

Inspection Report

Name of Service: Mindwise
Provider: MindWise
Date of Inspection: 7 July 2026

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1.0 Service information

Organisation/Registered Provider:	MindWise
Responsible Individual/Responsible Person:	Mrs Anne Doherty
Registered Manager:	Mrs Olivia Redmond Moore
Service Profile: MindWise is a domiciliary care agency, supported living type, providing 24 hour care and housing support for up to 12 service users. Service users receive assistance with daily living skills and emotional wellbeing, with an emphasis on promoting greater independence. Care is commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 7 July 2026, between 11.00 am and 4.00 pm by a care Inspector.

The last care inspection of the service was undertaken on 7 May 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency such as recruitment checks. Full details, including the area for improvement, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

It was evident that staff were knowledgeable and trained to deliver safe and effective care.

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 agency 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency 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 staff survey.

3.2 What people told us about the service

During the inspection, we spoke with service users and staff members.

Service users' comments included: "I am happy living here. The staff welcomed me with open arms and are very good. They listen to me, and if I have a problem, I can speak to them in private. We have a quiet room where we can discuss anything. Recently, new windows and doors have been installed, and the house looks very good. The manager is excellent and the service is understanding."

Staff spoke positively about the manager, staff and the care and support delivered to service users by the agency. Comments included: "The service is well led, from the area manager down to the staff. Any issues are addressed promptly. The manager operates an open door policy and is approachable. Service users are independent and make decisions regarding the care and support they require. During service user meetings, they discuss the activities they would like to do. Support is provided for online shopping. Individual key work sessions are conducted on a one to one basis with service users. I enjoy my job and have no concerns."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through staff induction, regular staff training, and ensuring that the number and skill level of staff on duty each day meet the needs of service users.

There was evidence of robust systems in place to manage staffing; it was noted that there were enough staff on duty to meet the needs of the service users.

A review of the staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that written explanations for gaps in employment had not been obtained. An area for improvement has been stated.

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 professional 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.

There was a robust, structured induction programme that included the completion of an induction workbook and shadowing a more experienced staff member. Records reviewed for newly appointed staff confirmed that they had completed a structured orientation and induction to ensure they were competent to fulfil the roles and responsibilities of their job.

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. It is positive to note that the agency provides training on mental health awareness.

Procedures were in place for appraising the staffs' performance in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that staff needed to assist them in their roles. It is positive to note that communication regarding service user medication was also discussed during the handovers. It was advised to record attendance to ensure all changes to service users' needs were communicated effectively.

There is a system to ensure that activities provided to service users are diverse and tailored to their individual needs and preferences. Service users are supported in accessing activities of their choice, including both group activities and one to one activity with staff. Examples of activities offered include dining out and attending film nights.

It was positive to note that the agency held service users' meetings on a regular basis, enabling the service users to discuss any issues they may have and explore what activities they would like to become involved in.

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

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences, and the level of care and support they may require. Care records evidenced that service users, where possible, were involved in planning their own care, and efforts had been made to ascertain service users' preferences and choices regarding how their support was provided. The details of care plans were shared with and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed, and updated to ensure they continued to meet the service users' needs.

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

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry.

Service users requiring support with medication administration had their medication stored in a designated room instead of their own accommodation. The manager confirmed that consent was obtained from service users for safe storage, ensuring a person centred approach. The manager advised there was ongoing communication with the service users' Trust representative regarding this arrangement, which will be reviewed during the next inspection.

Service users' care records were held confidentially.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Olivia Redmond Moore has been the manager since 28 August 2023. Staff spoke positively about the management team.

Monitoring arrangements were in place in compliance with regulations and standards. A review of the agency's quality monitoring reports established that there was engagement with service users, service users' relatives, staff, and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was positive to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints have been received since the last inspection.

There was evidence that the management team responded to any concerns raised with them or by their processes, and took measures to improve practice, and/or the quality of services provided by the agency.

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	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Olivia Redmond Moore, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of inspection	The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This specifically relates to written explanations for any gaps in employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: The HR Manager and Area Manager have requested a meeting with the inspector to ensure that the information collected in relation to gaps in employment is proportionate to the role the staff are employed in. They will also seek clarity of the level of information that can be held within the service to ensure that this does not breach GDPR legislation.

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