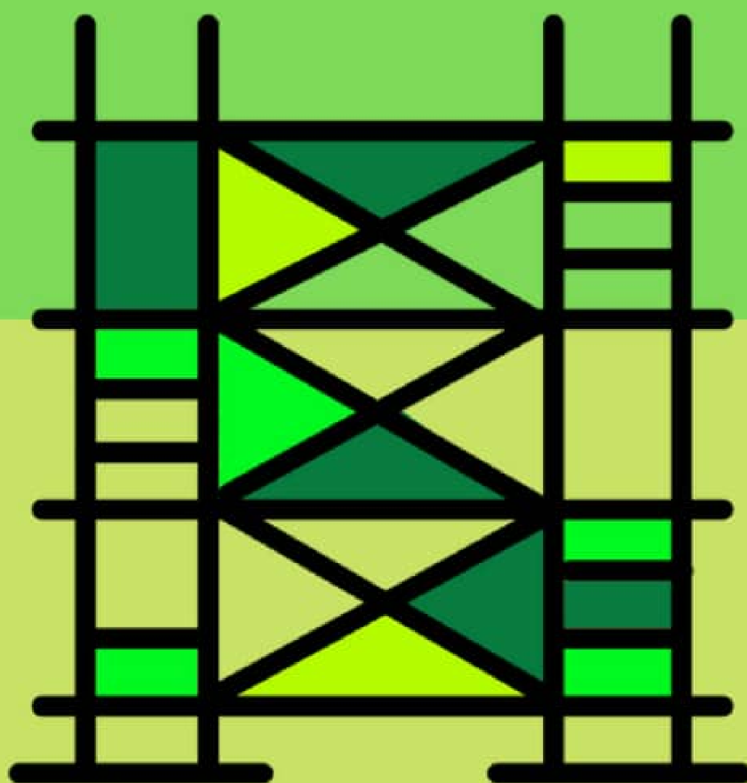
Project Scaffold Guide

Version 2 Issued August 2023



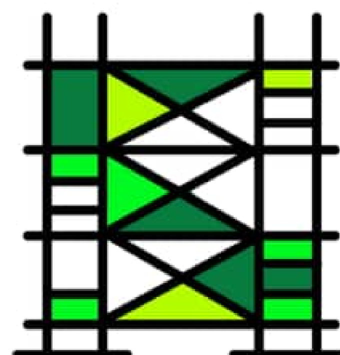
Revising the approach to care services within the older population of South Africa

Official Project Launch: November 2021

About Project Scaffold

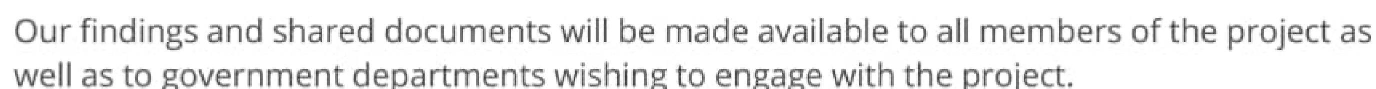
We in the Care sector of the Retirement Industry are similar to residents of a particularly important old heritage building. The “heritage” is our current Care paradigm, with all of its laws, norms, standards, history, policies and procedures. Within this heritage, we are caretakers of some of the most vulnerable within our society, but we also hold the hopes and dreams of young people who work in the industry and yearn for development and recognition.

We have become bloated and far too expensive to continue as we are. Should we ignore the warning signs that have been brought into stark relief by the COVID-19 crisis, we run the risk of becoming irrelevant to a society which either cannot afford our services, or which has a deep cultural or other aversion to the way in which we refuse to flex our approach.



As is done in the restoration and renewal of valued old buildings, let us erect a new scaffold around the old Care approach, carefully retaining the most essential, noble and desirable elements, while rapidly discarding those that impede our progress and considering new trends and developments within this sector. Let us explore how technology can add value, to strengthen the structure and stay relevant for longer, remaining focused on providing better service for our customers and better recognition of our excellent human resources. Let us make our services a richer, more fulfilling experience for all involved - the older individuals, staff and families.

Project Scaffold provides a restructuring and improvement forum within which members can share, review and apply strategies to move towards Person-Centred Care involving all stake holders.



Our findings and shared documents will be made available to all members of the project as well as to government departments wishing to engage with the project.

Focus areas of Project Scaffold

Through information sharing and close cooperation:

1

Cost reduction

Overall reduction in costs to deliver care at a reduced rate to older perosns, both in Care Centre and home environments.

2

Careworker upliftment

Focus on training, recognition, development and advancement of careworkers.

3

Culture adaptations

Continued shift away from institutional cultures and environments

Opportunities to participate

Project Scaffold aims to include as many role players within the long-term care sector of South Africa as possible. The more residential care organisations, service providers and individuals connected to the sector that are involved, the richer the body of best practices collected will be.

Members will have access to the specific project tools/templates developed. All members have equal access to resources developed by the members of the project.

A

PROJECT ASSOCIATES

This group is for care organisations/communities and care practitioners (care workers, nurses, doctors) directly involved in care provision. There are no fees for participation.

B

PROJECT AFFILIATES

This group is for all individuals and organisations engaged with, servicing and interested in the care industry, but who do not fall into the definition of Project Associates above. There are no fees for participation.

Why now?

Reform of care sector:

The reform of the care sector is long overdue due to historic political and cultural reasons. When DSD and DOH split on 23 February 1994, DSD carried on with the model that was previously set up by the Department of Health.

The care industry has the choice to either wait for a new strategy to materialise or to explore and test care programs, in a bottom-up approach, enabling organisations to survive and residents to afford care.

Current approach to Care is too expensive

Residential Care organisations providing frail care are experiencing enormous financial pressure. Most people cannot afford the care fees that are charged. Many frail care centres in retirement villages are closing their doors and changing over to primary health, wellness and home-based care options.

Private sector is divided & isolated, with limited sharing

The private care sector has been divided for many long years. Again, politics and religion/culture played the main role.

This project is an opportunity for sharing of best practices and for collaboration, for the good of the sector.

COVID

The pandemic has put a spotlight on some of the challenges our sector has been facing for many years. It also brought new challenges that need to be accommodated within practices and systems.

Changing mindset of Older Persons

The individuals entering the sector, or due to enter the sector in the near future, have a different mindset to the 'traditional' residents in residential care communities. Expectations are different and service delivery should change with this changing client group.

It is also worth noting the increase in number of small care homes where up to 10 residents share a converted house. Such homes group together and share a registered nurse to oversee the care plan. Care workers often manage the care service in such places.

International trends in care approaches

The residential care sector/industry both locally and abroad is shifting away from medical/hospital like environments to affordable and person-centred care.
In many instances, care is driven by approaches that lean toward institutional, clinical, hospital-like practices and remedies, for obvious reasons (e.g. training and history). The focus is often very limited and related to medical problems.

The Role of the Nurse

Nursing support in the Care environment is essential to the lives of those in the frail care centre. Some treatments of conditions (e.g., wound care) are the domain of the nurse, along with a number of other clinical interventions that treat disease and other ailments.

Most Care Centres are run by excellent Nurses who are trained in a set of practices which they must execute in terms of their Nursing Code of Conduct.

Nursing is a highly specialised field and not required for day-to-day administration, nor is it always particularly suited to creating a relaxed, homely environment. Financial management is also often foisted upon many Nurses in these roles.

Medication administration is currently only within the scope of the Registered Nurse in South Africa. While other countries have softened this approach in order to reduce costs (dependent on the schedule of the medication), without compromising on the quality of care or the safety of those receiving care.

The role of the care worker

Care workers are generally undervalued, undertrained and have no official recognition system or pathway towards self-betterment other than a nursing career.

Government is adamant that a new strategy to train and deploy care workers is the best possible way forward. Presently, there is no SETA-accredited training (except full qualifications). This process will take time to realise.

None of the present care worker training programmes are aligned with the Older Persons' Act. This matter will need consultation with the The Quality Council for Trade and Occupation (QCTO) and applicable SETA.

There is presently no central registration system for care workers. Legally, those care workers presently deployed are operating outside the parameters of Act 13/06. Two terms are currently used:

a. Caregiver(Act 13/06) and

b. Care worker that is used as defined in some registered programs, for example Health Care Workers

The Department of Health does not want to address the care worker challenge as they are against the concept of care workers doing more than cleaning, bathing, dressing and socialising and chatting with clients. The Nursing Council also do not want Nurses to supervise care workers as it is against their legislated code of practice, however, this ruling cannot be enforced as it will possibly place all nurses in this sector at employment risk.

DQ98 review

During the first years of our democracy, DSD Minister Ms Geraldine Moleketi requested the development of an assessment tool to phase out Categories I and II (independent and assisted living residents) for admission to residential facilities (called Old Age Homes).

A specialist team lead by Prof Steven Louw from the Cape Town University's Medical faculty conducted an in-depth study of the existing admission practices used to develop and design a suitable admission tool, called Dependency Questionnaire 98. This instrument was approved by Government and implemented on 1 April 2002. The task team recommended that the instrument be subjected to a research protocol to determine its application and identify any possible adjustments and or extensions to the DQ98. This was not done, resulting in what has become a compliance matter rather than a useful tool for appropriate assessment. Most communities make use of their own assessment forms and only complete DQ98 forms in order to avoid contravening regulation.

DSD wants the revised DQ98 to be a basic framework that service providers must use as defined in the Act, with the outcome that DSD would be certain about who should qualify for subsidy purposes. The intended future outcome is thus to only focus on level III frailty for subsidy purposes.

The new instrument must also provide a framework for organisations that do not wish to be eligible for subsidies to use and to add their own additional measurements to. Therefore it must be a standard-setting instrument. It must also serve those who may not be in frail care settings but draw subsidised community care and support services, such as service centres, luncheon clubs or home-based care.

A private review of the DQ98 took place in 2021 with input from various roleplayers in the sector.

Project Scaffold provided a set of forms within a proposed framework for trial and received feedback regarding the applicability. The work will continue under the project if feedback is received from DSD regarding proposals made previously.

The How

Project Scaffold Process

UNDERSTAND THE PROCESS AND FOCUS OF THE PROJECT

It is important that you understand the focus areas of Project Scaffold before you join. Members are expected to participate and to contribute toward the project focus areas. By applying for membership, you undertake to assist the members in developing these focus areas through your participation.

REGISTER TO BE PART OF THE PROJECT

Complete the application form available on the website and submit it to the project team. Register on the website to become a member.

NOTIFICATION OF PARTICIPATION

You will be notified if your registration has been successful and details regarding the next meeting will be sent to you.

TAKE STOCK

Take stock of your current state of affairs in terms of Finance, Customer Value Proposition, Operational Processes, Staff training, Systems and Organisational Structure. A guideline is available to those who require it. This useful guide will help you set a benchmarked starting point before embarking on any of the improvements recommended by the members of the project in their many Best Practice notes (available on the website to members)

RETHINK AND REDESIGN CARE IN YOUR COMMUNITY

This guide has valuable suggestions on how to do this. You can implement these ideas independently or approach service providers, including the Project Scaffold founders to provide assistance.

Capture your journey and share it with the Project Scaffold Team. The intention is to publish the case studies at the close of the project, with permission.

SHARE YOUR (BEST) PRACTICES

Associates and Affiliates: Utilise the Best Practice template to share with the project team.

Project Scaffold member responsibilities:

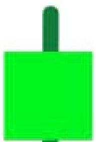
1. be open and share best practices, information and resources where applicable.
2. Consider and comment on best practices submitted by others.
3. Discuss and learn from others during the monthly 'Shareshops'
4. attend as many meetings as possible
5. invite others to join the project

COMPLIANCE NOTICE

Should you require a compliance notice, assistance is available. This will enhance your registration with DSD as a compliant facility and support your ongoing activities while your registration is pending.

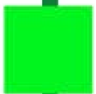
The How

Implementation in your community



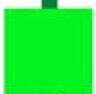
Step 01

Study this guide and make executive decisions regarding participation and implementation. Consider your budget and other operational policies and protocols.



Step 02

Appoint the operational team and clarify tasks, roles and codes. Administration roles and responsibilities must be clear from the outset.



Step 03

Take stock of your current state of affairs in terms of Finance, Customer Value Proposition, Operational Processes, Staff training, Systems and Organisational Structure. A guideline is available to those who require it.

Conduct workshops to discuss the proposed interventions and specific changes that you wish to bring about in your organisation and/or community. Secure the buy-in of the executive and care staff and clarify the roll-out process, including reporting, control and evaluation.

Step 05

Conduct re-alignment and training of all staff and set specific tasks, process and expected outcomes for all roleplayers

Step 06

Commence with the assessment of residents, categorise and determine the care plan applied to everyone individually.

Step 07

Orientate, re-align all staff, both professional and non-professional. This may mean training and grading care workers.

Step 08

Conduct report-back sessions to evaluate progress and consider any possible amendments required.

Step 09

Evaluate resident and family responses using appropriate methods including newsletters, questionnaires, work sessions, electronic communication and person-to-person contact.

Step 10

Confirm executive decisions to amend existing policies, agreements, information documents, including marketing plans, based on evidence from the implemented transformation plan.

Step 11

Execute your plan. Review your compliance notice status during and after implementation.

Recommended areas for review

Vision & Mission

The vision and mission statements provide a focal point that helps to align everyone with the organisation, thus ensuring that everyone is working towards a single purpose. This helps to increase efficiency and productivity in the organisation.

Finances

The cost of care is too high and must be addressed through the cutting of ALL costs that are not essential components.

Care costs are largely driven by:
- Regulation
- Labour mix and role definitions
- Service providers
- Consultants
- Retirees who misunderstand the concept of care
- Habitual practices

There should be no areas exempt from review in this process.

Business processes

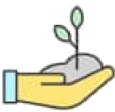
It is useful to understand the KEY business processes in care provision, as by mapping out these business processes, it is possible to consider areas of optimisation and cost savings.

Some key processes:
· First full assessment (intent, content, outcomes to be considered)
· Subsequent full assessments (intent, content, outcomes to be considered)
· Ongoing interim/continuous assessments/daily monitoring (intent, content, outcomes to be considered)
· Care planning (written and agreed with resident)
· Initial service quotations (written and agreed with resident)
· Ongoing service cost adjustments (written and agreed with resident)
· Quality control

Systems, People and Organisational culture

Organisational culture requires reconsideration, as the current model is based on the medical model, along with its accompanying disciplined approach – very suited to institutional settings, but not conducive to a relaxed way of living and should not remain the approach of choice, as residents are not patients or 'ill' - they are living with specific conditions which may require nursing care at some point (not all day, every day). Establish how a person-centred approach can be implemented or strengthened within your community.

A basic, standardised Customer information system that is not too costly and which underpins the basic operational data requirements of the Care function is essential. Examples exist and are in use for consideration.



Training of staff is a key focus and needs to be:

· Simple to access
· Facilitate revision
· Result in formal recognition
· Support professional as well as personal growth
· Incremental in nature
· Accessible from the workplace
· Result in formal recognition

Roles

Stronger focus on the utilisation of care workers. Consider broadening the scope of work of care workers to include functions performed by others, such as domestic workers / cleaners. And vice versa - to empower domestic workers / cleaners to become companions with a care aspect. (Multiskilling)

Other

Deploy, equip and evaluate care *providers* towards person-centred care, less medically-orientated service providers.

Multi-disciplinary staff being applied actively.

Volunteering promoted and applied.

Adjustable care options and platforms tested and used.

Important info

The Project Scaffold team are not adjudicators of your processes or approach, but are simply providing a framework for discovery and exploration of best practices within the sector. Should you choose to engage with any of the team members on a commercial basis, that would be a private arrangement and subject to a negotiated contract.

The participating organisation or community will apply all directives in accordance with its own legal, value and operational framework.

It is important that the experience gained during the implementation process be documented by the participating body and shared freely with the project team. Participants are free to brand the documentation with their own logos etc.

It is strongly recommended that you involve DSD officials in developing your model. This will make them part of the team and afford them first-hand insight. They need to understand why change is necessary and that the care program you design will honour the Older Persons' Act.

The process should be open for comment and engagement by all role players in the specific residential community and its' care program. Including:

1. The older Person
    a. The independent person
    b. The person requiring Assistance
    c. The Frail Person
    d. The person living with dementia
2. The providers of finance
3. The providers of housing
4. The providers of services:
   Management - Catering - Cleaning - Laundry - Care - Nursing - Gardens and environment - Security - Volunteers
5. Family members

The success of the project will depend on (i) proper re-alignment, training and orientation of the staff, both professional and non-professional, (ii) a detailed and accurate assessment of all residents and (iii) strong administrative system.

The steps during this process may differ from organisation to organisation, as may the applicable legal, value and other operational considerations. The abovementioned approach is simply one example.

Project Scaffold is not a crisis management tool. The process of transformation is a long term process. There might be quick wins along the way but it is not a 'quick fix' process.

To meet the compliance standards and to get a compliance notice from a qualified Social worker, your community needs to be compliant in all material aspects, but your facility may have some areas that require further attention. The social worker will indicate which areas require further attention when your compliance notice is issued, as long as you comply with the key aspects related to quality care.

The project founders

Consult Age

Syd Eckley, a gerontologist and social worker. He developed the Questionnaire and will be responsible for assessing compliance in terms of Clause 22 (3) Act 13/06.

sydlynne@telkomsa.net

Rob Jones, an experienced consultant on retirement living and associated services, including care.

rob@shireprop.com / (082) 658-1402

https://www.shireprop.com

Magda Pienaar & **Yolandé Brand**, specialising in facilitating the creation / implementation of person-directed care and organisational cultures.

Magda: magda@true2you.co.za / (062) 863-6490

Yolandé : yolande@true2you.co.za / (084) 940-8777

https://www.true2you.co.za

Available resources:

Contact the specific team members for further details and costs involved.

Guides for independent and assisted living with more indepth information regarding specific practices required by the Act.

Specialises in operational management of retirement villages, including levy structures, service contracting, care costing and the information systems required.

Organisational culture transformation to implement or strengthen Person-directed support approach. Facilitation of inhouse and online sessions to support you in this process. 3 day and 1 day workshops focusing on Person-directed support.

Next steps?

Free online information sessions and workshops on specific topics are held monthly online.

All material generated is available in the online resource library of the project.

www.projectscaffold.co.za

Be part of the change!