

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

MONDAY, 11 JULY 2022

### COMMITTEE REPORTS

**1. Report of the Standing Committee on Social Development on its oversight visit to the Awendrus Old Age Home in Worcester on 7 June 2022.**

The Standing Committee on Social Development having conducted an oversight visit to the Awendrus Old Age Home in Worcester on 7 June 2022, reports as follows:

#### **The delegation**

The delegation included the following Members:

#### **Democratic Alliance**

Plato, D (Chairperson)  
Kaizer-Philander, WF  
Mackenzie, RD

#### **African National Congress**

Bakubaku-Vos, NG (ANC)

#### **AL JAMA-AH**

Brinkhuis, K

#### **Additional Member**

Windvogel, R (ANC)

#### **1. Background**

The Standing Committee on Social Development conducted an oversight visit to the Awendrus Old Age Home in Worcester on Tuesday, 7 June 2022, as part of its oversight function.

The visit to the Awendrus Old Age Home followed a complaint received by the Committee in 2021, regarding the allegations of mismanagement at the Awendrus Old Age Home. The Committee also resolved to visit the NGO to assess the programmes offered and the safety protocols that were in place at the Old Age Home. Furthermore, the Committee visited the Old Age Home to inspect how it was affected by the COVID-19 pandemic and to assess the quality of services offered to the elderly persons in Worcester and the surrounding areas post the pandemic.

## **2. Salient points that emanated from the visit to the Awendrus Old Age Home**

Mr. Grey, the Director for Finance, Ms. Sauls, the Director for Residence, Mr. Petersen, the Executive Director, Mr. Philander, the Health and Safety Chairperson and Ms. Van Wyk, the Clerk, welcomed the Committee and proceeded to brief the Committee on the services and safety protocols of the old age home. Mr. Grey reported that the Awendrus Old Age Home was a residential facility for older persons catering for clients around Worcester and the surrounding areas. It was reported that the Awendrus Old Age Home was registered as a Non-Profit Organisation and in 2018, the facility transitioned from being an NPO to registering as a Non-Profit Company (NPC). He reported that the capacity for the old age home was 102, and there were 94 old age persons during the visit of which 45 persons were reported to be suffering from dementia.

The Committee was informed that the old age home received a monthly grant of R360 000 from the Department of Social Development. The funding paid for staff salaries and electricity. It was reported that the clients paid 90% of their government pension grant to the Home as a contribution towards their boarding and lodging.

The Awendrus Old Age Home had 58 staff members that consists of one Sister, four Nurses, one Staff Nurse, 20 Carers for day and night shifts, and other general workers. It was reported that the Doctor visits the facility every Thursday. The old age home had one male nurse for the day shift and there was no male nurse for the night shift. This was highlighted as a challenge. It was reported that the shortage of male nurses at the Awendrus Old Age Home made it difficult for the female nurses to carry the male patients. Some of the challenges that were highlighted at the facility include lack of lifting equipment for sick clients, budget constraints, inadequate security within the home, and staff shortage, especially male nurses. The Committee was informed that there were cameras and alarm system within the facility that are used as a safety measure in the absence of the security personnel.

The Committee was informed that there had been reported cases of injury on duty at the facility. The mandate of the Old Age Home was to care for the older persons, however, it was reported that the Department of Social Development dropped paraplegic clients temporarily at the Awendrus Old Age Home which has become a permanent arrangement. The Department has accepted people who are less than 60 years old and this has become a challenge for the female nurses to lift the paraplegic clients. The facility does not have lifting equipment. It was also reported that three of the clients in the facility did not have Identity Documents and were not getting the social grants.

It was reported that there were elderly persons within the facility who were not receiving visitors as their families have neglected them. However, the majority of the family members were involved and did visit their elderly family members regularly.

The facility has managed to build partnerships with stakeholders such as Dischem, the Department of Correctional Services, Boland Collage, the Western Cape Government

Nursing College, and the South African Police Service from Worcester Police Station. The Committee was informed that Dischem sponsored the older persons with goody bags, the Department of Correctional Services visited the facility twice a year and pampered the elderly persons, and the Boland College and the Nursing College sent their nursing students to the Home for the nursing internship programme. The facility indicated that it appreciates these partnerships immensely as they contribute to the care of elderly persons within the facility.

### **3. Input from the trade union representatives**

The Committee gave an opportunity to Mr. Horn and Mr. Abdul from LAWU Trade Union in Worcester to raise their grievances. Mr. Abdul indicated that he was the General Secretary for the LAWU Trade Union in Worcester. He informed the Committee that they started interacting with the management of the facility in 2021 due to the problems raised by their members who are working for the Awendrus Old Age Home. He highlighted the following as their major problems with the facility:

#### **3.1 The management of the Awendrus Old Age Home**

Mr. Abdul alleged that the facility was mismanaged. He reported that the facility was registered as an NPO and was changed to an NPC, he indicated that this change was illegal because an NPO cannot be changed to an NPC. According to Mr. Abdul, they engaged the Department of Social Development on this matter and the forensic investigation by the Department was underway. The Union needed clarity on the legal process of this change.

The Union reported that the administration of the Awendrus Old Age Home was a problem. The Union indicated that it has been alleged that the older persons at the Awendrus Old Age Home were not getting the necessary care such as healthy food, toiletries, etc.

#### **3.3 The appointment of the Board Members for the Old Age Home**

The union alleged that the appointment of board members at the Awendrus Old Age Home was a problematic because relevant stakeholders and the members of the community were not involved.

#### **3.4 Poor relationship between the Union and the management of the Awendrus Old Age Home**

The union alleged that the employer or the organisation refused the union the right to represent their members that are working at the Awendrus Old Age Home. It was reported that the management of the old age home refused to cooperate with the union and community members.

Mr. Petersen, the Executive Director at the Awendrus Old Age Home indicated that the union was not welcomed within the premises of the NGO due to a strained relationship between the management of the old age home and the union representatives.

The Chairperson, encouraged cooperation between the union, management of the Awendrus Old Age Home and the community at large. He emphasised that their partnership was vital to benefit the older persons at the Awendrus Old Age Home. He encouraged the union, board members, and management of the facility to meet and found each other and take the old age home forward.

Mr. Horn, a union representative indicated that as a union if the management of the facility allows them to engage and discuss matters, they can make a difference at the Awendrus Old Age Home, unfortunately, the management of the Home was not willing to engage them. He further recommended that workers at the Home need to be trained in Occupational Health and Safety, the training will assist the facility to handle the injury on duty cases better. Mr. Horn stressed that the union does not want to fight with the management but rather work with them.

The Committee conducted a walkabout of the facility. The Members noticed that the home was clean, and the most of the older persons were seating in the sun as the building was cold inside.

#### **4. Recommendation**

The Committee recommended that the old age home should come up with ways or activities to keep elderly persons busy during the day.

#### **5. Resolution**

The Committee resolved to schedule an oversight visit to another old age home in Elsies Rivier.

#### **6. Information requested**

The Committee requested that the LAWU union representatives should submit their grievances to the Committee in writing including the details of the alleged investigation by the Department of Social Development on or before Thursday, 30 June 2022.

The Committee successfully concluded its visit.

## **2. Report of the Standing Committee on Health on its oversight visit to health facilities in Kraaifontein on 6 May 2022.**

The Standing Committee on Health having conducted oversight visits to health facilities in Kraaifontein on 6 May 2022, reports as follows:

### **The delegation**

The delegation included the following Members:

#### **Democratic Alliance**

Kaizer-Philander, WF (Chairperson)

Plato, D

#### **African National Congress**

Windvogel, R

#### **Economic Freedom Fighters**

Xego, M

### **3. Background**

The Standing Committee on Health conducted oversight visits to the Kraaifontein Day Hospital, Scottsdene Clinic, and Wallacedene Clinic in Kraaifontein on Friday 6 May 2022.

The purpose of the visits were to assess how the health facilities offered the full package of health services to various communities in Kraaifontein after the decrease in the COVID-19 cases in the province. In addition, the Committee visited the facilities to assess the high service pressure in Kraaifontein. Members also conducted a site visit of the facilities and posed questions. The health officials answered all questions posed during the visit.

### **2. Salient points that emanated from the visit to the Kraaifontein Day Hospital**

Mr. Tutu, Facility Manager, for the Kraaifontein Day Hospital welcomed the Committee. He informed the Committee that the Hospital operated from 7am to 4pm on weekdays and the trauma unit operated 24 hours a day.

The hospital provided health services to 700 patients a day and to a total of 14000 patients a month. The waiting time for patients at the Hospital was approximately three hours. The hospital provided a full package of health services such as Mother and Child Health, Chronic Diseases Care, Women's Health, HIV and TB Care, Men's Health, Mental Health, Acute Services, and abortion.

During the site visit of the facility, the Committee noticed long queues inside and next to the gate at the entrance of the hospital. The Committee was informed that the area next to the gate was used as a holding area due to inadequate space. It was reported that space was a challenge at the Hospital, the holding area next to the gate did not have a shelter, which was a challenge during the winter season. The Committee was informed that in September 2022, the hospital would be refurbished, however, there were no extensions planned.

Mr. Tutu reported that the 24-hour trauma unit was busy, especially on weekends. There were high numbers of cases of stab wounds and gunshots. The staff complement for the trauma unit consisted of three doctors and five nurses per shift.

Mental health cases were reported to be on the rise at the Kraaifontein Day Hospital. Mr. Tutu reported that drug use was the main challenge and the cause of high mental health cases in Kraaifontein and the surrounding areas.

The antenatal section was reported to be very busy. Bloekombos and Wallacedene Clinics refer patients to Kraaifontein Day Hospital. It was reported that there were two Clinical Nurse Practitioners within the antenatal section and the third one resigned and her position was vacant.

During the site visit of the facility, the Committee noted an E-local Display for the chronic medication. It was reported that E-local Display was one of the innovations by the Department of Health to fast-track the dispatch of chronic medication. Members of the public who were on chronic medication collected their six-month prescription from the E-local without queuing. The E-local Display is opened and locked with pin codes. It was reported that the project started in January 2022 and there were 38 patients involved in the pilot project. Kraaifontein Day Hospital has four Pharmacists and seven Pharmacists Assistants. The hospital provides ARV's to 3000 patients on monthly basis.

Long queues, staff attitude, shortage of staff, inadequate office space and waiting areas were reported as major challenges at the Hospital.

The Committee commended Mr. Tutu for the way he manages the Kraaifontein Day Hospital and for answering all questions posed by Members during the Visit.

### **3. Visit to the Scottsdene Clinic**

The Committee conducted an unannounced visit to the Scottsdene Clinic. On arrival, Sister Matlhodi welcomed the Committee. She reported that the Clinic was a combined facility, it provides health services for the provincial Department of Health and the other side was providing health services for the City of Cape Town.

According to Sister Matlhodi, from 1 July 2022, some of the City health facilities would be combined with the provincial health facilities and managed by the provincial Department of Health. It was reported that Scottsdene Clinic was one of the facilities in which the health services provided by the City health will be merged with the provincial Department of Health. The Committee was informed that the City of Cape Town was providing preventative health services that include children's health care services for children from birth until 13 years of age. In addition, the City was responsible for TB and family planning. Sister Matlhodi reported that the province at Scottsdene Clinic was responsible for the provision of comprehensive health services, this includes providing health services to children from 13 years and older, HIV, all chronic illnesses and family planning.

Sister Louw, the Clinical Manager for the City of Cape Town, joined the Committee during the site visit of the facility. She reported that the Scottsdene Clinic building belonged to the City of Cape Town and that the City was responsible for maintenance. The staff complement for the City of Cape Town at Scottsdene Clinic was 12 personnel, and three were Clinical Nurse Practitioners. On the provincial side of the Clinic, there were 12 staff members, two were Assistant Nurses and one was a Professional Nurse.

Sister Matlhodi reported that the Clinic provided health services to 70 patients per day. Staff shortage was reported as a major challenge at the Clinic. When a clinical staff is on sick leave, it becomes difficult to get agent staff. The Clinic has a triage system in place. It was reported that clients with green cards were sometimes turned away from the Clinic when there was a shortage of staff and told to come to the Clinic the next day. The Committee noted that the waiting area was small and patients were queuing outside the locked gate. Sister Louw reported that in 2016, the City of Cape Town requested a prefabricated structure as a temporary measure and to be used as a waiting area at the Clinic and they are still waiting.

The safety of patients was reported as a challenge at Scottsdene Clinic. The Committee was informed that when the gangs are fighting and shooting, the Clinic closes the gates, however, the patients that were waiting to gain entry to the Clinic were not safe. In addition, with the winter season approaching, the inadequate waiting room at the Clinic was a challenge because people have to queue outside even during the rainy season.

#### **3.1 Recommendation**

The Committee recommends that the Department of Health should address the challenge of the inadequate waiting area at Scottsdene Clinic as a matter of urgency to ensure that patients queue under shelter during the winter season. The Department should consider the

installation of a prefabricated structure to address the inadequate waiting area at the Scottsdene Clinic.

#### **4. Visit to the Wallacedene Clinic in Kraaifontein.**

The Committee conducted an unannounced visit to the Wallacedene Clinic. Sister Jones welcomed the Committee. She reported that Sister Bosman, the Operations Manager for the Wallacedene Clinic was working offsite during the Committee visit.

Sister Jones reported that the Wallacedene Clinic was a City of Cape Town Clinic, however, the Clinic would be the responsibility of the provincial Department of Health from 1 July 2022. She reported that due to inadequate space, the ARV section was operating from 5-room containers within the Clinic premises. The Committee also noted an SAMRC Mobile Clinic within the premises of the Clinic. It was reported that the Mobile Clinic was utilised by the Stellenbosch University for research on TB and patient results were issued the same day after TB tests.

It was reported that there was one Pharmacist and four Assistant Pharmacists at the Clinic. The Committee observed that there was inadequate space for the TB patients at the Clinic. The TB default rate was reported to be very high at the Clinic and the tracing of TB patients was a challenge due to patients that constantly change addresses. In addition, Sister Jones reported that there was no space for a Pap smear. The Committee was informed that Wallacedene Clinic provides health services to 400 patients per day.

The Committee concluded its visit to the Wallacedene Clinic and departed for Bloekombos. The Committee went to the Bloekombos Clinic, upon arrival, the Committee noticed that the Clinic was a City Clinic. Members resolved not to visit the facility due to issues relating to the separation of powers. The Provincial Parliament does not have an oversight mandate over City facilities.

The Committee successfully concluded its visit.