The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Seymour Gardens

Provider: Western HSC Trust

Date of Inspection: 16 April 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Western HSC Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mrs Kim McKeever – not registered

Service Profile –
This home is a registered residential care home which provides health and social care for up 21 residents living with dementia.

There are a range of communal areas throughout the home and residents have access to an enclosed garden.

2.0 Inspection summary

An unannounced inspection took place on 16 April 2026, from 10.25 am to 5.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated again for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with provided positive feedback about their experiences living in the home. Some of the comments shared included, "the staff are excellent" and "the food is beautiful." Residents were observed seated in communal areas across the home and appeared to be relaxed and comfortable in their surroundings.

Visitors to the home commented positively about the staff in the home, some of the comments shared included, "the staff are very good, communicative, keep us well informed."

Staff spoken with provided positive feedback about working in the home. Staff said there was good teamwork, support from the management team and they were happy with the staffing levels in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

Review of the duty rota did not always clearly evidence the manager or the manager's hours. The details of this were shared with the management team and an area for improvement was identified.

Comments shared by a staff member regarding their local induction to the home was discussed with the management team. Assurances were provided by the management team that the current system in place for the completion of local inductions with bank staff would be reviewed to ensure local inductions are completed and signed off for all staff prior to commencing work in the home.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of documents and discussions with residents and the management team confirmed there was enough staff on duty to meet the needs of the residents.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Discussion with staff confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of post falls documentation evidenced that post fall observations were not completed in full and gaps were evident. The previous area for improvement identified relating to this was not met and has been stated again for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Residents' needs were met through a range of individual and group activities such as arts and crafts, hairdressing, games and one to one reading.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were generally person centred, and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. A discussion took place with the management team to ensure the two identified care plans and risk assessments were reviewed to accurately reflect the safety plans in place. Assurances were provided that this would be addressed following the inspection.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents' bedrooms were mostly personalised with items important to the resident.

There was evidence of wear and tear to some aspects of the environment across the home, for example, woodwork, paintwork and door frames were chipped and worn. The management team confirmed an environmental audit had been completed and actions had been identified as part of this for review and action. An area for improvement was identified.

Toiletries were observed as accessible across the home in a number of resident's bedrooms. The management team confirmed that only those residents who were assessed as able to safely manage a small number of toiletries have access to these. The management team confirmed in writing following the inspection, the actions taken to address and manage toiletries for residents based on individual risk assessments.

Review of records did not clearly evidence the recording of water flushing checks and water temperature checks when these were completed. The details of this were shared with the management team and assurances were provided that these were being conducted. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Kim McKeever has been the Manager in this home since 30 March 2026. RQIA had not been notified about this change of management arrangements in the home. The details of this were shared with RQIA at the time of inspection and a retrospective notification was submitted to RQIA in writing following inspection. A discussion took place with the management team regarding the need to inform RQIA of all Manager absences as soon as the management team become aware.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that systems were in place for the management team to respond to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. The details of one complaint which had been investigated and was due for closure were not available in the appropriate complaints folder, the details of this were shared with the management team and assurances were provided this would be updated in the identified folder.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes one standard that has been stated again for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kim McKeever, Manager and Mrs Jane White, Head of Service, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Area for improvement 1 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 27 May 2025	The Registered Person shall implement a system to monitor post falls record keeping to ensure this is completed fully and completely in line with the home's policies and procedures and evidence action taken were gaps are identified. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The Registered Manager (RM) has developed an aid memoir to support staff with post falls documentation. This will be completed for each occurance of a fall and an action plan devised to ensure all follow-ups are completed. The RM will complete an individual audit on each incident and address any gaps or issues as appropriate. The RM's will complete a monthly audit to review all incidents/falls/accidents to determine patterns in events and establish if there are areas for improvement or change which is needed to reduce occurrence of these incidents. This area of improvement and audit will also be overseen during the Provider Visit.
Area for improvement 2 **Ref:** Standard 25 **Stated:** First time **To be completed by:** 16 April 2026	The Registered Person shall ensure the duty rota clearly identifies the manager and their working hours. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered manager will ensure that their hours are included on the rota at all times.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 21 May 2026	The Registered Person shall submit a rolling refurbishment plan to RQIA outlining the planned repairs to the environment and projected timeframes for completion. Ref: 3.3.4

	Response by registered person detailing the actions taken: RM has submitted work dockets to the relevant departments, detailing the required work and refurbishment needed. A refurbishment plan with projected timeframes is being agreed with Estates colleagues and once finalised it will be shared with the Inspector.
Area for improvement 4 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 16 April 2026	The Registered Person shall ensure that records are in place to ensure suitable measures are in place for the control of legionella bacteria in accordance with the Health and Safety Executives guidance document HSG 274 Part 2. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has developed a new Water Safety folder, including policy and guidaince documents relevant to Residential settings such as "maintenance and control of water borne biological hazards", and "The Health and safety executives guidance document". This has provided staff with a timely reminder on the importance of testing, clear instructions on how to complete the tests accuratly and a template for recording. Any resultant actions will be clearly notes and action plan detailed. Completion of this will be monitored by the managers during their monthly audits and overseen during the Provider Visit. Following the inspection it was clarified that the checks had been completed as required however the documnetation was not filed in the correct location. The importance of good house keeping has been highlighted to staff.

Please ensure this document is completed in full and returned via the Web Portal

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