

DEPARTMENT OF HEALTH

NO. 567

15 JUNE 2017

**CORRECTION NOTICE**

**GUIDELINES FOR THE LICENSING OF  
RESIDENTIAL AND DAY CARE FACILITIES FOR  
PEOPLE WITH MENTAL AND/OR INTELLECTUAL DISABILITIES**

The attached documents are Annexures to the Guidelines for Licensing of Residential and Day Care Facilities for People with Mental and/or Intellectual Disabilities *published in Government Gazette No. 40860, published on 26 May 2017*, without this **Annexures**.

30 MARCH 2017

## ANNEXURE A

## APPLICATION FOR LICENSING OF RESIDENTIAL AND DAY CARE FACILITIES FOR MENTAL HEALTH CARE USERS

|                                                                                     |                       |                                     |                                           |
|-------------------------------------------------------------------------------------|-----------------------|-------------------------------------|-------------------------------------------|
| <b>1. PARTICULARS OF THE APPLICANT</b>                                              |                       |                                     |                                           |
| Name of the <b>APPLICANT</b>                                                        |                       |                                     |                                           |
| Identity number:                                                                    |                       |                                     |                                           |
| Physical address:                                                                   |                       |                                     |                                           |
| Postal address:                                                                     |                       |                                     |                                           |
| <b>2. Name of the BODY/ORGANIZATION TO MANAGE THE FACILITY:</b>                     |                       |                                     |                                           |
| Physical address of the body/organization:                                          |                       |                                     |                                           |
| Postal address of the facility:                                                     |                       |                                     |                                           |
| Telephone number:                                                                   |                       | Cell number:                        |                                           |
| Fax number:                                                                         |                       | Email:                              |                                           |
| Registration Number, date of registration and annual renewal letter (if applicable) |                       |                                     |                                           |
| <b>3. Background and history of organization</b>                                    |                       |                                     |                                           |
| <b>4. Type of services and purpose of the programmes/ activity/ service</b>         |                       |                                     |                                           |
| <b>5. Group homes</b>                                                               | <b>Halfway Houses</b> | <b>Supported Independent living</b> | <b>Day Care (specify type of service)</b> |

1

30 MARCH 2017

| <b>6.1 Specify the target group who will receive the service: (age, gender, psychiatric or intellectual disability)</b>                                         |                        |                          |                                           |                                      |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|-------------------------------------------|--------------------------------------|--------------------------------|--|
| <b>6.2 Is this service or facility receiving funding from any other government department? YES or NO?, If yes, please specify the department and the amount</b> |                        |                          |                                           |                                      |                                |  |
| <b>7. STAFF (STAFF PROVISION): Organogram/ structure of staff establishment</b>                                                                                 |                        |                          |                                           |                                      |                                |  |
| Nr of staff                                                                                                                                                     | Designation/ Job Title | Qualifications/ Training | Professional Registration (if applicable) | Remuneration                         |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 |                        |                          |                                           |                                      |                                |  |
| <b>8. BUILDING, SITE AND EQUIPMENT :If leased, should not be for less than five(5) years</b>                                                                    |                        |                          |                                           |                                      |                                |  |
| 8.1 Size of the:                                                                                                                                                |                        | ERF/Site                 | Building (single storey only)             | Recreational area: indoor<br>outdoor |                                |  |
| 8.2 Type                                                                                                                                                        |                        |                          | Number                                    | Floor space                          | Nr of users to be accommodated |  |
| <b>Bedrooms</b>                                                                                                                                                 | Females                |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 | Males                  |                          |                                           |                                      |                                |  |
| <b>Accessible Bathrooms</b>                                                                                                                                     | Females                |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 | Males                  |                          |                                           |                                      |                                |  |
| <b>Accessible Washbasins</b>                                                                                                                                    | Females                |                          |                                           |                                      |                                |  |
|                                                                                                                                                                 | Males                  |                          |                                           |                                      |                                |  |

30 MARCH 2017

| <b>8.2 Type</b>                                                                                       |         | <b>Number</b> | <b>Floor space</b> | <b>Nr of users to be accommodated</b>       |
|-------------------------------------------------------------------------------------------------------|---------|---------------|--------------------|---------------------------------------------|
| <b>Accessible Showers</b>                                                                             | Females |               |                    |                                             |
|                                                                                                       | Males   |               |                    |                                             |
| <b>Accessible toilets</b>                                                                             | Females |               |                    |                                             |
|                                                                                                       | Males   |               |                    |                                             |
| <b>GENERAL SPACES ( To be fully equipped and stocked according to prescribed norms and standards)</b> |         |               |                    |                                             |
| <b>8.2 Type</b>                                                                                       |         | <b>Number</b> | <b>Floor space</b> | <b>Equipment available &amp; functional</b> |
| Work Station                                                                                          |         |               |                    |                                             |
| Staff/Visitors toilets                                                                                |         |               |                    |                                             |
| Visitors area                                                                                         |         |               |                    |                                             |
| Examination/ treatment rooms/Sick bay                                                                 |         |               |                    |                                             |
| Ramps ( with rails and correct gradient)                                                              |         |               |                    |                                             |
| Kitchen                                                                                               |         |               |                    |                                             |
| Dining room                                                                                           |         |               |                    |                                             |
| Sluice rooms                                                                                          |         |               |                    |                                             |
| Waste management (general)                                                                            |         |               |                    |                                             |
| Laundry and ironing room                                                                              |         |               |                    |                                             |
| Appropriate Storage facilities                                                                        |         |               |                    |                                             |
| Administrative office/reception                                                                       |         |               |                    |                                             |
| Multipurpose rooms                                                                                    |         |               |                    |                                             |
| All rooms adequately and appropriately furnished considering cultural contexts                        |         | <b>YES</b>    |                    |                                             |
|                                                                                                       |         | <b>NO</b>     |                    |                                             |

30 MARCH 2017

|                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------|--|
| <b>9. Medicines and medical supplies</b>                                                              |  |
| <b>9.1 Basic medical equipment :</b>                                                                  |  |
| (a) blood pressure machine,                                                                           |  |
| (b) glucometer,                                                                                       |  |
| (c) thermometer,                                                                                      |  |
| (d) scale)                                                                                            |  |
| <b>9.2. Where will you get your medication and medical supplies?</b>                                  |  |
| <b>9.3. Where is your medicines and medical supplies stored</b>                                       |  |
| <b>9.4 How do you dispose of medical waste?</b>                                                       |  |
| <b>10. What activities will be part of your recreational and leisure programme?</b>                   |  |
| <b>INDOORS:</b>                                                                                       |  |
| <b>OUTDOORS:</b>                                                                                      |  |
| <b>11. What activities will you offer as part of your stimulation and/or rehabilitation programme</b> |  |
|                                                                                                       |  |
|                                                                                                       |  |

30 MARCH 2017

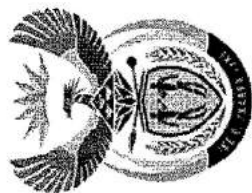
**12 SUPPORTING DOCUMENTS: The following document must accompany the application: Please tick checklist**

|                                                                        |  |
|------------------------------------------------------------------------|--|
| Copy of constitution of NPO                                            |  |
| Zoning or re-zoning certificate ( added)                               |  |
| Copy of facility plans                                                 |  |
| Occupancy certificate (structure)                                      |  |
| Certificate of acceptability for food handling                         |  |
| Health certificate                                                     |  |
| Copy of board members details and identity documents                   |  |
| Valid registration documents for all professionals                     |  |
| Clearance certificates for board members and staff members             |  |
| Copy of Business Plan with costing for proposed activities             |  |
| Property: owned or leased (attach proof of ownership/ lease agreement) |  |
| Bank account and 3 month bank statement                                |  |
| SAPS clearance certificate                                             |  |
| Copy of tax clearance certificate                                      |  |

**13 GENERAL REMARKS BY THE APPLICANT IN SUPPORT OF THE APPLICATION:****SUBMITTED BY:****PRINT NAME:****SIGNATURE:****DATE:****RECEIVED BY:****PRINT NAME:****SIGNATURE:****DATE:**

30 March 2017

## ANNEXURE B



# health

Department:  
Health

REPUBLIC OF SOUTH AFRICA

## NORMS AND STANDARDS FOR LICENSING OF COMMUNITY RESIDENTIAL AND DAY CARE FACILITIES

### DELIVERY OF SERVICES

| FUNCTIONAL AREA  | NORM                                                                                                                                                                                                                                                                                                                                                                                                  | STANDARD                                                                                                                                                                                                                                        | YES | NO | COMMENT |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| Type of facility | Day Care                                                                                                                                                                                                                                                                                                                                                                                              | This is a non-residential facility that offers day time activities and social contact for mental health care users and persons with intellectual disability, including development and stimulation/training programmes (incl. self-help skills) |     |    |         |
|                  | <b>Community Residential Care</b> : A residential facility that provides long term care, treatment and rehabilitation to mental health care users who are not able to live with their families and/or independently.<br>The infrastructure standards for residential facilities remain the same, but will be adapted according to the number of users, the type of service and the needs of the users |                                                                                                                                                                                                                                                 |     |    |         |
|                  | Half way House                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>A halfway house is a transitional residence for mental health care users who had been either cared for in their communities or formerly institutionalised, designed to facilitate</li> </ul>             |     |    |         |

30 March 2017

| FUNCTIONAL AREA | NORM                                                              | STANDARD                                                                                                                                                                                                                                                                                                                                                                                                                     | YES | NO | COMMENT |
|-----------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                 |                                                                   | the readjustment and gradual reintegration into community life                                                                                                                                                                                                                                                                                                                                                               |     |    |         |
|                 | Group home                                                        | <ul style="list-style-type: none"> <li>Group homes provide supported accommodation to mental health care users who cannot live independently due to their temporary/permanent mental incapacity, social integration or occupational placement challenges. It also provides the opportunity for mental health care users who have been previously institutionalised to gradually reintegrate into community living</li> </ul> |     |    |         |
|                 | Supported Independent/assisted Living Units                       | This term refers to the ongoing support in the form of individual or group supervision and instruction in basic skills of everyday living that mental health care users receive in the community.                                                                                                                                                                                                                            |     |    |         |
|                 | Halfway House, Group homes and Supported Independent Living Units | <b>ALL BUILDINGS MUST BE SINGLE STOREY</b><br><b>Bedrooms:</b><br>- 2-3 bedrooms accommodation, floor space at least 18 m <sup>2</sup> per bedroom or according to the General Principles of Universal Design Policy (2005).<br><b>OR</b>                                                                                                                                                                                    |     |    |         |

| FUNCTIONAL AREA | NORM | STANDARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YES | NO | COMMENT |
|-----------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                 |      | <p>- Hostel type/Dormitory style accommodation at least 15m<sup>2</sup> per resident – except head of bed all sides 0,6m from walls and unobstructed space between beds of 1,2m or according to the General Principles of Universal Design Policy (2005).</p> <p>OR</p> <p>- Maximum of 4 beds per room.<br/>Floor area not less than 7,5m<sup>2</sup> per bed or according to minimum Local Government By-Laws requirement</p> <p>OR</p> <p>- minimum floor area of any user's room, must be 10m<sup>2</sup> and single rooms shall have a minimum wall length of 2.6m as per Regulation 158</p> |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• Doors wide enough to accommodate wheelchairs, mobility devices and beds</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• No stairs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• Ramps for wheelchairs and mobility devices</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• Toilets, baths and showers are wheelchair and mobility devices</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• Non-slippery floors</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |         |
|                 |      | <ul style="list-style-type: none"> <li>• Emergency routes clearly identified, visible during the night and all emergency exists accessible for wheelchairs and other mobility devices.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |         |

30 March 2017

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|------------------------------------------------------------------------------|------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                              |                              |  |                                                                                                                                           | <ul style="list-style-type: none"><li>• Closed circuit television cameras is recommended but cameras must be positioned in a way that they do not violate the privacy of mental health care users</li></ul> |  |  |  |  |
| Physical environment to be determined by the type of service to be delivered | Work station                 |  | <ul style="list-style-type: none"><li>• One centrally placed work station and accessible to all the users.</li></ul>                      |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Counter and work surfaces</li></ul>                                                               |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Facility Based Telephone for internal and external communication (landline or cellular)</li></ul> |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Lockers for all staff</li></ul>                                                                   |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              | Staff rest rooms and toilets |  | <ul style="list-style-type: none"><li>• Hand wash basins with soap for the prevention of cross infections</li></ul>                       |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Toilets for the staff and their visitors</li></ul>                                                |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              | Examination/treatment rooms  |  | <b>Examination/treatment rooms must have:</b>                                                                                             |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Privacy of users to be ensured</li></ul>                                                          |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Well-ventilated area.</li></ul>                                                                   |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Electrical plug point for emergency equipment</li></ul>                                           |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Enough shelving and cupboards for various stock items</li></ul>                                   |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Wash hand basin with hot and cold running water</li></ul>                                         |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Non-slip and non-shining floor.</li></ul>                                                         |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Painted in light coloured, washable paint.</li></ul>                                              |                                                                                                                                                                                                             |  |  |  |  |
|                                                                              |                              |  | <ul style="list-style-type: none"><li>• Equipped for first aid and emergency situations.</li></ul>                                        |                                                                                                                                                                                                             |  |  |  |  |







30 March 2017

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|--|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|  |                          | <ul style="list-style-type: none"> <li>• Wall area behind slop hopper sink and hand wash basin must be supplied with a back splash plate or area must be tiled.</li> <li>• Be painted in a washable, durable light coloured paint</li> <li>• Floors must be washable</li> <li>• Storage space for cleaning materials</li> </ul>                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|  | Laundry and ironing room | <p><b>The laundry and ironing room in residential facilities must have:</b></p> <ul style="list-style-type: none"> <li>• Well-ventilated laundry area</li> <li>• Accessible and adequately equipped for washing and ironing</li> <li>• Laundry and ironing room must be accessible and adequately equipped for washing and ironing</li> <li>• Shelving must be of an impervious material</li> <li>• Walls must be painted with durable, washable and light colored paint.</li> <li>• If the laundry is an outside contractor, it must be approved laundry by a registered service provider.</li> <li>• There must be a separate storage area with slatted shelves for clean linen.</li> </ul> |  |  |  |  |
|  | Kitchen                  | <p><b>Kitchen must have:</b></p> <ul style="list-style-type: none"> <li>• A minimum floor area of 16m<sup>2</sup> for at least 32 residents.</li> <li>• The floor area must be calculated at 0,5m<sup>2</sup> per resident or according to Local Government By-Laws minimum requirements to a maximum size of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |

[illegible]

[illegible]

30 March 2017

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|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|  |  |  |  | ensure the safety of residents.                                                                                                                                                                     |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Emergency exits and routes practical and clearly identified and visible at night.</li> </ul>                                                               |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Controlled access to facility</li> </ul>                                                                                                                   |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Support railings on one side of corridors</li> </ul>                                                                                                       |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Non-slip and non-shining flooring surfaces</li> </ul>                                                                                                      |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• All carpets suitably and safely secured to the floor</li> </ul>                                                                                            |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Loose coverings must be removed</li> </ul>                                                                                                                 |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Security of personal effects of staff and residents</li> </ul>                                                                                             |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Security and control over medication</li> </ul>                                                                                                            |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Existence of emergency and disaster plan</li> </ul>                                                                                                        |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Fire-fighting equipment in accordance with Occupation, Health and Safety Act 85 of 1993 – Fire protection certificate issued by Fire Department</li> </ul> |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Appropriate 24-hour communication system (internal and external)</li> </ul>                                                                                |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Individual lockers for staff personal items</li> </ul>                                                                                                     |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Individual lockable cupboards for each resident</li> </ul>                                                                                                 |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Smoke detectors</li> </ul>                                                                                                                                 |  |  |  |  |
|  |  |  |  | <ul style="list-style-type: none"> <li>• Programmes for prevention of injuries and infections</li> </ul>                                                                                            |  |  |  |  |
|  |  |  |  | Therapeutic environment                                                                                                                                                                             |  |  |  |  |

30 March 2017

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|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Functional, sufficient furniture and equipment | <ul style="list-style-type: none"> <li>• Access to an area to undertake private discussions and interviews.</li> </ul>                                |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• There must be beds with mattress, chair and private, safe and lockable cupboard for each resident</li> </ul> |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Care equipment, e g crutches, wheel chairs, bedpans etc.</li> </ul>                                          |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Adequate clean bed linen, blankets, pillows and toweling per bed</li> </ul>                                  |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Catering equipment must be available</li> </ul>                                                              |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Laundry equipment must be available</li> </ul>                                                               |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Maintenance equipment</li> </ul>                                                                             |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Furniture and equipment for staff requirements</li> </ul>                                                    |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• There must be staff rest rooms</li> </ul>                                                                    |  |  |  |
|                                                | <ul style="list-style-type: none"> <li>• Appropriate first aid emergency equipment</li> </ul>                                                         |  |  |  |

**CONTINUES ON PAGE 130 - PART 2**



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**AIDS HELPLINE: 0800-0123-22 Prevention is the cure**

30 March 2017

|                                                              |                                                            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|--------------------------------------------------------------|------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                              |                                                            |     | <ul style="list-style-type: none"> <li>Sanitation</li> <li>Clean drinkable water</li> <li>Cooking and catering facilities</li> <li>Laundry facilities /washing facilities</li> <li>Nursing facilities</li> <li>Recreational facilities / areas</li> <li>Fencing</li> <li>Secure environment appropriate for the needs of the individual,</li> <li>Store facilities</li> <li>Grounds are wheelchair or mobility device accessible</li> <li>Supply of electricity or alternate power source</li> <li>Designated smoking area</li> </ul> |  |  |  |
| <b>Legal status for development and delivery of services</b> | Service providers are registered                           | are | <ul style="list-style-type: none"> <li>Registration certificate of residential facility or day care facility and service providers must be publicly displayed</li> </ul>                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                              | Admission policy in accordance with statutory requirements |     | <p><b>The admission policies must be in accordance with the following requirements:</b></p> <ul style="list-style-type: none"> <li>Medical report on current status(physical and mental)</li> <li>Comprehensive multi-disciplinary report</li> <li>Admission policy and code of conduct to be in line with Mental Health Care Act</li> <li>Information on the organization and services rendered provided</li> <li>Information accessible to all</li> </ul>                                                                           |  |  |  |

30 March 2017

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|--------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                          |                                                                 | <ul style="list-style-type: none"> <li>Standardized Admission Policy and Procedure</li> <li>Standardized Admission Form</li> </ul>                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <b>Capacity building</b> | Support for caregivers including family<br>Volunteer programmes | <p>The facilities must provide awareness/outreach programmes</p> <p><b>Volunteer programmes must:</b></p> <ul style="list-style-type: none"> <li>Measure the response e.g. donations, visits, volunteers</li> <li>Volunteer projects developed, costed, with timelines and roles and responsibilities</li> </ul>                                                                                                                                                |  |  |  |  |
|                          | An informed and supportive community                            | There must be information sharing and awareness sessions and partnership with the communities                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| <b>Care programme</b>    | Comfortable clean, healthy and satisfied residents              | <p><b>Residential care must include:</b></p> <ul style="list-style-type: none"> <li>Individualized care management plan for all residents</li> <li>Adherence to approved health/clinical, nursing and pharmaceutical laws, protocols, policies and procedures</li> <li>Nutrition and hydration according to dietary requirement</li> <li>Users must be appropriately dressed, presentable and clean</li> <li>physical and mental well being of users</li> </ul> |  |  |  |  |
|                          | FOR RENEWALS                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|                          | Daily activities                                                | Supported and residential facilities must ensure optimal mobility of residents during the day which must include:                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |

30 March 2017

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|                                                                    |                                                                                        | <ul style="list-style-type: none"> <li>• Socialization through social and functional activities</li> <li>• Residents should be out of bed during the active hours (where possible).</li> <li>• Daily activities will include stimulation, recreation, leisure and ADL, pre-vocational and life skills training</li> <li>• Quarterly Multi-disciplinary team reports</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| <b>Supported programme</b>                                         | Facilitate the provisioning of affordable, safe and accessible living facilities       | <p><b>Supported and residential facilities must provide the following:</b></p> <ul style="list-style-type: none"> <li>• Programmes to provide optimal independent living</li> <li>• Affordable accommodation by means of rates concessions</li> <li>• Cultural sensitive environment</li> <li>• Programmes to support their families and spouse/partners to provide care and support</li> <li>• Accessibility of community care and support services</li> <li>• Community re-integration programmes</li> </ul> <p><b>Supported living/residential facilities must have:</b></p> <ul style="list-style-type: none"> <li>• access to primary health care services affordable curative care, i.e. hospitals and day hospitals</li> <li>• accessibility to social welfare services</li> <li>• accessibility to multi-purpose services</li> </ul> |  |  |  |  |
| <b>Information on access to health and social welfare services</b> | Provision of affordable, accessible and appropriate health and social welfare services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |

30 March 2017

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| <b>Information on access to transport</b> | Access to transport         | <b>supported living/residential facilities must:</b>                                |  |  |  |
|                                           |                             | • Promote the accessibility of public transport                                     |  |  |  |
|                                           |                             | • Lobbying for friendly and safe transport system/programmes                        |  |  |  |
|                                           |                             | • Transport available to access support services                                    |  |  |  |
| <b>Support to caregivers</b>              | Support to caregivers       | <b>Supported living/residential facilities must have:</b>                           |  |  |  |
|                                           |                             | • Programmes to train, develop and support caregivers                               |  |  |  |
|                                           |                             | • Information and referral systems to support caregivers                            |  |  |  |
|                                           |                             | • Dissemination of information on health and social welfare services for caregivers |  |  |  |
| <b>Provision of assistive devices</b>     | Access to assistive devices | <b>Supported living/residential facilities must have:</b>                           |  |  |  |
|                                           |                             | • Information on access to lending depots                                           |  |  |  |
|                                           |                             | • Information on access to available assistive devices                              |  |  |  |
|                                           |                             | • Information on maintenance of Assistive devices                                   |  |  |  |
|                                           |                             | • Training programmes in the correct use of assistive devices                       |  |  |  |
|                                           |                             | • Directory / data bank of lending depots                                           |  |  |  |
|                                           |                             | • Link with the local health (district) office that provides and repairs devices    |  |  |  |

30 March 2017

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| <b>Provision of food</b> | Provision of hygienic food and serving facilities | <b>Supported living/residential facilities must have:</b>                                                                                                                                        |  |  |  |
|                          |                                                   | • Suitable premises and facilities for the preparation and storage of foodstuffs                                                                                                                 |  |  |  |
|                          |                                                   | • Sufficient and appropriate crockery and cutlery                                                                                                                                                |  |  |  |
|                          |                                                   | • Eating facilities to be clean and free of offensive smells                                                                                                                                     |  |  |  |
|                          |                                                   | • Separate hand wash basin / bowl for staff with hot and cold water, soap and disposable hand towels                                                                                             |  |  |  |
|                          |                                                   | • Adequate functional storage of raw and prepared foods                                                                                                                                          |  |  |  |
|                          |                                                   | • Adequate appropriate cold room and freezer for food storage at 10 degrees or less                                                                                                              |  |  |  |
|                          |                                                   | • Separate facilities for the storage of cleaning materials and refuse                                                                                                                           |  |  |  |
|                          |                                                   | <b>Supported living/residential facilities must:</b>                                                                                                                                             |  |  |  |
|                          | Provision of nutritional food                     | • Have an approved menu / dietary menu addressing all dietary needs of residents                                                                                                                 |  |  |  |
|                          |                                                   | • Providing 3 nutritional meals per day, and an additional 1.5 lt fluids during the day plus 0.5 liters at night, and including at least 1 snack in the evening for special diets e.g. Diabetics |  |  |  |
|                          |                                                   | • A pre-planned cycle of varied and balanced meals                                                                                                                                               |  |  |  |
|                          |                                                   | • Special diets in accordance with                                                                                                                                                               |  |  |  |

30 March 2017

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|  |  | medical needs of the residents                                                                                        |  |  |  |
|  |  | <ul style="list-style-type: none"> <li>Accommodation of cultural and religious preferences where feasible.</li> </ul> |  |  |  |

## GOVERNANCE

| FUNCTIONAL AREA        | NORM                                                           | STANDARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YES | NO | COMMENT |
|------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| USER INVOLVEMENT       | User forum                                                     | <b>Supported/residential facilities must have the following:</b> <ul style="list-style-type: none"> <li>regular meetings with users</li> <li>development plans for users in assisting in the management of the facility</li> <li>Regular reports to the residents</li> </ul>                                                                                                                                                                                                                                                                                |     |    |         |
| Statutory requirements | Residential facilities should adhere to statutory requirements | <b>Supported/residential facilities and day care facilities must adhere to the following statutory requirements:</b> <ul style="list-style-type: none"> <li>Must be registered according to the Policy guidelines on residential facilities for people with disabilities.</li> <li>Registration certificates of the facilities must be displayed.</li> <li>There must be training programs to ensure working knowledge</li> <li>All professionals working in residential facilities must be registered with their applicable registration bodies</li> </ul> |     |    |         |



30 March 2017

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|----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                      |                           | <ul style="list-style-type: none"> <li>the fee and tariff structure</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>mandatory facility inspection by provincial or district health teams to monitor compliance to contract, legislation, indicators and business plan</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Financial details of the users must be made available to management board on request</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Rules regulating the running of the assisted/residential and frail care facilities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Procedure during termination of the agreement including the responsibility of the user and his/her family</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Procedure when a user dies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Confidentiality</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                      |                           | <ul style="list-style-type: none"> <li>Cost of damage to assets of the facility by a user.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Financial management | Accountability management | <b>Supported living/residential and day care facilities must have:</b> <ul style="list-style-type: none"> <li>Annual budget is approved in accordance with the organization's constitution</li> <li>Financial statements are submitted at meetings of the service provider, at least every two months</li> <li>The official responsible for the financial management is adequately trained and qualified</li> <li>Financial policy and delegation are approved by the service provider</li> <li>The payment of accounts and receipt of income is done in accordance with financial policy</li> </ul> |  |  |  |  |

30 March 2017

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| Asset management          | Utilization and management of assets | <ul style="list-style-type: none"> <li>• All external and internal audit reports must be submitted to the service provider and must be in the minutes of the meetings of the service provider.</li> </ul>                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                           |                                      | <ul style="list-style-type: none"> <li>• Monthly minutes of operational meetings/communication with staff</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                           |                                      | <ul style="list-style-type: none"> <li>• Annual report and financial statements to department.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                           |                                      | <p><b>Supported living/Residential and day care facilities must adhere to the prescripts of asset management:</b></p> <ul style="list-style-type: none"> <li>• Preventative maintenance program approved by service provider</li> <li>• Asset register to differentiate between government assets and assets acquired through other means</li> <li>• Assets are comprehensively insured</li> <li>• Regular inspections performed and reported at meetings of the service provider</li> <li>• Evaluation procedures in place</li> </ul> |  |  |  |
| Human resource management | Skilled Human resource management    | <p><b>Supported living/ residential and day care facilities must have:</b></p> <ul style="list-style-type: none"> <li>• Human resource policy approved by service provider to ensure best practices exist</li> </ul>                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                           |                                      | <ul style="list-style-type: none"> <li>• Staff recruitment policy approved by service provider</li> <li>• Relevant Acts and Regulations, Policies and Procedures must be available and adhered to</li> </ul>                                                                                                                                                                                                                                                                                                                           |  |  |  |

[illegible]



30 March 2017

|                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                    |                                                                                                                         | disturb the lives, health and well-being of others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>Data information system</b>     | Collection of reliable and valid information for an informed public on available services in the residential facilities | <b>Supported/residential and day care facilities must have:</b> <ul style="list-style-type: none"> <li>• Reliable baselines information on all programmes and services rendered by the facilities.</li> <li>• Demographic profiles of the community in which the facilities are located</li> <li>• Situational analysis of the community in which the facilities are located.</li> <li>• Directory of service providers in the vicinity of the facility.</li> </ul>                                                                                                                                                                                                                               |  |  |  |
| <b>Nursing care administration</b> | Provision of acceptable standards for continuous care                                                                   | <b>Supported/residential and day care facilities must:</b> <ul style="list-style-type: none"> <li>• Provide the vision, mission statement, goals and objectives available to all categories of staff</li> <li>• Provide appropriate deployment and utilization of staff, including adequate supervision from trained professionals</li> <li>• Provide appropriate staffing and scheduling to ensure the effective and efficient management of care and support programs</li> <li>• Provide continuous professional development program supervision</li> <li>• Maintenance of registers</li> <li>• Documentation in accordance with legislation</li> <li>• Manage risks in the facility</li> </ul> |  |  |  |

30 March 2017

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| Individualised development plan | Individual development plan | <ul style="list-style-type: none"> <li>• Provide effective quality assurance program and policy in</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                 |                             | <ul style="list-style-type: none"> <li>• Implement assessment programmes to determine any possible risk factors that need to be taken in consideration when developing individual care plans</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                 |                             | <ul style="list-style-type: none"> <li>• Set goals for care plans for all residents</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|                                 |                             | <ul style="list-style-type: none"> <li>• Implement individual development plans</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                 |                             | <p><b>All the residents in supported/residential and day care facilities must have the following information:</b></p> <ul style="list-style-type: none"> <li>• A personal record of each person in the facility</li> <li>• Each person /family confirms that there is an individualized development plan and that they participate in its development</li> <li>• An accessible development plan has been explained and understood MHCU and/or the family</li> <li>• Regular individual plans regularly reviewed and do participate in changing their IDPs</li> <li>• The IDP reflects the development the goals and expectations as outlined in the broader care plan</li> <li>• A record of the name and details of the immediate family member or responsible person to be consulted in cases of emergency or health care decision making</li> </ul> |  |  |  |

30 March 2017

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|------------------------------------------|-----------|---------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                          |           |                                             |  | <ul style="list-style-type: none"> <li>• An assessment document completed within 48 hours of admission to the service, to be reviewed monthly or more frequently, if indicated.</li> <li>• A care plan to be updated in conjunction with regular assessments and identification of lifestyle risks</li> <li>• Relevant records and documentation in accordance with legislative requirement.</li> <li>• Reality Orientation Programs</li> <li>• Regular programmes appropriate for the needs and limitations for the persons being cared for.</li> <li>• safekeeping of records</li> </ul>                                                                                                                     |  |  |  |  |
| <b>Provision of specialized services</b> | <b>of</b> | <b>Specific care and support programmes</b> |  | <p><b>Community residential facilities must provide specific care and support programmes: Each resident including information relating to:</b></p> <ul style="list-style-type: none"> <li>• Personal hygiene needs</li> <li>• Nutritional and fluid requirements and assistance</li> <li>• Mobility and transfers</li> <li>• Night time special requirements (e.g. Applying cot sides at night to prevent falls)</li> <li>• Bathing</li> <li>• Excretory needs</li> <li>• Medication management, administration and regular review.</li> <li>• Prevention of pressure sores, including mobilization, turning, pressure care.</li> <li>• Access to immunization according to recommended guidelines.</li> </ul> |  |  |  |  |



30 March 2017

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| <b>Emergency services</b> | Infection Control     | <ul style="list-style-type: none"> <li>• Policies and Procedures regarding infection control to be in place and available to all staff</li> </ul>                                                                                                          |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Keep statistical data on all infections</li> </ul>                                                                                                                                                                |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Pest control policies and programmes must be in place</li> </ul>                                                                                                                                                  |  |  |  |
|                           | Medical waste control | <ul style="list-style-type: none"> <li>• Management of medical waste according to local government regulations</li> </ul>                                                                                                                                  |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Operational control of the service</li> </ul>                                                                                                                                                                     |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Policies in place regarding the storage of waste material until collection as well as the collection protocol</li> </ul>                                                                                          |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Hygiene management of all areas and pest control</li> </ul>                                                                                                                                                       |  |  |  |
|                           | Emergency services    | <b>Supported living/residential and day care facilities for people with disabilities must have:</b> <ul style="list-style-type: none"> <li>• Accessibility of emergency services - Telephone number of emergency services prominently displayed</li> </ul> |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Proof of arrangements with emergency services with regard to management of emergencies</li> </ul>                                                                                                                 |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Emergency plan approved by relevant authorities</li> </ul>                                                                                                                                                        |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Access control protocol in place</li> </ul>                                                                                                                                                                       |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Safety officers appointed</li> </ul>                                                                                                                                                                              |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Evaluation procedures for OH&amp;S (Occupation Health and Safety) in place</li> </ul>                                                                                                                             |  |  |  |
|                           |                       | <ul style="list-style-type: none"> <li>• Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services South African Police Service and nearest family member</li> </ul>                              |  |  |  |

30 March 2017

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|  |  | <ul style="list-style-type: none"> <li>• Firefighting equipment available, optimally placed and annually serviced, inspected and reported on.</li> </ul>       |  |  |  |
|  |  | <ul style="list-style-type: none"> <li>• Fire drills must be done and documented at least twice a year with residents</li> </ul>                               |  |  |  |
|  |  | <ul style="list-style-type: none"> <li>• Staff trained in the effective use of the firefighting equipment OH&amp;S (Occupational Health and Safety)</li> </ul> |  |  |  |

## TYPES OF SERVICES AND LEVELS OF CARE

### ANNEXURE C

The levels of care required by users will determine the particular service they require and will directly impact the resource allocation, infrastructure, and staffing needs.

Users can be categorised as requiring 100% care, this is 24 hour care and high care, or as requiring partial assistance with some activities and finally, as being independent, but requiring some support through their recovery process.

| 100% or 24 hour care                                                                                                                              | Partial assistance                                                                                                                                                   | Independent                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Users will need 24 hour care and full assistance with feeding, bathing, dressing, turning, positioning, stimulation, etc                          | Users require partial assistance in the form of reminders, physical assistance and guidance through their daily activities                                           | Users are able to perform most daily activities, including work and social activities, independently, but may require some external support and guidance |
| Users may require constant supervision and one-to-one care in managing their behaviour and ensuring the safety of themselves, others and property | Users may be verbal and able to perform activities of daily living, but display poor quality in the performance of these duties.                                     | Users may need support in decision making, goal planning and execution                                                                                   |
|                                                                                                                                                   | Users can participate in daily activities but may require assistance with certain tasks. Some supervision is required in the execution of daily tasks and activities | Users can engage in individual and group support structures and require assistance with higher cognitive problem solving                                 |

**Day care services/centres for mental health care users**

| Component      | Children with severe to profound intellectual disability (maximum 15 )                                                                                                                                              | Adults with Severe to profound intellectual disability (maximum 15 )                                                                                                                                 | Adults with Severe psychiatric disabilities (maximum 15 )                                                                                                                                                                             |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HR             | <p>Trained Caregivers,<br/>1 Cleaner<br/>1 Admin/ Manager<br/>1 Driver/ maintenance<br/>1 cook/kitchen aid<br/>Access support services MDT in districts<br/>1 trained caregiver :5 users<br/>1 PN</p>               | <p>Trained Caregivers,<br/>1 Cleaner<br/>1 Admin/ Manager<br/>1 Driver/ maintenance<br/>1 Cook/kitchen aid<br/>Access support services MDT in districts<br/>1 trained caregiver:5 users<br/>1 PN</p> | <p>Trained Caregivers,<br/>1 Cleaner,<br/>1 Admin/ Manager<br/>1 Driver/maintenance<br/>1 Cook/kitchen aid<br/>Access support services MDT in districts<br/>1 trained caregiver:10 users<br/>1 PN</p>                                 |
| Training       | <p>All caregivers trained in first aid, management of difficult behaviour, handling of medication and side effects, feeding and positioning.<br/>Ongoing training to be provided on clinical and administrative</p> | <p>All caregivers trained in first aid, management of difficult behaviour, handling of medication and side effects, feeding and positioning.<br/>Ongoing training to be provided</p>                 | <p>All caregivers trained in first aid, management of difficult behaviour, handling of medication and side effects. Identification of early warning signs. able to access emergency services.<br/>Ongoing training to be provided</p> |
| Infrastructure | <p>Access control<br/>Accessible facilities<br/>Facilities in residential home:</p>                                                                                                                                 | <p>Access control<br/>Accessible facilities<br/>Facilities in residential home: Special</p>                                                                                                          | <p>Access control<br/>Accessible facilities<br/>Facilities in residential home: Special</p>                                                                                                                                           |

|                                      | Special consent use approval (municipality) or as stipulated by the municipality -fire extinguisher | consent use approval (municipality) or as stipulated by the municipality -fire extinguisher | consent use approval (municipality) or as stipulated by the municipality -fire extinguisher |
|--------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|                                      | Room                                                                                                | Quantity                                                                                    | Description                                                                                 |
| Facility infrastructure requirements | Reception and administration space                                                                  | 1                                                                                           | Desk, telephone, administrative shelves                                                     |
|                                      |                                                                                                     | User toilets                                                                                | Gender separated                                                                            |
|                                      |                                                                                                     | Hand basins                                                                                 | 1                                                                                           |
|                                      | Dining room                                                                                         | 1                                                                                           | Mixed, for all residents (include tables and chairs for nr of residents)                    |
|                                      | Kitchen                                                                                             | 1                                                                                           | Food preparation area                                                                       |
|                                      | Pantry                                                                                              | 1                                                                                           | Food storage area                                                                           |
|                                      | Scullery                                                                                            | 1                                                                                           | Built-in dish wash area                                                                     |
|                                      | Recreational area                                                                                   | 1                                                                                           | Shared area                                                                                 |
|                                      | Office                                                                                              | 1                                                                                           |                                                                                             |
|                                      | Treatment room                                                                                      | 1                                                                                           |                                                                                             |
|                                      | Work/ activity area                                                                                 | 3                                                                                           | With electricity outlets                                                                    |
|                                      | Storeroom                                                                                           | 1                                                                                           | With shelves                                                                                |
|                                      | Staff rest room and toilet                                                                          | 1                                                                                           | Fitted with seating and telephone                                                           |
|                                      | Educational area                                                                                    | 1                                                                                           | Appropriate seating and tables                                                              |
|                                      | Rehabilitation area                                                                                 | 1                                                                                           | OT, Physio                                                                                  |

|                     | General office                                                                                                                                                                   | 1                                                                                                                                                                                | For all staff, sessional staff, educators, volunteers, etc                                                                                                                                    |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Programme           | Programme with diverse activities, incl. ADL, stimulation programmes, recreation and leisure. Programme developed, graded and monitored by MDT, can be implemented by caregivers | Programme with diverse activities, incl. ADL, stimulation programmes, recreation and leisure. Programme developed, graded and monitored by MDT, can be implemented by caregivers | Programme with diverse activities, incl. ADL, vocational and life skills training, recreation and leisure. Programme developed, graded and monitored by MDT, can be implemented by caregivers |
| Funding             | Subsidised income<br>Care dependency grant - % towards fees<br>Costing model to be developed                                                                                     | Subsidised income<br>Disability grant - % towards fees<br>Costing model to be developed                                                                                          | Subsidised income<br>Disability grant - % towards fees<br>Costing model to be developed                                                                                                       |
| Governance          | Meet all legislative requirements                                                                                                                                                | Meet all legislative requirements                                                                                                                                                | Meet all legislative requirements                                                                                                                                                             |
| Clinical management | - administration of medication with accurate recordkeeping<br>-access to emergency medical services<br>-adherence to norms and standards                                         | administration of medication with accurate recordkeeping<br>-access to emergency medical services<br>adherence to norms and standards                                            | administration of medication with accurate recordkeeping<br>-access to emergency medical services<br>adherence to norms and standards                                                         |

### Group homes and Halfway houses

Specifications for group homes and halfway houses, as provided by IUSS facility guide for mental health.

| Room                                       | Quantity                           | description                                                                                          |
|--------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|
| Individual bedrooms with clothes cupboards | 30% of rooms                       | The rooms should be positioned with separation of male and female residences                         |
| Double rooms                               | 70% of rooms                       |                                                                                                      |
| Ablution areas                             | Bathrooms with showers only        | Shared bathrooms, gender separated                                                                   |
|                                            | Toilets (nr to be calculated-1:10) | Gender separated                                                                                     |
|                                            | Hand basins                        | Numbers to be calculated(1:10)                                                                       |
| Shared laundry area                        | 1                                  | Heavy duty washing machine and tumble dryer<br>Fully equipped with drainage and an outside wash line |
|                                            |                                    | Ironing area                                                                                         |
|                                            |                                    | Linen room                                                                                           |
| Shared dining area                         | 1                                  | Tables and chairs                                                                                    |
| Shared kitchen                             | 1                                  | Fridge, stove, microwave, double sink, lockable cupboards and work tops for food preparation         |
| Refuse area                                | 1                                  | Locakable space for kitchen and household waste                                                      |
| Large household store                      |                                    | Lockable storage for donations, furniture or extra bulk                                              |
| Pantry                                     | 1                                  | Lockable food storage                                                                                |
| Scullery                                   | 1                                  | Built in wash basin with drip trays, dish washing area                                               |

|                            |          |                                                                             |
|----------------------------|----------|-----------------------------------------------------------------------------|
| Shared lounge area         | 1        | Shared area with a fitted TV                                                |
| Rehabilitation area        | 1        | Installed with plugs for equipment, can be used as a work area, with tables |
| Store room                 | 2        | 1 installed with shelves                                                    |
| Administrative office      | 1        | Office furniture, desk, lockable shelves, computer, and a safe              |
| Family lounge              | 1        | Small reception lounge                                                      |
| Administrative area        | 1        | Meeting room, admission area                                                |
| Physical activity room/gym | optional |                                                                             |
| Shared laundry area        |          | Washing lines                                                               |
| Care taker or housemother  | 1        | Sleeping and ablution area                                                  |

#### Home-based care

Home based care refers to services offered at the homes of the people with mental disorders, providing psychosocial support in the areas of living, learning, socialising and working.

These services can be provided by ward based community outreach teams or by current day care service providers, and would generally require 1:1 care. Care may include, monitoring compliance to medication, assisting with feeding, bathing and dressing, collecting medication, etc.

Funds for this services is mainly for transportation costs and salaries for community health workers.

**Supported independent /assisted living**

This refers to the ongoing support in the form of individual or group supervision and instruction in basic skills of everyday living, which mentally ill persons receive in the community.

Supported or assisted living is a housing option providing social development programmes in order to encourage the independent functioning of people with disabilities and to facilitate deinstitutionalisation. This option could be community based or attached to a residential facility.

This could be where a mental health care user has access to a social worker, or care worker for assistance with some decision making, problem solving, etc. This could be that the user could live in a facility with minimal support and supervision, but within a protective environment.

**Protective workshops**

Protective workshops provides a protected environment outside of the open labour market, offering vocational services, e.g. vocational guidance, vocational training and selective placement, designed to secure and maintain suitable employment for mentally ill persons who cannot be integrated into the open labour market.

**These services are currently funded by the Department of Social Development**

**Support groups**

Support groups provides invaluable emotional, spiritual, physical and psychological support to individuals and families. Benefits include having contact with others who are experiencing similar challenges in their lives, obtaining useful information and developing different ways of dealing with the demands of mental illness.

Support groups are useful for providing information and guidance regarding illness, gaining insight into one's self, networking and to access referral systems.

The support group provides a sense of belonging and enables the expression and sharing of feelings, as well as concerns. Most importantly, it provides and encourages a sense of hope and positive living. In follow up care, the support group may promotes adherence to treatment.

Groups that meet to provide ongoing regular support for people with mental disorders. Through these groups persons with mental disabilities are enabled to increase their functioning so that they can be successful and satisfied with living, working, socialising and learning environments of their choice with the least amount of professional intervention.

These groups are not only for group discussions, but can also be used as activity or social and recreation groups. It could also include advocacy and peer led or self-help groups.

**Support groups require initial and ongoing training of facilitators and as well as funding for venue, refreshments and transport. The services should be supervised by the multi-disciplinary team from the district.**

**Residential Services:** Facilities that offer accommodation, housing or support in homes or facilities like board and care homes to persons with mental disabilities.

| Component | Children with severe to profound intellectual disability (maximum 15 )                                                                                                                                                                                                                                                                                      | Adults with Severe to profound intellectual disability (maximum 15 )                                                                                                                                                                                                                                                                                                                                                             | Adults with Severe psychiatric disabilities (maximum 15 )                                                                                                                                                                                                                                                                                                                                                                        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | <p>Maximum of 36 beds per unit , not more than 6 patients per room</p> <p>Facilities built in accordance to SABS standards(section 14 of Regulation 158)</p> <p>minimum floor area of any user's room, must be 10m<sup>2</sup> and single rooms shall have a minimum wall length of 2.6m as per Regulation 158</p> <p>Beds must be provided by daylight</p> | <p>Maximum of 36 beds per unit , not more than 6 patients per room</p> <p>Facilities built in accordance to SABS standards(section 14 of Regulation 158)</p> <p>minimum floor area of any user's room, must be 10m<sup>2</sup> and single rooms shall have a minimum wall length of 2.6m as per Regulation 158</p> <p>Beds must be provided by daylight</p> <p>Clean utility room with minimum floor area of 5 m<sup>2</sup></p> | <p>Maximum of 36 beds per unit , not more than 6 patients per room</p> <p>Facilities built in accordance to SABS standards(section 14 of Regulation 158)</p> <p>minimum floor area of any user's room, must be 10m<sup>2</sup> and single rooms shall have a minimum wall length of 2.6m as per Regulation 158</p> <p>Beds must be provided by daylight</p> <p>Clean utility room with minimum floor area of 5 m<sup>2</sup></p> |

| Clean utility room with minimum floor area of 5 m <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Treatment room with minimum of 10m <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Treatment room with minimum of 10m <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Treatment room with minimum of 10m <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Treatment room with minimum of 10m<sup>2</sup></p> <p>Separate storage space for linen, pharmaceuticals, equipment, user's belongings and food</p> <p>Dirty utility room of 5-7m<sup>2</sup></p> <p>A soiled linen and waste room, could be part of dirty utility room, space should then be 9m<sup>2</sup></p> <p>Cleaners room containing shelves or low level sink. This could also be incorporated with the dirty utility room.</p> <p>Staff toilet x1 for each 36 users, which contains hand wash basin.</p> <p>10% of beds to be single rooms</p> <p>Separate recreational and dining area to be provided (minimum of 10m<sup>2</sup> for 5 users, and 1 m<sup>2</sup> added for each additional 10 users)</p> <p>Special safety features i.r.o. electric plugs and switches,</p> | <p>Separate storage space for linen, pharmaceuticals, equipment, user's belongings and food</p> <p>Dirty utility room of 5-7m<sup>2</sup></p> <p>A soiled linen and waste room, could be part of dirty utility room, space should then be 9m<sup>2</sup></p> <p>Cleaners room containing shelves or low level sink. This could also be incorporated with the dirty utility room.</p> <p>Staff toilet x1 for each 36 users, which contains hand wash basin.</p> <p>10% of beds to be single rooms</p> <p>Separate recreational and dining area to be provided (minimum of 10m<sup>2</sup> for 5 users, and 1 m<sup>2</sup> added for each additional 10 users)</p> <p>Special safety features i.r.o.</p> | <p>Separate storage space for linen, pharmaceuticals, equipment, user's belongings and food</p> <p>Dirty utility room of 5-7m<sup>2</sup></p> <p>A soiled linen and waste room, could be part of dirty utility room, space should then be 9m<sup>2</sup></p> <p>Cleaners room containing shelves or low level sink. This could also be incorporated with the dirty utility room.</p> <p>Staff toilet x1 for each 36 users, which contains hand wash basin.</p> <p>10% of beds to be single rooms</p> <p>Separate recreational and dining area to be provided (minimum of 10m<sup>2</sup> for 5 users, and 1 m<sup>2</sup> added for each additional 10 users)</p> <p>Special safety features i.r.o.</p> | <p>Separate storage space for linen, pharmaceuticals, equipment, user's belongings and food</p> <p>Dirty utility room of 5-7m<sup>2</sup></p> <p>A soiled linen and waste room, could be part of dirty utility room, space should then be 9m<sup>2</sup></p> <p>Cleaners room containing shelves or low level sink. This could also be incorporated with the dirty utility room.</p> <p>Staff toilet x1 for each 36 users, which contains hand wash basin.</p> <p>10% of beds to be single rooms</p> <p>Separate recreational and dining area to be provided (minimum of 10m<sup>2</sup> for 5 users, and 1 m<sup>2</sup> added for each additional 10 users)</p> <p>Special safety features i.r.o.</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |                                                                                                                                                                                                                |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>additional 10 users</p> <p>-separation between children and adults (eating, sleeping, bathing)</p> <p>Direct vision of all beds from central work station or from adjacent corridor</p> <p>Special safety features i.r.o. electric plugs and switches, heaters, door locks and hot water supply</p> <p>A play area adjacent or visible, and easily accessible from workstation</p> <p>1 Electrical socket outlet for every 3 beds</p> | <p>heaters, door locks and hot water supply</p> <p>A play area adjacent or visible, and easily accessible from workstation</p> <p>1 Electrical socket outlet for every 3 beds</p> | <p>electric plugs and switches, heaters, door locks and hot water supply</p> <p>A play area adjacent or visible, and easily accessible from workstation</p> <p>1 Electrical socket outlet for every 3 beds</p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Boarding House:

A residential care facility where mentally ill people are regularly supplied with meals and lodging for pay.

**These users live independently and should be followed up at outpatients departments and make use of other day care services.**

## ANNEXURE D

**health**Department:  
Health

REPUBLIC OF SOUTH AFRICA

**Assessment Tool for Residential and Day Care Facilities Providing Care, Treatment And  
Rehabilitation Services for Mental Health Care Users**

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR MENTAL HEALTH CARE USERS**

| IDENTIFYING PARTICULARS                                                                                                      |                       |                       |         |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------|
| NAME OF CENTRE:                                                                                                              |                       |                       |         |
| PHYSICAL AND POSTAL ADDRESS:                                                                                                 |                       |                       |         |
| NAME OF CENTRE MANAGER:                                                                                                      |                       |                       |         |
| CONTACT TEL & FAX                                                                                                            | Nr. of MHCUs < 18 [ ] | Nr. of MHCUs > 18 [ ] |         |
| DATE:                                                                                                                        |                       |                       |         |
| Licensed with Department of Health in terms of Section 43 of the Regulations to the Mental Health Care Act (Act 17 of 2002): |                       | YES                   | NO..... |

| ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR MENTAL HEALTH CARE USERS |                                                                                                                    |     |    |         |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----|----|---------|----------|
| Sub-Component                                                                                                                              | Elements                                                                                                           | Yes | No | Partial | Comments |
| 1. Signage & Notices                                                                                                                       | All way -findings signage in place                                                                                 |     |    |         |          |
|                                                                                                                                            | Display the board reflecting Facility name; physical address, contact details is visibly displayed at the entrance |     |    |         |          |
|                                                                                                                                            | The NPO Organogram with contact details of a facility manager is displayed on a central notice board.              |     |    |         |          |
|                                                                                                                                            | All services in the facility are clearly signposted                                                                |     |    |         |          |
|                                                                                                                                            | There is a lockable gate                                                                                           |     |    |         |          |
|                                                                                                                                            | There is staff/personnel managing the gate/ Bell                                                                   |     |    |         |          |
|                                                                                                                                            | There is a perimeter fence / wall                                                                                  |     |    |         |          |
|                                                                                                                                            | Perimeter fence / wall is intact                                                                                   |     |    |         |          |
|                                                                                                                                            | The exterior is aesthetically pleasing and clean                                                                   |     |    |         |          |
|                                                                                                                                            | Trees trimmed and grass is cut                                                                                     |     |    |         |          |
| Paving is free of weeds                                                                                                                    |                                                                                                                    |     |    |         |          |
| Flower beds well-kept and free of weeds                                                                                                    |                                                                                                                    |     |    |         |          |
| The facility's premises clean (e.g. free from dirt & litter)                                                                               |                                                                                                                    |     |    |         |          |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS**

|                              |                                                                                        |                                                                             |     |    |         |          |
|------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----|----|---------|----------|
|                              | Exterior walls of the facility clean, no peeling paint, cracks on wall                 |                                                                             |     |    |         |          |
|                              | Burglar doors and windows available                                                    |                                                                             |     |    |         |          |
|                              | Designated smoking area / smoking restricted to certain sections / areas               |                                                                             |     |    |         |          |
|                              | There is emergency water supply in the facility                                        |                                                                             |     |    |         |          |
|                              | There is functional back-up electricity supply                                         |                                                                             |     |    |         |          |
|                              | The sewerage system is functional                                                      |                                                                             |     |    |         |          |
|                              | Building entrance (stairs, ramps, disability access)                                   |                                                                             |     |    |         |          |
|                              | Availability of rails if entrance has stairs/ramps (not applicable if surface is flat) |                                                                             |     |    |         |          |
| Additional Comments          |                                                                                        |                                                                             |     |    |         |          |
| 2. Leadership and Governance | Sub-Component                                                                          | Elements                                                                    | Yes | No | Partial | Comments |
|                              |                                                                                        | Facility has a valid registration as an NPO from DSD available              |     |    |         |          |
|                              |                                                                                        | Valid Licence in terms of Regulation 43 of MHC Act is available             |     |    |         |          |
|                              |                                                                                        | Facility has a valid occupancy certificate                                  |     |    |         |          |
|                              |                                                                                        | Facility has a certificate of acceptability for food handling               |     |    |         |          |
|                              |                                                                                        | Facility has a health certificate                                           |     |    |         |          |
|                              |                                                                                        | Monthly/quarterly facility reports on required indicators and outcomes      |     |    |         |          |
|                              |                                                                                        | Records of quarterly audit by designated provincial officials are available |     |    |         |          |
|                              |                                                                                        | Facility has appointed facility manager                                     |     |    |         |          |
|                              |                                                                                        | Availability of Board of directors (list of members) and designations       |     |    |         |          |
|                              |                                                                                        | Is the board active – records of meeting minutes                            |     |    |         |          |
|                              |                                                                                        | Staff complement available as per agreement                                 |     |    |         |          |
|                              |                                                                                        | Job description for each individual person is available on personal file    |     |    |         |          |
|                              |                                                                                        | Health professional staff are registered with the relevant statutory bodies |     |    |         |          |
|                              |                                                                                        | Incident reports are available                                              |     |    |         |          |
|                              |                                                                                        | Availability of relevant policies, guidelines and SOP's                     |     |    |         |          |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS**

|                                |                                                                                                                       |     |    |         |          |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----|----|---------|----------|
|                                | Complaints/compliments/suggestion boxes and procedures for the users and relatives are visibly placed in the facility |     |    |         |          |
|                                | There is a functional facility based telephone/cellular phone (at reception /managers office)                         |     |    |         |          |
| Additional comments            |                                                                                                                       |     |    |         |          |
| 3. Staff Identity & dress code | Prescribed dress code                                                                                                 |     |    |         |          |
|                                | All staff members comply with dress code                                                                              |     |    |         |          |
|                                | All staff members wear identification tag                                                                             |     |    |         |          |
| Additional Comments            |                                                                                                                       |     |    |         |          |
| 4. Staff Training              | Duty roster / schedule of staff                                                                                       |     |    |         |          |
|                                | Attendance registers for all staff available                                                                          |     |    |         |          |
|                                | Staff receive basic in-service training (records/ evidence )                                                          |     |    |         |          |
|                                | Personnel indicate they have received training on the use of medical equipment within their scope of practice         |     |    |         |          |
|                                | Personnel indicate they receive training on procedures in the event of death of MHCUs                                 |     |    |         |          |
|                                | Personnel indicate they have knowledge of the facility's disaster management plan & their roles                       |     |    |         |          |
|                                | Personnel have knowledge of dealing with disease outbreaks                                                            |     |    |         |          |
|                                | All personnel have received training in first aid                                                                     |     |    |         |          |
| Additional comments            |                                                                                                                       |     |    |         |          |
| Sub-Component                  | Elements                                                                                                              | Yes | No | Partial | Comments |
| 5. Records & Filing            | Records / Filing Room available                                                                                       |     |    |         |          |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR MENTAL HEALTH CARE USERS**

|                                                 |                                                                                                                         |  |  |  |  |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Room</b>                                     | There is a single record per user containing the following: personal details, original ID, family contact details, etc. |  |  |  |  |
|                                                 | Health records are kept, archived, disposed, stored and retrieved according to the applicable legislation               |  |  |  |  |
| <b>Additional comments</b>                      |                                                                                                                         |  |  |  |  |
| <b>6. Infection Prevention and Control(IPC)</b> | All relevant staff wear appropriate protective clothing                                                                 |  |  |  |  |
|                                                 | Pest control measures are in place                                                                                      |  |  |  |  |
|                                                 | Transmission precautions for communicable diseases is in place (cough, skin eruption / rash, etc...)                    |  |  |  |  |
|                                                 | Linen in use is clean                                                                                                   |  |  |  |  |
|                                                 | The linen is appropriately used for its intended purpose                                                                |  |  |  |  |
|                                                 | Waste is properly segregated                                                                                            |  |  |  |  |
|                                                 | Waste is stored in access-controlled rooms/area                                                                         |  |  |  |  |
|                                                 | Waste is disposed of in line with SOP                                                                                   |  |  |  |  |
|                                                 | Sharps are disposed of in impenetrable, tamperproof containers                                                          |  |  |  |  |
|                                                 | Cleaning material is available and stored appropriately                                                                 |  |  |  |  |
|                                                 | All service areas are clean                                                                                             |  |  |  |  |
| <b>Additional comments</b>                      |                                                                                                                         |  |  |  |  |
| <b>7. Rest Rooms-toilets</b>                    | Gender separated toilets                                                                                                |  |  |  |  |
|                                                 | Toilet space is according to SABS standards                                                                             |  |  |  |  |
|                                                 | Functional toilet seat with a lid                                                                                       |  |  |  |  |
|                                                 | All toilets are clean, intact and functional                                                                            |  |  |  |  |
|                                                 | Hand wash basin with cold and hot (must be thermostatically controlled) water                                           |  |  |  |  |
|                                                 | Soap and hand paper towels available                                                                                    |  |  |  |  |
|                                                 | Toilet paper and hand soap available                                                                                    |  |  |  |  |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS**

|                             |                                                                                                                            |            |           |                |                 |  |  |  |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------|-----------------|--|--|--|
|                             | Presence of / at least one toilet for persons with disabilities                                                            |            |           |                |                 |  |  |  |
| <b>Additional comments</b>  |                                                                                                                            |            |           |                |                 |  |  |  |
| <b>Sub-Component</b>        | <b>Elements</b>                                                                                                            | <b>Yes</b> | <b>No</b> | <b>Partial</b> | <b>Comments</b> |  |  |  |
| 8. Rest Rooms-<br>bathrooms | There is constant supply of clean running water                                                                            |            |           |                |                 |  |  |  |
|                             | Gender separated bathrooms                                                                                                 |            |           |                |                 |  |  |  |
|                             | Availability of a shower / bath                                                                                            |            |           |                |                 |  |  |  |
|                             | Carpets or wooden skirting in ablution rooms                                                                               |            |           |                |                 |  |  |  |
|                             | Availability of a shatterproof mirror in each bathroom                                                                     |            |           |                |                 |  |  |  |
| <b>Additional comments</b>  |                                                                                                                            |            |           |                |                 |  |  |  |
| 9. Food and Meals           | Menu approved by a Nutritionist / a dietician                                                                              |            |           |                |                 |  |  |  |
|                             | The menu for specific dietary needs, e.g. diabetic diet, hypertensive diet and etc. available ??? follow up with nutrition |            |           |                |                 |  |  |  |
|                             | Meals served three times per day and an evening snack                                                                      |            |           |                |                 |  |  |  |
|                             | Staff available to assist MHCUs during meal times                                                                          |            |           |                |                 |  |  |  |
|                             | Food prep area separate from dishwashing and garbage areas                                                                 |            |           |                |                 |  |  |  |
|                             | Food handlers / catering staff wear relevant protective clothing                                                           |            |           |                |                 |  |  |  |
|                             | Carpets or wooden skirting in the kitchen                                                                                  |            |           |                |                 |  |  |  |
|                             | Kitchen next to the dining hall, if further away presence of a food trolley                                                |            |           |                |                 |  |  |  |
|                             | Relevant appliances available:                                                                                             |            |           |                |                 |  |  |  |
|                             | A fridge                                                                                                                   |            |           |                |                 |  |  |  |
|                             | A stove                                                                                                                    |            |           |                |                 |  |  |  |
|                             | A kettle                                                                                                                   |            |           |                |                 |  |  |  |
| Cutlery and crockery        |                                                                                                                            |            |           |                |                 |  |  |  |
| A rubbish bin               |                                                                                                                            |            |           |                |                 |  |  |  |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS**

|                                  |                                                                                                                          |            |           |                |                 |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------|-----------------|
|                                  | A microwave oven                                                                                                         |            |           |                |                 |
|                                  | General dining room facility available                                                                                   |            |           |                |                 |
|                                  | Dining hall furniture available (table & chairs)                                                                         |            |           |                |                 |
| <b>Additional comments</b>       |                                                                                                                          |            |           |                |                 |
| <b>10. Rooms &amp; Corridors</b> | Corridors clean                                                                                                          |            |           |                |                 |
|                                  | Corridors have handrails along both sides                                                                                |            |           |                |                 |
|                                  | Ramps provided for in all accommodation and therapeutic areas                                                            |            |           |                |                 |
|                                  | Adequate lighting provided for at entrances and ramps                                                                    |            |           |                |                 |
| <b>Additional comments</b>       |                                                                                                                          |            |           |                |                 |
| <b>Sub-Component</b>             | <b>Elements</b>                                                                                                          | <b>Yes</b> | <b>No</b> | <b>Partial</b> | <b>Comments</b> |
| <b>11. Rooms &amp; Corridors</b> | Adequate lighting – must be provided in every room                                                                       |            |           |                |                 |
|                                  | Electrical-plumbing and mechanical fittings must be vandal-proof (all electricity wall sockets must be covered)          |            |           |                |                 |
|                                  | Rooms comply with minimum space requirements (reference R158 pg 56).                                                     |            |           |                |                 |
|                                  | Rooms – Temperature control mechanisms available - heater                                                                |            |           |                |                 |
|                                  | Rooms – Temperature control mechanisms available - fan/ air-conditioner                                                  |            |           |                |                 |
|                                  | Adequate ventilation is observed                                                                                         |            |           |                |                 |
|                                  | Floors of all rooms and corridors are of concrete finish to a smooth washable surface or covered with washable material. |            |           |                |                 |
| <b>Additional comments</b>       |                                                                                                                          |            |           |                |                 |
| <b>12. Bedrooms</b>              | Doors comply with SABS standards                                                                                         |            |           |                |                 |
|                                  | Room contain more than 12 beds                                                                                           |            |           |                |                 |
|                                  | Bed size – appropriate bed size and height                                                                               |            |           |                |                 |
|                                  | Each bed have a lockable bedside locker & a chair                                                                        |            |           |                |                 |

ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS

|                               |                                                                                                                          |     |    |         |          |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|----|---------|----------|
|                               | Each MHCU has individual closet                                                                                          |     |    |         |          |
| <b>Additional comments</b>    |                                                                                                                          |     |    |         |          |
| 13. Laundry Room              | Laundry has relevant equipment;                                                                                          |     |    |         |          |
|                               | A washing machine                                                                                                        |     |    |         |          |
|                               | A dryer                                                                                                                  |     |    |         |          |
|                               | Iron                                                                                                                     |     |    |         |          |
|                               | Iron board/surface                                                                                                       |     |    |         |          |
|                               | Carpet or wooden skirting in laundry room, cleaning utility room, soiled linen room                                      |     |    |         |          |
|                               | Separation of clean, dirty and soiled linen                                                                              |     |    |         |          |
| <b>Additional comments</b>    |                                                                                                                          |     |    |         |          |
| 14. Recreational Area         | Indoor recreational and leisure facilities available                                                                     |     |    |         |          |
|                               | Outdoor recreational and leisure facilities available                                                                    |     |    |         |          |
|                               | Family / visitors lounge with furniture (including reception area for the visitors) is available                         |     |    |         |          |
|                               | Communal lounge available with the following;                                                                            |     |    |         |          |
|                               | A television set                                                                                                         |     |    |         |          |
|                               | A DVD player                                                                                                             |     |    |         |          |
|                               | A music player                                                                                                           |     |    |         |          |
| <b>Additional comments</b>    |                                                                                                                          |     |    |         |          |
| Sub-Component                 | Elements                                                                                                                 | Yes | No | Partial | Comments |
| 15. Rehabilitation Programmes | Room with water and electricity available for execution of rehabilitation programme to accommodate total number of users |     |    |         |          |
|                               | Activity plan available                                                                                                  |     |    |         |          |

**ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS**

|                                                                     |                                                                   |  |  |  |
|---------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|
|                                                                     | Evidence of interventions available on user files                 |  |  |  |
|                                                                     | Tables and chairs adequate for number of users                    |  |  |  |
|                                                                     | Equipment and material available and stored appropriately         |  |  |  |
| <b>Additional comments</b>                                          |                                                                   |  |  |  |
| 16. Treatment Room                                                  | 90% of tracer medicines are available                             |  |  |  |
|                                                                     | Medicine expired                                                  |  |  |  |
|                                                                     | Expired medicine is disposed of according to prescribe procedures |  |  |  |
|                                                                     | Basic medical Equipment available:                                |  |  |  |
|                                                                     | Oxygen cylinder(fixed/portable)                                   |  |  |  |
|                                                                     | Blood pressure monitor                                            |  |  |  |
|                                                                     | Glucometer                                                        |  |  |  |
|                                                                     | Thermometer                                                       |  |  |  |
|                                                                     | Examination couch is available                                    |  |  |  |
|                                                                     | Dressing trolley available                                        |  |  |  |
|                                                                     | Emergency trolley is available ???                                |  |  |  |
|                                                                     | Treatment room allows for plugging of equipment,                  |  |  |  |
| Basic surgical supplies (consumables) are available                 |                                                                   |  |  |  |
| Position of uninterrupted power supply is inaccessible for patients |                                                                   |  |  |  |
| Availability of First Aid Kit/Box                                   |                                                                   |  |  |  |
| <b>Additional Comments</b>                                          |                                                                   |  |  |  |
| 17. Reproductive and Preventive health care service                 | MHCU have access to contraceptives or family planning services    |  |  |  |
|                                                                     | MHCU have access to flu vaccines as per protocol                  |  |  |  |
|                                                                     | MHCU have access to Post Exposure Prophylaxis (PreP)              |  |  |  |
| <b>Additional Comments</b>                                          |                                                                   |  |  |  |

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|                                      |                                                                                                                                                                                                                |            |           |                |                 |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------|-----------------|
| <b>18. Disaster Preparedness</b>     | Fire fighting equipment is available                                                                                                                                                                           |            |           |                |                 |
|                                      | Records of mock fire drills with users and staff                                                                                                                                                               |            |           |                |                 |
|                                      | Emergency evacuation procedure is practiced annually                                                                                                                                                           |            |           |                |                 |
|                                      | Smoke detection - detector should be linked to the reception                                                                                                                                                   |            |           |                |                 |
|                                      | Emergency exits clearly marked                                                                                                                                                                                 |            |           |                |                 |
| <b>Additional comments</b>           |                                                                                                                                                                                                                |            |           |                |                 |
| <b>19. Records &amp; Filing Room</b> | Records / Filing Room available                                                                                                                                                                                |            |           |                |                 |
|                                      | There is a single record per user containing the following: personal details, original ID, family contact details etc.                                                                                         |            |           |                |                 |
| <b>Additional comments</b>           |                                                                                                                                                                                                                |            |           |                |                 |
| <b>Sub-Component</b>                 | <b>Elements</b>                                                                                                                                                                                                | <b>Yes</b> | <b>No</b> | <b>Partial</b> | <b>Comments</b> |
| <b>20. Records &amp; Filing Room</b> | Health records are kept, archived, disposed, stored and retrieved according to the applicable legislation                                                                                                      |            |           |                |                 |
| <b>Additional comments</b>           |                                                                                                                                                                                                                |            |           |                |                 |
| <b>21. Referral system</b>           | There is up to date SOP for referral, transportation of MHCUs and emergency.                                                                                                                                   |            |           |                |                 |
|                                      | Copy of referral form used by the facility includes user's details, reason for referral or transfer, users health status, current medication, details of receiving official and name of receiving institution. |            |           |                |                 |
|                                      | Personnel know how & when to call for an emergency user transport                                                                                                                                              |            |           |                |                 |
|                                      | Contact details for emergencies should be visible                                                                                                                                                              |            |           |                |                 |
| <b>Additional comments</b>           |                                                                                                                                                                                                                |            |           |                |                 |

ASSESSMENT TOOL FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR  
MENTAL HEALTH CARE USERS

GENERAL COMMENTS

COMPLETED BY PROVINCIAL DEPARTMENT

NAME:

DESIGNATION:

SIGNATURE

DATE:

COMPLETED BY FACILITY REPRESENTATIVE

NAME:

DESIGNATION:

SIGNATURE

DATE: