



CARF Accreditation Report for Nua Healthcare Services Three-Year Accreditation

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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 an on-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

Ita Forde, BA, MA, Director of Services
Janice Magee, Clinical Administrator

Survey Number

120002

Survey Date(s)

August 26, 2019–August 28, 2019

Surveyor(s)

Shawn P. Griffin, MA, Administrative
Mary Heger, Programme
David G. Branding, PhD, Programme
Liz Kellough, Programme
Carol L. Warren, Programme

Programme(s)/Service(s) Surveyed

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

Previous Survey

August 9, 2016–August 12, 2016
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: August 31, 2022

Executive Summary

This report contains the findings of CARF's on-site survey of Nua Healthcare Services conducted August 26, 2019–August 28, 2019. 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. The organisation provides a high level of quality and customised services designed around extensive, individualised service needs of service users throughout numerous counties in Ireland. The continued expansion of the organisation is a reflection of strong leadership and strategic planning that honours the needs of multiple stakeholders, who express strong satisfaction with overall services. Guided by the direction of visionary and committed leadership and highly competent staff, Nua is recognised as providing necessary services that would otherwise be unavailable for service users, with a notable common theme of service provision that is person centred and evidenced by individual growth and successes. The organisational leadership has developed a progressive model of clinical support focusing resolutely on finances, comprehensive risk management planning, workforce development, health and safety, and performance measurement and management and improvement that, in concert, result in quality, individualised services. Additionally, these combined efforts serve as the foundation for the organisation's continued ability to expand to meet identified service demands. Utilising comprehensive behavioural supports, environmental modifications, clinical analysis, and supports, in addition to the allocation and fiscal management of resources, Nua is successful in promoting progressive treatment plans, conducive learning experiences, and nice day treatment and living environments. Nua has areas for improvement, including emergency procedures and drills, expanded accessibility barrier identification and planning, and promoting non-violent practices. It appeared evident that Nua has embraced the CARF standards and incorporated them into its drive to meet all continued service needs without sacrificing the quality so strongly valued throughout the organisation.

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):

- Shawn P. Griffin, MA, Administrative
- Mary Heger, Programme
- David G. Branding, PhD, Programme
- Liz Kellough, Programme
- Carol L. Warren, 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 on-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:

- Nua has grown substantially since the last survey, notably successfully expanding true person-centred care into mental health services. Examples of strong person-centredness include individual care plans that are provided pictorially or in the service user's primary language and even an example of a plan being composed in music to accommodate the service user's understanding and ownership of the plan.
- Nua is complimented for its commitment to provide services for a very difficult population that otherwise would have nowhere else to go except institutional care. To provide these hyper-cautious, individually designed, and intensive supports, the organisation has committed tremendous resources and developed an extraordinary team of educated and enthusiastic staff. This includes a competent team of psychiatric/psychological staff, skilled nursing, a trained architect, and numerous committed direct support staff members.
- Nua is recognised for having spacious, pleasant homes for all service users. All rooms of service users are personalised to their liking, and each centre has an abundance of shared indoor space as well as ample, beautiful outdoor space.
- The organisation is acknowledged for its efforts to meet the unique needs of its service users. Extensive assessments are completed to determine the best environment and supports needed for each person, and extensive transition plans are developed and implemented. The commitment to standalone cottages/apartments at some of the centres demonstrates this. Two of the staff members at the Mount Elsin centre speak Polish, and this contributes to service and progress of one of the residents. Nua's ability to say yes to individuals who present challenges and provide the resources to help them succeed is outstanding.
- It is evident that the employees of Nua are and feel very supported by the leaders of the organisation. As a result, the staff are committed and enthusiastic about the work they do each day.
- Nua's team of behavioural specialists demonstrate a strong commitment and enthusiasm for their work. The team members work collaboratively together, tapping into one another's expertise, and cite their strong team dynamics, the support and supervision they receive through Nua, as well as the training opportunities made available to them as key components contributing to their job satisfaction.
- Functional assessments, multi-level behavioural support plans, and supporting documents developed by behaviour specialists are clearly written, comprehensive, and highly informative, providing excellent guidance for the teams involved with each service user. Behaviour specialists provide thorough training and support to each staff team; are responsive to any questions, concerns, or needs that arise; and make a point of monitoring and checking in with each service user and each team to celebrate successes, document progress, problem-solve issues, and refine and update plans as needed.
- Residential services are uniquely tailored to the needs, interests, and preferred environments of the service users living in each home, who are consistently invited to provide input into household decisions, plan their own schedules, take charge of their personal space and who and how people have access to it, and bring forward any concerns or issues they might have. The home décor and atmosphere are reflective of the people living there, and it is clear that they see it as their home and like where they live.
- The focus on a person-centred approach is evident throughout Nua's services. Resources and materials are adapted to meet service users where they are at so they can take control of and make informed choices about their daily activities and the outcomes they want to pursue. In every location, there are examples of the efforts taken by staff to adapt and present information in accessible ways. Personal plans, daily schedules, information on rights, and information about the complaint process are adapted to pictorial or other formats as needed. Significant conversations about issues of importance to service users are documented and accessible to all members of the support team to ensure that everyone is aware and can tailor his/her support accordingly.

- Each of Nua's day services has a unique focus, offering different types of opportunities for service users to pursue different vocational or educational interests and build community connections through these interests. As an example, at one of the day services, participants can try their hand at gardening, planting, and creating flower baskets; helping out with bee keeping; raising chickens; and/or tending fruit trees. They then can be part of marketing their wares at local farmer's markets and other venues, where they get to mix and mingle with other farmers as well as interact with customers. These types of activities have resulted in new employment and volunteer opportunities for some service users.
- Stakeholders, including employees, service users, community members, and parents/guardians, were very positive about the organisation. They cited excellent open communication, emphasis on choice, rights and desires of the individuals, as well as the health and safety of the service users as things they appreciated about Nua.
- The organisation is very thorough in addressing safety issues and does so in a very personalised way by developing personalised evacuation plans for each service user at the service sites.
- The organisation has revamped its community integration programmes so that the service users develop their own schedules and are integral in developing their goals.
- The organisation has developed cooperative arrangements with Kildare Farm Foods and The Garden Shop for integrating educational pieces of its programme as well as providing opportunities to sell produce from the Chapel View Day Service. The Fairgreen Day Service has developed a Sing for Joy Choir that performs at various community sites and includes members of the community who are not service users.
- Nua does an excellent job of organising services between its programmes so that there is continuity between implementing personal plan strategies and providing the service users with a variety of avenues to work on goals. This also provides the service users with multiple opportunities to socialise and participate in leisure activities with their peers as well as other members of their communities.
- The outreach programme embraced the suggestion from the organisation's previous survey and has successfully implemented some job carving opportunities for service users.
- The organisation has developed and implemented a range of sensory integration settings that appear to be well-designed, relaxing, and meaningful resources for service users and staff alike.
- Staff members throughout the organisation appear competent, skilled, and exceptionally person centred in their work. Throughout the survey, teamwork, effective communication, and consistently caring and positive attitudes were observed.
- The utilisation of cautiously progressive, highly competent, and enlightened leadership to guide the growth of Nua has resulted in substantial and relatively accelerated growth and programme expansion to meet exponential growth of persons with severe behavioural health issues warranting extensive support and specialised care. The philosophy and strategic growth have positioned Nua to be the provider of choice for this population, serving a vast majority of the country of Ireland.
- The organisation is recognised for the use of a comprehensive, lengthy, and site-specific Health & Safety Risk Assessment & Corrective Action Plan at all service sites. This excellent tool identifies the hazard/risk, who is affected, existing controls, supporting note/images, impact and likelihood ratings, risk levels, and actions to remediate and/or avoid risks. This serves as a conspicuous and essential reference tool for staff.
- Notably throughout this survey process, the common themes that prevailed were the individual success stories of service users supported by the organisation. Staff did not tout their own accomplishments, but rather the accomplishments of those persons they support every day. This evidenced the following of the mission statement every day, resulting in positive supports and outcomes for service users.
- The organisation is complimented for the extensive planning and resource allocation towards corporate-wide risk assessment, management, and activities to lessen exposure.

- Nua is recognised for its stalwart endeavours to create individualised and extensive supports for persons with difficult challenges, fostering momentous repatriation of Irish citizens who were receiving these specialised services in other countries of the United Kingdom.

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

1.A.6.a.(6)(e)

Nua maintains written ethical codes of conduct; however, these do not include the witnessing of legal documents. It is recommended that the written ethical codes of conduct in service delivery include witnessing of legal documents.

Consultation

- It is suggested that the organisation include the reporting procedures for violations of ethical codes of conduct in one easy-to-access document as opposed to looking up and using the grievance procedure to report violations of ethics. It is also suggested that it review the required contents of a written ethical code of conduct and put these into one document as opposed to several locations as is current practice.

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
- 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

1.E.2.a.

1.E.2.b.

1.E.2.c.

1.E.2.d.

Although the organisation has a protocol in place to guide personnel when unauthorised or authorised entities arrive at sites operated by Nua, there is not specific written procedures to guide personnel in responding to subpoenas, search warrants, investigations, or other legal actions. It is recommended that the organisation implement written procedures to guide personnel in responding to subpoenas, search warrants, investigations, or other legal actions. This could be accomplished by adding specific language related to legal inquiries to existing related Nua policies and procedures.

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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

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

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.4.a.(9)

1.H.4.b.(9)

Although staff receive extensive training regarding workplace violence it may experience working with the services users, there is no evidence that there is training for external or other types of workplace violence. It is recommended that personnel receive documented competency-based training during orientation and annually in the area of workplace violence.

1.H.5.a.(5)

1.H.5.a.(6)

Although Nua has many written emergency procedures to include fires, bomb threats, natural disasters, and utility failures, there are no written procedures for medical emergencies or violent or other threatening situations. It is recommended that there be written emergency procedures for medical emergencies and other violent or threatening situations.

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.d.

Although Nua conducts unannounced tests of fire drills at all sites, it does not complete unannounced tests of each emergency procedure. It is recommended that Nua conduct unannounced tests of all emergency procedures at least annually on each shift at each location. These tests should also include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill that is analysed for performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel and is evidenced in writing, including the analysis.

1.H.9.f.(8)

1.H.9.f.(11)

1.H.9.f.(13)

It is recommended that the organisation implement written procedures regarding critical incidents that include critical incidents related to the use and unauthorised use and possession of weapons, vehicular accidents, and unauthorised use and possession of legal or illegal substances.

1.H.12.h.

It is recommended that when transportation is provided for persons served, there be evidence of written emergency procedures available in the vehicle(s).

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 background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.4.a.(2)(a)

It is recommended that the organisation implement written procedures that address verification of the credentials of all applicable workforce (including licensure, certification, registration, and education) with primary sources.

1.J. Technology

Description

CARF-accredited organisations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable

- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.c.

The organisation indicated that a test of its procedures for business continuity/disaster recovery was conducted with action steps currently in place as a result of the findings. However, this was not evidenced in writing, including an analysis. It is recommended that a test of the organisation's procedures for business continuity/disaster recovery be conducted at least annually and analysed for effectiveness, areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel and evidenced in writing, including the analysis.

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

There are no recommendations in this area.

Consultation

- To supplement the written and pictorial rights documents that are used to inform service users of their rights, Nua might consider alternative ways of engaging service users in thinking about their rights that can be integrated into day-to-day activities. Examples such as picking a 'right of the month' to focus on or having a bowl of pebbles with a right written on each pebble, which can be used to prompt discussions, might be more meaningful for some service users, who may be reluctant to sit down and review a list of rights.
- Although Nua has a practice of reviewing rights with service users at least annually, there does not appear to be a consistent system for documenting that these reviews have taken place. It is suggested that the organisation develop clear procedures, including a standard location for key workers to confirm rights review.

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

1.L.1.b.(7)

It is recommended that the organisation's leadership implement an ongoing process for identification of barriers in technology.

1.L.2.a.(1)

1.L.2.a.(2)

1.L.2.b.(1)

1.L.2.b.(2)

1.L.2.c.

Nua has exceptional assessment processes and resource allocation in place identifying and rectifying architectural and environmental barriers for service users, resulting in conducive, accessible, and safe environments for service users based upon unique individual needs. The organisation works diligently to remove barriers that result in enviable living arrangements. However, it is recommended that the organisation further expand its current accessibility plan to include for all identified barriers actions to be taken and timelines. The plan should be reviewed at least annually for relevance, including progress made in the removal of identified barriers and areas needing improvement, and updated as needed. This could serve to identify corporate-wide needs, in addition to the current practices of addressing issues on an individual basis as they arrive.

1.M. Performance Measurement and Management

Description

CARF-accredited organisations are committed to continually improving their organisations and service delivery to the persons served. Data are collected and analysed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organisation sets it apart from other organisations providing similar services. CARF-accredited organisations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programmes and services.

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organisational decision making
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized 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 individualized, 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 individualized
- 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

2.A.12.c.

It is recommended that any release of confidential information have a time limitation. This could include both the service user and/or his/her legal representative and may be easily facilitated by adding a section just above signatures that states the applicable timeframe that conforms to any guidelines of funding or referral sources.

Consultation

- Nua has recently implemented SharePoint® as an electronic platform for its service user records to make the most up-to-date versions accessible to all staff members supporting each service user. Nua has also introduced A.I.R.S. for accident/incident reporting and Penelope from Athena Software for intake and admissions. It is suggested that the organisation consider developing one of these platforms to manage all service user information in one place for easy access for staff and more efficient data entry and service tracking. Additionally, Nua might explore ways to transition many of its form templates into electronic data records that would allow easier searching, sorting, filtering, and analysis of service user information for effective day-to-day access as well as monitoring and quality assurance purposes.

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 his or her 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 individualized
- Persons are given information about the organisation's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

Consultation

- To support its focus on person-centred planning, Nua might consider incorporating tools such as 'important to' and 'important for' into its planning with individuals so that, in addition to identifying needs and desired outcomes in each core area, key workers and others involved are prompted to explore what service users see is important to them in these domains. This extra nuance could help to engage service users more fully in their planning by tapping into what matters to them.

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.

Consultation

- Nua has very comprehensive practices for supporting service users using a variety of formats to understand and confirm informed consent about each medication they are taking. It is suggested that it include these processes in its policy so all staff members are aware and can support service users to get the information they need when new medications are prescribed for them by those outside the organisation, such as general practitioners or other medical professionals who may not follow this practice.

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

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 individualized 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 optimize 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 hospitalization 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 utilization 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.).

Key Areas Addressed

- Opportunities for community participation

Recommendations

There are no recommendations in this area.

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.

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 the service is to increase the person's ability to express more effective and acceptable behaviours. Behavioural strategies are identified and used to teach the person better ways to deal with the environment and personal stressors to ensure that targeted behaviours are discouraged and positive behaviours are learned and maintained. Through redirection of a targeted behaviour to a more socially and culturally acceptable behaviour, persons are able to achieve increased participation in mainstream community activities. This includes services to persons to address targeted behaviours in the home or community, such as eating disorders, disruptive behaviours, or self-injurious behaviours.

Key Areas Addressed

- Skill/knowledge of personnel
- Team meetings
- Behavioural assessment input
- Individualized behavioural strategies to address targeted behaviours
- Strategies developed with key persons
- Training supports implementation
- Monitoring strategies

Recommendations

4.L.11.b.(4)

Although Nua has recently updated its multi-level behavioural support plan to include a specific section where behavioural specialists can specify the planned outcomes for each set of recommended interventions and will be rolling this out across the organisation, it is recommended that all behavioural support plans include clearly stated, measurable behavioural goals.

2019 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, prioritization, 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 individualized, 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

There are no recommendations in this area.

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 his or her 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, his or her 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.

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 his or her 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

- Development of person-centred plan
- Co-occurring disabilities/disorders
- Person-centred plan goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

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 person served when he or she moves 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 authorization, 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 maximizing 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 authorized 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 his/her 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 authorized 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 utilizes 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 him or her or to prevent self-injurious behaviour or injury to others.
 - Holding a person's hand or arm to safely guide him or her 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

- 2.F.5.a.(1)
- 2.F.5.a.(2)
- 2.F.5.a.(3)
- 2.F.5.a.(4)(a)
- 2.F.5.a.(4)(b)
- 2.F.5.a.(4)(c)
- 2.F.5.a.(5)
- 2.F.5.a.(6)
- 2.F.5.a.(7)
- 2.F.5.a.(8)
- 2.F.5.a.(9)
- 2.F.5.b.(1)
- 2.F.5.b.(2)
- 2.F.5.b.(3)
- 2.F.5.c.(1)
- 2.F.5.c.(2)
- 2.F.5.d.

Although the organisation cites effective examples in the lives of individual service users and is clearly taking steps to promote restraint-free environments, the programme is urged to create and implement a plan to eliminate the use of restraint that includes the role of leadership; the use of data to inform practice; development of a workforce culture that supports resiliency and well-being; input regarding the use of restraint from persons served, families, and advocates; consideration of the results of the debriefing process; identification of environmental factors that may contribute to unsafe behaviours; actions to be taken to minimise environmental factors that may contribute to unsafe behaviours; identification of specific strategies to prevent crises; and timelines to reduce the use of restraint. The plan should be shared with personnel, persons served, and other stakeholders; reviewed at least annually, including progress made in reduction of use and areas needing improvement; and updated as needed.

- 2.F.6.a.
- 2.F.6.b.
- 2.F.6.c.

Although the organisation has a policy and written procedures regarding use of restrictive procedures, it is recommended that written procedures for seclusion and restraint be implemented that include protocols for children and adolescents, adults, and special populations.

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 utilization 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.

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 stabilization, 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

Bridgeview

Carrigen
Portnahully
Co. Kilkenny
IRELAND

Community Housing

Broadleaf Manor

Allenwood South
Nurse Road
Naas
Co. Kildare
IRELAND

Community Housing

Brookhaven

Ballaghanoher
Rape Mills
Birr
Co. Offaly
IRELAND

Community Housing

Chapel View

Gormanstown
Kilcullen
Co. Kildare
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)

Cullen House

Feighcullen
Rathangan
Co. Kildare
IRELAND

Community Housing

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

Kilbride House

Kilbride
Portarlinton
Co. Laois
IRELAND

Community Housing

Killeen Lodge

Killeen
Kildanagan
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

Mount Eslin

Eslin
Mohill
Clarashinnagh
Co. Leitrim
IRELAND

Community Housing

Multyfarnham Day Service

Multyfarnham Day Service, Nua Healthcare
Multyfarnham
Co. Westmeath
IRELAND

Community Integration

Newhall

Coolavoran
Coolavoran Coolagh
Co. Laois
IRELAND

Community Housing

Raheen

Closecullen
Raheen
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

Riverrun

Ballyronan Road
Kilquade
Co. Wicklow
IRELAND

Community Housing

Shanderry House

Shanderry
Portarlington
Co. Laois
IRELAND

Community Housing

Shandra

Barrow Bank
Portarlington
Co. Laois
IRELAND

Community Housing

Taliesin

Rossleaghan
Portlaoise
Co. Laois
IRELAND

Community Housing

The Abbey

Curraheen
Conna
Co. Cork
IRELAND

Community Housing

The Bungalow

Athgarvan
Newbridge
Co. Kildare
IRELAND

Community Housing

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 Glade

Tymullen
Monasterboice
Co. Louth
IRELAND

Community Housing

The Haven

Timahoe
Donadea
Co. Kildare
IRELAND

Community Housing

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

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