

# Pinewood Green

ID Number: RES0117

## Community Residence – 2018 Inspection Report

Pinewood Green  
Balbriggan  
Co. Dublin

Community Healthcare Organisation:  
CHO 9

Team Responsible:  
Intellectual Disability

Total Number of Beds:  
5

Total Number of Residents:  
4

**Inspection Team:**  
Dr Enda Dooley, MCRN004155, Lead Inspector

**Inspection Date:**  
31 January 2018

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

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## Introduction to the Inspection Process

This inspection and report were guided by the themes contained in the Mental Health Commission Quality Framework.

Services will be aware of the Audit Toolkit deriving from the Quality Framework and may wish to consider using this Toolkit in pursuing service improvement within the residence involved.

## Service description

Pinewood Green was a five-bed, low-support community residence in Balbriggan, Co. Dublin. The two-storey house combined two semi-detached dwellings and was owned by the HSE. It opened as a community residence over 30 years ago and was operated by St. Joseph's Intellectual Disability Services (SJIDS). At the time of inspection, the house was accommodating four residents.

## Residence facilities and maintenance

Residents in Pinewood Green were accommodated in single bedrooms with shared bathroom facilities. There were three single rooms in each house, including one bedroom for staff. Each house also had separate kitchens with an interconnecting door. The premises were in good decorative order, and communal areas were personalised by the residents. The exterior of the house, including the large back garden, was well maintained.

## Resident profile

At the time of the inspection, Pinewood Green was providing accommodation for three women and one man. The residents were aged between their early 50s and late 70s, and their duration of stay ranged from 11 to 30 years. All of the residents had a primary diagnosis of intellectual disability and a secondary diagnosis of mental illness.

## Care and treatment

Pinewood Green used the SJIDS policy in relation to individual care planning. All of the residents had a multi-disciplinary individual care plan (ICP), which evidenced input from medical, nursing, occupational therapy, and social work staff. Residents attended ICP meetings, which took place every six months in the residence. Family members or advocates were also invited to attend ICP reviews. Residents were assigned a health care assistant, who functioned as their key worker. The clinical files indicated that all residents received a psychiatric evaluation at least six-monthly. The multi-disciplinary team meeting took place weekly in the Central Service Office in Swords.

## Physical care

Pinewood Green used the SJIDS policy on physical care and general health. All residents had access to a local GP, who completed general physical examinations, including blood analysis, on a six-monthly basis. Easy-read information on national screening programmes was provided to residents in the information pack, and residents were receiving appropriate screening. Residents also had access to other health care services as required, including dentistry, optical care, dietetics, physiotherapy, and speech and language therapy. A chiropodist attended the residence periodically.

## Therapeutic services and programmes

Pinewood Green used the SJIDS policy in relation to therapeutic programmes. No therapeutic programmes were delivered in the residence. All of the residents attended programmes off-site, in the Prosper Fingal Adult Day Service in Rush/Lusk and the Estuary Centre in Swords. One resident worked at the SJIDS radio station in St. Ita's in Portrane.

## Recreational activities

Residents in Pinewood Green had access to a range of recreational activities. These included TV, radio, and DVDs. They had WiFi access and mobile phones, and one resident had an iPad.

## Medication

The residence used the SJIDS policy in relation to medication management. Medication was prescribed by the psychiatrist or GP. A Medication and Prescription Administration Record (MPAR) system was in operation. The service was using an old-style, two-part MPAR, but staff advised that there were plans to introduce an electronic MPAR in coming months. Residents' MPARs contained valid prescriptions and administration details. At the time of inspection, all residents were on self-medication programmes. Medications were supplied by a local pharmacy, and they were stored appropriately and legally in a locked cupboard in a locked office.

## Community engagement

The location of Pinewood Green, close to the centre of Balbriggan, facilitated community engagement. Residents went shopping, for meals out, and to the cinema or pub. Staff noted that the residents were always out, that some went home for weekends, and that they organized their own leisure activities. Residents had access to a local bus or train. In addition, the residence could book transport from St. Ita's in Portrane if residents needed to attend activities or hospital appointments.

## Autonomy

Residents had full and free access to the kitchen to prepare meals or snacks. They were free to determine their own bedtimes, and all had a key to their own bedrooms. Residents helped out with household chores. They could come and go as they wished, and they could receive visitors at any time.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager (CNM) 2*	Periodically	0
Registered Psychiatric Nurse	0	0
Health Care Assistant	Weekend (Friday evening to Monday morning)	1
Multi-Task Attendant	0	0

\* The CNM 2 had responsibility for all community residences and was not based in Pinewood Green.

Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	0
Social Worker	0
Clinical Psychologist	0

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	As required
Non-Consultant Hospital Doctor	0

Training records held in the residence indicated that staff had been trained in Basic Life Support, fire safety, medication, the management of aggression and violence, and the application of Hazard Analysis and Critical Control Point (HACCP).

## Complaints

The residence used the SJIDS complaints policy as well as the HSE's *Your Service, Your Say* policy. Residents were aware of how to make a complaint, and easy-read notices were displayed in the house and contained in the resident information folder. The CNM 2 or nominated complaints officer were responsible for addressing all complaints. A complaints log was kept centrally. Monthly community meetings were held in the house, and minutes from these were maintained. There was a suggestion box on the premises.

## Risk management and incidents

The residence had a site-specific risk management policy, which was implemented in the house. Risk assessments were completed for residents periodically. The dependency rating scale was updated every three months, and residents' clinical files contained relevant risk assessment updates.

Incidents were reported and documented using the National Incident Management System. The residence was physically safe. Fire extinguishers were serviced and in date. There was a first aid kit on the premises.

## Financial arrangements

Pinewood Green used the SJIDS policy as well as the HSE policy in relation to the management of residents' finances. All of the residents paid the same weekly charge, which included food and utilities. Residents had bank or post office accounts, and all of them managed their own finances. Where staff handled residents' money, appropriate procedures were in place, with two staff signatures recorded for all transactions. Residents' finances were reviewed weekly.

## Service user experience

Residents were not present in the house during the course of this inspection.

## Areas of good practice

1. Guidance and information literature is specifically designed as to be suitable to facilitate access by residents with impaired capacities.
2. Residents are well integrated into the local community, and personal autonomy and independent functioning are facilitated.

## Areas for improvement

1. To maximise safety in the medication administration process, the service should expedite steps to cease using the present two-part MPAR.