The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Weavers House Nursing Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 16 September 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 – Not Registered
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 manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2026, between 9.45 am and 4.35 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 10 December 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 compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, 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 one area for improvement was assessed as having been addressed by the provider. One area for improvement has been stated 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 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 all very kind here; they would do anything for you", "I have everything I need" and "The staff are looking after me well".

Staff said that both the manager and deputy manager were very supportive and approachable and that they worked well as a team to ensure that the needs of the patients are met. Some staff said that morale had been effected due to the turnover of staff and reliance on agency staff. Staff further said that they were aware of the management's efforts to recruit staff and were hopeful that this would improve morale. Comments included: "I do enjoy working here", "I had a good induction", "The care staff are excellent here" and "We need more permanent staff".

The inspector spoke with one relative during the inspection who was satisfied with the overall delivery of care. Comments included: "The staff are very friendly and welcoming", "I am very happy with my (relative's) care", "If I had any concerns I would be confident that it would be addressed" and "I have no concerns".

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. Review of a sample of recruitment records evidenced that reasons for leaving previous employment had not been fully explored and whilst references had been received, they were not from the most recent employer. An area for improvement was identified.

A discussion was also held with the management team in relation to ensuring that the registration status with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) is checked prior to commencing employment and that there is evidence within staff files that a job description has been provided and an induction has been commenced/completed. The necessary assurances were received from the management team that relevant action had been taken to address these findings. This will be reviewed at a future inspection.

Patients said that staff were very attentive. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

As mentioned above in section 3.2, comments were received from staff regarding staffing arrangements and morale. These comments were shared with the management team who discussed the ongoing efforts made to recruit staff and that this was currently under review with new staff about to commence.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, 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 patients 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 to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, it was observed that patients were being transported in wheelchairs without the use of a lap belt to maintain patient safety. Details were discussed with the management team and an area for improvement was identified.

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 patient care records evidenced that whilst most were well completed; the frequency of repositioning within one patients care plans was not in accordance with the frequency being completed. This was discussed with the nurse in charge who confirmed that the patient's needs had changed and acknowledged that the care records should have been updated. An area for improvement was identified.

In addition to the above findings, the mattress settings on two patients' beds were not set as per the directions within the care plans; and the type of mattress in place for one patient was not in accordance with the care plan. An area for improvement was identified.

Review of care records in relation to moving and handling and discussion with the nurse in charge identified that the needs of two patients had changed and the equipment within the care plans and risk assessments had not been updated to reflect this. Details were discussed with the management team and an area for improvement was identified.

Wound care for one patient evidenced that the wound had not been dressed on a number of occasions within the recommended timeframe. An area for improvement was identified.

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 meal time co-ordinator was allocated to oversee the correct delivery of meals to patients and whilst a menu offering a choice of two meals was on display within the dining room it was not reflective of the meals being served. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. Patients commented positively about the food provided within the home with comments such as: "The food is very good here", "We get a good variety of food" and "I enjoy the food here; you couldn't get better".

A schedule of activities was on display within the home offering a range of individual and group activities such as gardening, arts and crafts, karaoke and movies. The activity coordinator had recently commenced in her role and was observed positively engaging with patients and encouraging them to participate in activities.

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: "I enjoy the activities here", "There is plenty of things to do here" and "The staff are all great 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.

Several boxes containing confidential patient information were not securely stored within an unlocked office. An area for improvement was identified.

Review of a sample of patient care records regarding the management of diabetes evidenced that the recommended frequency of blood sugar monitoring within the care plan was not consistently being completed as directed. Details were discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Whilst the home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient; the inside of cupboards, drawers and the fridge within the dining room kitchenette required cleaning. Relevant action was taking during the inspection to address this. The management team confirmed that a cleaning schedule was in place and that this would be monitored going forward.

Surface damage was evident to a bedrail protector, crash mat and an armchair. Staining was observed to identified bedroom carpets and sink plugholes. The management team discussed plans to have these issues addressed and following the inspection, written confirmation was received that relevant action had been taken to address these findings. This is discussed further in section 3.3.5.

Food and fluids were accessible in a fridge within the dining room kitchenette and within an office; a hamper of food was also observed within the reception area. Whilst action was taken during the inspection to address this an area for improvement has been stated for a second time to ensure sustained compliance.

Other unnecessary risks were identified in relation to access to scissors, staff handbags and personal belongings within an office. An area for improvement was identified.

A fire exit door was obstructed with an armchair and a patient's walking frame. An area for improvement was identified.

Prescribed supplements were not securely stored in an area accessible to patients. In addition, several supplements were not labelled to indicate who they were for. Other supplements had a room number and the previous days date for administering. It was further identified that some of these supplements had already been signed by staff as having been administered. Two areas for improvement were identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of staff practice to ensure compliance. Whilst most staff were compliant with IPC best practice, one member of staff was not bare below the elbow. This was discussed with the deputy manager and relevant action was taken to address this with ongoing monitoring by management to ensure sustained compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Vanessa McCrory has been the acting manager in this home since 13 July 2026.

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.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, as mentioned in section 3.3.4 a number of environmental issues had been identified and an audit was not available to establish if these had been included in an action plan. An area for improvement was identified.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and 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	4*	11

* The total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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:** Second time	The registered person shall ensure that food and fluids are safely and securely stored in accordance with the assessed needs of the patients. Ref: 2.0 and 3.3.4
To be completed by: 16 September 2026	**Response by registered person detailing the actions taken:** The registered person is assured that robust arrangements are in place to ensure that food and fluids are safely and securely stored in accordance with the assessed needs of patients. This is an area of focus of the daily manager walk around of the home. This has been reinforced during staff handovers. Any areas of non-compliance are recorded and escalated and immediately addressed through individual supervisions. Posters have been displayed for visitors who wish to bring in food and fluids.
Area for improvement 2 **Ref:** Regulation 21 (1) (b) **Stated:** First time	The registered person shall ensure that recruitment is completed in line with legislative requirements and that evidence of this is available within staff recruitment files. Ref: 3.3.1
To be completed by: 16 September 2026	**Response by registered person detailing the actions taken:** The identified staff personnel files have been reviewed and full employment history including an explanation of gaps in employment have been added. Healthcare Ireland (HCI) has a rolling audit programme, included in this programme is a monthly audit of staff personnel files. In addition to this audit, HCI Human Resources staff undertake an annual audit of a random selection of personnel files, the Regional Manager also spot checks a sample of personnel files during their monthly regulation 29 visits. A personnel file checklist is in place that reflects the recruitments checks to be undertaken in accordance with the legislation and minimum standards.

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that prescribed supplements are securely stored and appropriately labelled to denote ownership. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person is assured that prescribed supplements are securely stored and appropriately labelled to denote ownership. All prescribed supplements are stored in the locked clinical room. Storage of all prescribed medicines to include supplements is an area of focus during the home managers daily walk-arounds. The nurse in charge undertakes daily checks; management to sample compliance during medication audits.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that items such as scissors, staff handbags and personal belongings are securely stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has reinforced that all staff handbags and personal belongings are securely stored in staff areas/areas not accessible to patients. A keypad lock has been installed on the administrator's office to restrict access and ensure that items such as scissors are securely stored. Adherence to the storage of staff personal items is observed during daily staff management walkarounds.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that lap belts are utilised when transporting patients in wheelchairs, in accordance with the patients' assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that lap belts are utilised when transporting residents in wheelchairs. Resident's wheelchair transport assessment and care plans have been reviewed to identify whether a suitable lap belt is required and safe to use, with relevant professional advice and consent/restriction considerations where indicated. A review of wheelchairs identified that they all have appropriate belts. Staff practice is observed and regularly audited.

Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that the recommended frequency of repositioning within patients care plans is consistent throughout their care records and reflected within the corresponding repositioning charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that the frequency of repositioning documented within patient care plans is consistent across all documentation. All care plans and repositioning charts have been reviewed and aligned to ensure the frequency of repositioning is consistently recorded in accordance with the patients' assessed needs. Nurse in charge to check charts daily and management to spot check weekly and monthly through audits.
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that mattress settings are in accordance with the patients assessed needs; and the type of mattress used is consistent with the patients care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that mattress setting are in accordance with the patients assessed needs and the type of mattress used is consistent with the patients care plan. All pressure pressure-relieving mattress have been checked against the resident's assessment, care plan, mattress type and prescribed settings; discrepancies have been addressed and records updated following clinical reassessment. A record of the mattress type and settings is clearly documented in the patients care plan and included in the resident safety and equipment checks. Any faults are escalated and compliance monitored through audits.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that care plans and risk assessments are reflective of the equipment used for moving and handling in accordance with the patients assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that care plans and risk assessments include the equipment used for moving and handling in accordance with the patients' assessed needs. Documentation identifies the piece of equipment (i.e. type of hoist, sling, transfer method and level of assistance required). Care plans and risk assessments are updated when required as patients needs change. All changes are recorded and communicated during handovers.

Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that for any patient requiring wound care; wounds are dressed in accordance with the frequency stated within the patients care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that when a patient requires wound care, wounds are dressed in accordance with the frequency stated in care plans. All care plans have been reviewed, and these include the prescribed dressing products, frequency and review dates. Healthcare Ireland (HCI) has a rolling audit programme, included in this programme is a monthly tissue viability audit. Nurse in charge to review wound schedules daily and management to audit records.
Area for improvement 6 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that the daily menu is reflective of the meals being served. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person is assured that the daily menu is displayed in the dining room and is reflective of the meal being served. Kitchen staff and the mealtime coordinator to communicate substitutions before mal service and ensure the menu is updated. Nurse in charge to verify menu accuracy at mealtimes; management to check during mealtime and dining audit.
Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person is assured that records retained in the home is stored safely in accordance with GDPR. A keypad lock has been fitted to the door of the administrator's office. The home managers office is locked. The home has identified lockable archive stores. All archive boxes stored in the administrator's office have been moved to the archive store. Management to include record security in routine audits and address any breaches under policy. Healthcare Ireland (HCI) has a rolling audit programme, included in this programme is a quarterly GDPR audit.

Area for improvement 8 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that for any patient requiring blood sugar monitoring, this is completed in accordance with the recommended frequency within the care plan. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person is assured that arrangements are in place to monitor blood sugar for patients who require this. All diabetic care plans have been reviewed against current clinical instructions, and these specify the frequency of blood glucose monitoring frequency, thresholds and escalation actions. Nurse in charge to check records each shift; management to spot check regularly and compliance through monthly audit.
Area for improvement 9 **Ref:** Standard 48 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that fire exit doors are maintained free from obstruction. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person is assured that fire exit doors are maintained free from obstruction. All furniture stored in the stairwells have been removed. Compliance with the this is monitored during the daily home managers walk around.
Area for improvement 10 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 16 September 2026	The registered person shall ensure that medicine records comply with legislative requirements, professional standards and guidelines. With specific reference to the administration of prescribed supplements. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person is assured that medicine records comply with legislative requirements, professional standards and guidelines. All prescribed supplement MAR entries have been reviewed to verify stock against actual administration, omitted doses or discrepancies in line with medication policy. All nurses have been reminded to sign only after administration and to document refusals/omissions accurately. Healthcare Ireland (HCI) has a rolling audit programme, included in this programme is a monthly audit of medicines.

Area for improvement 11 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 October 2026	The registered person shall ensure that an environmental audit is completed of the home and that an action plan is implemented with time frames, person responsible for addressing and follow up by management to ensure that any issues identified are addressed in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: Healthcare Ireland (HCI) has a rolling audit programme, included in this programme is a quarterly audit of the environment. The most recent environmental audit was completed on 20 September 2026. A refurbishment plan is currently being developed. Management review outstanding environmental audit action findings weekly, escalate overdue repairs and verify closure through follow-up inspection.

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

The **Regulation** and **Quality Improvement** Authority

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