

Inspection Report

Name of Service: Weavers House Residential Care Home
Provider: Kathryn Homes Ltd
Date of Inspection: 30 July 2025

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:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Gabriela Ciurea
<p>Service Profile – This home is a registered residential care home that provides health and social care for up to 47 residents. The home is separated over two floors and provides care for up to 23 residents over 65 years of age and for up to 24 residents living with dementia. There is a range of communal areas throughout the home.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 July 2025, between 9.50 am and 5.15 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 1 July 2024; 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 all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 who were able to make their wishes known provided positive feedback about their experiences residing in the home. Some of the comments shared included, "the food is excellent and the staff are excellent" and "you can come and go as you please." There was mixed feedback received from some residents regarding the variety of food in the home. The manager provided assurances that the menu is varied and confirmed the actions taken to ensure residents wishes are taken into account about menu options.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents explained that they could have birthday parties with family and friends in their room or one of the lounges.

Residents told us that they were encouraged to participate in regular residents' meetings that provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that the staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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 robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff provided positive feedback about working in the home, some of the comments shared included, "I love my job here" and "the people are so friendly."

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

There was evidence of a system in place to monitor staff's annual appraisals and supervisions. It was not always evident that staff were receiving supervision at least six monthly. The manager provided assurances and evidenced the actions taken to ensure staff are receiving supervision within the required timeframes.

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. Throughout the day staff confirmed that, staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were mostly skilled in communicating with residents; comments regarding one staff member's interaction with a resident was shared with the manager for review and action as appropriate.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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 records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service or their GP.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. It was evident that one resident required increased support with their meal. The details of this was shared with the manager and assurances were provided that this was under review at present and action would be taken as appropriate.

The importance of engaging with residents was well understood by the manager and staff. There was evidence of a range of activities taking place across the home throughout the year. There is a designated activity room in the home specifically dedicated to displaying the artwork and sculptures completed by residents in the home. This was bright and colourful with evidence of a number of pieces of work which had been completed by residents for example; wreath making, seasonal artwork and autumnal designs.

The home has an activity co-ordinator who spoke about promoting person-centred activities for the residents and there was evidence of resident's involvement in this.

Discussions with staff confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was on display in suitable locations across the home advising of future events.

Residents' needs were met through a range of individual and group activities such as ball games, choir, one to one reading, board games, arts and crafts and hand massage.

Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

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, well maintained and regularly reviewed. It was evident that some individual care plans required more detail to direct care for residents assessed needs, for example; eating and drinking care plans and Deprivation of Liberty Safeguard (DoLS) care plans. The details of these were shared with the manager for review and action as appropriate.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of a malodour in some parts of the home, this was shared with the manager and assurances were provided that an action plan was in place to manage this.

There was evidence of ongoing reviews of resident's en suite cabinets and an action plan in place to address those requiring replaced.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks and water temperature checks.

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 no change in the management of the home since the last inspection. Mrs Gabriela Ciurea has been the Manager in this home since 8 October 2023.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded 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.

Residents said that they knew who to approach if they had a complaint and had confidence that concerns would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Gabriela Ciurea (Manager), as part of the inspection process and can be found in the main body of the report.

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