Department of Health
Lefapha la Maphelo
Departement van
Gesondheid
Umnyango wezeMpilo

MENTAL HEALTH NPO FACILITY

AUDIT REPORT

DATE OF AUDIT:					
NAME OF FACILITY:					
PHYSICAL ADDRESS					
POSTAL ADDRESS					
TEL NO:					
FAX NO:					
FACILITY MANAGER					
TYPE OF REGISTRATION	NPO	SECT 21	TRUST	OTHER	
TYPE OF FACILITY	DAY CARE				
	RESIDENTIAL		HOSTEL		
			BOARDING HOUSE		
			INDEPENDENT LIVING		
			OTHER		
NUMBER OF USERS FACILITY IS LICENSED FOR	DAY CARE		Intellectual		
			Psychiatric		
	RESIDENTIAL		Intellectual		
			Psychiatric		
NUMBER OF USERS FACILITY IS FUNDED FOR	DAY CARE		Intellectual		
			Psychiatric		
	RESIDENTIAL		Intellectual		
			Psychiatric		
NUMBER OF USERS ON FACILITY		MALES	FEMALES	TOTAL	
INTELLECTUALLY DISABLED	0-2 yrs				
	3-17 yrs				
	18+ yrs				
PSYCHIATRICALLY DISABLED	>18 yrs				
NUMBER OF VACANCIES AT FACILITY		MALES	FEMALES	TOTAL	
INTELLECTUALLY DISABLED	0-2 yrs				
	3-17 yrs				
	18+ yrs				
PSYCHIATRICALLY DISABLED	>18 yrs				
MANAGEMENT COMMITTEE	YES	NO	COMMENTS		
Names and histories available					
Schedule of meetings available					
Minutes & attendance register					
Existing licence seen					
PERSONNEL	FILLED	VACANT	COMMENTS		
Nursing: Prof. nurse					
Nursing: Other categories					
Care workers					
Housekeepers					
MDT: Medical officer/Psychiatrist					

Psychosocial team			
STAFF DEVELOPMENT	**YES**	**NO**	**COMMENTS**
Training on 69 day course			
Facility in-service training			
Other training			
ADMINISTRATION OF CARE	**YES**	**NO**	**COMMENTS**
Manuals/procedures available			
Mental Health Care Act displayed			
Users rights available/displayed			
Contact details of Review Boards displayed			
Medication according to Legislation			
Emergency equipment/procedures			
Record-keeping (in general, across disciplines)			
Periodic reviews- MHCAct			
Resource lists for referral of users*			
Job descriptions for all staff			
CARE OF USERS	**GOOD**	**POOR**	**COMMENTS**
Physical (incl. cleanliness, nutrition, linen, etc)			
Rehabilitation programmes (incl. OT)			
Psycho-education			
Health education			
Psychosocial aspect of care			
Recreation programmes			
PHYSICAL ENVIRONMENT**	**GOOD**	**POOR**	**COMMENTS**
Dormitories			
Dining area			
Stimulation area			
Recreation area			
ABLUTION FACILITIES: Toilets			
Bathing/showering			
Wash hand basins			
WATER SUPPLY: Hot			
Cold			
COOKING/DINING FACILITIES			
Cleanliness			
Equipment			
Cold storage facilities			
Protective clothing			
WASTE DISPOSAL: Sewerage			
Refuse			
SAFETY FEATURES: Security			
Safeguards against hazards			
Fire protection			
VENTILATION			
STAFF/ADMIN. AREAS			
MAINTENANCE (internal/external)			

Resource lists for referral of users *- designated and72 hr facilities in the area, psych. clinics in the area*

*****Space,cleanliness and equipment***

In view of the attached reports, the following recommendation is made: That the license be:	
UNCONDITIONALLY GRANTED	
CONDITIONALLY GRANTED	
UNCONDITIONALLY RENEWED	
CONDITIONALLY RENEWED	
REJECTED	

If UNCONDITIONALLY GRANTED / RENEWED state

NUMBER AND CATEGORY OF USERS THAT THE FACILITY BE LICENSED FOR	DAY CARE	Intellectual	
		Psychiatric	
	RESIDENTIAL	Intellectual	
		Psychiatric	

If conditional, state condition/s in detail (e.g. subject to move to new premises), together with applicable return date (e.g. June):

CONDITION	RETURN DATE

If rejected, state reason/s in detail:

REPORTS COMPILED BY:

	NAME	RANK		DATE
NURSING				
SOCIAL WORKER				
E.H.O.				
OT				
OTHER				

DISTRICT HEALTH SERVICES, REGION: A B C *(circle appropriate letter)*

Gauteng Mental Health Directorate

RECOMMENDATION	ACCEPTED	NOT ACCEPTED

Comments

If not accepted, state reasons in full:

NAME	POSITION	SIGNATURE	DATE