

Provider Legal Name:

Northland District Health Board

Site Visit:

Not required for Crown Entities – Admin Report

Only

Completed Date: 4 May 2021

NZBN Number:

9429000097871

RDA Number:

52056

Assessment Number:

110950

EXECUTIVE SUMMARY

Northland District Health Board, has been assessed as fully meeting the standards for accreditation. Provider has been assessed as having fully met the standards for accreditation. ADMIN REPORT: This has been assessed as per the agreed upon Crown Entity process.

SSAS Standards	Outcome	SSAS Standards	Outcome
Client-centred services (L2)	Standard met	Governance and management structure and systems (L2)	Standard met
Community wellbeing (L2)	Standard met	Financial management and systems (L2)	Standard met
Cultural competence (L2)	Standard met	Resolution of complaints related to service provision (L2)	Standard met
Staffing (L2)	Standard met	Quality improvement (L2)	Standard met
Health and safety (L2)	Standard met	Client services and programmes (L2)	Standard met

Corrective action plan

Critical actions

No critical actions have been identified during the assessment.

Required actions

No required actions have been identified during the assessment.

Strengths identified at review

Recommendations

Accreditation status

Confirmation of Accreditation at Level 2

The conditions of accreditation

Northland District Health Board has been accredited by Te Kāhui Kāhu Social Services Accreditation to deliver the following services:

- Health assessments (Level 2)
- Employment and training services approval (Level 4)

Action plan

OVERVIEW

This is a review assessment of Northland District Health Board's accreditation status by Te Kāhui Kāhu Social Services Accreditation.

Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

This is an Inter-Agency assessment.

KEY FINDINGS

SSAS Standard: Client-centred services (L2)

The organisation treats people with respect and delivers services in a manner that has regard for their dignity, privacy and independence.

1. The organisation promotes client-centred practice as central to its service development and delivery.
 - 1.1 The organisation involves its clients and stakeholders in planning, implementation, and evaluation at all levels of the service to ensure services are current and responsive.
2. The organisation provides services that are accessible to people with disability.
3. The organisation provides services that are free from any discrimination, coercion, harassment, and sexual, financial or other exploitation.
4. The organisation recognises and facilitates the right of people to advocacy and/or support persons of their choice.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Community wellbeing (L2)

The organisation provides services which reflect the principle that the welfare and interests of the child or young person are first and paramount and where the wellbeing of all is upheld.

1. The organisation provides services in a manner consistent with section 6 of the Oranga Tamariki Act 1989, where services reflect the principle that the welfare and interests of the child or young person are the first and paramount consideration.
2. The organisation has a process for dealing with allegations of abuse and situations that raise concerns about the safety of a client or associated community member.
 - 2.1 The process specifically includes guidelines on how the organisation makes

referrals under section 15 of the Oranga Tamariki Act 1989.

3. The organisation promotes awareness of the unacceptability of abuse, ways in which abuse may be prevented, the need to report all cases of abuse and how to respond to all types of abuse. Abuse includes physical, emotional or sexual harm; ill-treatment; neglect or deprivation either passive or active.
4. The organisation promotes awareness of where a conflict between the needs of a client and others might arise, and uses a process to respond to such conflicts.
5. The organisation has a procedure to identify clients who may have limited ability to give informed consent. This procedure ensures that such clients are able to exercise the ability they have to the fullest extent possible.
6. When it is confirmed that a client has a limited ability to give informed consent, the organisation acts appropriately.
For those organisations that must comply with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, this will mean following the principles of Right 7.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Cultural competence (L2)

The organisation provides services that are culturally appropriate to clients.

1. The organisation provides services that recognise and respect clients' ethnic, cultural and spiritual values and beliefs.
 - 1.1 The organisation provides services which meet the specific needs of Maori.
 - 1.2 The organisation provides services that meet the specific needs of Pacific peoples.
2. The organisation consults with, and where appropriate makes referrals to and negotiates protocols with, Maori, Pacific peoples and other cultural and specific interest services.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Staffing (L2)

The organisation has the staffing capability and capacity to deliver services safely.

1. The organisation's staffing and staff relations policy and procedures comply with the relevant legislation.
2. The organisation includes in its definition of staff anyone the organisation relies on to deliver its services. This includes caregivers, volunteers and contractors, as well as paid staff members.
3. All staff have a written agreement of service.
4. The organisation uses a clear, transparent and open process for recruiting and vetting suitable staff including members of the organisation's governance body. Vetting of staff is to include, but is not limited to, a New Zealand police vet.
5. The organisation will follow a robust decision-making process in responding to the results of vetting, including safety checking.
 - 5.1 The organisation effectively manages any staff with a conviction, including members of governance.
 - 5.2 Unless a core worker exemption is held, an organisation does not employ any core children's worker who has a conviction for a specified offence under schedule two of the Children's Act 2014.
6. The organisation will complete police checks, and any other relevant vetting for all staff at least every three years.
7. The organisation has sufficient, qualified and competent staff to deliver its services.
8. The organisation provides adequate induction, training, professional development and support for all staff.
9. The organisation uses an effective performance management system for all staff.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Health and safety (L2)

The organisation ensures clients, staff and visitors are protected from risk.

1. The organisation ensures its place of work, and any place of work it uses or relies on for service delivery, comply with all legal and regulatory requirements.
2. The organisation will, as reasonably practicable, provide and maintain a working environment for its workers and members of the public that is safe and without risk to health.
3. If applicable, the organisation ensures the safety of any children being supervised in the place of work while their parents or caregivers receive services.
4. The organisation has safety and emergency plans for the evacuation of its place of work and any other place of work it uses for service delivery.
5. The organisation responds effectively to adverse events in the place of work.
6. The organisation has a business continuity and disaster recovery plan in place.
7. The organisation ensures that where an intervention, discipline or control is required or used, staff use appropriate methods that protect the physical and emotional safety of clients.
8. The organisation reflects continuous quality improvement principles in identifying and managing risk.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Governance and management structure and systems (L2)

The organisation has a clearly defined and effective governance and management structure and systems.

1. The organisation has a defined and current legal status.
2. The organisation has an appropriate and clearly defined governance and

management structure, the written record of which shows authorities, delegations, responsibilities and accountabilities.

3. The organisation is governed and managed by people with appropriate skills, qualifications and personal attributes.
4. The organisation has a process for identifying and managing perceived, actual or potential conflicts of interest, including between governance and management roles.
5. The organisation's management systems, policies and procedures are consistent with:

5.1 relevant legislation

5.2 its legal status, constitution, rules, charter or Act of Parliament

5.3 the aims, philosophy and scope of its activities

5.4 its management structure

5.5 contractual obligations.

6. The organisation collects, records, stores and uses information in keeping with the relevant legislation.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Financial management and systems (L2)

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.
2. The organisation has an effective financial management system appropriate to the size and complexity of the organisation.
3. The organisation undertakes forward financial planning to show that it will remain financially viable.
4. The organisation has adequate insurance cover for the size and complexity of the organisation.
5. The organisation has arrangements for the regular independent audit, or in some cases review, of financial accounts.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Resolution of complaints related to service provision (L2)

The organisation uses an effective process to resolve complaints about service provision.

1. The organisation has a process for receiving, considering and resolving complaints that is soundly based in law and is consistent with the principles of natural justice, and ensures the support and safety of the complainant throughout the process.
2. The organisation ensures its clients and staff are aware of the complaints process.
3. The organisation seeks to resolve complaints effectively and makes improvements to the service as a result.

3.1 The organisation must record the application of the complaints process and the resolution achieved.

3.2 The organisation will provide evidence it has made appropriate improvements based on the analysis of complaints received.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Quality improvement (L2)

The organisation aims for excellence and manages the quality and risk of services.

1. The organisation regularly monitors:
 - 1.1 the organisation's individual policies and procedures
 - 1.2 its systems as a whole
 - 1.3 the performance of the organisation
 - 1.4 client outcomes.
2. The organisation uses a process to analyse monitoring and performance data for the purpose of improvement.
3. The organisation makes appropriate improvements, including risk mitigation, based on the analysis of this monitoring.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met

SSAS Standard: Client services and programmes (L2)

The organisation provides client services and/or programmes that meet clients' assessed needs, reflect desired outcomes and goals, and are planned, co-ordinated and reviewed.

1. The organisation collects appropriate information and ensures the needs of the client match the criteria for service.
2. The organisation completes a comprehensive and timely assessment.
 - 2.1 The organisation ensures it has necessary consents.
3. The organisation develops timely, effective plans for all client services and programmes:
 - 3.1 plans meet the needs of the client and the objectives of the service or programme
 - 3.2 plans identify and mitigate safety risk to clients and others
 - 3.3 where appropriate, plans include client's family and others
 - 3.4 the plan clearly states the client's goals, and services used to help the client achieve their goals
 - 3.5 plans are adequately resourced
 - 3.6 the organisation completes regular, formal, recorded reviews of progress against the plan and outcomes achieved.

4. Conclusion of services to clients is planned and prepared for.
 - 4.1 Safety risk of clients transitioning from the service are considered and managed.
5. The organisation ensures that client files and programme records are sufficient and document each stage of service provision.

Evidence

- Provider is a Crown Entity that is accountable for its own legislation. As a result, accreditation is granted based on the streamlined application.

Exceptions

Based on the evidence provided for this review, no exceptions were identified.

Outcome

Standard met