

**LICENSING TERMS AND CONDITIONS ON  
NURSING HOMES**

**IMPOSED UNDER SECTION 6(5) OF THE PRIVATE HOSPITALS AND MEDICAL  
CLINICS ACT (CAP 248)**

**Application**

1. These licensing terms and conditions apply to nursing homes and shall come into effect on **20 April 2015**.
2. A breach of these licensing terms and conditions may attract potential consequences under the Private Hospitals and Medical Clinics (PHMC) Act, including but not limited to:-
  - a) suspension or revocation of the nursing home licence; and
  - b) prosecution.

**DOMAIN 1: CLINICAL ASPECT OF CARE**

**Care planning**

- 3.1 The licensee shall ensure that all patients are assessed by competent staff upon admission. In particular:-
  - a) a preliminary assessment of the patient's condition shall be performed by a nurse upon the patient's admission; and
  - b) a comprehensive assessment of the patient's condition shall be completed by a Registered Nurse (RN) within 72 hours of admission, to establish the patient's baseline condition and formulate the care plan for the patient.
- 3.2 In addition to the patient's overall physical and mental status, the comprehensive assessment must minimally cover all the following essential areas:-
  - a) assessment of risk for pressure sores and presence of any wounds, injuries, lesions, implants or other skin irregularities;
  - b) functional and cognitive needs that can be addressed by care staff and/or Allied Health Professionals (AHP);
  - c) nutritional status (including mode of feeding);
  - d) oral hygiene and dental care needs;
  - e) existing allergies (drug, food and chemical);
  - f) existing medications and medical appointments;
  - g) pain management needs;
  - h) falls risk;

- i) continence status;
- j) psychosocial/mental health status; and
- k) social support and needs, including that from family/representative(s) and caregiver(s).

3.3 The licensee shall ensure that patients' care plans are continually assessed and evaluated, and are appropriate to their present needs. In particular:-

- a) each patient'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 patient's care plan if the patient has specific needs and the follow-up care required, and the care staff shall follow these instructions;
- b) any change to a patient's condition and changes in interventions shall be reflected in the care plan;
- c) services for which an order from a registered medical practitioner or AHP is required shall be identified, as appropriate, on the patient's behalf; and
- d) revisions shall be made to the care plan, where necessary, based on recommendations of a registered medical practitioner, RN, or AHP.

3.4 The licensee shall ensure that the delivery of care is consistent with each patient's care plan. In particular:-

- a) care, including assistance with Activities of Daily Living (ADLs), shall be delivered according to each patient's care plan;
- b) each patient (and/or family/representative(s)) shall be informed of significant changes to his care plan;
- c) if the patient has made instructions in advance regarding end-of-life care, these shall be honoured as far as possible, and his care managed appropriately; and
- d) there shall be arrangements in place to deal with emergencies which may disrupt the delivery of care to patients.

3.5 The licensee shall ensure that assessment, delivery, outcomes and evaluation of care are properly documented. In particular:-

- a) any change to a patient's care plan, including treatment and review, shall be documented;
- b) all dates, times and initials of staff shall be written legibly in ink. Any amendments shall be indicated and signed against clearly, and shall not be obscured by the use of correction fluid or tape; and
- 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 patient's care record) the reason(s), actual care delivered, outcome(s) and corrective measures (if any) shall be documented.

## **Medical service**

- 4.1 The licensee of the nursing home shall make arrangements to ensure that patients receive prompt and appropriate medical care when needed.
- 4.2 The licensee shall ensure that every patient in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto. [*\*Please refer to Regulation 25(7) of the PHMC Regulations*]

## **Medication management**

### **5.1 Purchase of medicines**

#### **5.1.1 The licensee shall:-**

- a) purchase medicines only from pharmaceutical distributors, wholesalers and pharmacies licensed by the Health Sciences Authority (HSA); and
- b) ensure that there is an adequate supply of medicines in the nursing home.

- 5.1.2 The licensee shall ensure that there is a policy to handle medication brought in by patients or their 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 patient.

### **5.2 Storage of medicines**

#### **5.2.1 The licensee shall ensure that:-**

- a) medicines are stored in accordance with the manufacturers' recommendations, in a cool, dry and clean place and away from direct sunlight;
- b) medicines requiring refrigeration are stored as recommended by the manufacturer;
- c) medicines for patients are clearly labelled with each patient's name, NRIC number, ward number and bed number;
- d) medicines are secured in a designated area that is not accessible to unauthorised staff, patients and members of the public and a RN shall hold the keys to the location;
- e) controlled drugs are kept in accordance with regulatory requirements for controlled drugs;
- f) antiseptics, drugs for external use and disinfectants are stored separately from internal and injectable medications; and
- g) a system is maintained for checking medicines both at the nursing home and individual level for stock level, expiry and quality.

### **5.3 Packaging of medicines**

#### **5.3.1 The licensee shall ensure that:-**

- a) medication for each patient is packed separately from that of others;

- b) RNs refer to patients' Medication Records (MRs) when preparing medicines for administration;
- c) packaging for each patient's medication is labelled clearly with appropriate information and in a standardised manner;
- d) medicines for one patient is not transferred to another patient;
- 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 medicines to be compromised; and
- f) if pre-packed medication is purchased, there are policies in place at the nursing home for RNs to double-check the pre-packaged medication, and ensure that any changes in patients' prescriptions are reflected accurately in the medication that they are served.

#### 5.4 Prescription of medicines

5.4.1 The licensee shall ensure that medicine is prescribed for a patient only by a registered medical practitioner. Any verbal order must be countersigned by the registered medical practitioner no later than the next working day.

5.4.2 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 (if not already prescribed by the registered medical practitioner in the MR) if all the following conditions are fulfilled:-

- a) the nursing home has developed a set of institutionally-approved internal standing orders for the administration of medication by a RN, and these have been followed;
- b) the RN shall only administer medicine for symptomatic relief of common minor ailments (e.g. diarrhoea, headache, sore throat, runny nose);
- c) the RN shall only administer medicine that is listed in the general sales list of the Medicines Act (or other applicable legislation) and in accordance with all relevant laws and requirements; and
- d) medicine shall not be administered by a RN should the symptoms persist for more than 24 hours, without review or verbal order by a registered medical practitioner.

#### 5.5. Administration of medicines

5.5.1 The licensee shall ensure that all preparation of medication in the nursing home is performed by a RN. Care staff may serve the prepared medication, using clean and appropriate equipment, as follows:-

- a) Oral – an Enrolled Nurse (EN), trained Health Care Assistant (HCA), or a Nursing Assistant (NA) may assist in serving;
- b) Injectable – a RN or an institutionally-approved and trained EN, under the supervision of a RN, may administer subcutaneous injections;
- c) Naso-gastric tube – feeding by an EN, or by an institutionally-approved and trained HCA or NA, under the supervision of a RN, is allowed; and
- d) Rectal – an EN, trained HCA or NA is allowed to insert the suppository.

5.5.2 Each patient's MR must be referred to when serving medicines, to ensure that the 5 Rights (i.e. right patient, medication, time and/or frequency, route and dose) are adhered to.

5.5.3 The RN shall sign the patient's MR immediately after medicines have been served to that patient. The date and time that the medicines are administered shall be documented.

#### 5.6 Disposal of medicines

5.6.1 The licensee shall ensure that medicines are disposed of promptly and properly when:-

- a) they have expired or when there is doubt about the expiry date;
- b) they show signs of deterioration;
- c) the treatment is discontinued and the medicines are no longer required by the patient; and
- d) the patient(s) for whom the medicines have been issued is no longer residing in the nursing home.

5.6.2 Dates for disposal after opening shall be observed for all medicines, according to manufacturer's recommendations.

5.6.3 Medicines that may be required as evidence in a coroner's case or other purposes must not be disposed of unless they are no longer required for such purposes.

5.6.4 The nursing home shall have procedures in place for the removal of existing stock of any medicine that has been recalled, and for informing patients accordingly.

#### 5.7 Documentation and information

5.7.1 The licensee shall ensure that there are 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.

5.7.2 Patients' MRs shall contain the following information:-

- a) patient's name, NRIC number, age, sex and date of admission;
- b) patient's diagnoses;
- c) allergies to medicine(s) and contra-indications, if any;
- d) details of prescription: names of medicines, doses, routes, forms and frequency of administration, dates medicines are to be started and discontinued; and
- e) last review date by registered medical practitioner/pharmacist and particulars of the registered medical practitioner/pharmacist.

5.7.3 All documentations of medicines must be clearly and legibly written in ink, and correction fluid/tape shall not be used.

5.7.4 Each patient's MR shall be reviewed at least once every 6 months by a registered medical practitioner.

5.7.5 All deviations from orders and administration of medicines shall be recorded.

5.7.6 The licensee shall ensure that all nursing care staff have ready access to current and credible drug information resources.

#### 5.8 Controlled drugs

5.8.1 The licensee shall ensure that proper operating procedures are put in place for the handling and storage of controlled drugs, in accordance with the Misuse of Drugs Act, its Regulations and Schedules.

5.8.2 A RN shall be responsible for the safe custody, recording, administration, handling and disposal of controlled drugs.

#### 5.9 Role of registered pharmacist

5.9.1 The licensee shall engage a registered pharmacist to visit regularly, at least every 6 months, to:-

- a) provide periodic review of each patient's MR and prescriptions to evaluate the patient's progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each patient is appropriately indicated, effective, safe and convenient;
- b) develop guidelines and provide oversight for the use and management of medicines in the facility, minimum standards and quality assurance standards; and
- c) provide in-service education to the nursing home staff on medication management.

5.9.2 The licensee shall ensure that regular audit checks are conducted on the nursing home's medication management at least every 6 months by a registered pharmacist. A report on the audit and recommendations for improvement shall be given to the manager of the nursing home.

#### 5.10 Medication errors and adverse drug reactions

5.10.1 In the event that a medication error occurs, the licensee shall conduct investigations and take appropriate actions.

5.10.2 All medication errors that occur in the nursing home shall be recorded with all relevant details.

5.10.3 The licensee shall conduct a regular review at least once every 3 months of the medication errors that had occurred in the nursing home.

## **5.11 Medication reconciliation**

5.11.1 The licensee shall ensure that medication reconciliation is conducted for each patient by a registered medical practitioner, registered pharmacist or advanced practice nurse (APN) at reasonable intervals, to ensure medication safety.

## **Advance Care Planning**

- 6.1. The licensee shall ensure a system in place to identify patients who may be approaching the end of life. For these patients, the nursing home shall:-
- a) conduct an Advance Care Planning (ACP) discussion with the patient or family/representative(s);
  - b) develop a plan in accordance with the patient's care preference when he is nearing the end of life; and
  - c) record and store the patient's care preferences and care plans.
- 6.2 When a patient is approaching the end of life, the nursing home shall honour the care preferences of the patient as far as possible, and manage his care appropriately.
- 6.3 Where deviation from the ACP may be in the best interest of the patient, the nursing home may provide care, treatment, or referral as needed while consulting and informing the patient and/or family/representative(s) appropriately.
- 6.4 The nursing home shall keep the family/representative(s) informed of the patient's condition.
- 6.5 For audit and learning purposes, the nursing home shall conduct an after-death review of patients who pass on in the nursing home.

## **Pain management**

- 7.1 The licensee shall ensure that policies and processes are in place to identify patients who experience physical pain.
- 7.2 Every nursing home shall conduct a pain assessment during the comprehensive assessment upon a patient's admission and upon recognition of a significant change in a patient's condition.
- 7.3 Every nursing home shall assess the intensity, location, onset and progression of a patient on a pain management programme on a daily basis, at the minimum. The licensee shall ensure that:-
- a) this shall be done in a consistent, standardised and systematic manner, to permit monitoring of the patient's condition and response to treatment; and
  - b) proper monitoring tools are used, such as numerical pain rating scales, verbal descriptor scales, location charts, and symptom checklists.

- 7.4 Patients 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.
- 7.5 Pain relief medication shall be administered by the nursing home based on the patient's pain type and severity. The nursing home shall ensure that:-
- a) the patients are monitored for pain relief, side effects and complications of pain medication; and
  - b) pain relief medicine shall not be given for more than 24 hours to relieve a patient's pain and discomfort without a review or verbal orders by a registered medical practitioner.
- 7.6 The licensee 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 patients.
- 7.7 Each patient's pain management plan shall be recorded and followed by care staff.

#### **Falls prevention and mobility**

- 8.1 The licensee shall ensure that there is a method to conduct initial and ongoing assessments for all patients to determine which patients are at risk of falls.
- 8.2 Identification of patients 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 falls risks);
  - c) patients' medications that may lead to increased falls risks; and
  - d) functional, behavioural, and cognitive status.
- 8.3 The licensee shall take steps to minimise falls risks to patients, including:-
- a) ensuring a safe physical environment; and
  - b) providing education on falls prevention for the patient, his family, representative(s), or caregiver(s).
- 8.4 Assistive devices, such as wheelchairs and commodes, shall be checked and maintained regularly.
- 8.5 The nursing home shall provide proper follow-up care and monitoring when a patient has sustained a fall.
- 8.6 Post-fall analysis shall be conducted to determine appropriate measures to be taken to prevent recurrences.



## **Skin care and pressure ulcers**

### **9.1 Assessment of risk of pressure sores and detection and prevention of pressure ulcers**

9.1.1 The nursing home shall assess patients upon admission for risk to skin breakdown and other skin conditions which require care, including pressure ulcers and wounds.

9.1.2 A skin review shall be conducted daily, in the process of providing care and assistance to each patient during bathing and other activities.

### **9.2 Management of pressure ulcers**

9.2.1 When a patient is found to have a pressure ulcer, the following shall be assessed and monitored:-

- a) the location, size, stage, condition, odour, amount and type of exudates; and
- b) 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 patient.

9.2.2 Each patient who has been identified to have a pressure ulcer shall be given appropriate treatment and care without undue delay.

### **9.3 Monitoring for abnormalities and complications**

9.3.1 Patients shall be checked daily for any wound-related abnormalities or complications arising from the use of medical devices. Any abnormalities or complications shall be attended to promptly.

### **9.4 Availability of information**

9.4.1 The licensee shall ensure that information on skin care and prevention of skin damage is available for care staff, patients and their families/representatives or caregivers.

## **Oral hygiene and dental care**

### **10.1 Oral hygiene care**

10.1.1 Care shall be provided to maintain the oral hygiene of each patient in the nursing home.

10.1.2 Appropriate equipment and supplies shall be used for the management of patients' oral hygiene care needs, such as tooth-brushes, foam swabs, mouthwashes, tablets, gels and toothpaste.

10.1.3 Oral hygiene care shall be performed at least once a day for patients, including patients who are tube-fed.

#### 10.2 Dental screening

10.2.1 Patients who have been identified to be in need of dental care shall be referred to appropriate dental care services.

#### 10.3 Care of dental appliances

10.3.1 Removable dental appliances (e.g. dentures) used by patients shall be cleaned and maintained regularly.

10.3.2 Care staff shall identify dental appliances that are ill-fitting or unsuitable for a patient's use, and shall refer patients for dental care when assessed to be necessary.

### **Continence management**

11.1 The care staff shall check patients' continence aids at regular intervals, and change any aids as and when necessary.

11.2 The licensee shall ensure that protocols are developed and followed for promoting continence and bowel management. This shall include weaning patients off continence aids where appropriate.

### **Allied health services**

#### 12.1 Physiotherapy and Occupational Therapy service

12.1.1 The licensee shall ensure that patients are assessed for rehabilitative potential. Patients shall also be referred for follow-up assessment by a registered physiotherapist/occupational therapist when there is a change in the patient's functional status.

12.1.2 The nursing home shall provide physiotherapy and/or occupational therapy services for patients who are assessed to require rehabilitative care.

12.1.3 Where patients do not require active intervention from a registered physiotherapist/occupational therapist, maintenance care and activities shall still be required as part of the patients' daily routine.

12.1.4 If there is a change in patients' function from the pre-morbid state, the nursing home shall reassess the patients' functional status and refer to a registered physiotherapist/occupational therapist for follow-up care.

#### 12.2 Dietetic service

12.2.1 The licensee shall conduct a nutritional screening of each patient, at least once every 6 months.

12.2.2 The nursing home shall promptly refer to a dietician for an individual assessment when a patient presents with:-

- a) weight loss;
- b) poor intake; or
- c) any other conditions identified by the registered medical practitioners/RNs.

12.2.3 The licensee shall employ, or make arrangements with a qualified dietician to supervise the dietary aspects of patients' care and to ensure that proper dietary requirements are complied with.

### 12.3 Speech therapy service

12.3.1 The nursing home shall refer the patient to a registered speech therapist when the patient presents with a new swallowing problem, or when the referring institution recommends the continuation of care by a registered speech therapist.

### 12.4 Podiatry service

12.4.1 The nursing home shall inform a registered medical practitioner when a patient presents with a new foot and/or nail problem. The need for referral to a podiatrist shall be assessed by a registered medical practitioner.

### 12.5 Social Work Service

12.5.1 The nursing home shall refer to appropriate social services when a patient requires counselling, outreach, family intervention or other social support.

12.5.2 Where more complex psychosocial counselling or interventions are required, the nursing home shall refer the patient to medical social work services, or other appropriate professional services.

## **Infection control**

*In this domain, 'infectious disease' refers to any disease specified in the First Schedule to the Infectious Diseases Act (Cap. 137).*

### 13.1 General safety requirements

13.1.1 The licensee shall comply with all relevant laws and requirements relating to infectious disease and control.

13.1.2 Every nursing home shall promote good hand hygiene practices among patients, staff and visitors.

13.1.3 Up-to-date resources such as reference materials from MOH on infection control shall be made accessible and available to staff and visitors.

### 13.2 Staff education and training regarding infection control

13.2.1 The licensee shall ensure that all staff, including those employed in support services, receive mandatory education and training in infection control and the use of personal protection equipment (PPE), that is commensurate with their work activities and responsibilities, and are regularly updated.

### 13.3 Designation of an infection control committee and lead person(s)

13.3.1 The licensee shall ensure that the nursing home has 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.

*[\*Please refer to Regulation 33(1) of the PHMC Regulations].*

13.3.2 The manager of 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 PPE and the safe disposal of sharp objects).

13.3.3 The manager of the nursing home shall ensure that the nursing home's infection control policies are based on current scientific knowledge, accepted practice guidelines and all relevant laws and requirements. The licensee shall ensure that the nursing home's infection control policies and procedures are evaluated on a regular and continuing basis, and at least once every year.

### 13.4 Infection control equipment and facilities

13.4.1 Every nursing home shall have an isolation room or facility for patients found or suspected to be suffering from any infectious disease.

*[\*Please refer to Regulation 33(2) of the PHMC Regulations]*

13.4.2 Any room or equipment which has been used by a patient suffering or suspected to be suffering from any infectious disease shall not be used by any other patient until it is adequately disinfected.

*[\*Please refer to Regulation 33(3) of the PHMC Regulations]*

13.4.3 Proper facilities for hand washing and waste disposal shall be provided wherever care is delivered in the nursing home.

13.4.4 Single-use items are to be discarded after individual use and shall not be reused on the same patient or others if there may be adverse impacts on safety and hygiene.

13.4.5 The licensee shall ensure proper disinfection and disposal of infectious waste materials by licensed biohazard waste disposal operators and in accordance with all relevant laws and requirements.

## **Food service**

### **14.1 Food safety and hygiene**

14.1.1 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:-

- a) all food handlers shall observe proper personal hygiene;
- b) the food provided shall be properly stored and handled;
- c) 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; and
- d) there must be proper sanitation procedures for cleansing and maintenance of equipment and work areas.

14.1.2 Premises and facilities for preparation and serving of food must similarly meet all requirements as for premises involved in the sale of food.

## **DOMAIN 2: SOCIAL ASPECTS OF CARE**

### **Dignity of care**

- 15.1 The licensee shall demonstrate that measures are in place such that each patient's privacy and dignity are recognised and respected to a reasonable extent. These shall include:-
- a) erecting adequate portable bedside screens when personal care is being carried out on patients, particularly during bathing, toileting, dressing of wounds and changing of continence aids; and
  - b) fitting bathrooms and toilets with doors and/or screens, and allowing sufficient time for daily activities to avoid rushing patients.
- 15.2 The licensee shall make suitable arrangements to ensure that patients 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 or injury; or
  - e) neglect and acts of omission which may place a patient at risk of harm.
- 15.3 All care staff shall receive training on the following:-
- a) protection of patients from abuse;
  - b) indicators of abuse;
  - c) responding to suspected, alleged or actual abuse; and
  - d) reporting suspected, alleged or actual abuse.
- 15.4 The licensee shall take reasonable steps to identify the possibility of abuse and prevent it before it occurs.
- 15.5 The licensee shall have a process in place to investigate and respond to any allegation of abuse. Relevant persons and agencies shall be notified of the occurrence of any incident of abuse and the outcome of any investigations undertaken by the nursing home.
- 15.6 The licensee shall ensure that appropriate disciplinary measures are taken against the staff responsible for the abuse.

### **Psychosocial and mental health care**

- 16.1 Upon admission, every nursing home shall conduct a psychosocial/mental health screening for their patients.
- 16.2 If a patient exhibits behaviour that cannot be managed by the nursing home, there shall be a protocol to refer the patient for assessment of psychosocial or mental health conditions.

16.3 The nursing home shall make available activities to keep patients meaningfully engaged.

16.4 All trained staff shall be able to recognise signs and symptoms of psychosocial/mental health conditions, and changes in such conditions.

#### **Informed care**

17.1 The licensee shall ensure that all patients, and/or their family/representative(s) are informed about the patient's condition and care plans.

17.2 The nursing home shall convey information regarding significant changes in a patient's condition and care plans, or any incident which may require special care or treatment, to the patient, family/representative(s) and/or caregiver(s).

17.3 Consent from the patient or his family/representative(s) shall be obtained in accordance with the Mental Capacity Act and the guidance issued by professional regulatory bodies, where applicable.

17.4 Procedures for obtaining consent shall not unduly delay the provision of care or treatment to a patient who requires it urgently, and if such care or treatment is in the patient's best interest.

#### **Use of restraint**

18.1 The nursing home shall ensure that restraints are used only as a last resort, when other less restrictive strategies have been unsuccessful.

18.2 Any use of restraint shall be initiated by a RN.

18.3 The use of restraint shall be reviewed on a regular basis and discontinued if no longer necessary. If chemical restraint 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.

18.4 The use of restraint, including all relevant details, and any changes thereto shall be documented in the patient's care plan.

#### **Living environment - Premises**

##### **19.1 Safety, comfort, and suitability**

19.1.1 The licensee shall ensure that the environment in the nursing home reflect the safety and comfort needs of patients and suitability of use. These shall include reasonable measures taken to ensure:-

- a) adequate lighting and ventilation;
- b) that noise is within a comfortable level; and

- c) that the environment is safe for patients to move around in (e.g. facilitation of mobilising, prevention and removal of clutter).

19.1.2 The licensee shall ensure that every room or ward occupied or intended to be occupied by a patient shall have at least the following:-

- a) a suitable bed, mattress, a pillow, a chair and a locker facility for each patient; and
- b) an effective system for patient-to-nurse communication.

#### 19.2 Cleanliness and hygiene

19.2.1 The licensee shall ensure that every part of the premises is maintained at all times in a clean and sanitary condition and in a good state of repair.

19.2.2 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:-

- a) the frequency at which patients' rooms, the general living environment, staff areas and equipment need to be cleaned;
- b) the need for ad-hoc cleaning;
- c) additional processes to minimise malodour and control infection; and
- d) all applicable health and hygiene standards.

#### 19.3 Security

19.3.1 The licensee shall ensure that security arrangements are in place to protect staff, patients and visitors in the nursing home.

19.3.2 The licensee shall put in place reasonable measures to protect the personal possessions that have been handed over by patients for safekeeping.

#### 19.4 Maintenance

19.4.1 The licensee 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.

### **Living environment - Facilities**

#### 20.1 Provision and suitability

20.1.1 The licensee shall ensure the provision of -

- a) sufficient and appropriate furniture;
- b) adequate and properly maintained sanitary facilities for patients; and
- c) recreational facilities for patients.



20.1.2 Patients of different sex shall not be allowed to occupy the same room.

## **20.2 Safety**

20.2.1 The licensee shall ensure that facilities are set up in an appropriate way to:-

- a) prevent disease transmission; and
- b) allow proper treatment of patients.

20.2.2 Furniture, fittings, and any equipment in areas accessed by patients are positioned to take into account the mobility and overall needs of the patients (e.g. including those with sensory impairments).

## **Living environment - Equipment**

21.1 The licensee shall provide medical equipment necessary for patients' care and treatment. The equipment shall be adequate, functional and effective.

21.2 The licensee shall provide rehabilitative equipment for patients who require rehabilitation.

21.3 All equipment shall be maintained in good condition and decontaminated where necessary.

21.4 The licensee shall ensure that an inventory of medical supplies and equipment that are presently available for use in the nursing home is kept. 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.

21.5 The licensee shall ensure that medical supplies are stored in the manner as recommended by the manufacturer to maintain the integrity of the products. The medical supplies shall be checked regularly to ensure that they have not expired or become unsafe or unsuitable for use.

## **Ancillary services**

### **22.1 Transport**

22.1.1 The licensee shall establish arrangements whereby a patient can be transported to other health care institutions for medical treatment as necessary.

22.1.2 Any ambulance operated by the nursing home must be appropriately identified, properly equipped and comply with all relevant laws and requirements to ensure the safety and welfare of the patient.

22.1.3 Where circumstances beyond the control of the nursing home prevent prompt and appropriate medical care on site, the arrangements in sub-paragraph

22.1.1 must be used in a timely manner to transport the patient concerned to the relevant healthcare institution for treatment.

## 22.2 Linen

22.2.1 Linen shall be:-

- a) adequately supplied and appropriate to the purposes of the nursing home;
- b) cleaned and changed as necessary and at appropriate intervals;
- c) effectively laundered with reasonable precautions taken to prevent subsequent contamination; and
- d) appropriately laundered if it comes into contact with patients.

## **DOMAIN 3: GOVERNANCE AND ORGANISATIONAL EXCELLENCE**

### **General management duties and responsibilities**

#### **23.1 The licensee 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;  
*[\*Please refer to Regulation 4(2) of the PHMC Regulations];*
- b) at all times exercise proper supervision of the premises of the nursing home and the persons employed therein;
- c) follow up on all orders and directions of the registered medical practitioner(s) in charge of the patients 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 patients or running of the nursing home service, and provide any additional equipment and appliances as may be directed by the Director of Medical Services ('Director'); and
- e) ensure that all activities conducted by the nursing home are in compliance with any applicable directions or guidelines issued by the Director, and all relevant laws and requirements.

#### **23.2 Fitness to manage nursing home**

23.2.1 The manager of the nursing home must be a registered medical practitioner or a RN.

*[\*Please refer to Regulation 10(1)(b) of the PHMC Regulations]*

23.2.2 The 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.

*[\*Please refer to Regulation 10(3) of the PHMC Regulations]*

#### **23.3 Duty of manager to inform patients of fees**

23.3.1 The manager shall ensure that every patient and his family/representative(s) is informed, on or before admission, of the estimated total charges which are likely to be incurred based on his stay.

*[\*Please refer to Regulation 11 of the PHMC Regulations]*

### **Duties and responsibilities of the Head of Nursing**

24.1 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.

- 24.2 The Head of Nursing shall be a RN with appropriate qualifications and experience. In the Head of Nursing's absence, a RN who is suitably qualified shall be authorised to act in his/her place.
- 24.3 The nursing department in every nursing home shall have policies and processes to guide the provision of nursing care. The nursing department shall maintain high nursing standards, and ensure that the nursing care provided to patients is in accordance with the approved standards of nursing practice.
- 24.4 The number and composition of care staff shall be sufficient to provide adequate care to the patients and in accordance with any applicable standards issued by the Director.
- 24.5 There shall be a documented roster of nurses and other care staff on duty during every shift.
- 24.6 The nursing staff organisation shall be such that:-
- a) appropriate nursing services are administered on all shifts;
  - b) patient care assignment is commensurate with the qualifications of each nursing staff as well as patients' 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 patient's condition to facilitate appropriate interventions; and
  - e) when a critical situation is escalated to the RN on call, the RN shall attend to the patient promptly.

## **Staff organisation and management**

### **25.1 General staff organisation and management**

#### **25.1.1 The licensee shall ensure that:-**

- 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) nursing staff are supervised by a RN and care staff are supervised by a RN or an EN; and
- d) the average working hours of staff and other terms and conditions of employment in the nursing home shall comply with all applicable legal requirements.

## **25.2 Employee Feedback Channel**

25.2.1 The licensee shall ensure that the nursing home has channels for staff to give feedback.

### **Staff training, competence and supervision**

26.1 The licensee shall ensure that recruitment and selection procedures are designed such that all staff are hired on the basis of being qualified and competent to perform the duties of the particular role that they are hired for.

26.2 The licensee shall conduct pre-employment background checks on an applicant, whose duties would require direct patient contact but are not Singapore-registered healthcare professionals. The pre-employment background checks shall at minimum include the applicant furnishing proof of his identity, relevant qualifications and a self-declaration, with necessary details, on:-

- a) previous employment history;
- b) any previous convictions or misconduct; and
- c) physical and mental health conditions.

26.3 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.

26.4 The licensee shall ensure that all staff are properly supported and appraised.

26.5 The licensee shall encourage and facilitate their staff to keep their knowledge and skills up to date, to ensure currency of their competencies by encouraging staff participation in relevant courses to meet identified needs, and on-the-job training.

26.6 The licensee shall ensure that staff duties are covered when they are on leave or course, such that the staff-to-patient ratio is maintained.

### **Financial management**

#### **27.1 Financial viability**

27.1.1 The licensee shall ensure that the nursing home maintains sufficient financial resources to adequately provide its services.

#### **27.2 Financial records and reporting**

27.2.1 The licensee shall ensure that proper financial records are kept in accordance with all relevant laws and requirements.

27.2.2 The licensee shall submit financial statements as required by the Director in the form, manner and frequency as the Director may determine.

### 27.3 Charging policies

- 27.3.1 Every nursing home shall provide patients and their families/representatives with full information on all fees and charges (including deposits or any other charges) to be paid.
- 27.3.2 If the nursing home intends to change its charging policies, it shall convey the information to patients and their families/representatives at least 3 months in advance of the change coming into effect.

### **Customer relations**

- 28.1 The licensee shall have a process for gathering feedback from patients and their families/representatives, and bringing feedback to the attention of senior management. This shall include the following:-
- a) active collection of feedback on service delivery from patients and their families/representatives, on a regular basis;
  - b) collection of ad-hoc feedback; and
  - c) protection of patients' confidentiality and anonymity, if requested, when feedback is given.
- 28.2 The licensee shall have a process for addressing feedback received. This shall include methods of responding to patients and their families/representatives regarding comments that have been expressed to the nursing home.
- 28.3 The licensee shall document all feedback received and utilise the feedback received to improve its processes and quality of service.

### **Continuous improvement**

#### 29.1 Monitoring

- 29.1.1 The licensee shall have systems and processes in place to monitor the quality of all services provided and identify gaps in compliance.

#### 29.2 Assessment

- 29.2.1 The licensee shall conduct regular internal quality assessments and identify areas for development and improvement. This shall include:-
- a) aspects of clinical care (e.g. risk factors due to existing care and treatment protocols); and
  - b) organisational and management procedures and processes.
- 29.2.2 Feedback received from patients and their families/representatives, staff and others shall also be taken into account when assessing the quality of services provided.

### 29.3 Quality improvement

29.3.1 The licensee shall ensure that 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.

### **Emergency preparedness**

#### 30.1 Back-up utility supply

30.1.1 Every nursing home shall have, in addition to normal electrical supply, emergency power and lighting in all patient care areas. Where life support equipment is used, it shall be connected to emergency power at all times.  
*[\*Please refer to Regulations 19(1) & 19(2) of the PHMC Regulations]*

#### 30.2 Emergency services

30.2.1 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.  
*[\*Please refer to Regulation 23 of the PHMC Regulations]*

#### 30.3 Emergency response plans and emergency response teams

30.3.1 The licensee shall ensure that:-

- a) 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;
- b) 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;
- c) the staff training plan covers emergency response procedures; and
- d) all staff know their responsibilities in the event of an emergency.  
*[\*Please refer to Regulations 56A of the PHMC Regulations]*

#### 30.4 Participation in emergency preparedness exercises

30.4.1 The licensee shall ensure that the nursing home:-

- a) 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
- b) 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.  
*[\*Please refer to Regulations 56B of the PHMC Regulations]*

### 30.5 Fire precautions

30.5.1 The licensee shall take adequate precautions against the risk of fire in accordance with all relevant laws and requirements relating to fire safety.

30.5.2 The precautions against the risk of fire shall include:-

- a) establishing a fire evacuation plan;
- b) providing 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;
- c) 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;
- d) ensuring proper and regular maintenance of fire precautions and firefighting equipment;
- e) making arrangements to secure by means of regular fire drills and practices that all staff in the nursing home, and patients so far as is practicable, know the procedure to be followed in the case of fire, including the procedure for saving life;
- f) conducting fire drills periodically and maintaining a record of all fire drills; and
- g) displaying conspicuously in the premises, notices of the procedures to be followed in the event of fire.

Dated this 1<sup>st</sup> day of April 2015



A/PROF BENJAMIN ONG  
DIRECTOR OF MEDICAL SERVICES  
MINISTRY OF HEALTH, SINGAPORE