relevant	**Is the recommendation relevant?**
	This recommendation supports residents, visitors and staff safety while recognising the operational necessity of maintaining prompt access to moving and handling equipment within a residential care environment.
Time-bound	**When will the recommendation be completed?**
	The revised risk assessment has been completed and implemented. Compliance will continue to be monitored daily with formal review by **October 2026** or sooner should circumstances change.

Theme: Safety | Recommendation 3	
Specific	**What is the recommendation?**
	The registered manager should check the tables in the dining area to make sure they are secure and do not wobble. Following receipt of the recommendation, the Registered Manager instructed the maintenance operative, as a matter of urgency, to inspect every dining room table, tighten, repair or adjust any unstable tables and identify any requiring replacement. This work was prioritised as a same-day resident safety action.
Measurable	How can you measure progress and know if you've successfully met the recommendation?
	Success will be measured by: • Completion of inspection of every dining room table. • Confirmation that all tables are stable and safe for resident use. • Any irreparable tables removed from service and replaced where required. • Inclusion of table stability checks within ongoing environmental safety inspections.
Achievable	Is the recommendation achievable? Do you have the skills to achieve it?
	Yes. The home has an employed maintenance operative capable of completing repairs promptly, with replacement available where repairs are not possible.
Relevant	Is the recommendation relevant?
	This recommendation directly reduces the risk of spills, falls and injuries and improves the dining experience for residents.

Time-bound	When will the recommendation be completed?
	The inspection and any necessary repairs were instructed to be completed **by the end of 15 July 2026**, with ongoing routine checks incorporated into the home's maintenance programme.