

Provider Legal Name:

Geneva Healthcare Limited

Site Visit:

Site visits are not applicable at Level 4.

Completed Date: 10 November 2021

NZBN Number:

9429038213434

RDA Number:

61546

Assessment Number:

111041

EXECUTIVE SUMMARY

Geneva Healthcare Limited, has been assessed as partially meeting the standards for accreditation. Six Level 4 Social Sector Accreditation standards were assessed. Four standards were met and two standards were partially met.

SSAS Standards	Outcome	SSAS Standards	Outcome
Client-centred services (L4)	Standard met	Governance and management structure and systems (L4)	Standard met
Staffing (L4)	Standard partially met	Financial management and systems (L4)	Standard partially met
Health and safety (L4)	Standard met	Resolution of complaints related to service provision (L4)	Standard met

Corrective action plan

Critical actions

No critical actions have been identified during the assessment.

Required actions

Standard	Criteria	Action	Due by
Staffing (L4)	2	Include a definition of all staff within staffing policies that includes caregivers, volunteers, governance/ board members, contractors and paid staff members.	next review
Staffing (L4)	4	Correct the Police Vetting Policy to reflect procedures for New Zealand Police Vetting, Ministry of Justice criminal history checks and re-vetting/ re-checks that are compliant with the Children's Act 2014.	next review
Financial management	2	Modify financial statements to detail government	next review

and systems (L4)		funding as separate line items.	
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Strengths identified at review

1. Client-Centred Services, criterion 1
Employment service intake and procedures show client-centred practice that encourage candidates to self-determine employment goals. Pre-employment and post-employment milestones are tracked and annual self-review practices by the organisation are evident.

Recommendations

No recommendations were made in this review.

Accreditation status

Confirmation of Accreditation at Level 4 with required actions

The conditions of accreditation

Geneva Healthcare Limited has been accredited by Social Services Accreditation/ Te Kāhui Kāhu to deliver the following services:

- Employment and training services approval (Level 4)
- Miscellaneous sector support and development (Level 4)

Action plan

The required actions identified in this report are to be addressed as soon as practicable. Completion of these actions will be assessed at the time of the next review.

OVERVIEW

This is a review assessment of Geneva Healthcare Limited’s accreditation status by Social Services Accreditation/ Te Kāhui Kāhu.

Geneva Healthcare Limited has been a registered New Zealand business since 1996, providing aged care, illness, injury & disability support. Geneva Healthcare Limited has been an accredited provider since November 2015. Geneva Healthcare Limited was previously known as Geneva Elevator Limited and became a wholly owned of the New Zealand Healthcare Group parent company (NZHG) in June 2019, trading as Geneva Healthcare Limited (GHL) going forward.

Employment and Training Services funding was granted to Geneva Healthcare Limited by the Ministry of Social Development from July 2021, to provide a work-entry programme. Eligible participants have a health condition, injury or disability, are in receipt of Jobseeker support and are identified and approved by Work and Income. The programme is twelve weeks in duration with a subsequent four-week job search period. Programme components include identification and management of barriers to employment, establishment of employment networks, assistance with interview preparation, entry qualifications, curriculum vitae and cover letter construction and a travel allowance to support participants to attend training. The venue is located at s 9(2)(a) [REDACTED].

The organisation was last reviewed against Social Sector Accreditation standards in 2019 and no corrective actions were found at that time. An initial reminder and request for submission was made by Te Kāhui Kāhu/ Social Services Accreditation on 12 May 2021. Evidence was received from the organisation on 19 June. A request for additional information was made by Te Kāhui Kāhu/ Social Services Accreditation on 30 September and again on 27 October 2021. The organisation was responsive to each request. This review was concluded on 02 November. The organisation was assessed against six Level 4 Social Sector Accreditation Standards. This assessment was a scheduled desk-based review. Three corrective actions and one strength were identified. The next review will occur in 24 months' time.

This is an Inter-Agency assessment.

KEY FINDINGS

SSAS Standard: Client-centred services (L4)

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.

Evidence

- Practice guideline review (GHL 2020) - an organisational self-review framework showing planned actions to improve practice across eight guidelines and grow networks to inform best practice employment services,
- OP-020 quality and risk management policy, version 5 (GHL 2021) - includes a description of client feedback, frequency and accountabilities,
- career development plan (GHL 2021) - planning tool led by clients to capture employment goals and progress,
- employment services brochure (not dated) - promoting free employment services for employers and candidates,
- an introduction to the Enabling Good Lives Approach (2018) - MySkill Education training module,
- person centred approach (2021) - course evidence /MySkill Education training module,
- deaf & disability support services brochure (2020) - information for candidates on very high needs support services and transition services.

Exceptions

Criteria	Findings	Type of finding
1	Client-Centred Services, criterion 1 Employment service intake and procedures show client-centred practice that encourage candidates to self-determine employment goals. Pre-employment and post-employment milestones are tracked and annual self-review practices by the organisation are evident.	Strength

Outcome

Standard met

SSAS Standard: Staffing (L4)

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 criminal conviction check.

4.1 The organisation will follow a robust decision-making process in responding to the results of vetting, including safety checking.

4.2 The organisation effectively manages any staff with a conviction, including members of governance.

Evidence

- HR-005 police vetting policy, version 2 (2017),
- HR-003 performance management policy, version 4 (2020),
- sample employment agreement (June 2021),
- sample job description (June 2021) - employment specialist role,
- sample individual employment agreement (January 2020) - schedule 1; details position, place of work, hours, probation, wages, agreement to the conditions of employment,
- GHub flyer (generated 2021 From Geneva intranet) - serves as an induction record which includes health and safety, quality, communications, service delivery, child protection policy, vehicles, human resources, vetting and criminal conviction checks,
- sample induction plan (not dated) - a sample 2-week staff onboarding timetable,
- internal permanent recruitment process (2021) -flow chart.

Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
2	Staffing policies provide a scope that is not inclusive of all staff members in alignment with the Social Sector Standard for Staffing.	Required Action
4	The Police Vetting Policy contravenes the Children's Act 2014. Current policy incorrectly states 1) vetting does not need to be done for level 2-plus providers, 2) re-vetting only applies to those with a criminal history and 3) disclosure of no criminal history permits applicants to start work. Commencing employment only when vetting/ criminal history checks are concluded and ensuring timely re-vetting/ re-checks ensures confidence in the safety status of all staff.	Required Action

Outcome

Standard partially met

SSAS Standard: Health and safety (L4)

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

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

Evidence

- OP-000 health & safety policy (GHL 2020) - overview, participants and purpose,
- OP-004 hazard management policy, version 4 (GHL 2020) - details the hazard identification process, frequency of checks, participation, use of a hazard/ risk register and accountabilities,
- OP-009 accident and incident management policy, version 5 (GHL 2020) - describes procedures for the reporting, documenting and investigating of any reported client concerns raised by staff members, any work-related incidents / accidents that occur and the work-related personal injury claim process, reporting procedures, timeframes, accountabilities and reporting to WorkSafe,
- GHC emergency plan (2017-2018) -business continuity pg. 7, emergency response team pg. 8, continuity of care, business recovery, I.T support, communications, priorities and summary pg. 11,
- OP-011 emergency management policy, version 3 (GHL 2019) – describes staff responsibilities and procedures for emergency situations that may be encountered while at work,
- OP-020 quality & risk management policy, version 5 (GHL 2021) - describes the quality team, and accountabilities for recording, reporting and investigating accidents, incidents and hazards,
- OP-019 communicable and infectious disease management policy, version 3 (GHL 2021) - describes procedures intended to protect staff from communicable and infectious diseases in the course of their work,
- escalation process for suspected cases of COVID-19 (GHL 2021) - a guide to manage notification of suspected or confirmed cases to minimise risk of transmission,
- fire evacuation reports - s 9(2)(a) -February 2021 (Nova Evacuation Services); s 9(2)(a) -February 2020, s 9(2)(a) -May and April 2021, s 9(2)(a) -June 2021 (GHL) s 9(2)(a) -March 2021 (IQP) - verifies that fire drills are carried out at a minimum frequency of every 6 months,
- minutes of health and safety meetings (December 2020 and March 2021),
- GHC emergency plan, version 4 - business continuity and disaster management plan pgs. 8-11 (2018-2019),
- OP 001 open disclosure policy, version 4 (GHL 2020) - outlining the standards of communication when supporting clients where adverse events take place during care, to minimise the risk of subsequent errors or adverse events.

Exceptions

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

Outcome

Standard met

SSAS Standard: Governance and management structure and systems (L4)

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

1. The organisation has clearly defined and effective governance and management structure and systems.
2. The organisation collects, records, stores and uses information in keeping with the relevant legislation.

Evidence

- New Zealand Business Register (9429038213434) - currently registered,
- New Zealand Companies Register (831256) - currently registered,
- GHL constitution (New Zealand Companies Office 2019),
- confidentiality and access to records policy, version 4 (GHL 2020) - details client record content, why it is gathered, who it is shared with, who can access, definition of a privacy breach, the process for notifiable breaches, retention and disposal of records and designating a privacy officer,
- I.T network security policy, version 1 (NZHG 2020) - details access controls and cyber-security,
- I.T acceptable use policy, version 1 (NZHG 2020) - includes internet, social media and email acceptable use.

Exceptions

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

Outcome

Standard met

SSAS Standard: Financial management and systems (L4)

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.
2. The organisation has financial management systems appropriate to the size and complexity of the organisation.
3. The organisation has adequate insurance cover for the size and complexity of the organisation.

Evidence

- GHL financial statement (year ended 30 June 2020) - draft financial statement, unsigned,
- NZHG consolidated financial statements (year ended 30 June 2020) - audited by Deloitte Limited,
- NZHG consolidated financial statements (year ended 30 June 2021) - submitted in response to further information requested,
- certificate of insurance (July 2021) - QBE Insurance, PURPL combined liability to July 2022.

Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
2	Financial statements provided did not detail government funding as a separate line item as required by the Financial Management Social Sector Accreditation Standard.	Required Action

Outcome

Standard partially met

SSAS Standard: Resolution of complaints related to service provision (L4)

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

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

Evidence

- OP-002 complaints policy, version 6 (GHL 2019) - details how participants are informed, procedures, timeframes, accountabilities, support, analysis and use of complaints,
- OP-001 open disclosure policy, version 4 (GHL 2020) - information and guidance timely and transparent communication when supporting clients in the event any concerns are raised,
- pre-assessment questionnaire (2021) - one complaint received since 2019 review, cited as resolved with reference to organisational process that is consistent with the laws of natural justice and aligns to the Health and Disability Commission's Code of Rights,
- Email (13 May 2021) - from Contracts Advisor identifying no known issues.

Exceptions

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

Outcome

Standard met

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OFFICIAL INFORMATION ACT

FINAL
REPORT