Enhanced Nursing Home Standards

Developed by

Nursing Home Standards Workgroup

January 2014

PREFACE

1. By 2030, the number of seniors above 65 will nearly triple to over 900,000. One in five residents will be over 65, compared to fewer than one in ten today. Hence, we need to put in place a comprehensive effort to continually enhance aged care standards, including nursing home (NH) care, to make sure that our seniors continue to be provided with good quality care.

2. A Workgroup comprising of NH representatives and supporting clinical and policy experts was appointed by the Minister for Health in May 2012, to review existing NH standards and identify gaps, and redefine baseline standards and outcomes for good NH care.

3. The Workgroup's vision of a good standard of care for seniors in our NHs is for Singapore's NHs to be homes away from homes where our seniors can be cared for safely and with dignity, and where they can still have a good quality of life despite their high care needs.

4. With this vision in mind, the Workgroup developed a set of enhanced nursing home standards (ENHS) that strived to achieve **clarity and simplicity** so that NHs can easily understand the requirements on standards of care. The Workgroup also sought to **pre-empt and minimise any cost implications** from the new standards. We seek to do so by being less prescriptive and by specifying outcomes as far as possible. This gives NHs the flexibility to determine the specific means to achieving these outcomes.

5. As the ENHS will apply to all NHs, due consideration was also given to ensure that the standards remained practicable to the majority of providers, while being effective in ensuring good care to patients. In all, the Workgroup aimed to develop a set of good yet realistically attainable requirements that would constitute a good standard of care in our NHs in the coming years.

6. Finally, we seek to enhance the scope of current standards by emphasising the importance of the social care aspects of NH care and encouraging homes to place attention on systems and processes which underpin good care. The key enhancements in the standards are as follows:

a. **Clinical Aspects.** We have articulated more clearly the standards relating to safe care. In particular, we have elaborated on standards in areas that were not specifically articulated in the current set of licensing standards. These include *pain management, continence management, falls prevention and mobility, skin care and pressure ulcers, oral hygiene and advance care planning*.

b. **Social Aspects.** To underline the importance of preserving the dignity of care for residents, we have articulated standards in several aspects of care, including ensuring that residents and their families or representatives are informed about their care plan, requiring NHs to ensure that the dignity of the individual resident is

respected, requiring that physical restraints be used on residents only as a last resort, as well as attending to the psychosocial well-being of residents.

c. **Organisation Aspects.** The Workgroup believes that lapses in care delivery often reflect gaps in the organisation systems and processes and human management capabilities. Hence, we have articulated new standards in the following areas: *financial management, staff organisation and management, staff competence, training and supervision, customer relations, and continuous improvement*. In particular, it is important for systems to be put in place to constantly identify and address areas of improvement in care.

7. The Ministry of Health (MOH) held a series of industry and public consultations on the proposed standards. The Workgroup subsequently deliberated on the comments and feedback received from the consultation sessions, and revised the ENHS where appropriate.

8. The Workgroup is happy to be given this opportunity to contribute to the development of the NH sector and looks forward to the implementation of this set of standards in 2015.

Nursing Home Standards Workgroup
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ENHANCED NURSING HOME STANDARDS

	Sub-Domain
DOMAIN 1 **CLINICAL ASPECTS OF CARE**	1.1 Care Planning 1.2 Medical Service 1.3 Medication Management 1.4 Advance Care Planning 1.5 Pain Management 1.6 Falls Prevention and Mobility 1.7 Skin Care and Pressure Ulcers 1.8 Oral Hygiene and Dental Care 1.9 Continence Management 1.10 Allied Health Services 1.11 Infection Control 1.12 Food Service
DOMAIN 2 **SOCIAL ASPECTS OF CARE**	2.1 Dignity of Care 2.2 Psychosocial and Mental Health Care 2.3 Informed Care 2.4 Use of Restraint 2.5 Living Environment - Premises 2.6 Living Environment - Facilities 2.7 Living Environment - Equipment 2.8 Ancillary Services
DOMAIN 3 **GOVERNANCE AND ORGANISATIONAL EXCELLENCE**	3.1 General Management Duties and Responsibilities 3.2 Duties and Responsibilities of the Head of Nursing 3.3 Staff Organisation and Management 3.4 Staff Training, Competence and Supervision 3.5 Financial Management 3.6 Customer Relations 3.7 Continuous Improvement 3.8 Emergency Preparedness

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1.1	Care planning	1.1.1 All residents are assessed by competent staff upon admission. a) A preliminary assessment of the resident's condition shall be performed by a nurse upon the resident's admission. b) A comprehensive assessment of the resident's condition shall be completed by a Registered Nurse (RN) within 72 hours of admission, to establish the resident's baseline condition and formulate the care plan. c) In addition to the resident's overall physical and mental status, the comprehensive assessment must minimally cover all the following essential areas: (i) Assessment of risk for pressure sores and presence of any wounds, injuries, lesions, implants or other skin irregularities (ii) Functional and cognitive needs that can be addressed by care staff and/or Allied Health Professionals (AHP) (iii) Nutritional status (including mode of feeding) (iv) Oral hygiene and dental care needs (v) Existing allergies (drug, food and chemical) (vi) Existing medications and medical appointments (vii) Pain management needs (viii) Falls risk (ix) Continence status (x) Psychosocial / Mental Health status (xi) Social support and needs, including that from family/representative(s), and caregiver(s) 1.1.2 Residents' care plans are continually assessed and evaluated, and are appropriate to their present needs. a) Each resident's response to care shall be assessed and reviewed at least every 6 months to determine the suitability and effectiveness of the care plan. The RN shall also indicate clearly in each resident's care plan if the resident has specific needs and the follow-up care required, and these instructions shall be followed by care staff. b) Any changes to a resident's condition and changes in interventions are reflected in the care plan.

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		c) Services for which an order from a registered medical practitioner or AHP is required shall be identified, as appropriate, on the resident's behalf. d) Revisions shall be made to the care plan, where necessary, based on recommendations of a registered medical practitioner, RN, or AHP. 1.1.3 Delivery of care is consistent with each resident's care plan. a) Care, including assistance with Activities of Daily Living (ADLs), shall be delivered according to each resident's care plan. b) Each resident (and/or family/representative(s)) is informed of significant changes to his/her care plan. c) If the resident has made instructions in advance regarding end-of-life care, these shall be honoured as far as possible, and his/her care managed appropriately (see Advance Care Planning domain for more details). d) There shall be arrangements in place to deal with emergencies which may disrupt the delivery of care to residents. 1.1.4 Assessment, planning, delivery, outcomes and evaluation of care are properly documented. a) Any changes to a resident's care plan, including treatment and review, shall be documented. b) All dates, times and initials of staff are written legibly in ink. Amendments shall not be obscured through the use of correction fluid or tape, and shall be indicated and signed against clearly. c) Where there are deviations from the care plan (i.e. a care service, medication or treatment has not been delivered in accordance with a resident's care record) the reason(s), actual care delivered, outcome(s) and corrective measures (if any) are documented.
1.2	Medical service	1.2.1 Every nursing home shall make arrangements to ensure that residents receive prompt and appropriate medical care when needed.

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		1.2.2 Every nursing home shall ensure that every resident in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto.
1.3	Medication management	1.3.1 Purchase of medicines a) The nursing home must only purchase medicines from pharmaceutical distributors, wholesalers and pharmacies licensed by the Health Sciences Authority (HSA). b) There shall be an adequate supply of medicines in the nursing home. c) The nursing home shall have a policy to address medication brought in by residents or family/representative(s). This shall include a visual check of the expiry date, label, colour, smell and general appearance of medication instructed to be served to the resident. 1.3.2 Storage of medicines a) Medicines shall be stored in accordance with the manufacturers' recommendations, in a cool, dry and clean place and away from direct sunlight. b) Medicines requiring refrigeration shall be stored as recommended by the manufacturer. c) All medicines for residents shall be clearly labelled with each resident's name, NRIC number, ward number and bed number. d) Medicines shall be locked up in a designated area that is not accessible to unauthorised staff, residents and members of the public. A RN shall hold the keys to the location. e) Controlled drugs shall be kept in accordance with regulatory requirements for controlled drugs. f) The nursing home shall maintain a system for checking medicines both at the nursing home and individual level for stock level, expiry and quality.

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		1.3.3 Packaging of medicines a) Medication for each resident shall be packed separately from that of others. b) RNs shall refer to residents' Medication Records (MRs) when preparing medicines for administration. c) Packaging for each resident's medication must be labelled clearly with appropriate information and in a standardised manner. d) Medicines for one resident must not be transferred to another resident. e) If the nursing home repackages medicines in preparation for administration, this must be done in a way that does not cause the integrity of the contents to be compromised. f) If pre-packed medication is purchased, there shall be policies in place at the nursing home for RNs to double-check the pre-packaged medication, and ensure that any changes in residents' prescriptions are reflected accurately in the medication that they are served. 1.3.4 Prescription of medicines a) Medicine shall be prescribed for a resident only by a registered medical practitioner. Verbal orders must be countersigned by him/her within the next working day. b) In the event that the nursing home is unable to arrange for a registered medical practitioner to be present, a RN shall be allowed to administer medication (not already prescribed by the registered medical practitioner in the MR) if all the following conditions are fulfilled: (i) The nursing home has developed a set of institutionally-approved internal standing orders for the administration of medication by a RN, and these are followed (ii) The RN shall only administer medicine for symptomatic relief of common minor ailments (e.g. diarrhoea, headache, sore throat, runny nose) (iii) The RN shall only administer medicine that is listed in the General Sales List (iv) Medicine shall not be administered by a RN for a period exceeding 24 hours, without review or verbal order by a registered medical practitioner

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		1.3.5 Administration of medicines a) All preparation of medication in the nursing home shall be done by a RN. Subsequently, depending on the medication route, care staff may serve the prepared medication, using clean and appropriate equipment: (i) Oral – an Enrolled Nurse (EN), trained Health Care Assistant (HCA), or a Nursing Assistant (NA) may help to serve (ii) Injectable – RN; or an institutionally-approved, trained EN may administer subcutaneous injections, with the supervision by RN (iii) Naso-gastric tube – feeding by EN, or institutionally-approved trained HCA or NA is allowed, with supervision by RN (iv) Rectal – an EN, trained HCA or NA is allowed to insert suppository b) Each resident's MR must be referred to when serving medicines, to ensure that the 5 Rights (i.e. right resident, medication, time and/or frequency, route, dose) are adhered to. c) The RN shall sign the MR immediately after medicines have been served to each resident. The date and time that the medicines are administered shall be documented. 1.3.6 Disposal of medicines a) Medicines shall be disposed of promptly and properly when: (i) They have expired or when there is doubt about the expiry date (ii) They show signs of deterioration (iii) The treatment is discontinued and the medicines are no longer required by the resident (iv) The resident(s) for whom the medicines have been issued is no longer residing in the nursing home (v) Dates for disposal after opening shall be observed for all medicines, according to manufacturer's recommendations b) Medicines that may be required as evidence in a coroner's case must not be disposed of. c) The nursing home shall have procedures in place for the removal of existing stock of any medicine that has been recalled, and for informing residents accordingly.

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		1.3.7 Documentation and information a) There shall be written policies, procedures and records for the medication management and use processes at the nursing home for procurement, storage, prescription, dispensing, preparation, administration, disposal, recall and monitoring. b) Residents' MRs shall contain the following information: (i) Resident's name, NRIC number, age, sex and date of admission (ii) Resident's diagnoses (iii) Allergy to medicine(s) and contra-indications, if any (iv) Details of prescription: names of medicines, doses, routes, forms and frequency of administration, dates medicines are to be started and discontinued (v) Last review date by registered medical practitioner/registered pharmacist and particulars of the doctor/pharmacist c) All documentations of medicines must be clearly and legibly written in ink, and correction fluid/tape shall not be used. d) Each resident's MR must be reviewed at least once every 6 months by a registered medical practitioner. e) Deviations from orders and administration of medicines shall be recorded. f) The nursing home shall ensure that all nursing care staff have ready access to current and credible drug information resources, such as the latest edition of Medical Information Management System (MIMS). 1.3.8 Controlled drugs a) The legal requirements for controlled drugs obtained by nursing homes and supplied to their residents are provided under the Misuse of Drugs Act and its Regulations. The nursing home staff shall refer to the Misuse of Drugs Act and its Regulations for the details of the legal requirements. b) The nursing home shall put in place proper operating procedures for the handling and storage of controlled drugs, in accordance with the Misuse of Drugs Regulations and its schedules.

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		1.3.9 Role of registered Pharmacist a) Nursing homes shall engage a registered pharmacist to visit regularly, at least 6-monthly, to: (i) Provide periodic review of residents' MR and prescriptions to evaluate the resident's progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each resident is appropriately indicated, effective, safe and convenient. (ii) Develop guidelines and provide oversight for the use and management of medicines in the facility, minimum standards and quality assurance standards. (iii) Provide in-service education to nursing home staff on medication management. b) Regular audit checks on medication management shall be conducted at least 6-monthly by a registered pharmacist. A report on the audit and recommendations for improvement shall be given to the administrator of the nursing home. 1.3.10 Medication *Errors and Adverse Drug Reactions* a) In the event that a medication error occurs, the nursing home shall conduct investigations and take appropriate actions b) Medication errors that occur in the nursing home shall be recorded c) The nursing home shall conduct a regular review at least every 3 months of medication errors that had occurred in the nursing home. d) All adverse drug reactions shall be reported to the Pharmacovigilance Unit at the HSA. 1.3.11 Medication reconciliation a) Medication reconciliation shall be done for each resident by a registered medical practitioner, registered pharmacist or advanced practice nurse (APN) at reasonable intervals, to ensure medication safety.

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1.4	Advance care planning	1.4.1 The nursing home shall have a system in place to identify residents who may be approaching the end of life. For these residents, the nursing home shall: a) Conduct an Advance Care Planning (ACP) discussion with the resident or family/representative(s); b) Develop a plan in accordance to the resident's care preference when he / she is nearing the end of life; and c) Record and store the resident's care preferences and care plans. 1.4.2 When a resident is approaching the end of life, the nursing home shall honour the care preferences of the resident as far as possible, and manage his / her care appropriately. a) Where deviation from the ACP may be in the best interest of the resident, the nursing home may provide care, treatment, or referral as needed, consulting and informing the resident and/or family/representative(s) appropriately. 1.4.3 The nursing home shall keep the family/representative(s) informed of the resident's condition. 1.4.4 For audit and learning purposes, the nursing home shall conduct an after-death review for residents who pass on in the nursing home.
1.5	Pain management	1.5.1 Every nursing home shall have policies and processes in place to identify residents who experience physical pain. 1.5.2 Every nursing home shall conduct a pain assessment during the comprehensive assessment upon a resident's admission, and upon recognition of a significant change in a resident's condition. 1.5.3 Every nursing home shall assess the intensity, location, onset and progression of resident on a pain management programme on a daily basis, at minimum. a) This shall be done in a consistent, standardised and systematic manner, to permit monitoring of the resident's condition and response to treatment.

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		b) Proper monitoring tools shall be used, such as numerical pain rating scales, verbal descriptor scales, location charts, and symptom checklists. 1.5.4 Residents shall be referred to a registered medical practitioner for assessment, identification of possible causes of pain, and authorisation and review of pain management methods, as necessary. 1.5.5 Pain relief medication shall be administered by the nursing home based on the resident's pain type and severity. a) The nursing home shall monitor for pain relief, side effects and complications of pain medication. b) Pain relief medicine shall not be given for more than 24 hours to relieve a resident's pain and discomfort without a review or verbal orders by a registered medical practitioner. 1.5.6 The nursing home shall engage the services of a registered physiotherapist, if needed, to assess the potential benefit of physical therapy for pain relief, and provide follow-up care to residents. 1.5.7 Each resident's pain management plan shall be recorded and followed by care staff.
1.6	Falls prevention and mobility	1.6.1. The nursing home has a method to conduct initial and ongoing assessments for all residents, to determine which residents are at risk of falls. 1.6.2. Identification of residents at risk of falling shall include an assessment of the following: a) History of falls b) Medical status e.g. diagnoses that may lead to increased fall risks c) Residents' medications that may lead to increased falls risk d) Functional, behavioural, and cognitive status 1.6.3. The nursing home shall take steps to minimise fall risks to residents, including: a) Ensuring a safe physical environment b) Providing education on falls prevention for resident, his/her family, representative(s), or caregivers

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		1.6.4. Assistive devices, such as wheelchairs and commodes, shall be checked and maintained regularly. 1.6.5. The nursing home shall provide proper follow-up care and monitoring when a resident has sustained a fall. 1.6.6. Post-fall analysis shall be conducted to determine appropriate measures to be taken to prevent recurrences.
1.7	Skin care and pressure ulcers	1.7.1 Assessment of risk to pressure sores and detection and prevention of pressure ulcers a) Every nursing home shall assess residents upon admission for risk to skin breakdown and other skin conditions which require care, including pressure ulcers and wounds. b) A skin review shall be conducted daily, in the process of providing care and assistance to each resident during bathing and other activities. 1.7.2 Management of pressure ulcers a) When a resident is found to have a pressure ulcer, the following shall be assessed and monitored: (i) The location, size, stage, condition, odour, amount and type of exudates. (ii) The presence, location and extent of sinus tracts, pain and signs of infection, condition of surrounding skin as well as the general condition of the resident. b) Each resident who has been identified to have a pressure ulcer shall be given appropriate treatment and care without undue delay. 1.7.3 Monitoring for abnormalities and complications a) While providing daily care to residents, care staff shall check for any wound-related abnormalities or complications arising from the use of medical devices. These shall be attended to promptly. 1.7.4 Availability of information a) Every nursing home shall ensure that information on skin care and prevention of skin damage is available for care staff, residents, their family/representative(s) or caregiver(s).

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1.8	Oral hygiene and dental care	1.8.1. Oral hygiene care a) Care shall be provided to maintain the oral hygiene of each resident in the nursing home. (i) Appropriate equipment and supplies shall be used for the management of residents' oral hygiene care needs, such as tooth-brushes, foam swabs, mouthwashes, tablets, gels and toothpaste. (ii) Oral hygiene care shall be performed at least once a day for residents, including residents who are tube-fed. 1.8.2. Dental screening a) Residents who have been identified to be in need of dental care shall be referred to appropriate dental care services. 1.8.3. Care of dental appliances a) Residents who use removable dental appliances (e.g. dentures) shall have these appliances cleaned and maintained regularly. b) Care staff shall identify dental appliances that are ill-fitting or unsuitable for a resident's use, and shall refer residents for dental care when assessed to be necessary.
1.9	Continence management	1.9.1. Care staff at the nursing home shall check residents' continence aids at regular intervals, and change these as and when necessary. 1.9.2. Every nursing home shall develop protocols for promoting continence and bowel management, and this shall be followed. This shall include weaning residents off continence aids where appropriate.
1.10	Allied health services	1.10.1 Physiotherapy and Occupational Therapy service: a) The nursing home shall assess residents for rehabilitative potential, and refer them for physiotherapy and/or

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		occupational therapy services for a follow up assessment when there is a change in the resident's functional status. [Note: In some instances, the referring institution may already have recommended the continuity of care by a registered physiotherapist/occupational therapist in the nursing home] b) The nursing home shall provide physiotherapy and/or occupational therapy services for residents who are assessed to require rehabilitative care. c) Where residents do not require active intervention from a registered physiotherapist / occupational therapist, maintenance care and activities will still be required as part of the residents' daily routine. d) If there is a change in residents' function from the pre-morbid state, the nursing home shall reassess the residents' functional status and refer to a registered physiotherapist/occupational therapist for follow up care. 1.10.2 Dietetic service: a) The nursing home shall do a nutritional screening of each resident, at least once every 6 months. b) The nursing home shall refer to a dietitian for an individual assessment when a resident presents with: (i) weight loss and/or (ii) poor intake and/or (iii) any other conditions identified by the registered medical practitioners/registered nurses c) The nursing home shall employ, or make arrangements with a qualified dietitian to supervise the dietary aspects of residents' care and to ensure that proper dietary requirements are complied with. 1.10.3 Speech therapy service**:** a) The nursing home shall refer to a registered speech therapist when a resident presents with a new swallowing problem, or when the referring institution recommends the continuation of care by a registered speech therapist.

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		1.10.4 Podiatry service: a) The nursing home shall inform a registered medical practitioner when a resident presents with a new foot and/or nail problem. b) The registered medical practitioner shall assess the need for referral to a podiatrist. 1.10.5 Social Work Service a) The nursing home shall refer to appropriate social services when a resident requires counselling, outreach, family intervention or other social support. b) Where more complex psychosocial counselling or interventions are required, the nursing home shall refer the resident to medical social work services, or other appropriate professional services.
1.11	Infection control	*In this domain, 'infectious disease' refers to any disease specified in the First Schedule to the Infectious Diseases Act (Cap. 137).* 1.11.1 General safety requirements a) Every nursing home shall comply with relevant statutory requirements relating to infectious disease and control. b) Every nursing home shall encourage good hand hygiene practices among residents, staff and visitors. c) Up-to-date resources on infection control (e.g. reference materials from MOH) shall be made accessible and available to staff and visitors. 1.11.2 Staff education and training regarding infection control a) Every nursing home shall ensure that all staff, including those employed in support services, receive mandatory education and training in infection control that is commensurate with their work activities and

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		responsibilities, and is regularly updated. 1.11.3 Designation of an infection control committee and lead person(s) a) Every nursing home shall have an Infection Control Programme with an appointed Infection Control Committee, documented infection control activities and written policies and guidelines to deal with any infection acquired or brought into the nursing home. b) A designated staff member in the nursing home shall be responsible for coordinating and monitoring compliance with internal infection control procedures (e.g. hand decontamination, sanitation procedures, aseptic and isolation techniques, the use of protective clothing and the safe disposal of sharp objects). c) A designated staff member in the nursing home shall ensure that the nursing home's infection control policies are based on current scientific knowledge, accepted practice guidelines and applicable regulations. The nursing home's infection control policies and procedures shall be evaluated *at least once yearly*, and on a regular and continuing basis. 1.11.4 Infection control equipment and facilities a) Every nursing home shall have an isolation room or facility for residents found or suspected to be suffering from any infectious disease. b) Any room or equipment which has been used by a resident suffering or suspected to be suffering from any infectious disease shall not be used by any other resident until it is adequately disinfected. c) Proper facilities for hand washing and waste disposal shall be provided wherever care is delivered in the nursing home. d) Single-use items are to be discarded after individual use and shall not be reused on the same resident or others if there may be adverse impacts on safety and hygiene. e) Every nursing home shall ensure proper disinfection and disposal of infectious waste materials by certified biohazard waste disposal operators and in accordance with relevant existing laws.

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1.12	Food service	1.12.1 Food safety and hygiene a) Persons involved in the preparation and provision of food in nursing homes shall comply with the same requirements as for food-handlers engaged in the sale of food. In particular, the following precautions shall be taken: (i) All food handlers shall observe proper personal hygiene; (ii) The food provided shall be properly stored and handled; (iii) Food wastes shall be properly disposed in a manner that does not create a nuisance or a breeding place for pests or otherwise permit the transmission of disease; (iv) There must be proper sanitation procedures for cleansing and maintenance of equipment and work areas. b) Premises and facilities for preparation and serving of food must similarly meet all requirements as for premises involved in the sale of food.

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2.1	Dignity of care	2.1.1 Every nursing home shall demonstrate that measures are in place such that each resident's privacy and dignity are recognised and respected to a reasonable extent. For instance, a) Adequate portable bedside screens shall be erected when personal care is being carried out on residents, particularly during bathing, toileting, dressing of wounds and changing of continence aids. b) Bathrooms and toilets must be fitted with doors and/or screens, and sufficient time shall be allowed for daily activities to avoid rushing residents 2.1.2 Every nursing home shall make suitable arrangements to ensure that residents are safeguarded against the risk of abuse, where 'abuse' refers to the following: a) Physical or psychological ill-treatment; b) Sexual abuse; c) Theft, misuse or misappropriation of money or property; d) Careless or reckless acts that may cause pain, injury; or e) Neglect and acts of omission which may place a resident at risk of harm. 2.1.3 All care staff shall receive training on the following: a) Protection of residents from abuse b) Indicators of abuse c) Responding to suspected, alleged or actual abuse d) Reporting suspected, alleged or actual abuse 2.1.4 Every nursing home shall take reasonable steps to identify the possibility of abuse and prevent it before it occurs. 2.1.5 Every nursing home shall have a process to investigate and respond to any allegation of abuse. Relevant persons and agencies shall be notified of the outcome of any investigations undertaken by the nursing home.

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2.2	Psychosocial and mental health care	2.2.1. Upon admission, every nursing home shall conduct a psychosocial/mental health screening for their residents. 2.2.2. If a resident exhibits behaviour that cannot be managed by the nursing home, there shall be a protocol to refer the resident for assessment of psychosocial / mental health conditions. 2.2.3. The nursing home should make available activities to keep residents meaningfully engaged. 2.2.4. All trained staff should be able to recognise signs and symptoms of psychosocial / mental health conditions, and changes in such conditions.
2.3	Informed care	2.3.1. Residents, and/or family/representative(s), are informed about the resident's condition and care plans. 2.3.2. The nursing home shall convey information regarding significant changes in a resident's condition and care plans, or any incident(s) which may require special care or treatment, to the resident, family/representative(s) and/or caregiver(s). 2.3.3. Procedures for obtaining consent from the resident or his/her family/representative(s) are in accordance with the Mental Capacity Act and guidance issued by professional regulatory bodies. 2.3.4. Procedures for obtaining consent shall not delay the provision of care or treatment to a resident who requires it urgently, and if such care or treatment is in the resident's best interest.
2.4	Use of restraint	2.4.1. Restraint shall be used only as a last resort, when other less restrictive strategies have been unsuccessful. 2.4.2. Any use of restraint shall be initiated by a RN. 2.4.3. The use of restraint shall be reviewed on a regular basis. If chemical restraint(s) is used, or if restraint is used as a long-term measure, its use shall be reviewed by a registered medical practitioner within 2 weeks of initiation, and at least once every 6 months thereafter. Use is discontinued when restraint is no longer necessary.

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		2.4.4. The use of restraint and any changes thereto shall be documented in the resident's care plan.
2.5	Living environment - Premises	2.5.1. Safety, comfort, and suitability a) The environment in the nursing home shall reflect the safety and comfort needs of residents and suitability of use. For instance, reasonable measures shall be taken to: (i) Ensure adequate lighting and ventilation (ii) Ensure noise is within a comfortable level (iii) Ensure that the environment is safe for residents to move around in (e.g. facilitation of mobilising, prevention / removal of clutter) 2.5.2. Cleanliness and hygiene a) Every part of the premises shall be maintained at all times in a clean and sanitary condition and in a good state of repair. b) There shall be processes in place to ensure that cleaning is done regularly, and with the use of appropriate equipment and supplies. The following shall be taken into consideration: (i) the frequency at which residents' rooms, the general living environment, staff areas and equipment need to be cleaned; (ii) the need for ad hoc cleaning; (iii) additional processes to minimise malodour and control infection; and (iv) all other applicable health and hygiene standards. 2.5.3. Security a) Security arrangements shall be in place to protect staff, residents and visitors in the nursing home. b) Reasonable measures shall be in place to protect the personal possessions that have been handed over by residents for safekeeping.

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		2.5.4. Maintenance a) Every nursing home shall have processes in place to identify and carry out preventive and routine maintenance of premises. Records shall be kept of maintenance and servicing work undertaken, and these documents shall be available for inspection.
2.6	Living environment - Facilities	2.6.1. Provision and suitability a) Every nursing home shall provide sufficient and appropriate furniture. b) There shall be adequate and properly maintained sanitary facilities for residents. c) Every nursing home shall provide recreational facilities for residents. d) Residents of different sex shall not be allowed to occupy the same room. 2.6.2. Safety a) Facilities are set up in an appropriate way, to: (i) Prevent disease transmission; and (ii) Allow proper treatment of residents. b) Furniture, fittings, and any equipment in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents (e.g. including those with sensory impairments).
2.7	Living environment - Equipment	2.7.1. Every nursing home shall provide medical equipment necessary for residents' care and treatment, and these shall be adequate, functional and effective. 2.7.2. Every nursing home shall provide rehabilitative equipment for residents who require rehabilitation. 2.7.3. All equipment shall be maintained in good condition, decontaminated where necessary.

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		2.7.4. Every nursing home shall keep an inventory of medical supplies and equipment that are presently available for use in the nursing home. There shall be processes in place to regularly update this inventory and to ensure that there is adequate supply of these items for the nursing home's projected needs. 2.7.5. Medical supplies shall be stored in a manner that maintains the integrity of the products, and checked regularly to ensure that they are not expired, and still safe for use.
2.8	Ancillary services	2.8.1. Transport a) Every nursing home shall establish arrangements whereby a resident can be transported to other health care establishments for medical treatment as necessary. b) Where a nursing home intends to provide a service whereby ill persons can be transported, it shall have ambulances which must be appropriately identified, properly equipped and meet all other relevant existing requirements. c) Where circumstances beyond the control of the nursing home prevent prompt and appropriate medical care on site, the arrangements in (a) must be used in a timely manner to transport the ill resident to the relevant healthcare establishment for treatment. 2.8.2. Linen a) Linen shall be: (i) Adequately supplied and appropriate to the purposes of the premises; (ii) Cleaned and changed as necessary and at appropriate intervals; (iii) Effectively laundered with reasonable precautions taken to prevent contamination thereafter; and (iv) Appropriately laundered if it comes into contact with residents

No.	Sub-Domain	Standards
3.1	General management duties and responsibilities	3.1.1. The nursing home shall: a) Notify the Director within 7 working days from date of appointment when there is any change in the appointment of a person as manager or deputy manager of the nursing home; b) at all times exercise supervision of the premises and the persons employed therein; c) follow up on all orders and directions of the registered medical practitioner(s) in charge of the residents and document the reasons if orders and directions are not followed; d) keep and maintain all materials, facilities, equipment and appliances necessary for the proper diagnosis, care and/or treatment of residents or running of the nursing home service, and provide any additional equipment and appliances as may be directed by the Director; and e) ensure that all activities conducted by the nursing home are in compliance with directions or guidelines issued by the Director, and other applicable laws and regulations. 3.1.2. Fitness to manage nursing home: a) Manager must be a registered medical practitioner or registered nurse. b) Manager must not be absent for any length of time, unless arrangements are made for the nursing home to be placed under the supervision of a person who is similarly qualified to manage that nursing home. 3.1.3. Duty of manager to inform residents of fees: a) Manager shall ensure that every resident and their family/representative(s) is informed, on or before admission, of the estimated total charges which are likely to be incurred based on his/her stay.

No.	Sub-Domain	Standards
3.2	Duties and responsibilities of the head of nursing	3.2.1. There shall be a Head of Nursing who is responsible for nursing administration and for supervising the conduct and activities of all care staff in the nursing home. a) The Head of Nursing shall be an RN with appropriate qualifications and experience. 3.2.2. The nursing department in every nursing home shall have policies and processes to guide the provision of nursing care. 3.2.3. The number and composition of care staff shall be sufficient to provide adequate care to the residents and in accordance with standards set out by the Director. a) There shall be a documented roster of nurses and other care staff on duty during every shift. 3.2.4. Nursing staff organisation shall be such that: a) Appropriate nursing services are administered on all shifts. b) Resident care assignment is commensurate with the qualifications of each nursing staff as well as residents' identified needs and their prescribed medical regimes. c) There shall be at least one RN who is on call at all times to plan, supervise and evaluate nursing care, and who is responsible for management of medication. d) There is prompt recognition and escalation of any untoward change in a resident's condition to facilitate appropriate interventions. e) When a critical situation is escalated to the RN on call, he/she shall attend to the resident within 60 minutes.

No.	Sub-Domain	Standards
3.3	Staff organisation and management	3.3.1. General staff organisation and management a) There is a written organisational chart that delineates lines of authority and accountability in the nursing home. b) Written job descriptions are available for all categories of staff specifying the functions, responsibilities and specific qualifications for each position. c) Care staff shall be supervised by a RN or EN. d) The average working hours of staff and other terms and conditions of employment in the nursing home shall comply with what is stipulated by law. *(e.g. under the Employment Act and Workplace Safety & Health Act)* 3.3.2. Staff satisfaction a) The nursing home has channels for staff to give feedback.
3.4	Staff training, competence and supervision	3.4.1. Recruitment and selection procedures shall be designed such that staff are hired on the basis of being qualified and competent to perform the duties of the particular role that they are hired for. 3.4.2. RNs shall possess the core competencies and skills that are required by the Singapore Nursing Board. 3.4.3. ENs shall possess the core competencies and skills that are required by the Singapore Nursing Board. 3.4.4. The nursing staff shall participate in continuing education to maintain and upgrade their current competency. 3.4.5. Care staff shall be required to attend an orientation course/programme and receive on-the-job training that is relevant to their duties and responsibilities. 3.4.6. All staff shall be properly supported and appraised.

No.	Sub-Domain	Standards
		3.4.7. Every nursing home shall encourage and facilitate their staff to keep their knowledge and skills up to date, to ensure currency of their competencies: a) This may be ensured through encouraging staff participation in relevant courses to meet identified needs, and on-the-job training. b) The nursing home shall ensure that staff duties are covered when they are on leave or course, such that the staff-to-resident ratio is maintained.
3.5	Financial management	3.5.1. Financial viability a) Every nursing home shall maintain sufficient financial resources to adequately provide its services. 3.5.2. Financial records and reporting a) Every nursing home shall ensure that proper financial records are kept in accordance with all regulations that apply. b) Every nursing home shall submit an audited annual financial statement within three months after the close of the Ministry's financial year (i.e. by 30 June of each year), and upon request. The statement shall be audited by an external auditor. 3.5.3. Charging policies a) Every nursing home shall provide residents and their family/representative(s) with full information on all fees and charges (including deposits or any other charges) to be paid. b) If a home intends to change its charging policies, it shall convey the information to residents and their family/representative(s) at least 3 months in advance of the change.

No.	Sub-Domain	Standards
3.6	Customer relations	3.6.1. Every nursing home shall have a process for gathering feedback from residents and their family/representative(s), and bringing feedback to the attention of senior management. This shall include the following: a) Active collection of feedback on service delivery from residents, and their family/representative(s), on a regular basis; b) Collection of ad-hoc feedback; and c) Protection of residents' confidentiality and anonymity, if requested, when feedback is given. 3.6.2. Every nursing home shall have a process for addressing feedback received. This shall include methods of responding to residents and their family/representative(s) regarding comments that have been expressed to the nursing home. 3.6.3. Every nursing home shall document feedback received. The nursing home shall learn from useful feedback and utilise it to improve its processes and quality of service.
3.7	Continuous improvement	3.7.1.Monitoring a) The nursing home shall have systems and processes in place to monitor the quality of all services provided and identify gaps in compliance. 3.7.2.Assessment a) The nursing home shall conduct internal quality assessments and identify areas for development and improvement. This shall include: (i) Aspects of clinical care (e.g. risk factors due to existing care and treatment protocols) and (ii) Organisational and management procedures and processes

No.	Sub-Domain	Standards
		b) Feedback received from residents and their family/representative(s), staff and others shall also be taken into account when assessing the quality of services provided. 3.7.3.Quality improvement a) Where risks have been identified and assessed to be severe, changes shall be made to the treatment, care or other service provided where necessary, and without undue delay.
3.8	Emergency preparedness	3.8.1 Back-up utility supply a) Every nursing home shall have, in addition to normal electrical supply, emergency power and lighting in all resident care areas. Where life support equipment is used, it shall be connected to emergency power at all times. 3.8.2 Emergency services a) The nursing home shall at all times be capable of instituting and making available essential life saving measures and implementing emergency procedures on any person. 3.8.3 Emergency response plans and emergency response teams a) The nursing home shall ensure that— (i) it has established viable emergency response plans covering such aspects, and in relation to such general or specific national medical emergencies, as the Director may specify; and (ii) it has established and equipped an operationally-ready emergency response team that may be called upon by the Director in the event of a national medical emergency to provide emergency response services. (iii) the staff training plan covers emergency response procedures. (iv) all staff know their responsibilities in the event of an emergency. 3.8.4 Participation in emergency preparedness exercises

No.	Sub-Domain	Standards
		a) The nursing home shall ensure that it— (i) participates in such planning, design and conduct of national medical emergency preparedness exercises as may be required by the Director, for the purpose of evaluating the emergency preparedness and response capabilities of the national healthcare system; and (ii) has drawn up and put in place emergency infection control measures, including isolation strategies, isolation facilities and infection control equipment to control and prevent the spread of infectious diseases. 3.8.5 Fire precautions a) Every nursing home shall take adequate precautions against the risk of fire in accordance with any law relating to fire safety. b) The precautions against the risk of fire shall include: (i) establishing a fire evacuation plan; (ii) provision of adequate means of escape in the event of fire and ensuring that all fire escape passages and staircases are clear of obstruction at all times; (iii) making adequate arrangements for detecting, containing and extinguishing fire, for the giving of warnings and for the evacuation of all persons in the nursing home in the event of fire; (iv) maintenance of fire precautions and fire fighting equipment; (v) making arrangements to secure by means of regular fire drills and practices that all staff in the nursing home and so far as practicable, patients know the procedure to be followed in the case of fire, including the procedure for saving life; (vi) conducting fire drills periodically and maintaining a record of all fire drills; and (vii) displaying conspicuously in the premises notices of the procedures to be followed in the event of fire.

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ACKNOWLEDGEMENTS

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