

PROGRESS ON SERVICE DELIVERY IMPROVEMENT PLAN (SDIP) BEACONVALE FRAIL CARE CENTRE

FILE NUMBER: 13/3/5/1/2 C 1966

PURPOSE: To improve quality in service delivery requirements and to maintain excellence.

ADDRESS: Cnr of Rambler and Pontiac Rd, Mitchell's Plain

CONTACT PERSON: Solomon Philander (Chairperson); Raymond Mitchell (Facility Manager)

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MONITORING TEAM: Katrina Gantana and Johannes Pietersen

MONITORING DATE: 14-16 August 2023

NO	PERFORMANCE AREA	FINDING	ACTION/ RECOMMENDATION	RESPONSIBLE PERSON	TIMEFRAME	MEANS OF VERIFICATION	PROGRESS MADE
1	Governance and Accountability	To be verified onsite: <ul style="list-style-type: none"> Relevant policies Regular Board meetings Regular feedback to staff. Minutes of staff meetings Community networks 	<ul style="list-style-type: none"> Develop and implement all the relevant policies. Board and management must facilitate and support community networks. Board must give regular feedback to staff members and stakeholders. 	Board and Manager	31/3/2025	Strategic Plan/ Business Plan Policies (HR, Financial, Procurement, OHS, other applicable) Clearly defined organisational structure (signed and dated) Board, Management and AGM Meetings (Notification, agenda and minutes) Reports (Narrative, AGM, Other reports). Minutes of meetings Attendance registers Formal agreements. Fundraising strategy Diversification of income base Donation register. Fundraising strategy Diversification of income base Donation register. Fundraising strategy Diversification of income base Donation register. Minutes of meetings Presentations/ Reports. Staff meetings Minutes; Newsletters, Memo's, E-mails.	The board is in place and meeting dates are reported to the Pretoria. Minutes are taken including attendance registers. Regular feedback meetings are in place including minutes in the departments. Minutes are available BFCC exist in Mitchell's Plain and has strong networks with NGO sectors (Network Opposing Abuse, Safeline, Reable, etc) Churches in the community (new Apostolic church, Baptist church, Anglican church) Business network (Shoprite, Pick a pay, fashion world, FNB, etc) Staff meetings are held and minutes are taken and file. Proof to be verified during line monitoring
2	Human Resource Management	To be verified onsite: <ul style="list-style-type: none"> Updated Personnel files Locked cupboard 	<ul style="list-style-type: none"> Updated staff records filed in chronological sequence 	Manager	31/3/2025 Lockable cupboard by 30April 2025	Employment Contract, Job description, Secured storage	Staff files get updated when information stored. We agreed that there is room to improve and will purchase a lockable and fireproof cabinet and the current one is

			<ul style="list-style-type: none"> in a lockable cabinet. Staff meetings minutes recorded & filed. 				<p>sufficient but need improvement</p> <p>New lockable cabinet budget to be made available after 1 April 2025 in the new financial year</p>
3	Occupational Health and Safety	<p>To be verified onsite:</p> <ul style="list-style-type: none"> Building repairs and maintenance and OHS compliance Health and Safety Committee. Working fire hose reels First Aid kit 	<ul style="list-style-type: none"> Obtain OHS certificate Elect and appoint OHS committee in writing. Conduct regular Committee meetings, record and file minutes. Develop and implement evacuation plan. Perform evacuation drills and draw drill reports. Service all fire equipment First aid kit 	Manager OHS Committee	31/3/2025	<p>As per N&S requirements OH&S certificate. Visible signage, emergency exit, ramps, and rails.</p> <p>O H & S Committee meeting minutes Health and safety inspection reports</p> <p>Evacuation plan Drill reports Fire Extinguishers (Most buildings contain a variety of hand-held firefighting equipment) Fire Blankets Fire Hose Reels Sprinklers Smoke Alarms</p> <p>First aid box</p> <p>List of contents and expiry date</p>	<p>In process to obtain outstanding compliance certificates;</p> <p>Building is 29yrs old and ongoing maintenance and upgrades are planned. The board approved an infrastructure committee that is solely responsible for building Infrastructure committee had their first workshop and proposed to the board on the 5 November 2024 the plan and it was approved by the board. A planning meeting with Health and Safety committee will be done in the first week of December 2024 together to discuss the terms of reference and timelines</p> <p>OHS committee elected: Health and safety Reps J Mitchell 0761774086 G Jacobs 078011281 M Booysen 0781815417 B Kensley.0790446630 First Aid.</p> <p>Jodi Abels 0788469154. Liezel Simons 0845458014 Wahieda Marias</p>

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4	Financial Management	<ul style="list-style-type: none"> Financial policy not in place. Procurement transactions captured on pastel system by admin officer and authorised by the manager. No inventory list on doors of every room. Spot checks are informally done by chairperson and vice-chairperson,. 	<p>To be verified onsite:</p> <ul style="list-style-type: none"> Financial policy. Inventory list behind all the doors in every room. Board members who performed spot checks must sign as proof that it was done. 	Board Treasurer Manager	31/3/2025	<p>Financial Policy Fraud prevention plan Segregation of duties Minutes of Board/ Management/ finance committee meetings</p>	<p>Financial Policy to be verified onsite.</p> <p>Feedback by organisation:</p> <p>Financial policy in place and accountability and transparency in evident in our operations</p> <p>Procurement policy is in place and directives are send out Incentive policy for board and staff has been approved on the 5 November 2024.</p> <p>Accountability is in place: Online banking a user and administrator in making payments. Two of the three signatories to sign off Annual projected budget and Annual Audit done of expenditures. All signatories received in real time notification on all</p>

							<p>payment or income into the approved bank accounts. We have an external accountant who provide quarterly management accounts We have a treasurer in place who do checks together with any board member has access to financial for oversight</p>
5	<p>Service Delivery</p> <p>5.1 Legal status and identification of types of residential facilities. Category A, B or C Facility – Frail Care.</p> <p>5.2. Implementation of Departmentally approved assessment tools</p> <p>5.3. Capacity Building (Support for care givers including</p>	<p>5.1 Facility is not registered in terms of the Older Persons Act, No. 13 of 2006.</p> <p>Outstanding Compliance certificates; Health and safety hazards: Bathrooms in A2 and E Block were in poor condition:</p> <p>5.2 Some resident files lacked required forms</p> <p>5.3 Not available: Training schedule Structured volunteer program. Working agreements for volunteers/students</p>	<ul style="list-style-type: none"> Obtain outstanding municipal bylaw certificates. Finalize registration process of the facility. Update residents' files and to see that all files contain the relevant information. Indicate details on the personal files of homebase clients and date reports. Develop electronic client data base for residents 	<p>Board and Manager</p> <p>Registered Nurse</p>	<p>31/3/2025</p> <p>Next report on bylaw certificate @ February 2025</p>	<p>Local government By-law's requirements. Relevant Acts / Legislation. Registration Certificate Admission Policy and Procedures Completed and signed application form Social worker's reports Medical Report DQ 98 Financial information Screening certificate Annual Plan Training Schedule Attendance registers Outreach programme Working Agreements Donation / Visitors register Complaints Procedure and Register Reports Acceptability for food preparation certificate Dietician approved, culturally sensitive Menu's</p> <p>Attendance Registers. Residents committee. Meeting Minutes Older persons Act.</p>	<p>Available Registration documents are being verified for temporary registration</p> <p>Complaints were investigated, findings were communicated with the Board and Management for the implementation of recommendations</p> <p><u>Feedback by organisation:</u></p> <p>Municipal outstanding bylaw certificate in in progress. We have the health certificates. Fire to do their report Occupation certificate to be review and updated</p> <p>The organisation has submitted supporting documents (including form 9) and await the outcome of the provisional registration working toward the full registration.</p> <p>Bathrooms: all toilets pots and system were replaced in the blocks. Seven heat geysers were installed</p>

	<p>families, effective and accessible volunteer programme and an informed and supportive community)</p> <p>5.4. Provision of Food (Hygienic food preparation and serving facility. Nutritious Food, Suitable premises and facility for preparation and storage foodstuffs and accommodation of cultural and religious preferences where feasible.</p> <p>5.5. Rights and Responsibilities of Older Persons. (Older persons are treated with dignity and respect, declaration on the rights of Older Persons signed explained and</p>	<p>Record of activities presented by volunteers ,</p> <p>5.4 Not available: Updated Food Preparation Certificate; Details of registered dietician on approved menu.</p> <p>5.5 Rights of Older Person only displayed in the nursing section. No programmes are presented on the Rights of the Older Person.</p>	<p>with all relevant information.</p> <ul style="list-style-type: none"> • Develop and implement a training program for staff and keep records thereof. • Infection Prevention Control training including all staff in various components of work in Residential Facility i.e., nursing care, kitchen, laundry, cleaning etc. • Check and update all resident Care plans. • Appoint nursing staff as stipulated in the norms and standards to 			<p>Attendance registers. Progress report. Workshops. Referral register.</p> <p>Incident register. (Guideline 16) Complaints Register (Guideline 15) Restraint register. Convicted Person Register/ VEPOPAP</p> <p>Care Plan Active Aging Calendar Programmes. Attendance Registers</p> <p>Activity program Register Reports</p> <p>Program Plan.</p> <p>Register. Signed and completed admission documents.</p> <p>TPA QPR Funded bed space</p>	<p>Maintenance is ongoing.</p> <p>Building inside were painted. Health department report in place and received a good report</p> <p>5.2. All residents have a file. In intake all residents complete a general form, medical form, social worker form, etc. Entries are completed daily or when needed.</p> <p>5.3. Training is ongoing when budget is available. Free training on dementia were given.</p> <p>All homebased carers must demonstrate training completed before employed at the organisation.</p> <p>Nurses received formal training and is registered with their council.</p> <p>Volunteer and student protocol to be reviewed and put in place</p> <p>5.4. The AOF is in place and valid. Food testing came back from health department free from any bacteria. The menu is in place with a stamp from the Mitchell's Plain Health Care Centre</p>
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<p>displayed and Programme to promote and maintain the status of Older Persons)</p> <p>It was reported that a resident committee is available but not active.</p> <p>5.6. Protection against abuse, neglect, ill treatment and exploitation. (Train staff and implement protocol on abuse, training programme for care givers and survivors, personal safety and security awareness programme.</p> <p>5.7. Data Information System (Reliable and valid data and an informed public system) Directory of services and service providers.</p>	<p>5.6 Incidents are recorded but do not always indicate a plan of action.</p> <p>No training or workshops on the protocol on abuse.</p> <p>5.7 A handwritten list of all the residents is available. No involvement in stakeholder meetings/forums.</p>	<p>be able to see to the medical and nursing needs of residents.</p> <ul style="list-style-type: none"> • Develop and implement the Health Education Programme for residents, including topics such as the Rights of Older Persons, Elder Abuse, and the Older Persons Act no.13 of 2006. • Keep record of all activities and attendance registers. Carers to indicate their names when presenting programmes 				<p>5.6. Incidents are recorded an protocol in place.</p> <p>DQ 98 is in place for all resident including the oversight from the department who do the checks.</p> <p>5.7 Handwritten reports do not mean there are no reports. Process notes are allowed.</p> <p>We do have a residents committee (check it on site)</p> <p>All records will be made available</p>
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	<p>Situation analysis. Demographic profile. Reliable baseline information.</p> <p>5.8. Individual Care plans for home-based care and residential care- Active ageing in residential facility (Each person to be out of bed at least twice per day and appropriately dressed for part of each day where possible)</p> <p>5.9. Participation in organised activities including, but not limited to reading, TV, radio, religious and cultural activities. Programmes to promote meaningful participation with family and community life</p>	<p>5.8 Standard care plans are available with no specific treatment plan. Care plans are not regularly reviewed.</p> <p>5.9 Carers complete the attendance register for activities they present but do not indicate details of the presenter. No reports are available. No educational programmes. (Programmes include self-care, walks, games, dance, music etc.)</p> <p>5.10 Sickbay shares programmes with the rest of the facility. No reports available.</p>	<ul style="list-style-type: none"> • Menu must have the credentials of the registered dietitian. • Structured volunteer program is required. • Contracts for all volunteers including of carer student. • Active resident's committee to be elected and minutes of meetings compiled. • Record all complaints. • Display Rights on the Older Persons in all key areas where it is visible for residents to see. • Conduct training on 				
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	<p>and peer group activities.</p> <p>5.10. Socialisation (Recreation and orientation programmes, stimulation orientation programmes)</p> <p>5.11. Respite Care Services (Respite care available as per the need for such services)</p> <p>5.12. The organisation complies with the TPA outputs and conditions.</p>	<p>5.11 Respite care is available. No files, records, registers, or respite care register are available.</p> <p>5.12 Partially Compliant regarding the Transfer Payment Agreement as the target is achieved. Poor record keeping of activities is noticed. Partially compliant with the Norms and Standards.</p>	<p>the Protocol of Abuse.</p> <ul style="list-style-type: none"> • Implement programmes to promote and maintain the rights of Older Persons. • Compile contracts with educational facilities on placement of carer students. • Participate in stakeholder structures and keep record of engagements. • Complete the respite care register and admission documentation. • Ensure incidents are correctly completed 				
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			<p>with plan of action.</p> <ul style="list-style-type: none"> • Ensure regular maintenance and cleaning of the building and remove wheelie bins from bathrooms. • Remove hazardous materials/appliances from residents' rooms. 				
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Compiled by: Hannelie Braaf (Social Work Policy Developer)

Date: 15/11/2024

Signature:.....

Received by:

Date: