



Inspection Report

Name of Service:	Tudordale Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	23 September 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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Georgeta Rotaru
<p>Service Profile – This home is a registered nursing home which provides health and social care for up to 45 patients living with dementia. The home is situated on one floor with individual bedrooms and communal dining and lounge areas. There is an outside garden area for patient use.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2025, between 9.30 am and 4.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

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.

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 spoken with said they were happy that staff were looking after them well, the home was kept clean and the food served was lovely. No concerns were raised about staffing levels or the care provided.

Staff were complimentary about the support from the manager, the training provided and the staffing levels in the home.

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

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 teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels.

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

Review of the system to manage the registration of staff evidenced that staff were registered appropriately with the Nursing and Midwifery Council (NMC), or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day staff observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and access to mobility aids.

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.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity in the morning, talking about old pictures and reminiscing, confirmed that staff knew and understood patients' preferences and wishes and helped patients 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.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was generally tidy and welcoming. While patients' bedrooms were personalised with items important to the patient, areas of the home including baths, furniture, flooring and broken guttering required repair or replacement. An area for improvement was identified.

Patients were seen to be comfortable sitting in the communal areas of the home or in their own personalised bedrooms. Some patients had their own furniture from home, which they said made their room seem more home like.

It was observed that two stores were unlocked giving access to prescribed creams and dietary supplements. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Equipment such as commodes and zimmer frames were noted to be stored inappropriately in shower rooms and bathrooms. An area for improvement was identified.

Staff were observed washing their hands correctly and at appropriate times and to use PPE inappropriately. Discussion with the manager confirmed that hand hygiene audits were carried out routinely.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Georgeta Rotaru has been the manager in this home since 20 February 2024.

Patients 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 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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Georgeta Rotaru, registered 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 13 (4)(a) Stated: First time To be completed by: 23 September 2025	The Registered Person shall ensure prescribed creams and supplements are stored securely in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: As part of our ongoing commitment to ensure full compliance, a keypad lock for the relevant storage room has been ordered. This will be installed on receipt. This measure will further restrict access and improve the security of prescribed creams and supplements. In the meantime, staff have been instructed to use the manual locker for safe storage. Furthermore, during a recent team meeting held on 21 October 2025, staff were reminded of the importance of maintaining safe and compliant storage practices, in line with regulatory requirements. This will be closely monitored through our walkabout and environmental audit. Storage of prescribed creams and supplements will be monitored as part of the Regulation 29 visit. Any deficits identified will be addressed at the time of the visit and through a time bound action plan.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 31 October 2025	The Registered Person shall ensure damaged or worn baths, furniture, flooring and guttering are repair or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: As part of our ongoing environment action plan, the worn baths and guttering have been reported to the Estates Team, and the issue is currently being addressed as part of our scheduled maintenance works. Repairs and replacements are being prioritised to ensure the environment remains safe, functional, and compliant with regulatory standards. We will continue to monitor progress closely and provide updates via our time bound action plan Escalation and completion of environmental actions will be reviewed and monitored as part of the providers regulatory visits.

<p>Area for improvement 2</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure equipment such as, commodes and Zimmer frames are stored appropriately in the home.</p> <p>Ref: 3.3.4</p>
<p>To be completed by: 30 September 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>We confirm that the action regarding the correct storage of commodes and Zimmer frames has been fully completed as of 21.10.2025. All equipment is now stored in designated areas, in line with best practices and infection prevention standards. This matter was discussed with staff during the recent Health & Safety meeting, and ongoing monitoring is in place to ensure continued compliance. Regular monitoring will be conducted through daily walkabouts and periodic Environmental Health & Safety audits</p> <p>The Provider will monitor storage of equipment as part of the Regulation 29 Visit and any deficits will be addressed at the time of the visit and through a time bound action plan</p>

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