

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		De Meerpaal		Best Practice Ref. Nr.		5043/005/005	
Information provided by:		Rob Wesseloo		Date:		5 February 2022	
Contact email:		robwesseloo@mweb.co.za		Role within organisation:		Chairperson	
Contact number:		082 492 2544					
Stage of BP development:	Submitted	X	Under Review	X	Clarification	X	Legal Review
						Sector Contributions	Published

BEST PRACTICE

Name of Best Practice	Management structure and composition
-----------------------	--------------------------------------

1. This proposed best practice is primarily related to (please tick 2 most applicable boxes):

What Customers want or value	X	Finances / Costs		Business Processes		Staff		Systems	
Organisation Structure	X	Quality of care		Care Service Delivery		Health & Safety		Morale	
Other: Please indicate									

2. Context: Share information to give more context in relation to where this specific practice is used in your organisation.

Urban	X	Rural		Number of Social Grant Recipients					
Care centre	X	Independent Living	X	Assisted Living		Nr. of In-house staff	35	Nr. of Outsourced staff	8
Nr. of rooms	25	Nr. of beds	35						

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.	
This is a village offering Life Rights.	
The Board is appointed by its members as the AGM, no resident may serve on the Board and all members are outsiders with the necessary expertise and experience. The Board appoints the Manager and all posts and the reduction expansion thereof. We have 2 residential committees in place who we share info with, but we do not consult. The Board is semi executive which makes it possible to assist and help to make the necessary changes from time to time.	
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.	
This to ensure we have capable men and woman on the Board and the long-term issues can be addressed.	
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted	
The structure is critical and so many organizations have a too much interference from residents and too little skills on their board.	
3.4 Do you consider this to be compliant with the current Older Persons Act?	
Yes	X
No	
If Yes, which portions does it comply with?	If No, which portions does it not comply with?
I do not know	X
3.5 How long has this practice been used within the organisation? (state period in years)	15 years
3.6 What are essential aspects in the organisation that directly support / maintain this practice?	
The AGM appoints the Board. Member satisfaction supports the way we are structured	
3.7 What are the benefits for your residents and/or staff and other stakeholders?	
Best decisions can be taken without interference by residents	
3.8 What lessons were learned?	