

Weavers Linn Respite Unit Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 June 2025

Service provided by:
Renfrewshire Council

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Service no:
CS2005111724

About the service

Renfrewshire Council provides Weavers Linn Respite Unit, a residential short-break service for adults with learning disabilities and autism. It provides support to a maximum of nine adults. Whilst this service is primarily to allow carers a break from their caring responsibilities, the aims and objectives of the service are to facilitate opportunities for people to enjoy activities and gain and maintain their independence in a safe environment.

Service accommodation is on one level and is fully accessible with wide corridors and specialised equipment. There is a number of public and private areas including three lounge areas, two kitchens, a quiet room and a large secure garden. Bedrooms are large with full en suite facilities and can be personalised during people's stay. There is an area specifically designed for people who require a low sensory environment which can be tailored to meet people's individual needs.

At the time of inspection there were eight people using the service.

About the inspection

This was an unannounced inspection which took place on 24, 25, 26 June 2025 between 08:15 and 17:45 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and three of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

We also took into account feedback from 18 people via care inspectorate surveys.

Key messages

- We followed up on four previous areas for improvement which were met.
- People looked forward to their stay and regarded it as 'a wee holiday'.
- Care and support observed was person-centred and people told us staff were wonderful.
- Staff were supported well with training and supervision aiding staff development.
- Relatives advised that communication was very good with staff which gave them assurance.
- Visiting professionals praised staff for their commitment and professionalism.
- Managers had worked hard to improve communication to ensure people experienced a positive stay which met their outcomes.
- Some environmental improvements were needed to continue to offer people high quality, safe facilities.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good as there were several significant strengths promoting positive outcomes for people using the service.

Staff had built strong, trusting relationships with the people they supported. People told us 'I love coming here, the staff are just brilliant'. Staff consistently showed warmth and empathy, and relatives expressed they felt confident that their loved one's needs were well known and that they were well cared for.

Changes in people's health was recognised by staff and reported timeously. Health professionals praised the team for making appropriate referrals and following advice. Families appreciated the clear, regular communication and updates about their loved one.

During visits to Weavers Linn, the staff focus had been making people's stay with them positive. People were involved in welcome meetings to discuss plans for their stay including meal planning, routines, and activities supporting people's choices and preferences well. Staff set up bedrooms and other areas for people prior to arrival so that people benefitted from environments that were well prepared and thoughtfully equipped. A range of communication methods were used confidently to support people to make choices where required.

People can expect to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day both indoors and outdoors. There was a wide range of activities on offer and people could access outside space unrestricted. The service aimed to cater for those who wished to visit with peers to maintain these friendships and people told us 'It's really great I can get some time to do things with my best pal'. People told us they loved singing their favourite songs on the Karaoke and spending time with others they knew which supported positive wellbeing.

People should benefit from the safe management of medications. Policies and processes were clearly set out. Medication administration records were well maintained. We were assured people received their prescribed medication as directed. Staff remained alert and capable, handling medication safely and responding quickly to issues. Observations of staff practice were regular giving confidence to people that staff were competent.

Meals and snacks should be readily available and able to meet people's dietary needs and choices. Mealtimes were relaxed and well organised with people able to choose a later breakfast or lunch. Snacks like fresh fruit and drinks were available at all times for people to help themselves and everyone we asked fed back that the food was great. Some people were supported well with healthy eating. Information on food and fluids were recorded where necessary. Staff did require further training when supporting people with textured diets and we will look at this under 'How good is our staff team?'

The management team had introduced new care plans and we sampled a few. Plans were thorough, respectful, and strengths-based, helping people to be involved in their care. The plans set out how to meet people's outcomes and clearly stated people's choices and wishes. The one-page profiles were informative and detailed. People's dignity was prioritised in the way personal support was recorded to inform staff practice. The staff had used the care plans to foster a culture of care that respected individuals, promoted choice, and supported people to live well and feel valued. People and their families were as involved in planning their care and support and reviews as much as possible.

Whilst staff were able to deliver current care due to regular communication and updating of the plans, care plans needed to better capture people's future goals and wishes. We shared guidance about future care planning with the management team who had already recognised this.

Whilst people overall were happy, we asked what could improve the service and relatives and people fed back that limited access to transport had reduced opportunities for people, particularly wheelchair users, to engage with the community. We fed this back to the management team.

Accidents and incidents in the service had been well managed though notifications to regulators had not been consistently submitted.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

The provider had created a warm, supportive environment where people knew and liked the staff who cared for them. Staff were committed to their role. A photo board showing which staff were on shift helped people using the service feel informed and supported.

Safe recruitment practices were followed, and staff were familiar to service users, which helped everyone feel more secure. Feedback from families was positive, with staff described as going 'above and beyond to make each stay a good experience'. There was a strong sense of continuity, thanks in part to experienced and returning retired staff being part of the team.

The staff team had good morale and worked well together, with newer members reporting helpful and welcoming colleagues. This meant people experienced stable and consistent support during visits. There was no reliance on agency staff and sessional staff who knew people already were used to supplement the staff team.

Inductions for new staff were valued, and training was well attended. In particular staff valued the four annual in-person sessions, which made them feel more capable and appreciated. Staff had high rates of compliance with training and completed the necessary moving and assisting training. Staff felt confident using equipment, working well together to ensure safe and comfortable support for people. This supported people to be as independent as possible and gave confidence that staff were skilled and knowledgeable.

Training in food hygiene and International Dysphagia Diet Standardisation Initiative (IDDSI) was overdue whilst identified as mandatory. This was particularly important for people requiring staff support with textured diets and thickened liquids. The management team already had plans for staff training around food hygiene and assured that further sessions would be sought for support around dysphagia diets and textured foods.

An open-door policy meant the management team was seen as approachable. The service had made significant progress in developing a positive and transparent culture, which was recognised through a 'Team of the Year' award. Staff told us 'we are a good team who support each other and the best thing is we are kind to each other'.

We sampled rotas and staff told us these worked for them. We noted adequate staff on shift during our visit

and observations informed us that people were benefiting from staff who had time to spend with them. Some of these staff were sessional. Staffing levels had not been formally assessed in a way that reflected the complexity of people's needs. A more robust, ongoing approach using professional judgement alongside dependency tools was recommended to continue to support quality care. This would be in keeping with the Health and Care (Staffing) (Scotland) Act 2019. See area for improvement one.

While staff were registered with the Scottish Social Services Council (SSSC), better oversight of this process was necessary. The management team considered ways in which this could be achieved.

Although smaller team meetings had taken place, more frequent, structured sessions, including group supervision would benefit staff to support reflection, learning, and promote stronger teamwork.

Areas for improvement

1. In order that people's needs are met by the right number of staff the provider should consider the requirements of people supported and demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people'(HSCS 3.15).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on people and clearly outweighed areas for improvement.

People can expect their environment to be relaxed, welcoming, peaceful and free from unavoidable noise and smells. The home offered a welcoming and person-centred environment, with a layout that suited small group living and gave people freedom to move between private, communal, and outdoor spaces. Bedrooms and other areas could be personalised to individual tastes, helping people feel comfortable and at home.

Cleanliness was clearly a priority, with staff following cleaning schedules resulting in the home being cleaned to a high standard. It was quiet, odour-free, bright, and warm. Good working relationships between the staff, management, and the external facilities management kept people safe from spread of infection.

Safety certificates were in place, and whilst the building was comfortable, it would benefit from a programme of refurbishment to ensure people continue to experience high quality facilities. People using the service should be consulted on future changes to help them feel more involved in shaping their surroundings.

There was limited directional signage throughout the building to help visitors and infrequent users find their way around. Areas of the building, including flooring, looked tired, and families had commented on the need for redecoration. Without a dedicated maintenance worker in the service some essential checks like water temperatures had been missed and could have posed a risk to safety. The management team were committed to ensuring a safe and well-maintained environment and did address the issues during the visit.

The broken garden fence also required urgent attention, and the tumble dryer was out of order. This meant mops couldn't be dried properly, raising potential infection risks. A clearer plan for ongoing upkeep was

needed to ensure the environment remained safe, clean, and well maintained to a high standard for everyone. See area for improvement one.

Areas for improvement

1. People should benefit from an environment and furnishings, which are well maintained and meets their needs and wishes. To ensure this, the provider and manager should assess the environment, which will include the furnishings, and act promptly to address any issues identified.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21) and 'My environment is safe and secure'(HSCS 5.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that all staff are offered, and participate in, supervision as per their own policy. Staff competency checks should also be carried out. Together these tasks ensure that staff have the correct skills and knowledge to carry out their role and any identified areas for development can be identified and support offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 30 March 2023.

Action taken since then

Staff were supported with supervision and compliance rates were good. We sampled some records which were clear and had attached actions with opportunities for staff to reflect on practice.

Staff competency checks were ongoing and over a range of key areas and sections across the calendar year, which has helped to improve knowledge and skills and allow for a plan to address any gaps in knowledge.

This area for improvement is met.

Previous area for improvement 2

The management team should develop and continue to have oversight on the work completed by the management of the facilities service in relation to infection prevention and control. Updated guidance and links to good practice should be available to all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 25 October 2022.

Action taken since then

The management team had worked hard with the facilities service and introduced new cleaning schedules in conjunction with their management colleagues, we saw these in use throughout our inspection. The home was clean throughout. The staff all had Infection Prevention and Control (IPC) training and access to all policies and guidance online. Training was supplemented by practice and competency checks. There was also use of external governance around IPC. There was improved oversight.

This area for improvement is met.

Previous area for improvement 3

The management team should ensure that people's rights around medication use are protected. The Adults with Incapacity (Scotland) Act 2000 Section 47 certificates should be in people's files if it is required. Good practice guidance from the Mental Welfare Commission for Scotland on the use of covert medication should be adhered to if a person is receiving their medication in this manner. (<https://www.mwcscot.org.uk/>) Some families may request that medications are offered in an altered form. Management must be assured that such routes are safe and retain the medication's efficacy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention I experience is safe and effective" (HSCS 1.24), "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively" (HSCS 1.3).

This area for improvement was made on 25 October 2022.

Action taken since then

We looked at the medication policy, process, some Medication Administration Records (MAR) charts and completed staff competencies. We also noted within the care files where Section 47 Certificates were kept. This upholds people's legal rights. We noted mention of and guidance around covert pathways for medication. We concluded that people benefit from safe medication practices in line with the Mental Welfare Commission Scotland (MWC).

This area for improvement is met.

Previous area for improvement 4

The provider should ensure that effective quality assurance and audit processes are completed regularly. Where areas of concern or deficits are identified, there must be a clear action plan, with evidence available to demonstrate progress made and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 25 October 2022.

Action taken since then

We looked at the service improvement plan and a number of quality audits completed. We could see a regular plan to cover all key areas.

We noted where there were areas of risk identified, there was an action plan to address this. We advised you should add for example, to this who you contacted for repair of fence, and where painting had been requested from.

We could see effective leadership using effective quality assurance and audit, to ensure continuous improvement in the service, whilst the management team acknowledged there is more work to do.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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