The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Maryland Healthcare Care Centre of Distinction

Provider: Maryland Healthcare Limited

Date of Inspection: 24 & 25 February 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:	Maryland Healthcare Limited
Responsible Individual:	Mrs Susan McCurry
Registered Manager:	Mrs Jacqueline Grace Woods
Service Profile - This home is a registered nursing home which provides general nursing care for up to 86 patients under and over 65 years of age, including patients living with dementia or a terminal illness. Maryland Healthcare Care Centre of Distinction also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years. The home is a single storey building which is divided into four units. These units are named: Maple, Larch, Juniper and Rowan. Patients have access to various communal spaces including lounges and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026 from 09.45 am to 5.00 pm and 25 February 2026 from 09.55 am to 4.05 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 medicines management inspection on 8 January 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. 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; four areas for improvement regarding medicines management have been carried forward for review at a future inspection and four new areas for improvement were identified. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "All's going well as I'm happy and settled. Staff are attentive and there's always someone about if I need them. They invite me to the activities. Sometimes I attend and sometimes not, depending on what it is" and "I'm comfortable and well looked after. I've no concerns at all. The food's good and I get enough of it".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Patients' relatives spoken with said, "We looked at other homes and we have no issues with here. The home's always clean and Mum's always well turned out. The staff are great and there's always activities going on" and "We've never had a concern. She's always well presented with her jewellery on and her nails and hair done. The staff are marvellous and she particularly enjoys the guest entertainment".

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt supported in their role.

A visiting professional said, "I'm here twice a week and find the patients well cared for. Staff are helpful and attentive. I have no issues".

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

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 systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by knocking on patients' doors before entering, offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. On the second day of inspection, we observed the serving of the lunchtime meal in the dining room in Larch Unit. The menu was displayed on the notice board in both written and pictorial form, outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with said that they enjoyed lunch and that there was always plenty to eat.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board in each unit advising patients of forthcoming events. Planned guest entertainment included a visit from a harpist, a singer, a singing group, a therapy horse, set dancers and a band.

Patients' needs were met through a range of individual and group activities such as board games, flower arranging and arts and crafts. On the first day of inspection, the activity therapist was observed offering patients a choice of jigsaws and puzzles and on the second day of inspection, patients were observed enjoying activities in preparation for Saint Patrick's Day.

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, 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 Patients' Environment

The home was welcoming, clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Observation of the environment identified concerns that had the potential to impact on patient safety; fluids and food items were observed unsecured in a dementia unit. This was discussed with the manager and an area for improvement was identified.

On review of the home's environment, inappropriate storage of items such as toiletries that had the potential to be shared communally, was observed in identified bathrooms. An area for improvement was identified.

Treatment rooms were noted to be appropriately locked. However, a number of cleaning products in an identified store room and bathrooms, were observed to be accessible and not stored securely that could cause potential risk to the health and welfare of patients. An area for improvement was identified.

The majority of external preparations such as creams and ointments were observed to be stored securely. However, a small number were observed in an identified bathroom. An area for improvement was identified.

Equipment used by patients such as hoists, walking aids and wheelchairs were noted to be effectively cleaned.

Review of records and discussion with the manager confirmed 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. A fire alarm test was completed on the first day of inspection.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jacqueline Grace Woods has been the manager in this home since 18 September 2017.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

Discussion with the manager and review of a selection of records, confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. The manager confirmed that systems were in place to ensure that complaints were managed appropriately.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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	6*

* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacquelyn Grace Woods, Registered Manager, and Mrs Susan McCurry, Responsible Individual and 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) (c) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This relates specifically to issues identified regarding the environment which should be closely monitored. Ref: 3.3.4
	Response by registered person detailing the actions taken: The wash products found in a cupbaord have been removed , Rowans staffroom door is kept closed when not in use
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4

To be completed by: 24 February 2026	**Response by registered person detailing the actions taken**: Items found in cupboards where removed and new locks fitted to ensure they are locked
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that appropriate action is taken when refrigerator temperatures are outside the recommended range. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that records of disposal are accurately maintained. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that safe systems are in place for the management of medication changes. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that the controlled drug record book is accurately maintained. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that items that have the potential to be shared communally are appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection. The manager should ensure bathrooms are monitored to ensure that they remain clutter free. Ref: 3.3.4
	Response by registered person detailing the actions taken: The items found in a cupboard have been removed, cupboards now have new locks fitted
Area for improvement 6 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that external preparations are stored securely including creams, ointments. Ref: 3.3.4
	Response by registered person detailing the actions taken: The creams where removed form cupboard and disposed off , new locks have been fitted to ensure items can be safely locked away

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