The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Weavers House Residential Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 12 August 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Ms Vanessa McCrory - acting
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. There is a separate registered nursing home which occupies the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2026, from 10.20 am to 5.00 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 30 July 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

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 generally provided positive feedback about care delivery in the home and described the staff as approachable. Some of the comments shared by residents included, "the place is good, no problems" and "the staff are good, but there are not enough of them." Mixed feedback was provided by residents regarding staffing levels and some residents commented they had to wait long periods on staff to respond to call bells. This is discussed further in section 3.3.1.

Some of the residents commented that activity provision in the home was poor but they were well informed that a new activity co-ordinator had been employed and were confident that this would improve. This feedback was shared with the management team for review and action as appropriate.

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 a system in place to ensure pre-employment checks were completed prior to a staff member commencing work in the home. However, these checks did not clearly evidence that a full employment history had been provided; reasons for leaving or gaps in employment, prior to the staff member starting work in the home. The details of this were shared with the management team and an area for improvement was identified.

Residents said that there were not enough staff and felt that increased staffing was required; one resident commented, “the staff are good but there aren’t enough of them.” Some residents said it took a while for staff to respond to call bells.

Discussions with staff confirmed that they felt there was a shortage of care staff across the home. The staff advised this was due to a change in some of the residents needs and increased levels of dependency. The details of this were shared with the management team and assurances were provided that there are currently ongoing reviews of staffing levels across all departments. An area for improvement was identified.

Examination of the staff duty rota evidenced that planned staffing levels were mostly met. There was evidence of agency staff acting as the care team leader on some occasions. There was no clear evidence of a system in place to evidence these staff had been assessed as competent and capable in this role. The details of this were shared with the management team and assurances were provided that assessments would be completed for all staff acting as the person in charge. An area for improvement was identified.

The person in charge in the absence of the manager was not always clearly identified on the duty rota, the details of this were shared with the management team and an area for improvement was identified.

There was evidence of a system in place to evidence dates staff received their supervision and appraisals. It was evident that a date had been scheduled for all staff to complete their annual appraisal; however, it was not evident that staff were receiving supervision at least once every six months. The details of this were shared with the management team and an area for improvement was identified.

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 they 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.

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.

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 care 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 their GP, or for physiotherapy.

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 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.

Discussions with residents confirmed that they did not feel there were enough activities taking place in the home. However, they were well informed that a new activity therapist had been recruited and they said they were hopeful that planned activities would improve. The details of this were shared with the management team who confirmed the activity therapist had commenced work in the home. Activity provision will be reviewed at a future inspection.

Residents were observed engaging in their own preferred choice of stimulation such as reading, watching television or listening to music in their rooms.

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 mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. The details of care plans requiring further personalisation for resident's were shared with the management team for review and action, assurances were provided that this would be amended. 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

The home was bright and welcoming. Bedrooms and communal areas were mostly well decorated.

There was evidence of a malodour present to a number of different areas of the home and some areas were observed as requiring cleaned for example, the kitchenette and fridge on the general residential unit. Carpets in the dementia residential unit appeared worn and stained. The details of this were shared with the management team and assurances were provided that these areas would be addressed. An area for improvement was identified.

The crockery in the general residential unit was worn with specific reference to the plastic cups. The details of this were shared with the management team and assurances were provided that this would be addressed.

Discussion with the manager 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 and resident call system checks.

Review of records confirmed that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. One staff member was observed not complying with IPC measures when disposing of a continence aid. The details of this were shared with the management team for review and action.

3.3.5 Quality of Management Systems

Ms Vanessa McCrory has been acting as the manager in this home since 13 July 2026.

Staff mostly commented positively about the management team and described them as supportive, approachable and able to provide guidance. Other comments were shared with the management team for review.

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 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.

There was evidence that some complaints were not logged on the complaints audit however, assurances were provided that these had been managed correctly.

Monthly monitoring visits were being completed by a representative of the registered provider. These were detailed and evidenced a review of the running's of the home. The reports of these visits were available for inspection however, they did not always evidence final sign off by the manager. The details of this were shared with the manager and will be reviewed at a future inspection.

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	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Vanessa McCrory, manager and Mr Stephen O'Connor, regional 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (b) Schedule 2 (4) & (6) **Stated:** First time	The registered person shall ensure that pre-employment checks evidence that the employee has provided a full employment history, reasons for leaving and an explanation for any gaps in employment, prior to commencing work in the home. Ref: 3.3.1
To be completed by: 12 August 2026	**Response by registered person detailing the actions taken:** The Registered Person ensures that all pre-employment checks are completed before staff commence work, including a full employment history, reasons for leaving previous employment, and explanations for any gaps. Compliance is monitored through recruitment checklists by the Registered Manager. Any missing information is followed up and addressed promptly.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25 **Stated:** First time	The registered person shall ensure there are adequate staffing levels on duty to meet the assessed needs of all residents and taking into account the size and layout of the building. Ref: 3.3.1
To be completed by: 12 August 2026	**Response by registered person detailing the actions taken:** The Registered Person maintains a recruitment plan to ensure sufficient suitably qualified and experienced staff are available to meet residents' assessed needs. Staffing requirements are reviewed against the rota, occupancy, residents' needs and planned leave. Where vacancies or anticipated staffing gaps are identified, recruitment is commenced promptly to maintain safe staffing levels. Rota compliance is monitored through daily checks of planned and actual staffing, with any shortfalls addressed immediately and recorded.

Area for improvement 2 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that competency and capability assessments are completed with any member of staff who is in charge of the home in the absence of the manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person ensures competency and capability assessments are completed for all staff who may take charge of the home in the absence of the Home Manager. Compliance is monitored through a competency matrix and regular reviews. Assessments are reviewed during supervision and following any significant incident, change in role or identified performance concern. Any gaps are addressed through additional training, supervision or reassessment.
Area for improvement 3 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure there is a competent and capable person in charge of the home at all times. This should be clearly identified on the duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person ensures that a competent and capable person is in charge of the home at all times. The Home Manager completes weekly rota checks to confirm that a suitably assessed person in charge is identified for every shift. The Registered Manager reviews these checks as part of the monthly management oversight process, with any gaps addressed promptly and recorded.
Area for improvement 4 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 9 September 2026	The registered person shall ensure that staff receive recorded individual, formal supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person ensures all staff receive formal, individual supervision at least every six months. The Home Manager maintains the supervision matrix and records each session, including agreed actions and areas for development. The Registered Manager audits supervision records quarterly to ensure compliance. Any overdue supervision is identified for immediate action,and recorded through management oversight until completed.

Area for improvement 5 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 12 August 2026	The registered person shall ensure that the building is kept clean and hygienic at all times, with a focus on, but not limited to the areas discussed at inspection. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person ensures the home is maintained in a clean and hygienic condition at all times, with particular attention to the areas identified during the inspection. Cleaning is recorded using daily cleaning checklists, with staff signing and dating tasks once completed. The Home Manager reviews the checklists regularly and records any outstanding issues or corrective actions. Any concerns are addressed promptly and followed up to ensure standards are maintained.

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