

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		CPOA Lotus River Place		Best Practice Ref. Nr.		5049-001-016	
Information provided by:		Ansibel Kirsten		Date:		12 April 2022	
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Stage of BP development:	Submitted	x	Under Review		Clarification		Legal Review
						Sector Contributions	x
							Published

BEST PRACTICE

Name of Best Practice	Upskilling/empowering carers
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1. This proposed best practice is primarily related to (please tick 2 most applicable boxes):

What Customers want or value		Finances / Costs	X	Business Processes		Staff		Systems	
Organisation Structure		Quality of care	X	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		Assisted Living		Nr. of In-house staff		Nr. of Outsourced staff
Nr. of rooms	+60	Nr. of beds	120					

3. Description of best practice:

<p>3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.</p> <p>In an attempt to save on cost but still deliver a safe and high standard of care we have implemented the following:</p> <ul style="list-style-type: none"> Carers were identified It boosted their self-confidence After Covid, we implemented the model in the rest of the care centre. Two of the stronger and willing carers were identified to work as Care Supervisors Before we appointed them, we used them as mystery carers where they had to work in all CPOA facilities on both day and night shifts to see if they can identify any shortfalls in other care centers and how they would address the challenges of working with diverse staff and diverse clientele. They performed well above the average to the extent where managers from these units could identify that they are not the average carer they are used too. They were tested to many challenges and could overcome most. CPOA then made the decision to trial this model and a few months later we heard about the project scaffold and realized that we are fit to partake due the fact that our model (unacceptable to DSD) could become the model of choice should project scaffold become the acceptable model in the Frailcare industry. Because the residents already knew these carers and most residents call all carers nurses, no one ever raised a concern that a carer is now in charge of the unit. We make use of Blister packs for medication administration, therefore the risk of medication errors are limited. CPOA also established a digital platform for capturing all data; this system can allow a manager to monitor staff and residents actions in real time. With technology, an RN could also monitor medication administration even when not on site via WhatsApp video call. (According to SANC a sub category must administer medication under the direct or indirect supervision of a RN (Although carers are not allowed to administer medication we are convinced that our model is safe) We do continuous in-service training to upskill the carers They had to write a comprehensive test to test their thinking skills and their knowledge on Clinical skills and knowledge, Environmental Health and Safety awareness, Medication management/administration and Telephone etiquette.
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<ul style="list-style-type: none"> • They had to pass with 80 % to qualify as a Care Supervisor. • They then had to pass an accredited 2 day First Aid Training course • After all, above they are appointed as Care Supervisors and continuous weekly training sessions to keep them updated and enhance their clinical skills. 			
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.			
<p>During Covid, we identified the possibilities of upskilling the carers who showed the ability to take lead and insight in the wellbeing of the residents.</p> <ul style="list-style-type: none"> • CPOA established their own Covid Isolation Unit • Due to the unexpected pandemic we did not budget for additional expenses • Myself (Ansibel Kirsten) managed this unit and was challenged by long hours in the unit, as not many staff members were willing to work in the Covid unit. • Medication management, oxygen management and overall supervision became a challenge. • Carers with thinking abilities and problem solving skills were identified and on the spot training became a daily occurrence. • Carers became self-confident and took on ownership of their roles in the unit. • A trust relationship developed based on the carers skills • More responsibility were passed onto them with their consent • We paid them a special allowance for working in the capacity as care supervisors 			
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted			
<ul style="list-style-type: none"> • We are in the care industry, yet the authorities (DSD and DOH) wants us to function as hospitals. • We do not care for sick people we care for elderly frail residents • Medication is a small component of the care of our residents, yet we are expected to employ highly skilled and trained nursing staff who rarely do the care themselves. • We had no incidents where family accused us of not delivering a high standard of care with the "Care Supervisors" in charge on both day and night shifts. • The carers feel empowered • We are saving on 1 x RN salary and 2 x EN salaries 			
3.4 Do you consider this to be compliant with the current Older Persons Act?			
Yes	Yes I do, as the act requires older persons to feel safe and receive proper care and that is exactly what they receive in this care home. All their basic needs and more are being attended too.		No
If Yes, which portions does it comply with?		If No, which portions does it not comply with?	
I do not know			
3.5 How long has this practice been used within the organisation? (state period in years)			About 2 years
3.6 What are essential aspects in the organisation that directly support / maintain this practice?			
<p>Top management support</p> <p>Identified carers must be willing and confident</p> <p>Continuous training to build self-confidence</p>			
3.7 What are the benefits for your residents and/or staff and other stakeholders?			
<p>Excellent care by staff who really care</p> <p>We can keep fees low, making the financial burden on residents or families less in an already suffocating economy.</p> <p>Business will be more sustainable</p> <p>Carers receive a monitory allowance if they qualify to be a Care Supervisor.</p>			
3.8 What lessons were learned?			
<p>That we underestimated the abilities and qualities of the carers who have been caring for our residents for many years</p> <p>We do not need nursing staff on all shifts</p> <p>This could change the industry requirements if more organizations adapt a similar approach</p>			