

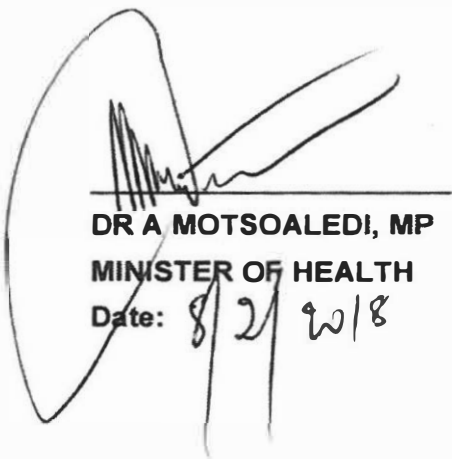
## DEPARTMENT OF HEALTH

NO. 218

16 MARCH 2018

**NATIONAL HEALTH CARE ACT, 2003****POLICY GUIDELINES FOR THE LICENSING OF  
RESIDENTIAL AND/OR DAY CARE FACILITIES FOR  
PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND  
INTELLECTUAL DISABILITY**

I, Dr Aaron Motsoaledi, Minister of Health, in terms of section 85 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) and section 3 of the National Health Act, 2003 (Act No 61 of 2003), after consultation with the National Health Council, determined the Policy in the Schedule.



**DR A MOTSOALEDI, MP**  
**MINISTER OF HEALTH**  
Date: 8/2/2018

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## DEFINITIONS

In these Policy Guidelines any word or expression to which a meaning has been assigned in the Mental Health Care Act, 2002 (Act No. 17 of 2002), as well as the National Mental Health Policy Framework and Strategic Plan 2013-2020 shall have the meaning so assigned and, unless the context otherwise indicates-

**"applicant"** means a person or organisation that is applying for a licence to provide a mental health service or operate a day care and or residential facility to 5 or more persons with mental illness and/or severe or profound intellectual disability;

**"care"** means the holistic provision for physical, psychological and material support to a mental health care user;

**"day care facility"** includes home-based care, protected workshops and support groups and means a facility that offers services, day time activities and social contact for an individual mental health care user and groups of mental health care users for treatment, rehabilitation, prevention and promotion activities, including such a facility that offers those activities and contact for users with severe and profound intellectual disability;

**"group home"** is a residential care facility and means a home based in the community with a staff complement who provide support with semi-independent living, or supported accommodation, to mentally ill adults and assist them to integrate into the community, as well as vocational groups for individuals who are not able to work in a protective environment;

**"half-way house"** is a residential care facility and means a residence for mental health care users who had either been cared for in their communities, or had been formerly treated in a psychiatric hospital or in a care and rehabilitation centre;

**"home-based care"** refers to services offered at the homes of the mental health care users, providing psychosocial support in the areas of living, learning, socialization and working;

**"facility"** means a building or structure which is ordinarily used in the course of providing services;

**"HOD"** means the Head of the relevant Provincial Department of Health;

**"license"** means a license granted in terms of the Mental Health Care Act, 2002 (Act No. 17 of 2002) and its General Regulations;

**"manager"** means the person who is the head of health establishment responsible for the day-to-day management of the relevant day care and or residential facility;

**"mental health care user"** as defined by the Act;

**"persons with disabilities"** includes persons who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder those persons from fully and effectively participating in society on an equal basis with others persons;

**"proprietor"** means an applicant to whom a licence has been granted;

**"protective workshop"** means to provide a protective 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 and or severe or profound intellectually disabled persons who cannot be integrated in the open labour market;

**"residential care facility"** includes group homes, halfway houses, supported independent/assisted living facilities and means a facility that offers accommodation, housing or support in homes or facilities to persons with mental illness or severe or profound intellectual disability, and includes board and care homes;

**"support groups"** means a group that meets in a day care facility to provide regular ongoing support for mental health care users, through which they are enabled to increase their functioning so that they can be successful and satisfied with living;

**“supported independent/assisted living”** means 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; and

**“the Act”** means the Mental Health Care Act, 2002 (Act No. 17 of 2002).

## **1. INTRODUCTION**

1.1 The Act promotes the provision of community based care, treatment and rehabilitation services. It also obliges persons who provide care, treatment and rehabilitation services to provide such services in a manner that facilitates community care of mental health care users.

1.2 The General Regulations to the Act published in Government Gazette No. 27117, Notice No. R1467 of 15 December 2004 further defines which organisations should be licensed, how it should be done and the conditions attached to it.

1.3 These Policy Guidelines serve to outline:-

- (a) the process and procedures for license application;
- (b) criteria for evaluation of licensing applications;
- (c) the minimum norms and standards that must be adhered to by residential and day care facilities for people with mental and/or intellectual disabilities and;
- (d) provide the tools to be used in assessing and reporting on the compliance outcomes.

## **2. CONTEXT**

2.1 Mental health care users require access to community based mental health services to ensure their recovery and/or attainment of their life goals and potential.

- 2.2 The development of community based mental health residential and day care services and facilities are promoted by the Act, as well as the National Mental Health Policy Framework and Strategic Plan 2013-2020. The development of these services and/or facilities contribute to the successful re-integration of mental health care users into their respective communities and minimises stigma associated with mental illness.
- 2.3 Residential and day care services and/or facilities for persons with mental illness, or intellectual disability have been predominantly provided by non-governmental organisations. These organisations are in the main registered by the National Department of Social Development, licensed by the Provincial Department of Health and funded by either the Provincial Departments of Health and Social Development, and at times by both.
- 2.4 In terms of the General Regulations, any service which is not a designated psychiatric hospital or care and rehabilitation centre, but which provides residential or day care facilities for 5 people or more with mental disorders, must-
- (a) obtain a license from the provincial department concerned to operate; and
  - (b) be subjected to at least an annual audit by designated officials of the provincial department concerned.

### **3. PURPOSE OF GUIDELINES**

The purpose of these Policy Guidelines is to provide a framework for the licensing of residential and day care facilities for persons with mental illness and for persons with severe or profound intellectual disabilities.

### **4. APPLICATION OF GUIDELINES**

- 4.1 These Policy Guidelines apply to every residential care and day care facility which provides care, treatment and rehabilitation for five or more persons with mental illness and or severe and profound intellectual disabilities and which is not a designated psychiatric hospital or care and rehabilitation centre.

- 4.2 Types of residential facilities referred to in paragraph 4.1 include group homes, halfway houses, supported independent living facilities, while types of day care facilities, include home-based care, protected workshops and support groups.

## 5. LEGISLATIVE FRAMEWORK

The following legal prescripts have been used in the formulation of these Guidelines, namely:-

- (a) The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);
- (b) The National Mental Health Policy Framework and Strategic Plan, 2013 - 2020;
- (c) United Nations Convention on the Rights of persons with Disabilities;
- (d) The Mental Health Care Act, 2002 (Act No. 17 of 2002), and its Regulations;
- (e) Infrastructure Unit Support Systems (IUSS): health facility guides for mental health, 2014. Government notice No. 512, Published in Government Gazette No. 37790 of 30 June 2014;
- (f) National Health Act, 2003 (Act No. 61 of 2003);
- (g) National Core Standards for Health Establishments in South Africa; National Department of Health, 2011;
- (h) Not-for-Profit Organisation Act, 1997 (Act No. 71 of 1997);
- (i) Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);
- (j) Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (k) Medicine and Related Substances Act, 1965 (Act No. 101 of 1965);
- (l) Nursing Act, 2005 (Act No. 33 of 2005);
- (m) Pharmacy Act, 1974 (Act No. 53 of 1974);
- (n) Children's Act, 2005 (Act No. 38 of 2005);
- (i) National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977).

## **6. GUIDING PRINCIPLES**

- 6.1 Facilities and services providing mental health care, treatment and rehabilitation should ensure the protection of the basic human rights of mental health care users.
- 6.2 Mental health care users should receive care, treatment and rehabilitation in environments which are safe, therapeutic and less restrictive.
- 6.3 The care, treatment and rehabilitation programmes provided in these facilities or services, must promote the physical, spiritual, emotional and social well being of mental health care users.
- 6.4 A multi-disciplinary approach must be followed to provide care, treatment and rehabilitation programmes.
- 6.5 Psycho-social rehabilitation programs must be sensitive to culture and must be evidence based.
- 6.6 There must be collaboration with stakeholders that have a role in the provision of community-based mental health care services including the non- governmental organization, Departments of Labour, Social Development, Basic Education, Human Settlements and Local Government.
- 6.7 Facilities and services must aim at improving social competence by enhancing individuals' social skills, psychological and occupational functioning.
- 6.8 The programmes and services should be planned with mental health care users as far as possible.
- 6.9 The environment where residential and day care services are provided should be accessible and equitable to all regardless of geographical location, economic status, race, gender or social condition, and mental health care services should have parity with general health services.



- 6.10 All organisations who provide residential and day care services to mental health care users should be accountable for the delivery of appropriate, effective and efficient interventions.
- 6.11 Residential and day care services should be offered in the context of the community environment and should provide capacity building and support to communities.
- 6.12 Residential and day care services should offer a wide range of services and programmes that are specific to each mental health care users' developmental and therapeutic needs.
- 6.13 Residential and day care services should be holistic, intersectoral and delivered or supported by a multi-disciplinary team.
- 6.14 Residential and day care facilities should meet all infrastructure requirements as set by the South African Bureau of Standards, municipal by-laws, relevant legislation and policies.

## **7. LICENSING AND DESIGNATION**

- 7.1 Anyone who wishes to operate a residential and/or day care facility which provides care, treatment and rehabilitation for five or more persons with mental illness and/or severe or profound intellectual disability should obtain a licence from the HOD.
- 7.2 Facilities and services under the auspices of the State which provide care, treatment and rehabilitation to persons with mental illness and/or severe or profound intellectual disabilities should be designated by the relevant HOD in terms of the Act.

## **8. APPLICATION PROCEDURE**

8.1 Any person who intends to operate a residential care facility and/or day care facility should apply to the HOD using the Application Form for Licensing of Residential and Day Care Facilities (Annexure A).

8.2 The completed Application Form (Annexure A) must be accompanied by certified copies of the following:-

- (a) Registration documents as a legal person in terms of the South African law or as an NPO/NGO;
- (b) A service level agreement between the applicant and the District Manager regarding clinical support services, medicines, medical supplies and any other support that the health district will provide;
- (c) A valid zoning or re-zoning certificate issued by the local municipality;
- (d) Certificate of occupation certifying that the building meets all building regulation requirements issued by the municipality;
- (e) A valid Certificate of acceptability issued by Environmental Health Services in terms of the Foodstuffs, Cosmetics and Disinfected Act 1972, (Act No. 54 of 1972);
- (f) A valid health certificate issued by Environmental Health Services in terms of the National Environmental Health Norms and Standards;
- (g) A health care risk waste management contract;
- (h) A certificate of compliance in terms of the electrical requirements including the backup generator installation;
- (i) Clearance certificate for water supply if not reticulated;
- (j) In the case of a building still to be erected or converted, written proof that the building plans have been approved by the local authority;
- (k) An approved activity or psychosocial rehabilitation programme;
- (l) A maintenance plan for the facility;
- (m) Clinical protocols for care, treatment and rehabilitation;
- (n) Standard operating procedures/policy for the management of risks of infectious diseases including the reporting of notifiable diseases;
- (o) Proposed staff establishment for the facility;

- (p) Copy of Business Plan with costing for proposed activities;
- (q) Proof of ownership of property or lease agreement;
- (r) Bank Account Details and three months' bank statement; and
- (s) Valid tax clearance certificate.

## **9. HANDLING OF APPLICATIONS**

9.1 Upon receipt of an application for a licence, the Provincial Department of Health concerned must inform the applicant in writing if the application for a license has been granted or refused.

9.2 The relevant HOD must establish an Adjudication Panel that consists of but not limited to -

- (a) a medical practitioner (psychiatrist or medical officer);
- (b) a psychiatric nurse;
- (c) an occupational therapist;
- (d) a clinical psychologist;
- (e) a social worker;
- (f) a dietician, nutritionist or food service officer;
- (g) a legal practitioner;
- (h) an environmental health practitioner;
- (i) a financial officer; and
- (j) a licensing administrator.

## **10. GRANTING OR REFUSAL OF LICENSE**

10.1 The HOD must on recommendation of the Adjudication Panel, issue or refuse to issue a licence to the applicant.

10.2 The HOD must, if he or she refuses to issue a license to an applicant, provide reasons for the refusal in writing and must advise the applicant of his or her right to appeal the decision to the Member of the Executive Council for health in the relevant province.

- 10.3 Before the HOD grants or refuses a license, an Inspection Team in the District must conduct a physical inspection of the relevant residential care facility or day care facility and record the outcome in terms of Norms and Standards for Licencing of Residential and Day Care Facilities (Annexure B).
- 10.4 Inspection Teams must be established by the District Manager of the Health District in which the facility or service is located and should comprise of (but not limited to) a psychiatric nurse, a medical practitioner/psychiatrist, occupational therapist, social worker, dietician, environmental health practitioner and other relevant officials, as required.
- 10.5 The license issued must specify:
- (a) the physical and postal address for the facility for which the license has been issued.
  - (b) the duration of the license which may not exceed 12 months.
  - (c) the number of users to be accommodated.
  - (d) the diagnostic categories, legal classification, age-group and gender of users to be accommodated.
  - (e) that the license is not transferrable to any other facilities.
  - (f) the type of service and level of care as specified in Annexure C.

## **11. APPEAL PROCEDURE**

- 11.1 An applicant whose application has been declined or a proprietor whose licence has been cancelled by the HOD may lodge an appeal with the Member of Executive Council for health of the relevant province within 14 calendar days after receipt of the notice from HOD.
- 11.2 The Member of Executive Council concerned must within 30 days of receipt of the Appeal from the applicant, uphold or dismiss the application.

## **12. CANCELLATION OF LICENSE**

12.1 The license of a facility or service may be cancelled if:

- (a) The infrastructure is a health and safety hazard to users, staff and the public.
- (b) The facility contravenes the relevant provincial or national policies on licensing of facilities.
- (c) The facility or service is not maintained in accordance with the Norms and Standards for Licensing of Residential and Day Care Facilities (Annexure B).
- (d) There is a breach of the conditions on which the license was issued.
- (e) The license holder has been declared by a court of law to be unfit as a person to operate the facility or service.

12.2 If the license of the facility or service is cancelled/revoked based on the above, the facility or service must cease to operate within the time-frame which will be specified by the HOD, to allow for the transfer of users to other facilities.

## **13. RENEWAL OF LICENSE**

13.1 The license may be renewed subject to the outcome of the annual audit by the Provincial Department of Health.

13.2 Renewals are only to be considered upon the availability of all audit reports and compliance reports to recommendations.

## **14. COMPLIANCE AND MONITORING**

14.1 Inspection/monitoring Teams in the Districts shall conduct quarterly inspections/monitoring of facilities to monitor compliance to prescripts and record the outcome in terms of the Assessment Tool and Compliance Report for Residential and Day Care Facilities (Annexure D).

14.2 The Provincial Departments will conduct annual audits of these facilities and record the outcome in the Assessment Tool and Compliance Report for Residential and Day Care Facilities (Annexure D).

14.3 Recommendations for the renewal of a license should be considered upon the availability of an audit report, the Assessment Tool and compliance report.

## **15 RIGHTS OF MENTAL HEALTH CARE USERS**

15.1 The rights to equality, non-discrimination, dignity, respect, privacy, autonomy, information and participation should be upheld in the provision of mental health care, treatment and rehabilitation.

15.2 The rights to education, health care services, sufficient food, water and social security should be upheld.

15.3 The proprietor and manager of a residential or day care facility in question, and any health care practitioner and service provider rendering services at any such facility or service, must obtain informed consent for admission and treatment from a voluntary mental health care user.

15.4 The proprietor, manager, health care practitioner and service provider must ensure that a mental health care user incapable of making an informed decision (assisted or involuntary mental health care user) is only admitted for care, treatment and rehabilitation as approved by the responsible Mental Health Review Board in terms of sections 27 and 33 of the Act.

15.5 The proprietor, manager, health care practitioner and service provider must ensure that all the rights of a mental health care user under the Act are respected and upheld in accordance with the requirements of the Act.

15.6 The proprietor and manager of the relevant residential facility or day care facility must ensure that mental health care users at the facility and their families are provided with adequate information -

- (a) about the health care services available at that facility; and
- (b) about accessing the services in accordance with the Norms and Standards Regulations Applicable to Different Categories of Health Establishments.

15.7 The proprietor and manager must ensure that the mental health care users concerned -

- (a) are attended to in a manner which is consistent with the nature and severity of their health condition as prescribed in the Norms and Standard Regulations Applicable to Different Categories of Health Establishments; and
- (b) have appropriate access to medical and other health care services.

## **16. FACILITIES AND INFRASTRUCTURE NORMS AND STANDARDS**

16.1 There must be a constant supply of running water and proper sanitation that meet environmental health standards.

16.2 The residential facility or day care facility should have a water reservoir with water to last for at least three days.

16.3 The facility must comply with National Building Regulations, contained in Government Notice R2378 published in *Government Gazette* No 12780 of 12 October 1990, with regards to ventilation and lighting.

16.4 The residential care facility or day care facility must have proper sanitation that complies with the environmental health standard.

16.5 The residential care facility or day care facility must have secure perimeter wall or fence to ensure safety and security.

16.6 Access to the facility must be security controlled.

- 16.7 The layout and design of the residential care facility must provide for sleeping areas, residential caretaker sleeping area, ablution, rehabilitation and recreation room, dining room, family visits room, medical procedures room, food storage/pantry, cooking area/kitchen, laundry, refuse storage area, storeroom, reception and administrative office.
- 16.8 The rooms should be well ventilated with lighting fittings.
- 16.9 Access to the facility must be non-discriminatory and be determined by priority of need alone.
- 16.10 Structural fittings should allow for access for people with physical disabilities.
- 16.11 Must protect users harming themselves/others or property.
- 16.12 The layout and design must allow for easy supervision and observation.
- 16.13 The layout and design should provide enough space for mobility to freely move within the facility.
- 16.14 The building must be maintained in a condition that fosters safety and meets all infrastructure standards in terms of the National Building Regulations, National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977) and the Health Infrastructure Norms and Standards Guidelines published in Gazette No. 38776 by notice No. R.414 of 08 May 2015.
- 16.15 The facility must provide for the privacy of mental health care users.
- 16.16 Electrical fittings should be in accordance with the provisions of the Health Infrastructure Norms and Standards Guidelines published in Gazette No. 38776 by notice No. R.414 of 08 May 2015.



16.17 Fire precautionary measures and management procedures should be in accordance with the National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977).

16.18 Toilets, bathrooms and showers should provide privacy and safety.

16.19 All areas must be clean, safe and reflect as much as possible the preferences of the users living in there.

16.20 Separate accommodation must be provided for children and adults, if housed in the same facility, and provide for gender separation in sleeping and ablution areas.

16.21 The facility must have a functional telephone (landline or facility-based cellular phone).

## **17. CLINICAL GOVERNANCE AND CLINICAL CARE**

17.1 The proprietor/manager must create and maintain a system of health records of the mental health care users concerned in accordance with the requirements of the National Health Act, 2003 (Act No. 61 of 2003).

17.2 The records must include the following information in respect of a mental health care user:

- (a) Biographical data of the user;
- (b) Identification document of the user;
- (c) Contact information of the user and his or her next of kin;
- (d) Information relating to examination and health care interventions of the user; and
- (e) Periodic reviews and reports in accordance with the Act.

17.3 In the event that a user is discharged from the facility, the manager must issue a discharge report to mental health care users in accordance with the Act.

- 17.4 The proprietor and manager may not disclose any information which a mental health care user at the facility is entitled to keep confidential in terms of any law except if it is in accordance with the Act, the National Health Act, 2003 (Act No. 61 of 2003), and the Protection of Personal Information Act, 2013 (Act No. 4 of 2013).
- 17.5 The proprietor/manager must compile daily statistics and submit a report containing those statistics to the relevant provincial department of Health on a monthly basis.
- 17.6 The proprietor/manager must report abscondments, deaths, notifiable diseases and adverse events in accordance with applicable legislation.
- 17.7 The proprietor/manager must establish and maintain clinical assessment and treatment services management systems, facilities, structures and operational procedures that give effect to appropriate medical, psychiatric, nursing, psychological and occupational therapy management, as per acceptable clinical practice, as well as to national and provincial policies and guidelines regarding standard treatment guidelines and essential medications appropriate for the level of service.
- 17.8 The proprietor/manager must ensure that the clinical management of a mental health care user's condition, whether in a maintenance, acute or emergency care phase, occurs in terms of the user's capacity of making informed decisions about his or her mental health care as prescribed in the Act.
- 17.9 The proprietor/manager must establish and maintain any other system, structure and procedure to manage clinical risk as prescribed in the Norms and Standards Regulations Applicable to Different Categories of Health Establishments.
- 17.10 The proprietor/manager must maintain an environment which minimizes the risk of disease outbreaks and the transmission of infection to mental health care users, health care personnel and visitors.

17.11 The Facility must manage waste as prescribed in the Environmental Health Norms and Standards.

17.12 The facility must manage deaths in accordance with the Birth and Deaths Registration Act, 1992, (Act No. 51 of 1992).

17.13 Mental health care users who are on psychotropic drugs and other medications for co-morbid conditions should be monitored for side-effects.

17.14 Only appropriately trained and licensed staff members are allowed to administer medication.

17.15 Where the User is incapable of managing their medication, all medicines are stored according to package instructions in a lockable cupboard and keys are kept by a responsible person.

17.16 The facility should have appropriate rehabilitation, stimulation, skills development and recreational programmes for the users.

## **18. CLINICAL SUPPORT SERVICES**

18.1 The proprietor and manager must comply with the provisions of the Pharmacy Act, 1974 (Act No. 53 of 1974).

18.2 The proprietor and manager must ensure that-

- (a) medication is prescribed, dispensed and reviewed by a skilled and authorised professional and monitored in a manner consistent with provincial resources and guidelines;
- (b) mental health care users are carefully monitored to prevent, and respond promptly to, any adverse effects of medication;
- (c) services do not unreasonably withdraw support or deny access to other treatment or support programmes on the basis of a voluntary user's informed decision not to take medication; and

- (d) all medical equipment is available and functional in compliance with relevant legislation.
- (e) medical equipments meets the minimum requirements for the appropriate level of care

## **19. GOVERNANCE AND HUMAN RESOURCES**

### **19.1 The proprietor/manager must ensure that -**

- (a) all health professionals rendering services at the relevant residential facility or day care facility have valid proof of their registration with the relevant statutory body;
- (b) all staff members are screened against the National Register for Sex Offenders contemplated in section 42(2) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007);
- (c) the health practitioner that prescribe medication at the relevant residential facility or day care facility has a valid prescribing license;
- (d) the professional staff keep up to date with prescribed continued professional development as well as receiving relevant in-service training; and
- (e) there is a governance structure.

**19.2** The proprietor and manager must keep all relevant documents and records relating to the running of the relevant residential facility or day care facility.

**19.3** The numbers and skill mix of staff should ensure that mental health care users are appropriately treated and cared for at all times.

**19.4** The role and responsibilities of staff members are well-documented and staff is aware of the expectations, and are capable of executing the workload.

**19.5** All staff members should be trained in risk management and understand when to refer clients for expert guidance in the context of multi-professional team.

- 19.6 The staff should have basic training on how to observe and manage difficult or challenging behaviour of and among mental health care users.
- 19.7 Staff induction and ongoing training should make reference to professional regulation and accountability.
- 19.8 Staff must be trained in the use of medical equipment within their scope of practice.
- 19.10 The facility must have written policies and systems, which must include, but not limited to:
- (a) management of complaints and abuses.
  - (b) policy on all aspects of sexual activity (children, adults and staff).
  - (c) infection control.
  - (d) occupational health and safety.
  - (e) quality assurance.
  - (f) visitation.
  - (g) access to communication within means of resources.
  - (h) control of firearms, dangerous weapons and illegal substances.
  - (i) medical management of chronic and acute medical and psychiatric conditions.
  - (j) management of users' assets.
  - (k) smoking policy.
  - (l) fees and tariffs policy.
  - (m) management of disruptive and dangerous behaviour.
  - (n) management of protective measures.
  - (o) management of medicines and medical supplies.



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**health**

Department:  
Health  
**REPUBLIC OF SOUTH AFRICA**

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**APPLICATION FORM FOR LICENSING OF RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY**

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**health**

Department:  
Health  
**REPUBLIC OF SOUTH AFRICA**

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**NORMS AND STANDARDS FOR LICENSING OF RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY**

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# health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

## NORMS AND STANDARDS FOR LICENSING OF RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY

### 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).			
	Community Residential Care	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. The infrastructure standards for residential facilities remain the same, but will be adapted according to the number			



FUNCTIONAL AREA	NORM	STANDARD	YES	NO	COMMENT
		of users, the type of service and the needs of the users.			
	Half-way House	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 the readjustment and gradual reintegration into community life.			
	Group home	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.			
	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.			

FUNCTIONAL AREA	NORM	STANDARD	YES	NO	COMMENT
	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	<p><b>ALL BUILDINGS MUST BE SINGLE STOREY</b></p> <p><b>Bedrooms:</b></p> <ul style="list-style-type: none"> <li>- 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).</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- 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 the General Principles of Universal Design Policy (2005).</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- Maximum of 4 beds per room.</li> </ul> <p>Floor area not less than 7,5m<sup>2</sup> per bed or according to minimum Local Government By- Laws requirement</p> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>			

FUNCTIONAL AREA	NORM	STANDARD	YES	NO	COMMENT
		<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 designed to fit 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 exits accessible for wheelchairs and other mobility devices.</li> </ul>			
		<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>			
<b>Physical environment to be determined by the type of service to be delivered</b>	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>			
	Staff rest rooms and toilets	<ul style="list-style-type: none"> <li>• Lockers for all staff</li> </ul>			
		<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>			
		<ul style="list-style-type: none"> <li>• Lock-up facility for all medication and scheduled drugs with separate areas for medicines and bandages.</li> </ul>			
	Passages/ Steps/ Staircase/ Ramps	<ul style="list-style-type: none"> <li>• Outside passages covered for protection against elements</li> </ul>			
		<ul style="list-style-type: none"> <li>• Corridors a least 1,8m wide and ideally provided with hand railing along the length of at least one wall.</li> </ul>			
		<ul style="list-style-type: none"> <li>• All corridors and ramps must have a non-slip floor surface and adequately lit and fitted with effective hand rails.</li> </ul>			
		<ul style="list-style-type: none"> <li>• All steps must not be higher than 130mm or narrower than 355mm.</li> </ul>			

Bathrooms	<ul style="list-style-type: none"> <li>Bathroom facilities must be provided in the ratio of one [1] bath or shower to at least every ten [10] residents.</li> </ul>			
	<ul style="list-style-type: none"> <li>Constant supply of thermostatically controlled hot and cold water to all baths and showers.</li> </ul>			
	<ul style="list-style-type: none"> <li>Back up supply of water available and functional</li> </ul>			
	<ul style="list-style-type: none"> <li>Bath positioned in such a way that users have adequate access and effective handgrips installed.</li> </ul>			
	<ul style="list-style-type: none"> <li>Emergency bells or communication systems to be in place.</li> </ul>			
	<ul style="list-style-type: none"> <li>At least one [1] hand wash basin with constant thermostatically controlled hot and cold water supply must be provided in each bathroom complex.</li> </ul>			
	<ul style="list-style-type: none"> <li>Walls and ceiling of the bathroom complex must be painted with light colored durable, washable paint.</li> </ul>			
	<ul style="list-style-type: none"> <li>Floors must be covered with a non-slip, non- shining surface.</li> </ul>			
Hand wash basins	<ul style="list-style-type: none"> <li>A towel rail adjacent to the washbasin must be provided in every hand washing area. Rims of the basin must be 830mm above floor level.</li> </ul>			
	<ul style="list-style-type: none"> <li>Towel rails positioned in such a way that it is not mistaken as a grab rail</li> </ul>			
	<ul style="list-style-type: none"> <li>Grab rails installed adjacent to hand wash basins</li> </ul>			
	<ul style="list-style-type: none"> <li>Constant supply of thermostatically controlled hot and cold water must be supplied to all washbasins.</li> </ul>			

Toilets	<ul style="list-style-type: none"> <li>• One [1] toilet for at least every ten [10] residents of each gender.</li> </ul>			
	<ul style="list-style-type: none"> <li>• A floor area of not less than 2,9m<sup>2</sup>, a minimum width of 1,6m and a door with a width not less than 800mm.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Space between door and toilet.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Height of the toilet pans may not be less than 460mm and more than 480mm from the floor.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Effective support rails must be provided in the toilets</li> </ul>			
	<ul style="list-style-type: none"> <li>• A urinal must be provided in the toilet complex where a facility is developed to be used by more than one male resident.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Toilet roll holder must be placed in easy reach of the user of the toilet – the roll holder may not be placed towards the back of the person sitting in the toilet</li> </ul>			
	<ul style="list-style-type: none"> <li>• Non-shining flooring and easy to clean</li> </ul>			
	<ul style="list-style-type: none"> <li>• Painted in a light colored durable and washable paint</li> </ul>			
	<ul style="list-style-type: none"> <li>• Toilet areas must be well ventilated</li> </ul>			
Toilets for visitors	<p><b>Community residential facilities must have:</b></p> <ul style="list-style-type: none"> <li>• Separate toilet facilities for male and female visitors.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Hand wash basin supplied with constant hot and cold water.</li> </ul>			

Sluice rooms	<b>Sluice rooms in residential and frail care facilities must :</b>			
	• Have a minimum floor area of 15m <sup>2</sup> and a minimum width of 5m <sup>2</sup>			
	• Be well ventilated.			
	• Be equipped with impervious shelves			
	• Provide with a constant supply of hot and cold water			
	• Be equipped with a combination slop hopper sink with a wash facility for bedpans / urinals.			
	• Equipped with an impervious receptacle of adequate capacity with a close-fitting lid for soiled dressings to be removed by recognized medical waste service provider.			
	• Reasonably accessible from bedrooms for people with disabilities.			
	• Equipped with a hand wash basin for staff hand washing			
	• Wall area behind slop hopper sink and hand wash basin must be supplied with a back splash plate or area must be tiled.			
	• Be painted in a washable, durable light coloured paint			
• Floors must be washable				
• Storage space for cleaning materials				
Laundry and ironing room	<b>The laundry and ironing room in residential facilities must have:</b>			
	• Well-ventilated laundry area			

		<ul style="list-style-type: none"> <li>• Accessible and adequately equipped for washing and ironing</li> </ul>			
		<ul style="list-style-type: none"> <li>• Laundry and ironing room must be accessible and adequately equipped for washing and ironing</li> </ul>			
		<ul style="list-style-type: none"> <li>• Shelving must be of an impervious material</li> </ul>			
		<ul style="list-style-type: none"> <li>• Walls must be painted with durable, washable and light colored paint.</li> </ul>			
		<ul style="list-style-type: none"> <li>• If the laundry is an outside contractor, it must be approved laundry by a registered service provider.</li> </ul>			
		<ul style="list-style-type: none"> <li>• There must be a separate storage area with slated 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> </ul>			
		<ul style="list-style-type: none"> <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 90m<sup>2</sup></li> </ul>			
		<ul style="list-style-type: none"> <li>• Washing-up area separate from the food preparation area.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Hand wash basin for staff hand washing.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Separate food preparation basin</li> </ul>			
		<ul style="list-style-type: none"> <li>• Separate pot wash basin</li> </ul>			
		<ul style="list-style-type: none"> <li>• Adequate and constant hot and cold water to all basins.</li> </ul>			



		<ul style="list-style-type: none"> <li>• Impervious, easy to clean work surfaces in all areas.</li> <li>• A safe source of power for cooking purposes.</li> <li>• A suitable means for the effective extraction of heat fumes and gases.</li> <li>• Smooth and even washable wall surfaces.</li> <li>• A facility to maintain perishable food at a temperature below 10°C.</li> <li>• Sufficient suitable storage space for crockery, cutlery and kitchen utensils.</li> <li>• Fire blanket available in the kitchen</li> </ul>			
	Dining hall	<p><b>A dining area must have:</b></p> <ul style="list-style-type: none"> <li>• A minimum floor area of 1,5m<sup>2</sup> per resident with adequate passages and aisles in the dining area according to the Local Government By-Laws.</li> <li>• Approved, suitable and safe artificial heating system in the dining areas.</li> <li>• Non-slip, non-shining floors.</li> <li>• Well-ventilated area</li> </ul>			
	Recreation Area / Lounges	<ul style="list-style-type: none"> <li>• The floor area of not less than 1,5m<sup>2</sup> per resident as per the Local Government By-Laws.</li> <li>• This area must be designed and situated in such a way that it can also be used for occupational therapy</li> </ul>			
	Storage facilities	<ul style="list-style-type: none"> <li>• There must be adequate storage facilities for linen, furniture, suitcases, cleaning detergents, medicines and any harmful substances</li> </ul>			

	Administration Office	<ul style="list-style-type: none"> <li>The facility must have suitable, furnished administrative offices on the premises.</li> </ul>			
	Proper and adequate ventilation/heating/cooling/lighting	<ul style="list-style-type: none"> <li>The office must have proper and adequate ventilation/heating/cooling and lighting</li> <li>Must have adequate cross ventilation</li> <li>Must have proper lighting, not glazing</li> <li>Safe heating and cooling system in the rooms and the dining areas. (heating system position in such a way not to jeopardize the safety of the resident and not damaging any of the structures of the building).</li> </ul>			
	Secure and safe environment	<p><b>Secure and safe environment must have the following:</b></p> <ul style="list-style-type: none"> <li>Security in accordance with local conditions</li> <li>Windows and doors must be adequately protected or guarded to ensure the safety of residents.</li> <li>Emergency exits and routes practical and clearly identified and visible at night.</li> <li>Controlled access to facility</li> <li>Support railings on one side of corridors</li> <li>Non-slip and non-shining flooring surfaces</li> <li>All carpets suitably and safely secured to the floor</li> <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>			
	Therapeutic environment	<ul style="list-style-type: none"> <li>• Programmes for prevention of injuries and infections</li> </ul>			
		<ul style="list-style-type: none"> <li>• Access to an area to undertake private discussions and interviews.</li> </ul>			
	Functional, sufficient furniture and equipment	<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> <li>• Furniture and equipment for staff requirements</li> <li>• There must be staff rest rooms</li> <li>• Appropriate first aid emergency equipment</li> </ul>			
		<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	<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> </ul>			

		<ul style="list-style-type: none"> <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> <li>• Standardized Admission Policy and Procedure</li> <li>• Standardized Admission Form</li> </ul>			
<b>Capacity building</b>	Support for caregivers including family	The facilities must provide awareness/outreach programmes			
	Volunteer programmes	<b>Volunteer programmes must:</b> <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	<b>Residential care must include:</b> <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> </ul>			

		<ul style="list-style-type: none"> <li>• Users must be appropriately dressed, presentable and clean</li> </ul>			
	FOR RENEWALS	<ul style="list-style-type: none"> <li>• physical and mental well being of users</li> </ul>			
	Daily activities	<p><b>Supported and residential facilities must ensure optimal mobility of residents during the day which must include:</b></p> <ul style="list-style-type: none"> <li>• Socialization through social and functional activities</li> </ul>			
		<ul style="list-style-type: none"> <li>• Residents should be out of bed during the active hours (where possible).</li> </ul>			
		<ul style="list-style-type: none"> <li>• Daily activities will include stimulation, recreation, leisure and ADL, pre-vocational and life skills training</li> </ul>			
		<ul style="list-style-type: none"> <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> </ul>			
		<ul style="list-style-type: none"> <li>• Affordable accommodation by means of rates concessions</li> </ul>			
		<ul style="list-style-type: none"> <li>• Cultural sensitive environment</li> </ul>			
		<ul style="list-style-type: none"> <li>• Programmes to support their families and spouse/partners to provide care and support</li> </ul>			
		<ul style="list-style-type: none"> <li>• Accessibility of community care and support services</li> </ul>			
		<ul style="list-style-type: none"> <li>• Community re-integration</li> </ul>			

		programmes			
<b>Information on access to health and social welfare services</b>	Provision of affordable, accessible and appropriate health and social welfare services	<b>Supported living/residential facilities must have:</b>			
		<ul style="list-style-type: none"> <li>• access to primary health care services affordable curative care, i.e. hospitals and day hospitals</li> </ul>			
		<ul style="list-style-type: none"> <li>• accessibility to social welfare services</li> </ul>			
<b>Information on access to transport</b>	Access to transport	<b>supported living/residential facilities must:</b>			
		<ul style="list-style-type: none"> <li>• Promote the accessibility of public transport</li> </ul>			
		<ul style="list-style-type: none"> <li>• Lobbying for friendly and safe transport system/programmes</li> </ul>			
<b>Support to caregivers</b>	Support to caregivers	<b>Supported living/residential facilities must have:</b>			
		<ul style="list-style-type: none"> <li>• Programmes to train, develop and support caregivers</li> </ul>			
		<ul style="list-style-type: none"> <li>• Information and referral systems to support caregivers</li> </ul>			
<b>Provision of assistive devices</b>	Access to assistive devices	<b>Supported living/residential facilities must have:</b>			
		<ul style="list-style-type: none"> <li>• Information on access to lending depots</li> </ul>			
		<ul style="list-style-type: none"> <li>• Information on access to available assistive devices</li> </ul>			
		<ul style="list-style-type: none"> <li>• Information on maintenance of</li> </ul>			

		<p><b>Assistive devices</b></p> <ul style="list-style-type: none"> <li>• Training programmes in the correct use of assistive devices</li> <li>• Directory / data bank of lending depots</li> <li>• Link with the local health (district) office that provides and repairs devices</li> </ul>			
<b>Provision of food</b>	Provision of hygienic food and serving facilities	<p><b>Supported living/residential facilities must have:</b></p> <ul style="list-style-type: none"> <li>• Suitable premises and facilities for the preparation and storage of foodstuffs</li> </ul>			
		<ul style="list-style-type: none"> <li>• Sufficient and appropriate crockery and cutlery</li> </ul>			
		<ul style="list-style-type: none"> <li>• Eating facilities to be clean and free of offensive smells</li> </ul>			
		<ul style="list-style-type: none"> <li>• Separate hand wash basin / bowl for staff with hot and cold water, soap and disposable hand towels</li> </ul>			
		<ul style="list-style-type: none"> <li>• Adequate functional storage of raw and prepared foods</li> </ul>			
		<ul style="list-style-type: none"> <li>• Adequate appropriate cold room and freezer for food storage at 10 degrees or less</li> </ul>			
		<ul style="list-style-type: none"> <li>• Separate facilities for the storage of cleaning materials and refuse</li> </ul>			
			Provision of nutritional food	<p><b>Supported living/residential facilities must:</b></p> <ul style="list-style-type: none"> <li>• Have an approved menu / dietary menu addressing all dietary needs of residents</li> </ul>	



		<ul style="list-style-type: none"> <li>• 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</li> </ul>			
		<ul style="list-style-type: none"> <li>• A pre-planned cycle of varied and balanced meals</li> </ul>			
		<ul style="list-style-type: none"> <li>• Special diets in accordance with medical needs of the residents</li> </ul>			
		<ul style="list-style-type: none"> <li>• Accommodation of cultural and religious preferences where feasible.</li> </ul>			

#### CLINICAL GOVERNANCE AND CLINICAL CARE

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> </ul>			
		<ul style="list-style-type: none"> <li>• development plans for users in assisting in the management of the facility</li> </ul>			
		<ul style="list-style-type: none"> <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> </ul>			

		<ul style="list-style-type: none"> <li>• Registration certificates of the facilities must be displayed.</li> </ul>			
		<ul style="list-style-type: none"> <li>• There must be training programs to ensure working knowledge</li> </ul>			
		<ul style="list-style-type: none"> <li>• All professionals working in residential facilities must be registered with their applicable registration bodies</li> </ul>			
	Protection and promotion of the rights of people with disabilities	<p><b>Rights of people with disabilities must be protected through the following:</b></p> <ul style="list-style-type: none"> <li>• Keeping of all legislative registers in terms of all relevant local, regional and, international obligations which SA signatory to</li> <li>• Complete MHCA documents</li> </ul> <p>For example ( Complaints register, restraints register, convicted person register, medication Registers, Code of Conduct of Caregivers)</p>			
		<p><b>Contracts between the service provider/organization and the HOD to ensure that the services are provided should include the following:</b></p> <ul style="list-style-type: none"> <li>• Date of occupation</li> </ul>			
		<ul style="list-style-type: none"> <li>• Type of accommodation</li> </ul>			
		<ul style="list-style-type: none"> <li>• Services to be provided which include boarding &amp; lodging which includes at least three nutritionally balanced meals per day taking into account health status of the resident</li> </ul>			
		<ul style="list-style-type: none"> <li>• Specific clinical indicators identified</li> </ul>			
		<ul style="list-style-type: none"> <li>• Nursing and ensuring medical attention</li> </ul>			
		<ul style="list-style-type: none"> <li>• Bed &amp; bath linen</li> </ul>			
		<ul style="list-style-type: none"> <li>• Laundry services</li> </ul>			

		<ul style="list-style-type: none"> <li>• Cleaning services</li> <li>• Security services</li> <li>• Payment of services rendered</li> <li>• Details of user's assets, liabilities, income &amp; expenditure</li> <li>• the fee and tariff structure</li> <li>• mandatory facility inspection by provincial or district health teams to monitor compliance to contract, legislation, indicators and business plan</li> <li>• Financial details of the users must be made available to management board on request</li> <li>• Rules regulating the running of the assisted/residential and frail care facilities</li> <li>• Procedure during termination of the agreement including the responsibility of the user and his/her family</li> <li>• Procedure when a user dies</li> <li>• Confidentiality</li> <li>• Cost of damage to assets of the facility by a user.</li> </ul>			
Financial management	Accountability management	of	<p><b>Supported living/residential and day care facilities must have:</b></p> <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> </ul>		

		<ul style="list-style-type: none"> <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> <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> <li>Monthly minutes of operational meetings/communication with staff</li> <li>Annual report and financial statements to department.</li> </ul>			
Asset management	Utilization and management of assets	<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> <li>• Job description to be kept in each staff member's file</li> <li>• Contract of employment which includes of the rights of people with disabilities</li> <li>• Personal file of each staff member kept</li> <li>• Staff records e.g. leave / sick leave, family responsibility leave up to date</li> <li>• Training programmes for staff implemented</li> <li>• Induction program in place</li> <li>• Evaluation program in place</li> <li>• Grievance procedure available</li> <li>• Disciplinary code available</li> </ul>			
	Staffing model for all facilities	<p><b>The staff component in supported living/residential facilities must have is to be determined by the service provider regarding the services to be rendered.</b></p> <p>The following category staff is required for a 30 bed facility</p> <ul style="list-style-type: none"> <li>• 1 Manager</li> <li>• 1 Administrative Assistant(s) residents</li> <li>• 1 PN, 2 ENA</li> <li>• Sessional OT/SW/PT</li> <li>• 1:10 Caregivers for psychiatric disabilities</li> <li>• 1:5 caregivers for severe to profound ID</li> </ul>			

		<ul style="list-style-type: none"> <li>• 1 Household supervisor</li> <li>• 5 General workers (laundry, kitchen/cleaner)</li> <li>• 1 Cook(s)</li> <li>• 1 Handyman/driver/gardener</li> </ul>			
<b>Rights and Responsibilities of</b>	People with disabilities are treated with dignity and respect	<b>Supported/residential and day care facilities must have:</b>			
		<ul style="list-style-type: none"> <li>• Declaration on the Rights of persons with disabilities signed, explained and displayed</li> <li>• Programmes must promote and maintain the status of MHCU</li> </ul>			
	Protection against abuse, neglect, ill-treatment and exploitation	<b>Supported/residential and day care facilities must have:</b>			
		<ul style="list-style-type: none"> <li>• Register on abuse - MHCA 02 to be completed</li> <li>• Procedure for management of abuse, neglect, ill-treatment and exploitation to be adhered to</li> <li>• Train staff and implement the protocol on abuse of MHCU</li> <li>• Training programmes for caregivers</li> <li>• Training programmes for survivors to deal effectively with abuse (survivors empowerment program)</li> <li>• Personal safety and security awareness programmes</li> <li>• Recipients / family adhere to the spirit and letter of the admission contract</li> <li>• Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service / residents</li> <li>• Recipients and / or their family remain</li> </ul>			

		active and self-reliant as far as possible			
		<ul style="list-style-type: none"> <li>• Recipients/family freely participate in all programmes</li> </ul>			
		<ul style="list-style-type: none"> <li>• Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> </ul>			
<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> </ul>			
		<ul style="list-style-type: none"> <li>• Demographic profiles of the community in which the facilities are located</li> </ul>			
		<ul style="list-style-type: none"> <li>• Situational analysis of the community in which the facilities are located.</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> </ul>			
		<ul style="list-style-type: none"> <li>• Provide appropriate deployment and utilization of staff, including adequate supervision from trained professionals</li> </ul>			
		<ul style="list-style-type: none"> <li>• Provide appropriate staffing and scheduling to ensure the effective and efficient management of care and support programs</li> </ul>			

		<ul style="list-style-type: none"> <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> <li>• Provide effective quality assurance program and policy in</li> <li>• Implement assessment programmes to determine any possible risk factors that need to be taken in consideration when developing individual care plans</li> <li>• Set goals for care plans for all residents</li> <li>• Implement individual development plans</li> </ul>			
<b>Individualised development plan</b>	Individual development plan	<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> </ul>			



		<ul style="list-style-type: none"> <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>			
		<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> </ul>			
		<ul style="list-style-type: none"> <li>• A care plan to be updated in conjunction with regular assessments and identification of lifestyle risks</li> </ul>			
		<ul style="list-style-type: none"> <li>• Relevant records and documentation in accordance with legislative requirement.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Reality Orientation Programs</li> </ul>			
		<ul style="list-style-type: none"> <li>• Regular programmes appropriate for the needs and limitations for the persons being cared for.</li> </ul>			
		<ul style="list-style-type: none"> <li>• safekeeping of users records</li> </ul>			
<b>Provision of specialized services</b>	Specific care and support programmes	<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> </ul>			

		<ul style="list-style-type: none"> <li>• Medication management, administration and regular review.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Prevention of pressure sores, including mobilization, turning, pressure care.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Access to immunization according to recommended guidelines.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Safety needs</li> </ul>			
		<ul style="list-style-type: none"> <li>• Stimulation programmes</li> </ul>			
		<ul style="list-style-type: none"> <li>• Rehabilitation services and a programme</li> </ul>			
		<ul style="list-style-type: none"> <li>• Physiotherapy and occupational services where applicable.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Palliative care (respect and dignity of the terminally ill residents in the facilities)</li> </ul>			
		<ul style="list-style-type: none"> <li>• Protocol in place when transferring older persons with disabilities to a facility for frail care services</li> </ul>			
			Rehabilitation services	<ul style="list-style-type: none"> <li>• Provision of assistive devices</li> <li>• Physiotherapy and occupational therapy services</li> </ul>	
<b>Sports and recreation</b>	Sport and recreational activities	<ul style="list-style-type: none"> <li>• Regular programmes appropriate for the needs and limitations for the persons being cared for.</li> </ul>			
		<ul style="list-style-type: none"> <li>• All persons to be out of bed at least twice a day and appropriately dressed.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Participation in organized activities, including but not limited to reading, radio and TV, religious and cultural activities</li> </ul>			
<b>Health and safety</b>	Cleaning services	<ul style="list-style-type: none"> <li>• Program for normal and deep cleaning to be in place</li> </ul>			

		<ul style="list-style-type: none"> <li>All contracted service providers to be registered with the Department as a service provider</li> </ul>			
		<ul style="list-style-type: none"> <li>Cleaning schedule for the cleaning of all areas of the facility must be in place</li> </ul>			
		<ul style="list-style-type: none"> <li>Adhere to applicable regulations, Policies and Procedures regarding Infection Control.</li> </ul>			
		<ul style="list-style-type: none"> <li>Policies and Procedures regarding infection control to be in place and available to all staff</li> </ul>			
	Infection Control	<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>			
<b>Emergency services</b>	Emergency services	<p><b>Supported living/residential and day care facilities for people with disabilities must have:</b></p> <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>			
		<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>			



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**TYPES OF SERVICES AND LEVELS OF CARE FOR RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY**

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**TYPES OF SERVICES AND LEVELS OF CARE FOR RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY**

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.

<b>100% or 24 hour care</b>	<b>Partial assistance</b>	<b>Independent</b>
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	Trained Caregivers, 1 Cleaners 1 Admin/ Manager 1 Driver/ maintenance 1 cook/kitchen aid Access support services MDT in districts 1 trained caregiver :5 users 1 PN	Trained Caregivers, 1Cleaner 1 Admin/ Manager 1 Driver/ maintenance 1 Cook/kitchen aid Access support services MDT in districts 1 trained caregiver:5 users 1 PN	Trained Caregivers, 1 Cleaners, 1 Admin/ Manager 1 Driver/maintenance 1 Cook/kitchen aid Access support services MDT in districts 1 trained caregiver:10 users 1 PN
Training	All caregivers trained in first aid, management of difficult behaviour, handling of medication and side effects, feeding and positioning. Ongoing training to be provided on clinical and administrative	All caregivers trained in first aid, management of difficult behaviour, handling of medication and side effects, feeding and positioning. Ongoing training to be provided	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. Ongoing training to be provided
Infrastructure	Access control Accessible facilities Facilities in residential home:	Access control Accessible facilities Facilities in residential home: Special	Access control Accessible facilities Facilities in residential home: Special

	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
	<b>Room</b>	<b>Quantity</b>	<b>Description</b>
<b>Facility infrastructure requirements</b>	Reception and administration space	1	Desk, telephone, administrative shelves
	User toilets		Gender separated
	Hand basins		1
Single storey	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 Care dependency grant - % towards fees Costing model to be developed	Subsidised income Disability grant - % towards fees Costing model to be developed	Subsidised income Disability grant - % towards fees 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 - access to emergency medical services - adherence to norms and standards	- administration of medication with accurate recordkeeping - access to emergency medical services - adherence to norms and standards	- administration of medication with accurate recordkeeping - access to emergency medical services - 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
		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	Lockable space for kitchen and household waste
Large household store	1	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.

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, 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 illness 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 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.</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.</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>Treatment room with minimum of 10m<sup>2</sup></p> <p>Separate storage space for linen,</p>	<p>Maximum of 36 beds per unit , not more than 6 patients per room</p> <p>Facilities built in accordance to SABS standards.</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.</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>Treatment room with minimum of 10m<sup>2</sup></p> <p>Separate storage space for linen,</p>	<p>Maximum of 36 beds per unit , not more than 6 patients per room</p> <p>Facilities built in accordance to SABS standards.</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.</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>Treatment room with minimum of 10m<sup>2</sup></p> <p>Separate storage space for linen,</p>

	<p>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>-separation between children and adults (eating, sleeping, bathing)</p> <p>Direct vision of all beds from</p>	<p>pharrnaceuticals, 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, heaters, door locks and hot water supply</p> <p>A play area adjacent or visible,</p>	<p>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, heaters, door locks and hot water supply</p> <p>A play area adjacent or visible,</p>
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	<p>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>and easily accessible from workstation</p> <p>1 Electrical socket outlet for every 3 beds</p>	<p>and easily accessible from workstation</p> <p>1 Electrical socket outlet for every 3 beds</p>
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**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.**





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**ASSESSMENT AND COMPLIANCE REPORT FOR RESIDENTIAL AND DAY CARE FACILITIES PROVIDING  
CARE, TREATMENT AND REHABILITATION SERVICES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR  
PROFOUND INTELLECTUAL DISABILITY**

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**ASSESSMENT AND COMPLIANCE REPORT FOR RESIDENTIAL AND/OR DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES  
FOR  
PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY**

198 No. 41498

GOVERNMENT GAZETTE, 16 MARCH 2018

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

ASSESSMENT AND COMPLIANCE REPORT FOR RESIDENTIAL AND/OR DAY CARE FACILITIES PROVIDING CARE, TREATMENT AND REHABILITATION SERVICES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY					
Sub-Component	Elements	Yes	No	Partial	Comments
<b>1. Signage &amp; Notices</b>	<b>Exterior Environment</b>				
	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					

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	The facility's premises clean (e.g. free from dirt & litter)				
	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)				
<b>Additional Comments</b>					
<b>Sub-Component</b>	<b>Elements</b>	<b>Yes</b>	<b>No</b>	<b>Partial</b>	<b>Comments</b>
<b>2. Leadership and Governance</b>	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 compliment 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					

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	Incident reports are available				
	Availability of relevant policies, guidelines and SOP's				
	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)				
<b>Additional comments</b>					
<b>3. Staff Identity &amp; dress code</b>	Prescribed dress code				
	All staff members comply with dress code				
	All staff members wear identification tag				
<b>Additional Comments</b>					
<b>4. Staff Training</b>	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				
<b>Additional comments</b>					

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Sub-Component	Elements	Yes	No	Partial	Comments
<b>5. 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.				
	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 off 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				

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	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				
	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- 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				
	Meals served three times per day and an evening snack				
	Staff available to assist MHCUs during meal times				
	Food preparation 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:				

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	A fridge				
	A stove				
	A kettle				
	Cutlery and crockery				
	A rubbish bin				
	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				
	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.				

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<b>Additional comments</b>					
12. Bedrooms	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				
	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				



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Additional comments						
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					
	Evidence of interventions available on user files					
	Tables and chairs adequate for number of users					
	Equipment and material available and stored appropriately					
Additional comments						
16. Treatment Room	90% of tracer medicines are available					
	Medicine expired					
	Expired medicine is disposed off 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						

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Additional Comments						
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)					
Additional Comments						
18. Disaster Preparedness	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					
Additional comments						
19. Records & Filing Room	Records / Filing Room available					
	There is a single record per user containing the following: personal details, original ID, family contact details etc.					
Additional comments						
Sub-Component	Elements	Yes	No	Partial	Comments	
20. Records & Filing Room	Health records are kept, archived, disposed, stored and retrieved according to the applicable legislation					
Additional comments						
21. Referral system	There is up to date SOP for referral, transportation of MHCUs and emergency.					

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	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>					

**COMPLETED BY PROVINCIAL DEPARTMENT**

<b><u>FINDINGS</u></b>	<b><u>Compliant</u></b>	<b><u>Non-compliant</u></b>
<b><u>1. Rights of Mental Health Care Users</u></b>		
<b><u>2. Facilities and Infrastructure</u></b>		
<b><u>3. Clinical governance and clinical care</u></b>		
<b><u>4. Clinical support services</u></b>		
<b><u>5. Governance and Human resource</u></b>		

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**Recommendations for remedial actions if non-compliant**

**1.**

**2.**

**3.**

**4.**

**5.**

**NAME:**

**DESIGNATION:**

**SIGNATURE**

**DATE:**

**COMPLETED BY FACILITY REPRESENTATIVE**

**NAME:**

**DESIGNATION:**

**SIGNATURE**

**DATE:**