CARF Accreditation Report

for

Nua Healthcare Services

Three-Year Accreditation

Contents

About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognised standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organisational and programme standards organised around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognised benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organisation

Nua Healthcare Services
Johns Lane
Naas
Co. Kildare
IRELAND

Organisational Leadership

Noel Dunne, Chief Executive Officer

Survey Number

159083

Survey Date(s)

February 15, 2023–February 17, 2023

Surveyor(s)

DeAnna Ferguson, EdD, Administrative
Tammy C. Seitz, Programme
Jim Sperry, MS, BCBA, LABA, Programme
Jeff Lambert, Programme
Shannon E. Durbin, MBA, Programme
Sam Bauman, PhD, Programme
Amy Sills-Jones, MA, LPC, NCC, Programme
Kelvin E. Harney, Programme

Programme(s)/Service(s) Surveyed

Behavioural Consultation Services
Community Housing
Community Integration
Inpatient Treatment: Mental Health (Adults)

Previous Survey

August 26, 2019–August 28, 2019
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2025

Executive Summary

This report contains the findings of CARF's site survey of Nua Healthcare Services conducted February 15, 2023–February 17, 2023. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.

- Identification of the specific programme(s)/service(s) and location(s) to which this accreditation decision applies.

- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.

- Feedback on the organisation's strengths and recognition of any areas where the organisation demonstrated exemplary conformance to the standards.

- Documentation of the specific sections of the CARF standards that were applied on the survey.

- Recommendations for improvement in any areas where the organisation did not meet the minimum requirements to demonstrate full conformance to the standards.

- Any consultative suggestions documented by the surveyor(s) to help the organisation improve its programme(s)/service(s) and business operations.

Accreditation Decision

On balance, Nua Healthcare Services demonstrated substantial conformance to the standards. Nua Healthcare delivers high-quality services and supports to a diverse population with various needs and levels of acuity. The leadership and staff are very passionate and extremely dedicated to their mission. They have an unwavering focus on the provision of individualised services that address the needs of the service users, are responsive to their preferences, and build on their strengths to facilitate positive personal outcomes. Senior leadership does an excellent job of fostering a healthy, vibrant culture that is reflective of the organisation's updated mission, vision, and values. Well-trained staff members have incredible rapport with service users. It is evident that service users are treated with dignity and respect and that their input is solicited and utilised in all areas of planning. Nua Healthcare's infrastructure of systems, protocols, processes, plans, and policies effectively supports its programmes, services, and key functions. Service users are benefiting from the services they receive, and they expressed sincere appreciation for and satisfaction with the organisation. The organisation's dedication to excellence in all aspects of administration and service delivery is reflected in the manner in which it embraces the CARF standards and the accreditation process. Nua Healthcare incorporates the CARF standards in its day-to-day service delivery practices and business functions, and its practices exemplify continuous quality improvement. There are a few opportunities for improvement, including the testing of emergency procedures, the development of several policies and practices related to rights of the persons served and the communication of those rights, the consistent identification of measurable objectives in individual plans in community services, and the organisation of community integration services and activities around the stated goals of service users.

Nua Healthcare Services appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Nua Healthcare Services is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Nua Healthcare Services has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organisation is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.

- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Nua Healthcare Services was conducted by the following CARF surveyor(s):

- DeAnna Ferguson, EdD, Administrative

- Tammy C. Seitz, Programme

- Jim Sperry, MS, BCBA, LABA, Programme

- Jeff Lambert, Programme

- Shannon E. Durbin, MBA, Programme

- Sam Bauman, PhD, Programme

- Amy Sills-Jones, MA, LPC, NCC, Programme

- Kelvin E. Harney, Programme

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organisations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the programme(s)/service(s) for which the organisation is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organisation, as applicable, which may include:

- The organisation's leadership, such as board members, executives, owners, and managers.

- Business unit resources, such as finance and human resources.

- Personnel who serve and directly interact with persons served in the programme(s)/service(s) for which the organisation is seeking accreditation.

- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.

- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Nua Healthcare Services and its programme(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.

- Direct observation of the organisation's operations and service delivery practices.

- Observation of the organisation's location(s) where services are delivered.

- Review of organisational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to programme/service design, delivery, outcomes, and improvement, such as programme descriptions, records of services provided, documentation of reviews of programme resources and services conducted, and programme evaluations.

- Review of records of current and former persons served.

Programme(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following programme(s)/service(s):

- Behavioural Consultation Services

- Community Housing

- Community Integration

- Inpatient Treatment: Mental Health (Adults)

A list of the organisation's accredited programme(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organisation did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organisation's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific programme/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the programme(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the programme(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Nua Healthcare Services demonstrated the following strengths:

- The organisation embodies the true meaning of person-centred services and takes it to the next level. Nua Healthcare actively encourages and is open to ideas from service users, staff members at all levels and in all departments, and other stakeholders. Interactions among staff members and service users are respectful, positive, and supportive. Services are tailored to the needs and preferences of each service user.

- The organisation is recognised for its continued expansion, despite challenges associated with the COVID-19 pandemic. This is an indication of the quality of services and successful outcomes facilitated by Nua Healthcare for service users, the communities served, and other stakeholders. Stakeholders attribute this growth to the organisation's visionary leadership and commitment to serve persons in need.

- Nua Healthcare is progressive and innovative in the ways it promotes connectedness and collaboration with the communities it serves. An excellent example is Abbey Blooms Botanical Gardens in County Westmeath. The organisation's intent with this initiative was to develop a primary attraction in an area with very few leisure/recreational activities to bring area residents together, foster tourism, and contribute to the local economy. The location of Abbey Blooms Botanical Gardens near an assisted living facility makes it easily accessible to individuals who are aging. A coffee shop featuring hot food and pastries is available to individuals and to community groups for large and small gatherings and activities. Opportunities for competitive integrated employment positions are available to eligible service users of Nua Healthcare and other providers. There are many events hosted by Abbey Blooms Botanical Gardens throughout the year, and many visitors return on a daily basis, even during months when the weather is cool. Abbey Blooms Botanical Gardens highlights the commitment of Nua Healthcare to its service users and the community.

- Nua Healthcare is applauded for its demonstrated commitment to the health and safety of service users, staff members, visitors, and other stakeholders. For example, most of its sites are equipped with generators for use in the event of a power outage. Dash cams were added to the organisation's large vehicle fleet to help monitor and improve safe driving habits. Expanded health and safety training and monitoring have resulted in an impressive percent decrease in serious accidents over the last five years.

- Nua Healthcare excels at maintaining the safety of service users and staff members in the community. Through ongoing risk assessments, staff members become aware of potential risks faced by service users when participating in community life. Rather than limit their access to the community, the organisation goes above and beyond to implement supports that facilitate the successful inclusion of service users in community activities. From changes of clothes to pop-up pods for service users who require privacy during a behavioural episode, staff members are well prepared to interact with service users based on their individual needs.

- At the onset of the COVID-19 pandemic, Nua Healthcare went to great lengths to implement risk management protocols to safeguard its service users and staff members. For example, the organisation acquired and placed sheds directly outside each residence where temperature and symptom checks were conducted prior to any entry to the residence. An isolation plan was developed specific to each service user that specified the tools needed to support the individual in the event of quarantine. Utilisation of telehealth enabled the uninterrupted provision of behavioural health and day services. By implementing numerous health and safety precautionary measures and service-related alternatives, Nua Healthcare limited the number of service users contracting the virus. During the pandemic, staff members communicated clearly and often with family members to reassure them of the commitment of the organisation and staff members to their safety and ensured that service users and their families could dialogue with them via video call whenever in-person visitation was discouraged for precautionary reasons. Staff members from all departments of the organisation were redeployed, as needed, to ensure that service users received needed supports during times of staff shortages.

- Nua Healthcare's culture recognises, is sensitive to, and promotes the warmth and sincerity of its staff members by treating them well. Its practices promote employee engagement in the lives of service users and facilitate positive service/treatment outcomes.

- Nua Healthcare's dedicated, knowledgeable, and hardworking staff members do a great job of placing the needs and preferences of service users first in everything they do. The organisation's maintenance personnel are equally impressive in the work they perform. Every office and group home was beautiful, in good working order, and clean.

- The words and actions of staff members and the manner in which they described the responsibilities of their positions are in alignment with the organisation's mission, vision, and values. From frontline staff to managers, staff members are laser focused on safety and on providing care specifically tailored to the needs of each service user.

- Nua Healthcare is complimented for its comprehensive staff training programme, which is focused on preparing and retaining a competent, caring workforce. The four-day induction process is designed to introduce new staff members to the organisation's positive culture and to empower them to feel confident and proud of the work they do. New service delivery personnel are paired with more experienced staff during orientation to build consistency in work practices. Nua Healthcare is also complimented for ensuring that staff members receive ongoing resiliency training. It is evident that a top priority of the organisation is the well-being of both its service users and staff members. Several staff members cited the training programme as one of the greatest benefits of working for the organisation. Staff members also commented that they feel understood and valued by every level of management.

- Staff members consistently devote time and impressive effort to the development of person-centred care plans and to subsequent creative interventions that reflect the specific desires of the service users. Examples include providing materials for and encouraging the creation of stunning artwork and providing a highly skilled music therapist to engage each service user in an acute care setting.

- Staff members are constantly on the lookout for innovative ways to improve service users' functioning, reduce social isolation, and strengthen the service users' daily living skills. Some of their more creative interventions have included making use of fire drills as a way to assess service users' level of awareness and ability to conduct themselves in a safe manner; initiating and supporting an active pen pal programme among service users; and developing crisis/safety plans around service users' individual strengths, needs, abilities, and preferences.

- Staff members are well informed and attuned to the needs of the service users. There is evidence of both new and longstanding respectful relationships among service users and staff members. Nua Healthcare is committed to ensuring that multiple professionals are on hand to work as a team to address the many types and levels of needs through the provision meaningful, high-quality services and supports. Staffing patterns are adjusted, as needed, to accommodate individual service users' desires and needs. The organisation's practice of recruiting experienced employees promotes higher calibre services for users.

- As Nua Healthcare has grown, administrators have expanded services to accommodate additional individuals in need. Administrators understand the value of each staff member and work hard to cultivate positive relationships that, in turn, increase staff retention. Personnel in the organisation's management training programme have a keen eye for rising stars in the organisation. Practices, such as recognising an employee of the month based on the demonstration of the organisation's values, promote workforce retention.

- The human resources department does an incredible job in engaging employees through ongoing communication, contests, and special events. Even during the COVID-19 pandemic, special events were held via a remote format to ensure ongoing connectivity and to promote high workforce morale.

- Over the past year, Nua Healthcare implemented an international recruitment programme that has been of great benefit to the organisation. Service users and staff members have benefited from opportunities to work for the organisation. The recruitment strategies employed by the programme have been successful in building an exceptionally qualified, diverse workforce.

- Nua Healthcare conducts and incorporates proactive succession planning at all levels. Each position has a deputy in training to step in, if necessary. This practice supports the leadership team and prepares the next wave of leaders for future success.

- A strong emphasis is placed on behavioural consultation services. Staff members are well trained on behavioural strategies and techniques and spoke with great pride about the support they receive from the organisation's team of behavioural specialists.

- Nua Healthcare's behavioural consultation services are changing the face of mental health services. The organisation provides such services to users with the most challenging of behaviours. The services successfully empower staff members and service users via training and tools. When a restriction is added to a plan, a reduction plan is simultaneously developed. Staff members stated that the ongoing support they receive from the behavioural consultation services team is unwavering. There are numerous success stories of service users who have achieved a quality of life much higher than they ever expected as a result of the behavioural consultation services they received from Nua Healthcare.

- Nua Healthcare's community housing services are provided in stunning, visually appealing, and well-maintained residences in which service users take great pride. Located in lovely, supportive communities, the homes offer community living support and services that promote independence. Spacious and beautifully decorated, the homes are designed around the specific needs of each service user and provide private space for service users. Staff members hold safety first and foremost while ensuring that service users feel like they are part of the household and are supported in a respectful manner. Personnel of the maintenance department are commended for their upkeep of the organisation's community housing residences. Multiple vehicles are available at each residential centre for staff members and service users. The organisation proactively safeguards its residences through the use of modern technology and education for staff members and service users. A staff member and service user stated that having a home to be proud of enhances their feelings of self-worth.

- Service users sometimes present unique, challenging needs for support, and the staff members embrace the opportunity to serve all service users and address their challenges. The multidisciplinary team address issues confronting each service user and implement strategies that best support the service user to live in the most independent setting possible. Individual plans and strategies are well documented, and plans are implemented with the impressive support of well-trained clinical personnel. Staff members indicated that they receive the training and equipment needed to assist service users to meet their personal goals and outcomes.

- Nua Healthcare is commended for the uniform practices and setup of its residential offices, which promote consistency across service locations in terms of postings, medications, rights promoted, files, and emergency supplies/equipment. Uniform practices facilitate consistency among staff members who rotate among the homes and who may not typically work in the same home. Key staff members commented that the uniform practices provide for seamless transition when they are assigned to work in new locations.

- The personalised services provided at the day service locations are excellent. The organisation is commended for providing meaningful opportunities for service users to access their communities, maximise their independence, experience new social/recreational activities, develop new interests, and form new friendships. Activities are chosen by service users and are adjusted to ensure their optimal participation and satisfaction. The variety of activities encourages community inclusion, and the community outreach team are applauded for establishing new clubs, events, and employment opportunities that increase the level of community inclusion for service users. Staff members get to know service users well and, according to service users, become like family. The enthusiasm of staff members is impressive. Service users expressed a high level of satisfaction with the services they receive.

- Nua Healthcare is complimented for the quality of the service users' individual files, which are well organised; uniform in content; and inclusive of details pertaining to the service user's history, assessments, goals, progress, and other areas.

- Service users consistently expressed sincere appreciation for Nua Healthcare's personnel and services. They commented that they are supported by compassionate, educated staff members who provide care in a reasonable and responsible manner. They also stated that they feel empowered, supported, and encouraged by staff members to communicate their needs at all times.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific programme(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organisation did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organisation may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organisation might find helpful in its ongoing quality improvement efforts. The organisation is not required to address consultation.

When CARF surveyors visit an organisation, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organisation is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organisation may conduct a detailed self-assessment and engage in deliberations and discussions within the organisation as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organisation is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organisations identify leadership that embraces the values of accountability and responsibility to the individual organisation's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

■ Leadership structure and responsibilities
■ Person-centred philosophy
■ Organisational guidance
■ Leadership accessibility
■ Cultural competency and diversity
■ Corporate responsibility
■ Organisational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organisations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

■ Environmental considerations
■ Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organisations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organisation's focus to soliciting, collecting, analysing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

■ Collection of input from persons served, personnel, and other stakeholders
■ Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organisations comply with all legal and regulatory requirements.

Key Areas Addressed

■ Compliance with obligations
■ Response to legal action
■ Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organisations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

■ Budgets
■ Review of financial results and relevant factors
■ Fiscal policies and procedures
■ Reviews of bills for services and fee structures, if applicable
■ Review/audit of financial statements
■ Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organisations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

■ Risk management plan implementation and periodic review
■ Adequate insurance coverage
■ Media relations and social media procedures
■ Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organisations maintain healthy, safe, and clean environments that support quality services and minimise risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

■ Healthy and safe environment
■ Competency-based training on health and safety procedures and practices
■ Emergency and evacuation procedures
■ Access to first aid and emergency information
■ Critical incidents
■ Infections and communicable diseases
■ Health and safety inspections

Recommendations

1.H.7.a.(1)
1.H.7.a.(2)
1.H.7.b.
1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.c.(5)
1.H.7.d.
While Nua Healthcare trains personnel on the organisation's emergency procedures, it is recommended that an unannounced test of each emergency procedure be conducted at least annually on each shift at each location that includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be analysed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test should be evidenced in writing, including the analysis.

1.I. Workforce Development and Management

Description

CARF-accredited organisations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organisation. Organisational effectiveness depends on the organisation's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organisation describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organisational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

■ Composition of workforce
■ Ongoing workforce planning
■ Verification of backgrounds/credentials/fitness for duty
■ Workforce engagement and development
■ Performance appraisals
■ Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organisations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

■ Business processes and practices.
■ Privacy and security of protected information.
■ Service delivery.
■ Performance management and improvement.
■ Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

■ Ongoing assessment of technology and data use, including input from stakeholders
■ Technology and system plan implementation and periodic review
■ Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organisations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

■ Policies that promote rights of persons served
■ Communication of rights to persons served
■ Formal complaints by persons served

Recommendations

1.K.1.c.(1)
1.K.1.c.(2)
1.K.1.c.(3)
1.K.1.c.(4)
1.K.1.c.(5)
Nua Healthcare is urged to implement policies that promote the right of the service users to freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect.

1.K.2.a.(2)
1.K.2.a.(3)
The rights of the service users should be communicated to the service users prior to the beginning of service delivery or at initiation of service delivery and at least annually for users served in a programme longer than one year. Nua Healthcare might find it useful for service users, as applicable, to sign and date an acknowledgment form at least annually to document that their rights have been communicated to them in an understandable manner.

1.K.3.a.(2)
Nua Healthcare is urged to expand the policy and written procedure by which service users may formally complain to the organisation to specify that the action will not result in retaliation or barriers to services.

1.L. Accessibility

Description

CARF-accredited organisations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

■ Assessment of accessibility needs and identification of barriers
■ Accessibility plan implementation and periodic review
■ Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organisations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organisation can act on to improve results for the persons served, other stakeholders, and the organisation itself.

The foundation for successful performance measurement and management includes:

■ Leadership accountability and support.
■ Mission-driven measurement.
■ A focus on results achieved for the persons served.
■ Meaningful engagement of stakeholders.
■ An understanding of extenuating and influencing factors that may impact performance.

- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organisation.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organisations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programmes and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve programme/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Consultation

- Nua Healthcare might consider establishing an indicator in its performance measurement and management system regarding the total time required to complete all assessments applicable to the service user prior to or following admission.

Section 2. Quality Individualised Services and Supports

Description

For an organisation to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organisation's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualised, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Programme/Service Structure

Description

A fundamental responsibility of the organisation is to provide a comprehensive programme structure. The staffing is designed to maximise opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

■ Services are person centred and individualised
■ Persons are given information about the organisation's purposes and ability to address desired outcomes
■ Documented scope of services shared with stakeholders
■ Service delivery based on accepted field practices
■ Communication for effective service delivery
■ Entrance/exit/transition criteria

Recommendations

There are no recommendations in this area.

2.B. Individual-Centred Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organisation's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

■ Services are person centred and individualised
■ Persons are given information about the organisation's purposes and ability to address desired outcomes

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Recommendations

2.B.5.b.(2)

It is recommended that the coordinated individualised service plan consistently identify specific measurable objectives. Nua Healthcare is encouraged to review all plan objectives to ensure that they include quantifiable terms for the terminal criterion and to assess progress and status of achievement based on those measurable terms.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

An organisation seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organisation obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organisation provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

carf EUROPE

Recommendations

There are no recommendations in this area.

2.F. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of programme, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

■ Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counselling.
■ Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
■ Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organisation-based settings.
  - Schools, work sites, libraries, community centres, and other community settings.
  - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programmes and services available, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

■ Written procedures for the use of information and communication technologies (ICT) in service delivery
■ Personnel training on how to deliver services via ICT and the equipment used
■ Instruction and training for persons served, family/support system members, and others
■ Provision of information related to ICT
■ Maintenance of ICT equipment
■ Emergency procedures that address unique aspects of service delivery via ICT

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organisation seeking CARF accreditation in the area of community services assists the persons served through an individualised person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organisation provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the programme's scope of services, expected results from these services/supports may include:

■ Increased inclusion in community activities.
■ Increased or maintained ability to perform activities of daily living.
■ Increased self-direction, self-determination, and self-reliance.
■ Self-esteem.
■ Housing opportunities.
■ Community citizenship.
■ Increased independence.
■ Meaningful activities.
■ Increased employment options.

4.G. Community Integration (COI)

Description

Community integration is designed to help persons to optimise their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day programme, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programmes are also included.

Community integration provides opportunities for the community participation of the persons served. The organisation defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalisation or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

■ Leisure or recreational activities.
■ Communication activities.
■ Spiritual activities.
■ Cultural activities.
■ Pre-vocational experiences.
■ Vocational pursuits.
■ Volunteerism in the community.
■ Educational and training activities.
■ Development of living skills.
■ Health and wellness promotion.
■ Orientation, mobility, and destination training.
■ Access and utilisation of public transportation.
■ Interacting with volunteers from the community in programme activities.
■ Community collaborations and social connections developed by the programme (partnerships with community entities such as senior centres, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

■ Community participation.
■ Increased independence.
■ Increased interdependence.
■ Greater quality of life.
■ Skill development.
■ Slowing of decline associated with aging.
■ Volunteer placement.
■ Movement to employment.
■ Centre-based socialisation activities during the day that enable persons to remain in their community residence.
■ Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalisation or nursing home care.

Key Areas Addressed

■ Opportunities for community participation

Recommendations

4.G.2.a.
Although Nua Healthcare develops individualised service plans for service users who choose to attend a day programme, their plan goals are solely based on attendance. It is recommended that services and activities be organised around the stated goals of the service users. Staff members might find it useful to review the goals of users receiving residential services in this regard.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organisation, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programmes, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programmes may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programmes may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organisation. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

■ Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organisation provides a community housing programme.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Safe housing.
■ Persons choosing where they live.
■ Persons choosing with whom they will live.
■ Persons having privacy in their homes.
■ Persons increasing independent living skills.
■ Persons having access to the benefits of community living.
■ Persons having the opportunity to receive services in the most integrated setting.
■ Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
■ Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
■ Persons having freedom and support to control their schedules and activities.
■ Settings that are physically accessible to the individuals.

Key Areas Addressed

■ Safe, secure, private location
■ Support to persons as they explore alternatives
■ In-home safety needs
■ Access as desired to community activities
■ Options to make changes in living arrangements
■ System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

4.L. Behavioural Consultation Services (BCS)

Description

The focus of Behavioural Consultation Services is to increase the ability of persons served to express more effective and acceptable behaviours. Behavioural strategies are implemented to teach the persons served better ways to manage environmental and personal stressors so that targeted behaviours are reduced and positive behaviours are learned and maintained. Through redirection of a targeted behaviour to a more socially and culturally acceptable behaviour, persons served are able to achieve increased participation in mainstream community activities. Behavioural Consultation Services includes services to address targeted behaviours such as eating disorders, disruptive behaviours, or self-injurious behaviours in the home or community.

Key Areas Addressed

■ Competencies of personnel
■ Team meetings
■ Behavioural assessment input
■ Individualised behavioural strategies to address targeted behaviours
■ Strategies developed with key persons
■ Training supports implementation
■ Monitoring strategies

Recommendations

There are no recommendations in this area.

2022 Behavioural Health standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. General Programme Standards

Description

For an organisation to achieve quality services, the persons served are active participants in the planning, prioritisation, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organisation. The service planning process is individualised, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Programme/Service Structure

Description

A fundamental responsibility of the organisation is to provide a comprehensive programme structure. The staffing is designed to maximise opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

■ Written programme plan
■ Crisis intervention provided
■ Medical consultation
■ Services relevant to diversity
■ Assistance with advocacy and support groups
■ Team composition/duties
■ Relevant education
■ Clinical supervision
■ Family participation encouraged

Recommendations

2.A.26.b.(5)
Ongoing supervision of clinical or direct service personnel should consistently address issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organisation's ability to provide those services. A person-centred assessment process helps to maximise opportunities for the persons served to gain access to the organisation's programmes and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family or significant others, or from external resources.

Key Areas Addressed

■ Screening process described in policies and procedures
■ Ineligibility for services
■ Admission criteria
■ Orientation information provided regarding rights, grievances, services, fees, etc.
■ Waiting list
■ Primary and ongoing assessments
■ Reassessments

Recommendations

There are no recommendations in this area.

Consultation

▪ It is suggested that staff members be provided training on more fully utilising service users' strengths and abilities in the development of person-centred plans. Strengths could be thought of as natural predispositions, while abilities might be considered skills. For example, smartness is a strength that could be linked to a particular service user's ability to earn good grades in school. As another example, the strength of strong faith might be linked to a service user's ability to practise organised religion as a coping mechanism or to connect with others through attendance at religious services.

2.C. Person-Centred Plan

Description

Each person served is actively involved in and has a significant role in the person-centred planning process and determining the direction of the plan. The person-centred plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centred. The person-centred plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centred programme, the plan may be for the family and identified as a family-centred plan.

Key Areas Addressed

■ Person-centred planning process
■ Co-occurring disabilities/disorders
■ Person-centred goals and objectives
■ Designated person coordinates services

Recommendations

2.C.2.a.(2)(e)
It is recommended that documentation of the person-centred planning process include specific service or treatment objectives that are consistently measurable. For example, rather than state that the service user will engage in therapy, the objective might state that the service user will engage in therapy for two hours per week in a stepwise progression from zero hours (baseline), to 15 minutes in week one, to 30 minutes in week two, to 45 minutes in week three, to one hour in week four, to two hours in week eight.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organisation or to obtain services that are needed but are not available within the organisation. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry programme in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during programme participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care programme, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the programme personnel who are involved in the services provided to the person served and is completed when the person leaves the organisation (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorisation, to describe the course of services that the organisation provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organisation proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centred plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the programme.

Key Areas Addressed

■ Referral or transition to other services
■ Active participation of persons served
■ Transition planning at earliest point
■ Unplanned discharge referrals
■ Plan addresses strengths, needs, abilities, preferences
■ Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviours, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximising the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the programme is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and non-prescription medications by authorised and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the programme storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorised to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

■ Scope of medication services provided by the programme(s) seeking accreditation
■ Education and training provided to direct service personnel at orientation and at least annually
■ Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
■ Written procedures that address medication control, administration, and/or prescribing, as applicable to the programme
■ Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the programme
■ Peer review of prescribing practices, if applicable to the programme

Recommendations

There are no recommendations in this area.

2.F. Promoting Non-violent Practices

Description

CARF-accredited programmes strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

■ Engagement.
■ Partnership.
■ Holistic approaches.
■ Nurturance.
■ Respect.
■ Hope.
■ Self direction.

It is recognised that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviours. Personnel are trained to recognise and respond to these behaviours through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organisation that utilises seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behaviour. The following are not considered restraints for the purposes of this section of standards:

■ Assistive devices used for persons with physical or medical needs.
■ Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behaviour or injury to others.
■ Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
■ Security doors designed to prevent elopement or wandering.
■ Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioural healthcare setting.
■ In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behaviour. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

■ Policy addressing how the programme will respond to unsafe behaviours of persons served
■ Competency-based training for direct service personnel on the prevention of unsafe behaviours
■ Policies on the programme's use of seclusion and restraint, if applicable
■ Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
■ Plan for elimination of the use of seclusion and restraint, if applicable
■ Written procedures regarding orders for and the use of seclusion and restraint, if applicable
■ Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

■ Confidentiality
■ Timeframes for entries to records
■ Individual record requirements
■ Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organisation implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilisation of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organisation in improving the quality of services provided to each person served.

Key Areas Addressed

■ Quarterly professional review
■ Review current and closed records
■ Items addressed in quarterly review
■ Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of programme, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

■ Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counselling.
■ Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
■ Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organisation-based settings.
  - Schools, work sites, libraries, community centres, and other community settings.
  - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programmes and services available, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

■ Written procedures for the use of information and communication technologies (ICT) in service delivery
■ Personnel training on how to deliver services via ICT and the equipment used
■ Instruction and training for persons served, family/support system members, and others.
■ Provision of information related to ICT
■ Maintenance of ICT equipment
■ Emergency procedures that address unique aspects of service delivery via ICT

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Programme Standards

Description

The standards in this section address the unique characteristics of each type of core programme area. Behavioural health programmes are organised and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioural health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each programme is to improve the quality of life and the functional abilities of the persons

served. Each programme selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programmes of the persons served as appropriate and to the extent possible.

3.J. Inpatient Treatment (IT)

Description

Inpatient treatment programmes provide interdisciplinary, coordinated, integrated, medically supervised services in freestanding or hospital settings. Inpatient treatment programmes include a comprehensive, biopsychosocial approach to service delivery in a managed milieu that is recovery focused and trauma informed. There are daily therapeutic and other activities in which the persons served participate. Inpatient treatment is provided 24 hours a day, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilisation, support, treatment for psychiatric and/or addictive disorders, supervision, wellness, and transition to ongoing services. Such programmes operate in designated space that allows for appropriate medical treatment and engagement.

Key Areas Addressed

■ Medical evaluation
■ Timely assessments and treatment planning
■ Medically directed
■ Well-coordinated and comprehensive services

Recommendations

There are no recommendations in this area.

Programme(s)/Service(s) by Location

Nua Healthcare Services

Johns Lane
Naas
Co. Kildare
IRELAND

Administrative Location Only

Alberg

Kingsfurze Avenue
Naas
Co. Kildare
IRELAND

Community Housing

Arendelle House

Derrylissane
Menlough
Galway
Co. Galway
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Beacon Hill

Rathconrath
Mullingar
Co. Westmeath
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Belfry House

Barconny
Ballyjamesduff
Cavan
IRELAND

Community Housing
Community Integration

Bethany House

Adamstown
Castletown Geoghegan
Co. Westmeath
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Borough House

Rathevan
Portlaoise
Co. Laois
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Bridgeview

Carrigen
Portnahully
Co. Kilkenny
IRELAND

Community Housing

Broadleaf Manor

Allenwood South
Nursey Road
Naas
Co. Kildare
IRELAND

Community Housing

Brookhaven

Ballaghanoher
Rape Mills
Birr
Co. Offaly
IRELAND

Community Housing

Cara House

Closecullen
Raheen
Co. Laois
IRELAND

Community Housing

Castleview House

Clonganhue
Cappaghwhite
Co. Tipperary
IRELAND

Community Housing
Community Integration

Chapel View

Ballymanus
Stradbally
Co. Laois
IRELAND

Community Housing

Chapel View Day Service

Gormanstown
Kilcullen
Co. Kildare
IRELAND

Community Integration

Clarey Lodge

Clarey
Nurney
Co. Kildare
IRELAND

Community Housing

Cois Dalua

Knockduff Upper
Meelin
Co. Cork
IRELAND

Inpatient Treatment: Mental Health (Adults)

Cull Water Lodge

Cull Water Lodge
Ballinfuil
Kilcurry
Co. Louth
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Cullen House

Feighcullen
Rathangan
Co. Kildare
IRELAND

Community Housing

Dane Lodge

Coolroe
Dungarvan
Co. Waterford
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Dreamwood

Knockaunbrandon
Waterford
Co. Waterford
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Eden Hill

Soran
Ballinalee
Co. Longford
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Fern Lodge

Borranstown
Ashbourne
Co. Meath
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Gabriel House

29 Tullyglass Crescent
Shannon
Co. Clare
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Gainevale House

Gainevale
Multyfarnham
Co. Westmeath
IRELAND

Community Housing

Glenview House

Anglesboro
Kilmallock
Co. Limerick
IRELAND

Community Housing

Greenacres

Moonmore
Crossabeg
Co. Wexford
IRELAND

Community Housing

Hempfield

Clarecastle
Ennis
Co. Clare
IRELAND

Community Housing

Hillview

Lackaghbeag
Monasterevin
Co. Kildare
IRELAND

Community Housing

Inisfree

Shanderry
Portarlington
Co. Laois
IRELAND

Community Housing

Iron Hills

Ballydowel
Rathmoyle
Co. Kilkenny
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Kilbride House

Kilbride
Portarlington
Co. Laois
IRELAND

Community Housing

Killeen Lodge

Killeen
Kildanagan
Co. Kildare
IRELAND

Community Housing

Liffey House

Athgarvan
Newbridge
Co. Kildare
IRELAND

Community Housing

Little Island Day Service

Unit 25B
Euro Business Park
Little Island
Co. Cork
IRELAND

Behavioural Consultation Services
Community Integration

Millview

Kiltinan
Fethard
Co. Tipperary
IRELAND

Community Housing

Morella House

Lackagh Beg
Monasterevin
Co. Kildare
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Mount Eslin

Eslin
Mohill
Clarashinnagh
Co. Leitrim
IRELAND

Community Housing

Mulberry Lodge

Grove
Cloghan
Co. Offaly
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Newhall

Coolavoran
Coolavoran Coolagh
Co. Laois
IRELAND

Community Housing

Rathbeag

Lea Road
Portarlington
Co. Laois
IRELAND

Community Housing

Rathdearg House

Balgathern
Hill of Rath
Co. Louth
IRELAND

Community Housing

Rathverna

Knockaniska
Lismore
Co. Waterford
IRELAND

Behavioural Consultation Services
Community Housing

Ravens Hill

Cloghan Crossroads
Billistown
Delvin
Co. Westmeath
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Rivendell

Haroldstown
Tullow
Tullow
Co. Carlow
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Riverrun

Ballyronan Road
Kilquade
Co. Wicklow
IRELAND

Community Housing

Rockfield

Stone Acre
Crehelp
Dunlawin
Co. Wicklow
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Springfield

Blackwood
Athy
Co. Kildare
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Sruhaun

Castlemacgarrett
Claremorris
Co. Mayo
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Stonehurst

Stonehurst
St. Mullins
Co. Carlow
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Stoneleigh

Two The Drownings
Prosperous
Co. Kildare
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

Taliesin

Rossleaghan
Portlaoise
Co. Laois
IRELAND

Community Housing

The Abbey

Curraheen
Conna
Co. Cork
IRELAND

Community Housing

The Blossoms

Borranstown
Ashbourne
Co. Dubin
IRELAND

Community Housing
Community Integration

The Brambles

Ballyglass West
Kilruane
Co. Roscommon
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

The Clinical Department

Unit M1, Level 2
The Town Centre Building
Naas
Co. Kildare
IRELAND

Behavioural Consultation Services

The Fairgreen Day Service

Mountmellick Road
Portlaoise
Co. Laois
IRELAND

Community Integration

The Fairways

Kishawanny
Edenderry
Co. Offaly
IRELAND

Community Housing

The Gables

Ballymacarney
The Ward
Co. Meath
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

The Glade

Tymullen
Monasterboice
Co. Louth
IRELAND

Community Housing

The Haven

Timahoe
Donadea
Co. Kildare
IRELAND

Community Housing

The Ivies

Ballymacarbry
Deerpark
Co. Waterford
IRELAND

Behavioural Consultation Services
Community Housing
Community Integration

The Lakehouse

Ballinafid
Multifarnham
Co. Westmeath
IRELAND

Community Housing

The Lodge

Gillstown
Athboy
Co. Meath
IRELAND

Community Housing

The Meadows

Old Grange
Fontstown
Athy
Co. Kildare
IRELAND

Community Housing

The Orchard

Monastery Road
Clondalkin
Co. Dublin 22
IRELAND

Community Housing

The Pines

37 Rinuccini
Dublin Road
Portlaoise
Co. Laois
IRELAND

Community Housing

The Towers

Curraghvoe
Mitchelstown
Co. Cork
IRELAND

Community Housing

The Willows

Cloneygath
Monasterevin
Co. Kildare
IRELAND

Community Housing

Tignish

Glashina
Bishopshill
Blessington
Co. Wicklow
IRELAND

Community Housing

Tulla House

Pearsonsbrook
Glasson
Co. Westmeath
IRELAND

Community Housing

Valley View

Kilmacahill
Cloyne
Co. Cork
IRELAND

Community Housing

Winterdown Day Service

Carters Hill
Eadstown
Naas
Co. Kildare
IRELAND

Community Integration

Winterdown House

Mucklon Road
Donadea
Naas
Co. Kildare
IRELAND

Community Housing

Winterfell

Kilcoskan
The Ward
Coolquay
Co. Dublin
IRELAND

Community Housing

Woodbine Lodge

Castletreasure
Douglas
Co. Cork
IRELAND

Community Housing