The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Weavers House Nursing Home

Provider: Kathryn Homes Ltd

Date of Inspection: 10 December 2025

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

1.0 Service information

Organisation:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Gabriela Ciurea
Service Profile: Weavers House Nursing Home is a registered nursing home which provides nursing care for up to 18 persons with dementia on the ground floor. Patients have access to a lounge, dining room and enclosed garden. There is a separate registered residential care home in the same building occupying the first and second floors. The registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 10 December 2025, from 9.50 am to 5 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that effective and compassionate care was delivered to patients.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were identified in relation to the safe storage of food and fluids and Control of Substances Hazardous to Health (COSHH). Full details, 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 patients, 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here", "The staff are looking after me well", "I feel very safe here", "I have everything I need" and "Great care in this home".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love working here", "The manager is brilliant" and "Good teamwork in this home".

One relative and a visiting professional spoken with during the inspection commented positively regarding the overall provision of care. Comments included: "This is one of the best homes I have ever been in", "We are so lucky to have found a home like this", "The staff are great here", "This is an excellent home", "Good communication from staff" and "My (Relative) is getting great care here".

There was no response to the online survey or questionnaires within the timeframe allocated.

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 patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patients care records evidenced that these were well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. A pictorial menu was on display within the dining room offering a choice of two meals. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

The dining experience was an opportunity for patients to socialise, and whilst the atmosphere was calm, relaxed and unhurried, there was a delay in some patients receiving their meal. The seating arrangements for identified patients was also discussed with the manager regarding the height of the dining tables and potential risks for patients with varying diet levels. Following the

inspection, written confirmation was received from the manager that relevant action had been taken to address these issues and to enhance the mealtime experience.

Patients commented positively about the food provided within the home with comments such as: “The food is lovely and we always get a choice of meals”, “Good wholesome food” and “A good variety of food”.

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as arts and crafts, baking, music, and quizzes.

The activity person was very enthusiastic in her role and advised that the home had recently won an award for art work that had been completed by a number of the patients.

Christmas bingo was provided in the morning and a reminiscence game of ‘knowing you knowing me’ was provided in the afternoon. Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “Plenty of things to do here” and “I just feel at home here”.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

A small number of care plans had not been created for identified patients regarding relevant medical history. This was discussed with the manager who updated these records during the inspection and agreed to review all other care records. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Care records were person centred, well maintained and regularly reviewed. Nursing staff recorded regular evaluations about the delivery of care. Patients care records were held confidentially.

3.3.4 Quality and Management of Patients’ Environment

The home was clean, neat and tidy and patients’ bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The manager confirmed that further refurbishment works were on the homes agenda including ongoing painting and the replacement of identified furniture and floor coverings.

Food and fluids were accessible in an unlocked cupboard and fridge within the dining room kitchenette. Some food had expired and this was immediately removed by the manager. An unlabelled cleaning product was also observed in an unlocked cupboard within the dining room kitchenette. Two areas for improvement were identified.

The cupboards and the fridge within the dining room kitchenette required cleaning; this was completed during the inspection and a cleaning schedule was implemented to ensure sustained compliance. Following the inspection the manager provided written confirmation that a checklist had also been commenced to ensure that the fridge items are monitored going forward.

A fire risk assessment was completed on the 23 September 2025. There were no actions required following this assessment.

There was evidence that fire drills were carried out within the home on a regular basis with a record of the staff who attended. A system was in place to ensure that all staff attended at least one fire evacuation drill a year.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance. Whilst most staff were compliant with IPC best practice, two members of staff were not adhering to appropriate removal of personal protective equipment (PPE) and hand washing between patients during the delivery of and assistance with meals. This was discussed with the manager who addressed this immediately and agreed to monitor going forward to ensure sustained 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 9 October 2023.

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

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

Compliments received were retained in a folder. Comments included; "This place is absolutely brilliant", "So homely and very happy residents" and "The work that you do with your residents is absolutely amazing".

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 the management team 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.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Gabriela Ciurea, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 10 December 2025	The registered person shall ensure that food and fluids are safely and securely stored in accordance with the assessed needs of the patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: Nurses in charge are now completing an enhanced daily checklist. This includes monitoring locked cupboards, the fridge, chemical storage, and performing internal fridge checks, with all contents and expiry dates recorded. Completed checklists are submitted to manager at the end of each day to ensure accountability and timely review. An additional weekly audit has been introduced, conducted by manager. This audit encompasses the kitchenette, dining room, and all cupboards, in addition to the existing weekly menu audit. Any areas of non compliance will be addressed with individual staff members.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 10 December 2025	The registered person shall ensure that cleaning chemicals are securely stored and appropriately labelled. Ref: 3.3.4
	Response by registered person detailing the actions taken: Nurses in charge are now completing an enhanced daily checklist. This includes monitoring locked cupboards, the fridge , chemical store, and performing internal fridge checks, with all contents and expiry dates recorded. Completed checklist are submitted to manager at the end of each day to ensure accountability and timely review.

	An additional weekly audit had been introduced , conducted by manager. This audit encompassess the kitchenette, dining room, and all cubpoards , in adittion to the existing weekly daily menu. Any areas of non compliance will be addressed with indiviudal staff members. At the time of delivery products are checked to ensure they are appropriately labeled and if not they will not be brought onto to the unit until this is rectified.

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

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