

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		Residentia Ons Huis		Best Practice Ref. Nr.		5048-001-028	
Information provided by:		Marita van den Berg Wilna Dreyer		Date:		2022.07.05	
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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	We are working in the resident's home. This is their home.
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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		Business Processes		Staff		Systems	
Organisation Structure		Quality of care	X	Care Service Delivery		Health & Safety		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		Rural		Number of Social Grant Recipients				
Care centre	X	Independent Living		Assisted Living	X	Nr. of In-house staff		Nr. of Outsourced staff
Nr. of rooms		Nr. of beds						

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.	
We are working in the resident's house. This is not an Old Age Home although our residents are mostly frail and living with Dementia. We have fun activities every week for them. We give them choices e.g. do you want supper in the room or in the dining room during winter time. You are allowed to come have breakfast in your pajamas, should you wish. We arrange evening events e.g. Sop& Sherry, Pajama party and Besem-dans. We give them purpose e.g. knitting for less privileged children and for the fete. Some are involved in preparing the sandwiches for tea times. We give them choices with meals e.g. Maltabella or Cornflakes, Scrambled or fried eggs etc.	
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.	
Residents must feel at home. To prevent loneliness, helplessness and boredom. Staff that are "Institutionalized" and still focusing on nursing and not caring. Residents themselves that still expect that things be done the old ways e.g. you will not go to dining room in pajamas. You are the "Matron", we will not call you on your first name. This is an old age home, you need to be quiet.	
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted	
Residents feel at home and feel part of the "family". They have purpose and a belonging to.	
3.4 Do you consider this to be compliant with the current Older Persons Act?	
Yes	Yes
No	No
If Yes, which portions does it comply with?	If No, which portions does it not comply with?
Rights of the Elderly, to be treated with respect and dignity.	
I do not know	
3.5 How long has this practice been used within the organisation? (state period in years)	
4+ years	
3.6 What are essential aspects in the organisation that directly support / maintain this practice?	
Training of caregivers in Eden Alternative.	
3.7 What are the benefits for your residents and/or staff and other stakeholders?	
Preventing the 3 plaques of elderly	
3.8 What lessons were learned?	
That our residents still can have a full quality life. They also can contribute so much to the community.	