

Provider Legal Name:
Ngati Kahu Social and Health Services Incorporated

Site Visit: 11 August 2021

Completed Date: 7 October 2021

NZBN Number:
9429042690177

RDA Number:
1411

Assessment Number:
111019

EXECUTIVE SUMMARY

Ngati Kahu Social and Health Services Incorporated, has been assessed as partially meeting the standards for accreditation. Ten Level 2 Social Sector Accreditation Standards were assessed. Critical actions completed on the 1 February 2022 leaving five standards partially met, and five standards have been met.

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 partially met	Financial management and systems (L2)	Standard met
Cultural competence (L2)	Standard met	Resolution of complaints related to service provision (L2)	Standard partially met
Staffing (L2)	Standard partially met	Quality improvement (L2)	Standard partially met
Health and safety (L2)	Standard partially met	Client services and programmes (L2)	Standard met

Corrective action plan

Critical actions

Standard	Criteria	Action	Due by	Completed
Staffing (L2)	4	The Organisation is required to provide evidence of criminal background checks using the New Zealand Police vetting services for staff and Ministry of Justice criminal history check for members of the governing board.	04/02/22	01/02/22
Health and safety (L2)	1	The Organisation is required to have a current building warrant of fitness.	19/11/21	08/11/21

Required actions

<i>Standard</i>	<i>Criteria</i>	<i>Action</i>	<i>Due by</i>
Community wellbeing (L2)	1	The organisation must evidence that supervision conducted is held for each staff member.	next review
Staffing (L2)	2	The organisation is required to update their policies and procedures to include a definition of staff. This is anyone that the organisation relies on to deliver its services, this includes volunteers, contractors and paid staff.	next review
Staffing (L2)	4	The organisation must evidence that a record of the interview process, a verification of at least two references checks and qualification checks are held for each staff member.	next review
Staffing (L2)	8	The organisation must evidence that induction documentation, professional development and performance management is held for each staff member.	next review
Health and safety (L2)	1	The organisation is required to have fire extinguishers regularly inspected.	next review
Health and safety (L2)	2	The organisation is required to hold a hazard identification process, including a register of all identified hazards and actions taken to mitigate any associated risks. They are also required to conduct regular, recorded maintenance inspections of all places of work and facilities that organisation uses to provide its services, including maintenance report to management and governance.	next review
Health and safety (L2)	4	The organisation is required to conduct regular evacuation drills and records kept of the date, time of the drill, and staff who are present, designated roles and any follow-up actions required.	next review
Resolution of complaints related to service provision (L2)	1	The organisation is required to update their Complaints Policy to include how people will be kept safe during the complaints process, including people with specific needs and the right of people to have the support of an independent advocate. They also need to include where the complainant can be referred if they are not satisfied with the resolution of the complaint.	next review
Quality improvement (L2)	1	The Organisation is required to obtain feedback from clients and stakeholders for quality management purposes.	next review

Strengths identified at review

Recommendations

Quality Improvement Standard – Criterion 3:

It is recommended that the Organisation continue their work of updating all their policies and procedures to reflect current changes made to legislation.

Accreditation status

Confirmation of Accreditation at Level 2 with required actions

The conditions of accreditation

Ngati Kahu Social and Health Services Incorporated has been accredited by Te Kāhui Kāhu Social Services Accreditation. to deliver the following services:

- Child and family assessments (Level 2)
- Family support services (Level 2)
- SWiS (Level 2)
- Social work support (Level 2)
- Emergency housing (Level 3)
- Youth development programme (Level 3)
- Employment and training services approval (Level 4)
- One to one budget support interventions (Level 4)

Action plan

To complete the required actions as soon as possible.
The next accreditation review will be conducted in 2022.

OVERVIEW

This is a review assessment of Ngati Kahu Social and Health Services Incorporated's accreditation status by Te Kāhui Kāhu Social Services Accreditation..

Ngati Kahu Social and Health Services Incorporated has been assessed under the Level 2 Social Sector Accreditation Standards. They are an Iwi based Māori Kaupapa provider located in Kaitaia in the Far North. They have held accreditation since 2005 and have been a registered incorporated society since 1994 and a registered charitable trust since 2009.

Ngati Kahu Social and Health Services Incorporated provide a range of social and health services across an extended geographical area that is a mix of urban and rural communities.

The Organisation is currently funded by the Ministry of Social Development for the delivery of Social Workers in Schools, Youth Workers in Schools programme, Whanau Support Services, and financial mentoring. The Ministry of Social Development has also

recently provided a one-off grant from their Capability and Resilience Fund to enable the Organisation to conduct a functional review of their organisation.

The Organisation has been through some considerable change this year with the CEO of ten years leaving. The Board temporarily stepped in prior to an acting CEO being contracted and put in place temporarily. They have recently filled the CEO role permanently. The new CEO will start with the Organisation in October 2021.

The Mission of the Organisation is to work towards achieving their vision of 'He Oranga Tangata'. They do this by providing and encouraging strong leadership, enabling innovation, and cultivating capability of their team, whanau, and all those within the rohe o Ngati Kahu.

A site visit was conducted on the 11 August 2021 starting with a mihi whakatau. The Assessor met with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Team Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti at their offices in s 9(2)(a), Kaitia. A Zoom meeting was conducted on 19 August 2021 with the Chairperson. The Organisation was well prepared for their accreditation review.

The accreditation review of Ngati Kahu Social and Health Services was focused on the Ministry of Social Development funded services. As a result of the accreditation review the Organisation has two critical actions and nine required actions. Their next accreditation review will be scheduled in twelve months.

Critical Actions:

MS Teams meeting held with CEO on 1 February 2020 to complete the critical actions.

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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Advocacy and Support Policy (Review Date: March 2019 – New Review Date: May 2021).
- Client Information Pack.
- Code of Conduct (undated).
- Facebook and Twitter applications.
- Kawa Policy (undated).
- Mission Statement.
- Ngati Kahu Social and Health Services (Pamphlet).
- Ngati Kahu Social and Health Services Constitution (02 November 2009).
- Paddle Boarding (flyer).
- Values and Behaviours.
- Website Search: Ngati Kahu Health and Social Services.

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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Abuse and Neglect Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Child Protection Policy (Review Date: April 2019 – Next Review Date: April 2021).
- Client Physical Well Being (Review Date: October 2020 – Next Review Date: October 2022).
- Informed Consent Policy (Review Date: March 2019 – Next Review Date: May 2021)
- Notifications made to Oranga Tamariki.
- Oranga Tamariki, Child Matters, Working Together for Vulnerable Kids, 4 May 2021.
- Services User Information Management and Privacy of Health Information (Review Date: August 2021 – Next Review Date 2023).

Exceptions

Criteria	Findings	Type of finding
1	Of the five staff files tested only four required supervision, however only two of the staff files held supervision documents.	Required Action

Outcome

Standard partially 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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Cultural Safety (Review Date: October 2020 – Next Review Date: October 2022).
- Family/Whanau Involvement Policy (Previous Review Date: September 2020 – Next Review Date: September 2022).
- Interpretation Services (Review Date: August 2021 – Next Review Date; August 2023).
- Kawa Policy (undated).
- Māori Kaupapa Organisation.
- Strategic Plan 2019 – 2024.
- Website Search: Ngati Kahu Health and Social Services.

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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Attendance at Conferences Policy (Review Date: March 2019 – Next Review Date: March 2021).
- Child Protection Policy (Review Date: April 2019 – Next Review Date: April 2021).
- Child Protection Policy, Board/Director/Employer, Safety Checks (Review Date: April 2019 – Next Review Date: April 2021).
- Code of Conduct (undated).
- Declaration of Prior Conviction (form) (undated)
- Dress Code Policy (Review Date: May 2019 – New Review Date: May 2021).
- Five staff files tested – 11 August 2021.
- Kawa Policy (undated).
- Leave Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Performance Appraisal/Review Policy (Review Date: September 2020 – Next Review Date: September 2022).
- Privacy Act Statement (Review Date: August 2021 – Next Review Date: August 2023).

- Protection of Intellectual Property Policy (Review Date: August 2021 – Next Review Date: August 2023).
- Recruitment and Staff Selection Policy (Review Date: May 2019 – Next Review Date: May 2011).
- Training Policy (Previous Review Date: February 2020 – Next Review Date: February 2022).

Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
2	The Organisation does not have a definition of staff within their Recruitment and Staff Selection Policy.	Required Action
4	Not all staff or contractors have been police vetted. One member of the governing body is not Ministry of Justice vetted.	Critical Action
4	Five staff files were tested three files did not hold information on the interview process. None held reference checks or qualification checks.	Required Action
8	Five staff files were tested and only three held information on induction, one for professional development.	Required Action

Outcome

Standard partially 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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Business Continuity Plan (Review Date: August 2021 – Next Review Date: August 2023).
- Covid-19 Pandemic Plan (Review Date: March 2019 – Next Review Date: May 2021).
- Disciplinary Policy (Review Date: March 2019 – Next Review Date: March 2021).
- Drug Free Work Environment (Review Date: September 2018 – Next Review Date: September 2020).
- Health and Safety Policy (Review Date: February 2019 – Next Review Date: February 2021).
- Health and Safety Report October 2020 – sighted 11 August 2021.
- Incident and Accident Register – sighted 11 August 2021.
- Incidents Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Infection Prevention and Control Management Plan (Review Date: March 2019 – Next Review Date: May 2021).
- Internal Emergencies and External Disasters Plan (Date Issued: September 2020 – Next Review Date: September 2022).
- Maintenance Register – sighted 11 August 2021.
- No reports to WorkSafe.
- Quality Plan (Review Date: October 2020 – New Review Date: October 2021).
- Risk Management (form).
- Risk Management and Assessment Form (form).
- Security Policy (Date Issued: September 2020 – Next Review Date: September 2022).
- Smokefree Policy (Review Date: September 2018 – Next Review Date: September 2020).
- Staff Meeting Minutes: 22 January 2021; 17 March 2021; 7 July 2021.
- Transporting of Passengers (Review Date: August 2021 – Next Review Date: August 2023).
- Vehicle Maintenance Register (1 September 2021).
- Workplace Visitors Procedure (Review Date: October 2020 – Next Review Date: October 2022).
- Whistle Blowing Policy (Review Date: June 2020 – Next Review Date: June 2022).

Exceptions

<i>Criteria</i>	<i>Findings</i>	<i>Type of finding</i>
1	The Organisation does not have a current building warrant of fitness.	Critical Action
1	The Organisations fire extinguishers have not been inspected; they do not hold a yellow tag.	Required Action
2	The Organisation does not have a hazard register and they are not completing regular, recorded maintenance inspections.	Required Action
4	The Organisation has not been completing regular evacuation drills.	Required Action

Outcome

Standard partially 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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Acting CEO – Privacy Officer.
- Board Member Code of Conduct (14 December 2007).
- Board Member Conflict of Interest and Confidentiality Declaration (14 December 2007).
- Board Member Position Description (14 December 2007).
- Board Pro (online internal document and communication system to Microsoft 365 and Teams).
- Communication Review, Tōnui Communications 2021.
- Communication Strategy Proposal, Tōnui Communications 2021.
- Computer/Email/Internet Usage Policy (Previous Review Date: May 2019 – Next Review Date: May 2021).
- Confidentiality/Privacy Information Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Confirmed Minutes, Board Meeting, 6 May 2021.

- Confirmed Minutes, Ngati Kahu Social and Health Services Hui-a-Marama, 14 June 2021.
- Data Management: Exess & ART (Activity Reporting Tool).
- Decisions Register between, 20 February 2021 and 19 August 2021.
- Draft Organisational Chart (undated).
- Financial Manual (Review Date: June 2020 – Next Review Date: June 2021).
- Interim Business Plan CEO Role Six-months.
- Intranet.
- Kawa Policy (undated).
- Microsoft Azure Active Directory – cloud based (paperless).
- Minutes (in review) Board Meeting, 6 April 2021.
- Mobile Phone Policy (Review Date: May 2019 – Next Review Date: May 2021).
- MS Teams.
- Ngati Kahu Social and Health Services Board Meeting Minutes: 27 July 2020.
- Ngati Kahu Social and Health Services Charitable Trust, Draft Trust Deed (undated).
- Ngati Kahu Social and Health Services Constitution (02 November 2009).
- Ngati Kahu Social and Health Services Functional Review, 15 August 2021.
- Ngati Kahu Social Services Incorporated Organisational Structure (graph).
- Payroll Software: Xero.
- Privacy Act Statement (Review Date: August 2021 – Next Review Date: August 2023).
- Protection of Intellectual Property Policy (Review Date: August 2021 – Next Review Date: August 2023).
- Risk Management Plan 2020-2021 (Date of Issue: 2021 – Review Date: 2022)
- Services Users Information Management and Privacy of Health information – Review Date: August 2021 – Next Review Date: August 2023.
- Social Media Policy (Date Issued: May 2019 – Next Review Date: May 2021).
- Strategic Plan 2019 – 2024.
- Website Search: Charities CC43497 – Registered 02/11/2009.
- Website Search: Incorporated Society – Registered 03/08/1994.
- Whaioranga Activities between January – June 2021.
- Whistle Blowing Policy (Review Date: June 2020 – Next Review Date: June 2022).

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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Accounting and Payroll Software: Xero.
- Audit to 20 June 2020, Management Letter, Bennet and Associates Chartered Accounts, Whangarei (23 November 2020).
- Budget Variance 1 July 2020 – 31 March 2021.
- Crombie Lockwood (NZ) Limited, Commercial Motor Insurance – expires 27 July 2022.
- Crombie Lockwood (NZ) Limited, Contents and Building Insurance – expires 01 July 2022.
- Employee PAYE deduction for 1 July 2021 to 31 July 2021.
- Financial Manual (Review Date: June 2020 – Next Review Date: June 2021).
- Financial Notes for the Year End 30 June 2021.
- Financial Performance Report for year end 30 June 2021.
- Financial Position as at 30 June 2021.
- GST Return for the period 1 May 2021 to 30 June 2021.
- Ngati Kahu Draft Budget 20 June 2022.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Ngati Kahu Social and Health Services Constitution (02 November 2009).
- Performance Report Ngati Kahu Social and Health Service Inc. for year ended 30 June 2020, Bennett & Associates Chartered Accountants, Whangarei.
- Profit and Loss 1 July 2020 to 30 June 2021.
- Statement of Cash Flows for the month ended 31 March 2021.

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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Complaints Policy (Review Date: March 2019 – New Review Date: May 2021).
- Client Participation Policy (Date Issued: October 2020 – Next Review Date: October 2022).
- Consent to Receive Services (form) (Review Date: August 2021 – Next Review Date: August 2023).
- Complaint Register – sighted 11 August 2021.

Exceptions

Criteria	Findings	Type of finding
1	The organisation does not include in its policy and procedure how people will be kept safe during the complaints process, including people with specific needs and the right of people to have the support of an independent advocate. Or where the complainant can be referred if they are not satisfied with the resolution of the complaint.	Required Action

Outcome

Standard partially 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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Client Participation Policy (Date Issued: October 2020 – Next Review Date: October 2022).
- Communication Review, Tōnui Communications 2021.
- Communication Strategy Proposal, Ngāti Kahu Social and Health Services, Tōnui Communication (2021).
- Designated Auditing Agency (DAA Group), New Zealand, Ngati Kahu Social and Health Services, Organisation-wide Survey, January 2021.
- Ministry of Social Development, Provider Capability and Resilience Fund, Action Plan, Ngati Kahu Social and Health Services (application).
- Quality Plan (Review Date: October 2020 – New Review Date: October 2021).
- Whaioranga, Activities Between January – June 2021 (Presentation).

Exceptions

Criteria	Findings	Type of finding
1	The Organisation has not been obtaining feedback from their clients or stakeholder for quality improvement purposes.	Required Action
3	It is recommended that the Organisation continue their work of updating all their policies and procedures to reflect current changes made to legislation.	Recommendation

Outcome

Standard partially 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

- A site visit was conducted on the 11 August 2021 with the acting CEO, Operations Manager, Clinical Lead, Office Manager, Team Lead – Toiora Whanau, Te Lead – Te Puawaitanga and Team Lead – Te Pae Tawhiti. A Zoom meeting was conducted on 19 August 2021 with the Chairperson.
- Ngati Kahu Health and Social Services Policies and Procedures.
- Advocacy and Support Policy (Review Date: March 2019 – New Review Date: May 2021).
- Client details held in Excess Database.
- Client Information Pack.
- Client Physical Well Being (Review Date: October 2020 – Next Review Date: October 2022).
- Client Referral Form: community; social workers in schools.
- Clinical Risk Management Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Confidentiality/Privacy Information Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Consent to Receive Services (form) (Review Date: August 2021 – Next Review Date: August 2023).
- Cultural Safety (Review Date: October 2020 – New Review Date: October 2022).
- Family/Whanau Involvement Policy (Previous Review Date: September 2020 – Next Review Date: September 2022).
- Fourteen client files tested – 11 August 2021.
- Identifying Key Support People / Person (form).
- Informed Consent Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Kaimahi Kura consent to Receive Services (undated).
- Kaimahi Rangatahi Programme Form (youth services).
- Ngā Whāinga Rautaki, Action Plan 2021.
- Ngati Kahu Social and Health Services (Pamphlet).
- Ngati Kahu Social and Health Services Constitution (02 November 2009).
- Ngati Kahu Social and Health Services Paddle Boarding Programme Registration Form.
- Nominations Form, youth social workers in schools.
- Parental/Caregiver Consent (form).

- Providing Support to clients in their caregiving role Policy (Date Issued: October 2020 – Next Review Date: October 2022).
- Recovery Plans Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Request for Health Information Policy (Review Date: March 2019 – Next Review Date: May 2021).
- Risk Management (form).

Exceptions

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

Outcome

Standard met

RELEASED UNDER THE
OFFICIAL INFORMATION ACT
FINAL REPORT