

# Inspection Report

**Name of Service:** Mindwise  
**Provider:** MindWise  
**Date of Inspection:** 30 April 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	MindWise
<b>Responsible Individual/Responsible Person:</b>	Mrs. Anne Doherty
<b>Registered Manager:</b>	Ms. Anne-Marie McGarrity
<b>Service Profile</b> – Mindwise is a domiciliary care agency supported living type which provides personal care and intensive housing support to up to 12 service users who have experienced mental health issues. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 April 2025 between 09.00 a.m. and 1.00 p.m. The inspection was carried out by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection.

Good practice was identified in relation to care planning, training and induction. There were good governance and management arrangements in place.

Mindwise uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### **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 Mindwise 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 agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living in, working in and visiting the service and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### **3.2 What people told us about the service and their quality of life**

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave positive feedback. Service users said 'I'm very happy here and the staff are excellent'. Another said it was 'fantastic'. Relatives of service users stated that they were 'happy with the care provided in Mindwise'. Another said that '[my relative] has really progressed since he has been here'. Staff reported that they felt that the ethos of the organisation was good in that it was very tenant focused. They also stated that they felt the organisation was very focused on its people, and felt well supported. Returned questionnaires indicated that staff had no concerns about the agency.

Returned service user questionnaires indicated that there were no concerns in relation to the agency and that service users were very happy with the care they received in the agency.

#### **3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 24 August 2023 by a care inspector. No areas for improvement were identified.

## 4.0 Inspection findings

### 4.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. The manager advised that there were no service users who required assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that there were no service users who required the administration of oral medication via syringe.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference if needed.

The inspector reviewed the agency's fire risk assessment and this was found to be within date, with no actions outstanding from the previous assessment.

#### **4.2 What are the systems in place for the promotion of service user involvement?**

From reviewing service users' care records and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

The annual quality report was reviewed by the inspector and demonstrated evidence of service user consultation.

#### **4.3 What are the systems in place for meeting the Dysphagia needs of service users?**

The manager reported that there were currently no service users who required a modified diet, which required a specific care plan. She confirmed that all staff had received training in Dysphagia and were aware of action to be taken in the event of a service user choking.

#### **4.4 What systems are in place for recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for NISCC registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### **4.5 What arrangements are in place for staff induction and training?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a formal induction programme of at least three days, along with a comprehensive probation and support process, which included shadowing of a more experienced staff member as well as support and check in meetings with the manager. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the service does not use agency staff but have a supportive staff bank whose training is also recorded. The inspector reviewed the training matrix maintained by the agency and found all training to be up to date.

The agency has a policy and procedure for volunteers which clearly specifies their role and responsibilities. There is a volunteer department within the overall organisation and volunteers are subject to Access NI checks and training before coming to the agency. Their roles are as tutors and befrienders and they never work unsupervised.

#### **4.6 What are the arrangements to ensure robust managerial oversight and guidance?**

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report was reviewed by the inspector and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the policy and procedure of the agency. Where complaints had been received, these had been managed appropriately. Complaints were reviewed as part of the monthly quality monitoring process.

The inspector reviewed records of regular staff supervision as well as appraisals which are carried out annually. Examination of appraisal and supervision records indicated that these were carried out regularly as per the policies and procedures of the agency.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Anne-Marie McGarrity, Manager, as part of the inspection process and can be found in the main body of the report.



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews