

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		CURA SENSES (Pty) Ltd		Best Practice Ref. Nr.		5051/001/0222/008	
Information provided by:		Veronica Maritz and Mariza Nortje		Date:		21/02/2022	
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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	Care packages: a flexible 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	X	Finances / Costs	X	Business Processes	X	Staff	X	Systems	X
Organisation Structure	X	Quality of care	X	Care Service Delivery	X	Health & Safety	X	Morale	X
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	10	Nr. of beds	10	In Care Centre (frail Care)				
Nr. of apartments	52	Nr. of occupants	52+	One bedroom apartments for Assisted care. Can accommodate two persons per apartment				

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.
See 3.2
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.
<p>When the Care Centre was developed, the problem was identified that all persons do not want the same intensity of services as all residents (patients) requirements for care differ from one another.</p> <p>Four different care packages were developed as standard care packages. Three was developed for residents (patients) staying in the Apartments and one for the 24 hour care centre (Frail care).</p> <p>The Frail Care packages is a standard package which is 100% in line with the applicable Acts. Rooms in the Frail Care Centre can only be occupied by a rental agreement between the occupant and the Body Corporate.</p> <p>Apartments can be occupied by means of a rental agreement, Life right agreement or Sectional Title ownership.</p> <p>The three different care packages for the apartments are adaptable to suite the needs of the residents (patients) and support the applicable Nursing plan. Plans vary from as little as primary health care, cleaning of apartments, laundry and every second day a compulsory balanced main meal. The meals are also prepared in accordance with the Nursing Plan of the residents (patients). Plans can be adapted as the need for more care developed and also been downgrades as and when possible. The concept of more care, higher fees are applicable. But when care packages are downgraded, the costs are also downgrade. All of the abovementioned packages are in line with all applicable Acts and supported by full time personnel as prescribed by the acts.</p>
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted

Except for the influence of Covid 9 on the world and definitely on the Care Centre environment, we are proud to say that nearly at all times, available places are very limited.			
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?	
Packages was set up according to various aspects in the Act			
I do not know			
3.5 How long has this practice been used within the organisation? (state period in years)			Nearly 7 years
3.6 What are essential aspects in the organisation that directly support / maintain this practice?			
Outstanding care services and different care packages that can adopt to the needs of the resident (patient).			
3.7 What are the benefits for your residents and/or staff and other stakeholders?			
Residents only pay for the services they receive and need. Staff can be allocated to specific residents (patients) which support the resident (patient) staff member relationship. Can work on a budget with predictable income and expense			
3.8 What lessons were learned?			
Adapt to the needs of residents (patients), think outside the box and maintain good services			

DRAFT FOR COMMENT