The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Tudordale Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **4 June 2026**

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

1.0 Service information

Organisation:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Georgeta Rotaru
Service Profile – This home is a registered nursing home, which provides nursing care for up to 45 patients living with dementia. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 4 June 2026, from 9.30 am and 4.50 pm by two care inspectors.

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 23 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

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.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection.

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 spoken with were complimentary about the care provided, said they were well looked after and the food provided was lovely.

A visitor confirmed that they were happy with the care provided, were in regular contact with the home in regards to their relative and would have no concerns about reporting poor care if needed.

Staff spoken with on the day of inspection confirmed they had received an induction for their roles in the home and knew their patients care needs well.

There were four staff responses to the online survey. Staff raised concerns about the staffing levels in the home and the management arrangements. This was discussed with the management team following the inspection for their review and action if required.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training. There was evidence of a system in place to provide training; however, some training compliance was low including Deprivation of Liberty Safeguards (DoLs) and basic life support. An area for improvement was identified.

Staff said there was good teamwork, however review of the staff duty rota identified that staff cover required improvement during the night-time rota. This was discussed with the manager for her review and will be examined at a future inspection.

Review of the staff duty rota did not contain the full name of all staff working over a 24-hour period. An area for improvement was identified.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The record of staff supervision identified that individual staff supervision was not completed. The record of staff appraisal also showed that this had not been completed in a timely manner. Two areas for improvement were 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes 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.

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.

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.

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 patient who required a modified diet.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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.

Patients care records were not always held confidentially and were noted to be accessible in a dining room cupboard and nurses' station. This was brought to the manager's attention for action and an area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient. Observation of a sample of rooms identified that both décor and refurbishment were required to areas such as walls, furniture, fixtures and fittings and outdoor spaces. While a refurbishment plan was in place, no dates for completion of works was evident. This area for improvement has been stated for a second time.

Review of a sample of rooms in the home evidenced that there were no armchairs available for patients use if required. This was discussed with the manager and an area for improvement was identified.

Creams were observed to be inappropriately stored in patient bedrooms and were noted to have different names than that of the patient who resided in that bedroom. This was brought to the attention if the manager for immediate action and one are for improvement has been stated for a second time and a new area for improvement has been identified.

While domestic cleaning was ongoing throughout the home, and the home was generally clean a small number of areas including flooring and a bathroom were not properly cleaned. This was discussed with the manager for her action and will be reviewed on a future inspection.

Corridors and doorways were seen to be free from clutter and obstruction and a fire risk assessment had been completed to ensure the safety of the premises.

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.

A record was kept of the receipt of complaints made to the home and a complaints policy was in place. The records of compliments was shared with staff.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Action following these audits were mostly signed and dated as completed, however not all actions for care plan audits were signed as complete. This was discussed with the manager for her follow-up 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	2*	7*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Georgeta Rotaru, 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:** Second time **To be completed by:** 4 June 2026	The Registered Person shall ensure prescribed creams and supplements are stored securely in the home. Ref: 3.3.4 and 2.0
	Response by registered person detailing the actions taken: Staff have been reminded that all prescribed creams and supplements are to be stored securely in the locked treatment room when not in use. Designated medication trolleys are being utilised for the storage and administration of residents' creams; therefore, creams are no longer kept in residents' bedrooms. Compliance will be monitored by the Registered Manager through Manager Walk About Audits and Monthly Medication Audits. Non-compliance will be addressed with staff involved through the Company performance management policy. The Provider will review the storage of prescribed creams and supplements as part of the Regulation 29 visit.
Area for improvement 2 **Ref:** Regulation 13 (4) (b) **Stated:** First time **To be completed by:** 4 June 2026	The Registered Person shall ensure all prescribed creams are administered to the patient for whom it is prescribed and no other patient. Ref: 3.3.4
	Response by registered person detailing the actions taken: All prescribed creams have been checked and are individually labelled for the named resident for whom the cream is prescribed. The individual residents' creams are kept in the designated medication trolley for creams which is stored in the treatment room, when not in use. Creams are being administered only to the resident for whom they are prescribed. Compliance will be monitored by the Registered Manager through spot checks, Manager walk About Audits and Monthly Medication Audits. The Provider will review the administration of prescribed creams as part of the Regulation 29 visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** Second time	The Registered Person shall ensure damaged or worn baths, furniture, flooring and guttering are repaired or replaced. Ref: 3.3.4 and 2.0

To be completed by: 30 June 2026	**Response by registered person detailing the actions taken:** The refurbishment plan has been reviewed and updated with clear timescales for completion. Repairs and replacement of damaged worn baths, furniture, flooring and guttering have commenced. A bulk order placed for furniture including bedroom furniture and chairs is pending delivery. A report following completion of the water pressure / drain survey has now been received from the contractor and the replacement of baths will proceed. The progress of the actions identified in the environment action plan will be progressed and monitored by the Registered Manager in keeping with identified timeframes and monthly environmental audits. The Provider will review progress as part of the Regulation 29 visit and escalate delay in progress as necessary to the Responsible Individual.
Area for improvement 2 **Ref:** Standard 39 **Stated:** First time	The Registered Person shall ensure staff are compliant with mandatory training including Deprivation of Liberty Safeguards (DoLs) and basic life support. Ref: 3.3.1
To be completed by: 15 June 2026	**Response by registered person detailing the actions taken:** Mandatory training compliance has been reviewed. Staff have completed, or have been booked to complete, Deprivation of Liberty Safeguards (DoLS) and Basic Life Support training. The Training compliance is monitored by the Registered Manager through the training matrix and monthly audits and clinical governance meetings. Staff that are required to update their training are being reminded and appropriate action taken if non-compliance continues. Training compliance will be monitored as part of the Regulation 29 visit and any actions identified for address will be shared with the Registered Manager via a timebound action plan.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 4 June 2026	The Registered Person shall ensure the full names of staff working over the 24-hour period are included on the staff rota for the service. Ref: 3.3.1
	Response by registered person detailing the actions taken: The staff rota has been amended to include the full names of all staff working over the 24-hour period. The Registered Manager will review all rotas weekly to ensure ongoing compliance. Staff rotas will be reviewed as part of the Regulation 29 visit and any areas of non-compliance addressed with the Registered Manager via a timebound action plan.

Area for improvement 4 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 31 July 2026	The Registered Person shall ensure all staff have formal one to one supervision on at least a six monthly basis. Ref:3.3.1
	Response by registered person detailing the actions taken: The Supervision Matrix has been reviewed and updated to ensure all staff receive formal one-to-one supervision at least every six months. Completion will be monitored by the Registered Manager on a monthly basis. The Provider will review supervisions completed via the Regulation 29 visit, to ensure that all staff have formal one to one supervision minimum of six monthly.
Area for improvement 5 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 31 July 2026	The Registered Person shall ensure all staff have an appraisal of their roles in a timely manner. Ref:3.3.1
	Response by registered person detailing the actions taken: The annual Appraisal Matrix has been reviewed with the majority of appraisals now completed. Outstanding appraisals are scheduled on the Appraisal Matrix. The Registered Manager will monitor completion of appraisals in keeping with the Appraisal Matrix to ensure all appraisals are completed within the required timescales. The Provider will review the completion of annual appraisals as part of the Regulation 29 visit.
Area for improvement 6 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 4 June 2026	The Registered Person shall ensure confidential patient records are stored securely to maintain confidentiality. Ref: 3.3.3
	Response by registered person detailing the actions taken: All confidential care records will be stored securely, with access restricted to authorised staff only. Compliance will be monitored by the Deputy Manager, Clinical Lead, and Registered Manager through spot checks. Walkabout Audits and monthly Care Record Audits are being completed and any deficits addressed through a timebound action plan. The storage of confidential records will be reviewed as part of the Regulation 29 visit.

Area for improvement 7 **Ref:** Standard N25 **Stated:** First time **To be completed by:** 30 June 2026	The Registered Person shall ensure suitable seating is provided in each patients' bedroom. Ref: 3.3.4
	Response by registered person detailing the actions taken: An additional stock of suitable seating has been ordered for residents' bedrooms and is expected to be delivered shortly. The Registered Manager will monitor the environment through regular Manager Walkabout Audits and monthly Environmental Audits to ensure that appropriate seating is in place and maintained in individual bedrooms. The availability of appropriate seating will be monitored as part of the Regulation 29 visit.

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