

# PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

## Organisation contributing the best practice

Organisation name:		MacCare NPC - Nelspruit		Best Practice Ref. Nr.		5045/002/010	
Information provided by:		Heide Archer		Date:		2/25/2022	
Contact email:		nelspruit@macadamiacare.com		Role within organisation:		Care Manager	
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Stage of BP development:	Submitted	X	Under Review	x	Clarification	Legal Review	Sector Contributions
							Published

## BEST PRACTICE

Name of Best Practice	Staff promotion/upliftment approach
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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		Care Service Delivery	X	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	20	Nr. of Outsourced staff	10
Nr. of rooms	19	Nr. of beds	19						

### 3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.	
Reduced the number of possibly overqualified staff and replaced with very able and experienced staff. Our Auxiliary is a day time shift leader. One of my carers, who has been here for 17 years and has taught all the new staff over the years, is in an auxiliary role. One of my carers is being trained to become an Activity Carer responsible for the activities in the Care Centre. This brings our staff cost down, which has benefited the center's finances and ability to reduce the cost to the residents.	
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.	
I had become frustrated with qualified Enrolled Staff whose work standard did not improve to what we needed but had very capable experienced staff that were able to do the work and lead the shift. So I put it on trial and so far it has been amazing.	
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted	
It has improved the staff morale, they have stepped up to the task with pride and willingness to go the extra mile, to learn and improve on their skills, to be responsible and accountable, and that there is opportunity to move up in the ranks with hard work and commitment.	
3.4 Do you consider this to be compliant with the current Older Persons Act?	
Yes	No X
If Yes, which portions does it comply with?	If No, which portions does it not comply with?
	According to the DSD I should have either an Enrolled or Registered nurse on each shift.
I do not know	
3.5 How long has this practice been used within the organisation? (state period in years)	
0,9 years	
3.6 What are essential aspects in the organisation that directly support / maintain this practice?	
Experienced willing responsible staff. Well formulated systems (incident reporting, medicine management) and strong Care Manager support relies on excellent communication and trust relationship	
3.7 What are the benefits for your residents and/or staff and other stakeholders?	
Cost effectiveness and staff recognition.	
3.8 What lessons were learned?	
Continuous training, close supervision, and assessment to immediately pick up any challenges and step in as necessary. Good solid systems and communication is essential. I am always available on WhatsApp or phone, and the opposite shift leader is an EN who is also very involved and active in her support and assistance. It is a team effort.	

Thank you for your contribution to improve the lives of older individuals and those supporting them.

Send completed form to projectscaffold2021@gmail.com

Also I should like to be able to discuss this interdisciplinary team to acquire their support too, but have been hesitant as its still being trialled.

DRAFT FOR COMMENT