The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mindwise**

Provider: **MindWise**

Date of Inspection: **14 May 2025**

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

1.0 Service information

Registered Provider:	MindWise
Responsible Individual:	Mrs Anne Doherty
Registered Manager:	Mrs Lynsey Walker (Acting)
Service Profile: Mindwise is a domiciliary care agency supported living type service which provides personal care and housing support to up to 18 service users who have experienced mental health difficulties. 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 14 May 2025, between 9.00 a.m. and 1.30pm. 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. The one previous Area for Improvement from the previous inspection on 1 June 2023 was validated during this inspection.

Good practice was identified in relation to care planning, training, induction and service user feedback. 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 and staff 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, staff and visiting professionals for their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave positive feedback. One service user said 'I like it here and the food is excellent'. Another said that he 'loved the staff'. Another said that 'my key worker helps me a lot and I am very happy here'. Relatives of service users stated that they were 'happy with the care provided in Mindwise'. One staff member reported that they 'felt very happy in Mindwise and that it was supportive to service users and staff alike'. Another reported that 'the induction was great and that the manager was excellent'. All staff who spoke to the inspector stated that they felt the organisation was very focused on its people, and felt well supported.

Returned questionnaires indicated that service users were very satisfied with the care they received from staff in the agency.

One visiting professional noted that the agency has been very supportive to a client that they visit frequently.

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

Areas for improvement from the last inspection on 1 June 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 23 **Stated:** First time	23.— (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1) until further notice.	**Met**

	Action taken as confirmed during the inspection: Inspector confirmed during the inspection that monitoring visits had been carried out on a monthly basis and notes of these meetings were available for the inspector to review and were up to date at the time of inspection.	

4.0 Inspection findings

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 there had been no reportable incidents since the last inspection.

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 all staff complete medication management training. The manager advised that there was one service user who required the administration of oral medication via syringe. All staff had completed Dysphagia training and were aware of the action to take in the event of a service user choking.

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.

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 may 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 inspector reviewed monthly activity and meal plans and service users confirmed that these were discussed and changes could be made at their suggestion.

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 require a modified diet.

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 day care setting'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 agency uses agency staff who received a structured induction. The inspector reviewed the training matrix maintained by the agency and found it satisfactory.

The organisation has a policy and procedure for volunteers which clearly specifies their role and responsibilities. There is a volunteer department and volunteers are subject to Access NI checks and training before coming to the agency. The manager confirmed that there were currently no volunteers working in the agency.

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

There were now 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.

The agency's insurance certificate was in date and included public and employers' liability.

There was a system in place to ensure that complaints were managed in accordance with the policy and procedure of the agency. One complaint had been received since the last inspection, and this 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.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Lynsey Walker, Acting Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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