



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 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

176237

Survey Date(s)

October 11, 2023–October 13, 2023

Surveyor(s)

Loretta Lukic, LMHC, CAP, ACS, Administrative and Programme

Programme(s)/Service(s) Surveyed

Residential Treatment: Integrated: IDD/Mental Health (Adults)

Previous Survey

February 15, 2023–February 17, 2023
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 October 11, 2023–October 13, 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 Services worked diligently to prepare to offer services to an underserved and challenging population. All personnel throughout the departments are compassionate individuals who demonstrate a warm and caring approach to service provision. The organisation remains constantly focused on improving areas identified throughout its data collection systems, including business practices and service delivery areas. Its policies and procedure, plan(s) development, and implementation are developed with input from personnel, individuals served, referral sources, and other stakeholders. All departments are organised, and hiring practices and policies ensure that the best possible candidates are offered employment based on their levels of expertise to ensure that the needs of the individuals served are met.

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 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):

- Loretta Lukic, LMHC, CAP, ACS, Administrative and 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):

- Residential Treatment: Integrated: IDD/Mental Health (Adults)

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

Note: The organisation was previously surveyed and accredited for the programme(s)/service(s) addressed in a prior report. The purpose of this survey was to consider the organisation's conformance to standards following certain organisational changes since the previous survey.

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:

- Nua Healthcare Services truly focuses giving its utmost attention and energy to those who are engaged in its residential services. Regardless of title, position, department, educational level, or employment status, every staff member is attentive and focused on areas of improvement in the quality of care, which ensures the safety, security, autonomy, and personal growth of those they provide services to.
- Every member of this organisation is a compassionate individual who demonstrates a professional commitment to carry out the mission and vision on a daily basis and a personal commitment to meet the needs of each individual served. The organisation is staffed by qualified and dedicated administrative, psychiatric, psychological, nursing, behavioural health, and direct service personnel who ensure that strategic goals are met to maintain not just their individual programmes but also the growth and longevity of the entire organisation.

- Nua Healthcare Services has created a Carer Empowerment Programme that provides free webinars, learning, and training modules and resources that are available for individuals served, family and support members, resource and community providers, and other community providers. All personnel are encouraged to participate in the development of these webinars and modules. There is also a newsletter created by personnel to which everyone internally and externally has access.
- Nua Healthcare Services provides services to the mental health population that has complex issues from physical, emotional, and psychological perspectives. All personnel address these issues from a perspective of care and concern. All individuals served reported that their needs, no matter how great or small, are met and that they are always heard and supported. It is apparent that every interaction that takes place with any person engaged in services is presented with positive encouragement. The individuals served verbalised their lives are different due to their engagement with Nua Healthcare Services.
- All direct service personnel are complimented for their engagement and support of assisting individuals served in developing the skills needed for their personal engagement in community activities that support their level of comfortability. These include volunteer jobs; activities for leisure, recreational engagement, and social developmental skills; assisting in community gardens; attending events in the surrounding communities; and visits to their family homes. Risk assessments are utilised to ensure that the person's level of social engagement correlates to the person's level of emotional, psychological, and behavioural strengths, limiting the person's risk of regression and promoting the person's personal strengths and ongoing improvement.
- The leadership of Nua Healthcare Services built a dynamic interdisciplinary team and developed numerous community partnerships that ensure a seamless coordination and access to services. The services have evidence-based approaches that are therapeutic, supportive, and vital to the specific needs of the individuals served. The variety of ages and experience of staff members is well matched to the individuals served and allows for building trusting and working relationships to their benefit. Positive aspects include the security of healthy risk-taking, the establishment of healthy relationships, and the implementation of sharing their authentic selves with others.

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. Nua Healthcare Services received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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.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.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

There are no recommendations in this area.

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.

Consultation

- The leadership of the organisation might consider utilising technology to create five- to ten-minute video introductions of leadership personnel that includes the person's name, position, length of employment, role, and how to contact them if needed. This could allow all new employees to become familiar with those in leadership positions until meeting them in person.

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.

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.

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

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 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.

2.C. Person-Centred Planning

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

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 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
- Policies and 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
- Documentation
- Risk assessment

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 or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counselling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- 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.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programmes and services available or the use of self-directed apps, 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
- Scope of ICT 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.P. Residential Treatment (RT)

Description

Residential treatment programmes are organised and staffed to provide both general and specialised non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioural health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programmes provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioural health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The programme involves the family or other supports in services whenever possible.

Residential treatment programmes may include domestic violence treatment homes, non-hospital addiction treatment centres, intermediate care facilities, psychiatric treatment centres, or other non-medical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

There are no recommendations in this area.

Programme(s)/Service(s) by Location

Aran Lodge

Borranstown
Ashbourne
Meath
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)

Jasmine Lodge

Mooneystown
Drumconrath
Meath
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)

Mountain View

Carrigatoher
Nenagh
Tipperary
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)

Teach Follaine

Gormanstown
Kilcullen
Kildare
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)

The Manor

Deerfield Lodge
Mountanglesby
Tipperary
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)

Uriel House

Meath
Davidstown
Meath
IRELAND

Residential Treatment: Integrated: IDD/Mental Health (Adults)