The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mindwise**

Provider: **MindWise**

Date of Inspection: **7 September 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:	MindWise
Responsible Individual/Responsible Person:	Mrs Anne Doherty
Registered Manager:	Ms Anne-Marie McGarrity

Service Profile –

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.

This organisation also provides community outreach to service users who live in the community. RQIA does not regulate these elements of support.

2.0 Inspection summary

An unannounced inspection took place on 7 September 2026, between 9.10 am and 3.30 pm. A care Inspector conducted the inspection.

The last care inspection of the service was undertaken on 30 April 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 found that safe, effective and compassionate care was delivered to the service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

The staff team was highly motivated and demonstrated a genuine commitment to achieving positive outcomes for the service users. Staff worked collaboratively, communicated effectively and consistently provided compassionate and respectful support. Observations and feedback

evidenced that relationships between staff and the service users were warm, respectful and focused on promoting wellbeing.

The service users said that the care and support provided by MindWise was a good experience. Refer to Section 3.2 for more details.

Two areas for improvement were identified during this inspection, these related to service user feedback and complaints management.

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 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

The Inspector spoke with service users and staff to seek their views of living and working within the agency.

Service users spoke positively about their experience of the support provided by the agency; they said they enjoyed living in the supported living service and that the staff supported them well. The service users told us that they were able to choose how they spend their day. Service users' comments included; "I love living here and all is very good, "Staff are very helpful" and "I am going to go shopping for a present for my sister".

Relatives shared that their family member "feels safe in the service and that they could not cope without this service. The communication is great from the service and they had no concerns about the service and no suggestions for any improvement".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and

management support in the agency. Staff comments included; “Can’t fault management”, “I love my job”, “Confident to raise any concerns about service users or indeed the service, same about any colleagues”, “I was involved in the recent review of training, Mindwise are very good at encouraging external courses”.

Responses to the service user questionnaires indicated that service users felt safe and had no concerns about the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

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 professional registrations, to be monitored by the manager and a record of checks retained.

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 robust, structured, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the last care inspection, including moving and handling, dysphagia and medicines management. The agency had also provided training in mental health awareness, positive behaviour support, person centred practice and personality disorder training.

There were records maintained of competency assessments having been completed for staff who are in charge in the absence of the manager. A competency assessment was also undertaken for staff involved in the management and administration of medicines.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff also reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

The agency had a system in place to monitor supervision and appraisal compliance. There was evidence that staff received regular supervision. Procedures were in place for appraising staff performance and records reviewed demonstrated that appraisals had taken place.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

Discussion with staff confirmed that service users are in control of their day and are supported to choose activities and things to do that are meaningful to them. It was positive to note that staff were responsive to the suggestions of the service users regarding the type of activities that they wished to engage in.

Staff demonstrated a good understanding of the needs of the service users they supported and were confident in discussing key aspects of the service users' care and support plans. During conversations with the Inspector, staff spoke about the service users in a respectful and dignified manner, focusing upon the individuals' strengths, abilities and achievements. Staff conveyed passion for their roles and a strong commitment to delivering the highest possible standard of care and support.

The agency held meetings with service users on a regular basis which enabled the service users to discuss the provisions of their care and prepare for their annual care review meetings.

Staff interactions with service users were observed to be respectful, friendly and supportive. Engagement observed illustrated the positive rapport developed between the service users and staff on duty.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of a sample of care records evidenced that plans were in place to direct staff on how to meet the service users' needs. Care records reviewed were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Care records evidenced service user involvement in planning their own care, with efforts made to ascertain their preferences around how their support was provided.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Restrictive practice was discussed with the person in charge, with advice shared as how records could be further developed. This will be reviewed at future inspection.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were person centred and detailed.

3.3.4 Quality of Management Systems

Ms Anne-Marie McGarrity has been the registered manager in this service since 4 August 2016. The person in charge informed the inspector that a manager application is imminent. This will be reviewed in due course. Those consulted commented positively about the person in charge and described her as dedicated and committed to providing high standards of care and achieving the best outcomes for service users.

A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports reviewed contained comprehensive analysis, with findings evaluated and areas for improvement identified as needed. This provided assurances that robust systems were in place to maintain standards and drive quality improvement.

A current report for the annual feedback from service users was not available. A discussion had taken place with the person in charge in relation to the need for such a report to be specific to this service to be used as a means of improvement. An area for improvement has been identified.

Discussion with the person in charge illustrated knowledge and understanding regarding the statutory notification requirements. The agency had a system in place to ensure that all accidents and incidents were managed appropriately. It was also positive to note that these were reviewed as part of the monthly quality monitoring process.

The person in charge described a transparent learning culture within the agency in which staff are supported and encouraged to engage in reflective practice; the person in charge stated that this approach allows staff to consider any lessons learnt and review how to improve service delivery.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

Discussions with the person in charge 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 and the process for reporting concerns. 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.

There was a process in place for the management of complaints. Records reviewed and discussion with the person in charge indicated that although the agency had received one complaint since the previous inspection, the agency's process had not been completely followed. An area for improvement has been identified.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

A range of policies were held electronically and available to direct staff in care delivery and support.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 22 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall review complaints management. This relates to the identification of a complaint which was managed outside of the procedure. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Complaints Management Policy is under review, with this process due to be completed by December 2026. In addition, as MindWise transitions to a digital platform, the recording, handling and oversight of complaints will move to the new digital system. This will promote consistent application of the complaints procedure, provide a clear audit trail and strengthen ongoing monitoring and governance.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 1.8,1.9 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that service users and their carers/representatives' views and opinions about the services provided by the agency are sought formally at least once a year, and a report is prepared which identifies any actions to be taken for improvement. A summary of the key findings is provided to service users. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service User Survey process is currently under review as part of the organisation-wide review of our Customer Satisfaction Framework. New, focused surveys will be circulated during Quarter 4 and will be completed directly with tenants of this service. Feedback will be analysed at service level so that findings are specific and meaningful to our tenants, with identified actions used to inform service improvements. A summary of the key findings and resulting actions will be shared with tenants.

Please ensure this document is completed in full and returned via the Web Portal

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

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews