Shared Stay-in Senior Caregiving Services

A Good Practice *Guide*

Led by

GROW ASSISTED LIVING

Red Crowns SENIOR LIVING

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Introduction

New community-based options are needed to support individuals to age in the community, given the impact of shrinking family sizes on caregiving. The Shared Stay-in Senior Caregiving Services ("Stay-in SCS") model is one such option where caregiving staff provide basic support with daily living tasks, meals, housekeeping, and social activities to a group of individuals living in the same residence/facility.

The types of residences include (a) existing public or private residential premises (e.g., HDB units, condominiums, bungalows) and (b) purpose-built assisted living apartments integrated with other social and wellness amenities. Depending on the arrangement, caregiving staff may stay on-site or provide care through regular shifts.

As the care provided mirrors how caregivers at home support their elderly loved ones, the service is primarily delivered by trained laypersons (i.e., caregiving staff) and medical/nursing care is not part of the scope of Stay-in SCS. As such, this model is most suitable for seniors who require some but not extensive assistance with Activities of Daily Living (ADLs)[1], and are either cognitively competent or have a Next-of-Kin (NOK) to make caregiving decisions.

[1] Basic Activities of Daily Living (ADLs) include bathing, dressing, eating, toileting, transferring, and mobility. Instrumental ADLs require more advanced skills than Basic ADLs, such as assistance with housekeeping, meal preparation, buying groceries, and wayfinding without getting lost.

Seniors and/or NOKs interested in this option should note that the caregiving staff will care for the seniors based on instructions provided, whether by the senior or NOK, and that the responsibility for the accuracy of the instructions will remain with the senior and/or NOK. Additionally, caregiving staff can only perform caregiving tasks that are not restricted to healthcare professionals, and hence the service provided is not equivalent to those expected from healthcare settings (a nursing home service would be a "healthcare" model, which is not within the scope of Stay-in SCS).

Seniors with healthcare needs will need to secure nursing or medical services from appropriate affiliated or third-party licensed healthcare professionals or healthcare providers (e.g., GP/polyclinic visits, nurses, doctors) or shift to a healthcare setting when necessary. Such optional healthcare services may be offered by the same service provider if the provider has the relevant license to operate the healthcare service or by third-party healthcare service providers/professionals.

This good practice guide aims to educate service providers, families and seniors on the recommended good practices when providing or seeking such a service. The well-being of seniors under this model is a shared responsibility between families and providers.

This guide will be updated from time to time with good practices from the assisted living industry.

Acknowledgements

This good practice guide is contributed by members of the industry and advised by a panel of experts.

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Domain 1

Provision of Caregiving Services

1.1 Service Scope

A. Caregiving staff are **not allowed** to carry out acts/activities which can legally[2] only be performed by healthcare professionals (see Table 1). Where such levels of medical or nursing care are necessary, service providers are to help clients, or their NOK, arrange for an appropriate licensed healthcare professional or healthcare provider to provide the medical or nursing services.

Table 1

Services and activities that must be performed by a healthcare professional (e.g., nurse)

Principles	Examples of acts/activities that must be performed by a healthcare professional
 Invasive procedures that require clinical/ vocational training	• Insertion and change of tubing (e.g., nasogastric tube, indwelling urinary catheter) • Drawing of blood • Administration of medication/treatment via injection (except for assistance with subcutaneous injection – see *Table 2E* below) • Complex wound management
 Activities that require clinical assessment and judgement related to the management of a medical condition requiring professional expertise	• Revision or deviation from the client's existing medical/nursing care plan • Medication dosage adjustment • Education on individualised medical management (except for lifestyle advice e.g., smoking cessation, healthy diet)
 Acts that may infringe on a client's rights	• Application of restraints • Procedures for which client or the NOK (if the client is unable to make caregiving decisions for himself/herself) did not provide informed consent

[2] Activities of a healthcare professional (i.e., registered doctor, pharmacist, nurse, and allied health professional) are governed by the respective professional Acts.

B. Caregiving staff perform caregiving tasks as instructed by the client, NOKs or a healthcare professional treating or managing the client's condition. Caregiving staff are not expected to make independent clinical assessments and decisions or have formal skills required by a healthcare professional. Non-exhaustive examples of caregiving tasks that can be performed by trained caregiving staff, along with the corresponding expectations and good practices can be found in *Table 2* and *Sub-domain 1.4 (Staff Training)*.

C. Interested clients and their NOKs are recommended to check with the service provider about the specific caregiving tasks offered before enrolling in the service.

D. Prior to enrolling clients, service providers should clearly inform them on the scope of caregiving tasks offered under the service.

Table 2 – Caregiving Tasks

Expectations of Caregiving Staff and Good Practices

 What to expect from caregiving staff

 What should not be expected of caregiving staff

 Good practices expected of service providers

A. Assist with Activities of Daily Living (ADL)

- Initiate personal care support based on the needs of the seniors (e.g., assist with feeding by oral or nasogastric tube, bathing, changing of clothes/continence aids, lifting/transferring/positioning of client, toileting), as instructed by the senior and/or NOK, or trained by an appropriate training provider or healthcare professional
- Initiate domestic tasks such as housekeeping, meal preparation, and buying groceries
- Prepare meals/food in accordance with *Sub-domain 2.2 (Provision of meals)*
- Inform NOKs of any incidents arising from assistance with ADLs (e.g., fall during transfer)
- Recognise common changes to ADL needs (e.g., changes in appetite, mobility) and convey concerns to the NOKs

- Initiate tasks that must be performed by a healthcare professional (e.g., nasogastric tube insertion)
- Manage client's finances (e.g., savings, paying bills) without instructions/consent from client/NOKs
- Adjust client's dietary considerations without any instructions/ directions from a healthcare professional (e.g., changing the food consistency previously prescribed by a healthcare professional)

- Establish a process for escalating incidents arising from assistance with ADLs

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

B. Conduct of exercises and other activities

- Engage the client in simple recreational activities (e.g., board games) and exercises (e.g., walks and stretching exercises)
- Inform NOKs of any incidents arising from conducting exercise or social activities (e.g., fall during exercise)

- Initiate exercises directed at improving a client's specific health condition without any instructions/directions from a healthcare professional

- Establish a process for escalating incidents arising from the conduct of exercise or social activities

 What to expect from caregiving staff

 What should not be expected of caregiving staff

 Good practices expected of service providers

C. Measuring of client's parameters
(e.g., temperature, blood pressure, blood glucose level)

- Read and record client's parameters
- Measure and document parameters for one client at a time
- Inform client/NOKs of the readings and act according to their instructions, if appropriate
- Inform NOKs in situations such as: (a) client's reading is out of the agreed range with the client/NOK; and (b) client refuses to have their parameters measured
- Maintain proper hygiene and infection prevention and control practices (e.g., washing hands with soap and water before and after the procedure and between clients, proper disposal of waste including single-use glucose test strips)

- Assess whether the reading is normal or abnormal, and make decisions that are outside the scope of the agreed arrangement with the client/NOKs
- Adjust the client's medications or any other treatment

- Document completed task by the caregiving staff (e.g., record on file/ monitoring sheet), including situations where the client refuses to have their parameters measured
- Establish a process for escalating incidents arising from measuring parameters (e.g., injury from device used to measure blood glucose), including notifying the NOKs of incidents
- Document clients'/NOKs' instructions and decisions on follow-up care management after completing the measurement and communication

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

D. Assisting in packing of client's medication

- Pack medications from containers into pill boxes strictly based on NOKs' instructions and according to clear written instructions provided by the pharmacy/healthcare institution, indicating:
  - Dose (e.g., number of tablets to be taken);
  - Frequency (e.g., morning and night);
  - Route (e.g., oral or topical); and
  - Other special instructions (e.g., before or after meals)
- Verify that the medications belong to the senior (based on the medication label) before packing into the senior's pill box
- Check that the medications are in good condition and not expired based on their general appearance prior to organising them into pill boxes (i.e., ensure that pills are not foul-smelling, discoloured, or disintegrated)
- Assist in packing medications for one client at a time
- Assist in storing packed medications (including refrigerated items) properly according to the storage instructions on the medication labels
- Inform the client/NOKs to verify and acknowledge each time the medications are packed by the caregiving staff into the pill boxes (i.e., shared responsibility with the client/NOKs)
- Check with the client/NOK or the dispensing pharmacy/healthcare institution (if NOKs are not contactable) if the caregiving staff is unclear about: (a) the written instructions on the medication package required for medication packing; or (b) why the name, dose, or frequency of the medications received differs from previously packed medications
- Document the name of caregiving staff, the medications packed, and the date and time of acknowledgement from the client/NOKs (e.g., record on file/monitoring sheet)

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

D. Assisting in packing of client's medication (Continued)

- Verify whether the medication and dosage are appropriately prescribed for the client
- Verify whether the client is allergic to any of the medications supplied by the pharmacy/healthcare institution

- Establish processes to verify that caregiving staff are packing medications based on the service provider's protocols. If deviations are detected, the service provider promptly rectifies them and takes steps to prevent similar issues
- Document all conversations with clients and/or NOK, especially where instructions are given, after medications are packed
- In case of any doubt (e.g., questionable appearance of medications), the caregiving staff must inform the client and/or NOK

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

E. Assisting with serving of medications in common dosage forms (i.e., oral, topical, inhalation, suppositories/pessaries, and insulin injection)

- Assist in serving medications by checking the following 5 "Rights" according to the instructions prescribed by a healthcare professional (e.g., on the medication label):
  - Right person, Right medication, Right dose, Right time, and Right route
  - Check that the medications are in good condition and not expired based on their general appearance prior to serving (i.e., ensure that pill is not foul-smelling, discoloured or disintegrated)
- Assist client with serving over-the-counter (OTC) medications as instructed by the client/NOK, and in accordance with the directions and dosage instructions (including maximum daily dose) on the OTC medication label
- Provide a list of active medications taken by the client upon healthcare professional's request (e.g., at the point of collecting or purchasing medications from pharmacy on behalf of the client), before assisting in serving such medications
- Assist in serving medications to one client at a time
- Inform NOKs if the client refuses to take their medications (including consuming only a portion), or if any incidents arise from assisting in the serving of medication (e.g., error due to wrong medication packed)
- Check with client/NOKs or the dispensing pharmacy/healthcare institution (if NOKs are not contactable) if the caregiving staff is unclear about: (a) the written instructions on the medication package required for serving medications; or (b) why the name, dose, or frequency of the medications received differs from previously packed medications
- Maintain proper hygiene and infection prevention and control practices (e.g., washing hands before and between clients, proper disposal of single-use glucose test strips)

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

E. Assisting with serving of medications in common dosage forms (Continued)

- Clinical assessment and intervention, including withholding or adjusting medication doses without clear instructions from a healthcare professional managing the client's condition (e.g., administering a lower dose of insulin)

- Document the name of caregiving staff and medications administered (e.g., record on file/monitoring sheet), including situations where the client refuses to take the medications
- Obtain acknowledgement that the client/NOK accepts the risks involved in the caregiving task (e.g., risks arising from insulin administration such as low blood sugar or injection site reactions)
- Establish a process for escalating incidents arising from assisting with medication administration
- Document all conversations with clients and/or NOKs related to assistance with the medication administration, especially where instructions are given

What to expect from caregiving staff

What should not be expected of caregiving staff

Good practices expected of service providers

F. Assist in simple wound care and dressing (e.g., superficial abrasion)

- Assist the client with simple wound care and dressing (e.g., using over the-counter items such as plasters/bandages/gauze) in accordance with the instructions of the client, NOK or healthcare professional
- Maintain proper hygiene and infection prevention and control practices (e.g., washing hands before and after the procedure and between clients, following steps to prevent contamination of the wound, and ensuring proper disposal of soiled or used items)
- Inform the NOKs of any incidents arising from assisting with simple wound care/dressing (e.g., bleeding from wound that does not stop)

- Make independent decisions on behalf of the NOK about whether the client's wound should be escalated
- Perform invasive procedures (i.e., complex wound management which requires nursing intervention)

- Document the name of the caregiving staff and the type of wound care/dressing performed
- Establish a process for escalating incidents arising from assisting in simple wound care/dressing
- Assist with dressing a wound for one client at a time
- Document all conversations with clients and/or NOKs related to assistance in wound dressing, especially where instructions are given

1.2 Client Suitability

A. Assessing Suitability for Admission

Before admission, service providers conduct pre-admission assessment checks and take into consideration the following factors when assessing a potential client's suitability for Stay-in SCS. The service is suitable for clients who fall into one or more of the following categories:

i) Cognitively sound but requires assistance with ADLs and routine domestic tasks;

ii) Has limited mobility (e.g., wheelchair-bound) but basic care activities can be sufficiently assisted by a single trained care staff;

iii) Does not exhibit behavioural issues and is able to share accommodation with others. For example, no antisocial behaviour, does not resist care, does not pose threats to themselves, the residence or other clients;

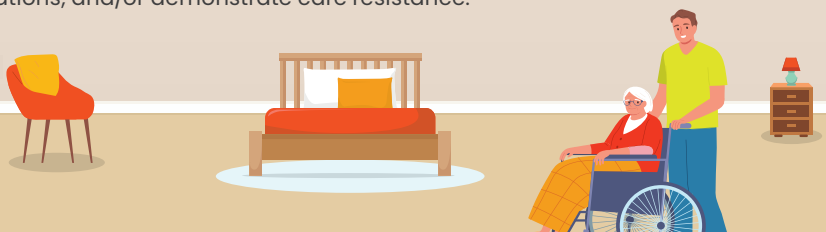
iv) No known active infectious conditions, with confirmation of client's infection status with client/NOKs and hospital discharge information (if applicable). If clients have known inactive infectious conditions, service providers assess whether the accommodation is suitable for such clients before admission; and

v) Clients with higher care needs may be suitable if adequate arrangements are made by the client/NOK, such as:

   a. Supplementary clinical support (e.g., home nursing or home medical services) which client/NOK agree to in writing

   b. A legally appointed proxy or NOK who can make caregiving decisions if the client is cognitively impaired

Clients deemed unsuitable for Stay-in SCS include those who require two-person transfers, have antisocial behaviour, have active infectious conditions, have inactive infectious conditions that cannot be accommodated due to facility limitations, and/or demonstrate care resistance.



B. Transition to Alternative Care Services

Service providers promptly recommend suitable alternative care options for clients whose care needs can no longer be met by the service provider, and provide a reasonable transition period prior to client discharge and contract termination.

To minimise disputes arising from care transition, service providers conduct early discussions with the client and/or NOKs on such care transition plans, and obtain written agreement on the plans should the client's care needs change, before enrolling the client in Stay-in SCS.

Possible reasons for discharge or contract termination include, but are not limited to:

i) Development of severe dementia, behavioural issues or active infectious condition(s) that pose risks to the client, other clients, caregiving staff, or exhibits destructive behaviour towards property;

ii) Increasing care needs requiring round-the-clock nursing or medical support; and

iii) Cognitive decline without appointing a legal proxy, where the NOKs are uncontactable, unresponsive, or uncooperative in making caregiving decisions

1.3 Caregiving Delivery and Documentation

A. Service providers consider each client's preferred language, where possible, when assigning care staff to clients.

B. If an NOK is involved, service providers have communication channels between caregiving staff and NOKs to understand the client's caregiving needs, provide updates, and seek guidance on caregiving decisions. These channels could also be used to document tasks performed and decisions made. Where there is no NOK, service providers are to communicate directly with the client and seek guidance on their caregiving needs and decisions. These caregiving decisions are to be similarly documented as well.

C. Service providers consult each client and their NOKs on the client's Do-Not-Resuscitate (DNR) status and document it as part of care planning.

D. Clients are encouraged to complete their Lasting Power of Attorney (LPA) and Advance Care Planning (ACP) to support clear delegation of care decisions and end-of-life preferences, especially in scenarios where they may not be able to express their views.

E. Service providers update the caregiving plan regularly, with each client/NOK's agreement, especially when the client's condition or caregiving needs change.

1.4 Staff Training

A. Service providers ensure that caregiving staff undergo proper training, competency assessments[3] and routine refresher training so that they can:

i) Perform caregiving tasks, such as the scope of caregiving tasks outlined in *Table 2 of Sub-domain 1.1*, or any other caregiving tasks requested by the client/NOKs, safely and appropriately;

ii) Recognise common symptoms related to caregiving (e.g., changes in appetite, mood, mobility, activity levels) and convey concerns to the client and/or NOKs (if an NOK is involved); and

iii) Respond appropriately to basic emergencies (e.g., perform cardiopulmonary resuscitation (CPR) on an unconscious client who is not on Do-Not-Resuscitate (DNR) status) i.e., caregiving staff must hold valid first aid and CPR certification

Service providers who require assistance in conducting proper training and competency assessments for caregiving staff prior to providing care for clients should enrol their staff in training courses recommended by Ministry of Health (MOH) and Agency for Integrated Care (AIC) which can be found on *AIC's website*.

[3] This means that caregiving staff are trained and assessed by a qualified trainer/supervisor with relevant experience in providing the caregiving tasks taught. Competency assessment refers to the assessment of skills by the qualified trainer/supervisor, typically with five successful attempts at the skills assessed to demonstrate competence in performing the caregiving tasks.

B. In addition to the training recommended by MOH and AIC, specific training should be arranged for caregiving staff if the client requires more complex care activities (e.g., changing stoma bags).

C. If caregiving staff receive targeted training from healthcare professionals for specific clients (e.g., when a client is discharged from hospital to a Stay-in SCS setting, by home nursing or home medical providers), caring for the client such training is only applicable to that particular caregiving staff-client arrangement.

D. When there is a change of caregiving staff, service providers have measures in place to train new staff to become familiar with the client's needs.

E. Service providers maintain processes for the safe and proper provision of caregiving tasks and train caregiving staff to become familiar with these processes to achieve consistency in standards across the service.

F. Service providers conduct routine checks and establish a monitoring system to verify that caregiving staff follow the processes set out for the safe and proper provision of caregiving tasks.

1.5 Involvement of Next-of-Kin (NOK)

A. NOKs play an important role in the caregiving journey of their loved ones enrolled in the Stay-in SCS model. This is particularly important, as clients' care needs may change over time. NOKs are recommended to:

   i) Be actively involved in the client's caregiving plans and discussions with the service provider and caregiving staff;

   ii) Provide clear caregiving instructions to the caregiving staff when required; and

   iii) Check in periodically with the caregiving staff to ascertain that the agreed caregiving arrangements are followed through

B. Service providers establish proper and regular communication, transparency, accountability and contracting with the NOKs. For example:

   i) Service providers are easily contactable by NOKs through:

      a. A designated organisational contact number; and/or

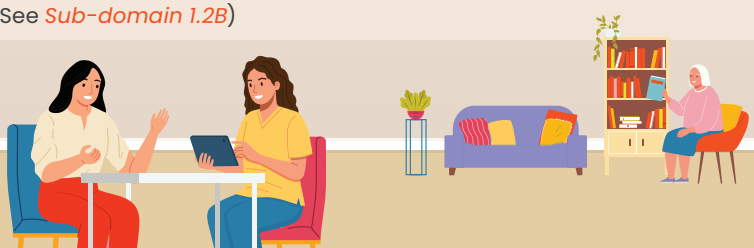
      b. Clear information on operating hours that the provider can be contacted about the client

   ii) For clients who are unable to make their own caregiving decisions (e.g., due to cognitive impairment):

      a. There is a primary NOK to serve as the main contact to provide instructions and maintain regular communication with caregiving staff and the service provider. For clients who have completed a Lasting Power of Attorney (LPA), the primary NOK is preferably the client's appointed donee under the client's LPA; and

      b. There is an alternate contact who can make decisions if the primary NOK is unreachable

   iii) Clients who are unable to make their own caregiving decisions (e.g., due to cognitive impairment) and do not have an appointed NOK are not suitable for Stay-in SCS and should not be admitted to, or remain in, the facility (See *Sub-domain 1.2B*)



Domain 2

Safety

2.1 Proper Hygiene, Infection Prevention & Control, and Safe Disposal of Unused Medications

A. Service providers adopt the following good hygiene and infection prevention and control processes to minimise risk of spreading infection:

i) Maintain a clean and well-kept physical environment (see *Sub-domain 3.2*);

ii) Follow hygiene protocols during caregiving (e.g., hand hygiene, wearing gloves when performing simple wound care), especially with clients known to have infections;

iii) Safe handling and disposal of sharps (e.g., used insulin needles); and

iv) Minimise contact between infected (e.g., flu) and non-infected clients

B. Proper disposal of unused medications prevents misuse and environmental harm. Service providers work with each client/NOK to return unused medications, especially cancer or immune-related medications, to the pharmacy for safe disposal.

C. In the event that a client develops or is suspected to have developed an infection whilst in the facility, the service provider/caregiving staff informs both the NOK (where applicable) and all other clients living in the same facility immediately.

To minimise the spread of infection, the service provider/caregiving staff brings the infected client for medical attention after informing the client or NOK (where applicable).

Prior to receiving medication attention, the service provider/caregiving staff isolates the infected client to prevent them from staying in the same room with non-infected client(s).

2.2 Provision of Meals

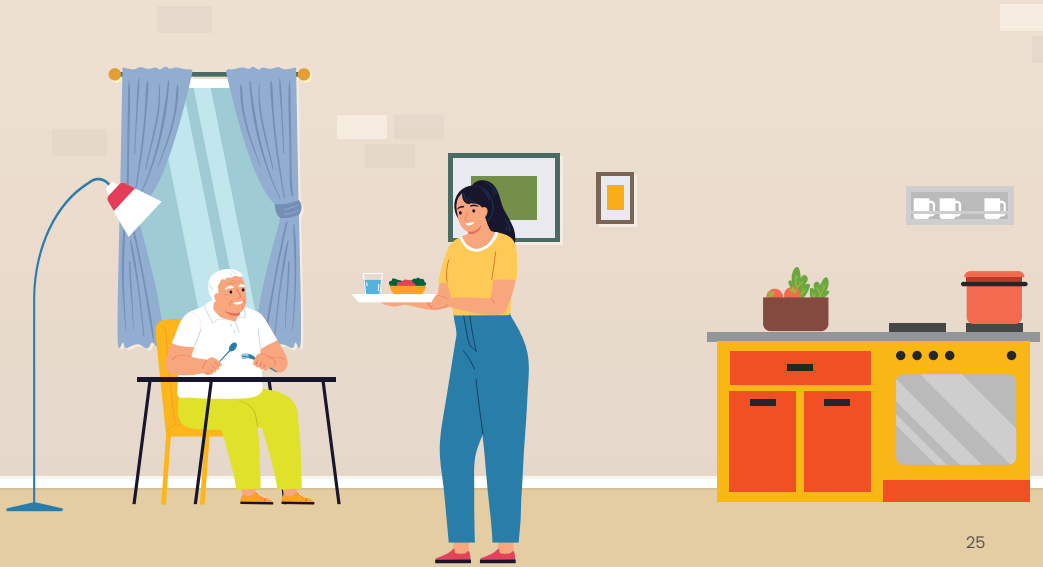
A. As part of the Stay-in SCS, caregiving staff prepare meals for multiple clients living in the same residence with the following considerations:

   i) Follow food safety, hygiene, and storage guidelines recommended by the Singapore Food Agency (SFA) - *SFA | Safe Food Practices & Guidelines*;

   ii) Prepare meals according to dietary recommendations and diet texture for clients with chronic conditions and/or swallowing difficulties, as informed by NOK and in accordance with instructions from the relevant healthcare professional upon hospital discharge (e.g., high-protein or high-calcium diets, diabetic-friendly diets, soft or minced diets, etc.); and

   iii) Prepare meals based on clients' dietary requirements (e.g., halal, vegetarian) as requested by client/NOK

B. If caregiving staff are unable to accommodate the dietary recommendations/ requirements or diet texture for clients, service providers should inform the client/NOK and facilitate alternative arrangements.



2.3 Escalation Protocols

A. Service providers have clear escalation protocols, including:

i) Identify situations for escalation, such as:

a. Unexpected events during caregiving (e.g., falls, choking, refusal of food or medications);

b. Symptoms indicating deterioration of client's physical/cognitive condition (e.g., changes in appetite or mood) or medical emergencies (e.g., chest pain, breathlessness, unconsciousness);

c. Client's vital signs being outside the range agreed upon with client/NOK

ii) SOPs for escalating emergencies mentioned in *Sub-domain 2.6*, and expected actions, including when to call ambulances and the phone numbers to call for emergencies;

iii) Follow-ups and documenting incidents; and

iv) Manage conflicts involving caregiving staff, clients, NOK and neighbours (see *Sub-domain 4.2*)

B. Before onboarding, service providers clearly explain the escalation protocols and obtain agreement from clients and NOKs, including situations in which emergency actions, such as the activation of ambulances, may be taken without prior consent.

C. To minimise disamenities to neighbours due to emergency calls (e.g., ambulances), service providers and caregiving staff adopt the following measures/practices:

i) Keep other residents calm and away from unit entrances, especially if they have behavioural issues;

ii) Maintain unobstructed access to the unit and common areas; and

iii) Promptly clear any items left in common spaces after incidents

2.4 Prevention and Management of Abuse and Neglect

A. Service providers have policies and processes to prevent and manage abuse and neglect affecting clients and caregiving staff, such as:

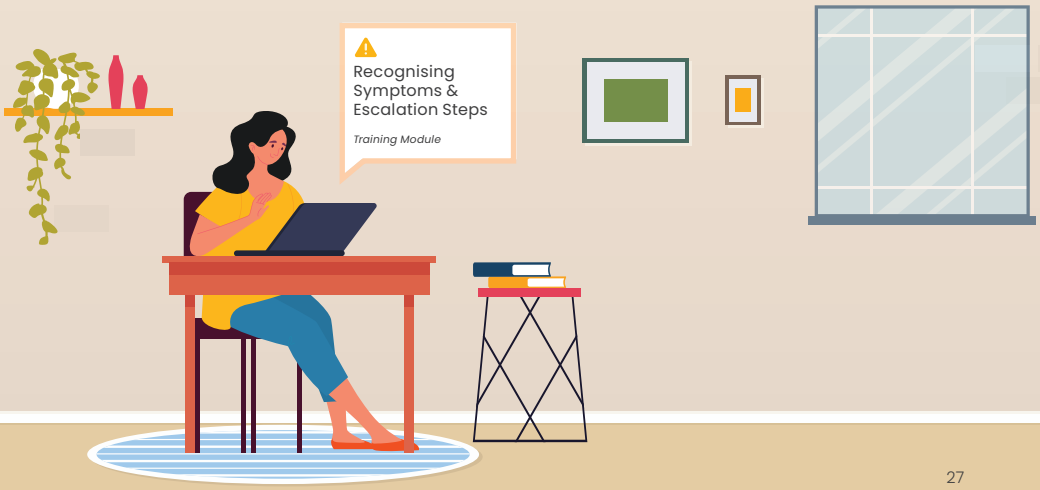
i) Conduct routine well-being checks on clients and caregiving staff by personnel not directly involved in the caregiving;

ii) Train caregiving staff and personnel to recognise symptoms of abuse and escalation channels;

iii) Educate clients, NOKs and caregiving staff about anti-abuse policies during onboarding, and provide information on mental health and support channels available to both clients and staff;

iv) Maintain communication channels between service providers and affected parties (e.g., client, NOKs, and/or caregiving staff) for reporting concerns; and

v) Document incidents and corresponding follow-up actions



B. In the event of suspected abuse, service providers follow a clear investigation and follow-up workflow (See *Sub-domain 2.7*), with outcomes communicated to affected parties. Furthermore, service providers also prioritise the following:

i) Physical and psychological well-being of the reported victim, including prompt escalation of the incident to relevant parties (e.g., NOKs, supervising staff) and necessary authorities/agencies where appropriate i.e.,

   a. Ambulance for physical injury requiring immediate medication attention

   b. Police for any physical or psychological injury or threat that caused hurt to the victim and parties (e.g., NOKs, supervising staff);

   c. The National Anti-Violence & Sexual Harassment Helpline for alleged/ suspected domestic violence between senior clients and their NOKs;

ii) Separation of the alleged abuser from the reported victim; and

iii) Safety of other residents and caregiving staff within the same unit

2.5 Fall Risk Prevention and Management

A. Service providers have policies and processes for fall risk prevention and management, including:

i) Prior to admission to a Stay-in SCS facility, check with clients/NOK on the fall prevention and management measures advised, following clients' recent visit or discharge from a healthcare facility (where applicable), and agree on these measures with the clients/NOKs. If a client has not undergone a fall risk assessment, service providers should recommend that the client undergo one;

ii) Train caregiving staff on basic fall prevention (e.g., proper footwear, elimination of hazards in the home environment, importance of regular exercise and eye checks);

iii) Remove hazards and implementing safeguards in the home environment (e.g., ensure good lighting, install grab bars, remove tripping hazards, use anti-slip mats and install window grilles);

iv) Manage fall incidents with follow-ups, escalation and review to prevent similar occurrences (See *Sub-domain 2.7*);

v) Conduct routine monitoring to verify that management measures are carried out by caregiving staff; and

vi) Document falls and sharing information with healthcare providers if required

2.6 Fire Safety Precautions

A. Service providers have processes to mitigate the risk of fire in the premises, including:

   i) Recognise potential fire hazards (e.g., obstruction of entrances/exits and walkways to escape in the event of a fire), and taking preventive measures to remove such hazards; and

   ii) Train caregiving staff in immediate fire response actions

B. Service providers are recommended to install fire detection devices, such as smoke alarms, and maintain fire-fighting equipment, such as fire extinguishers, to enhance emergency preparedness.

2.7 Incident Management

A. Service providers have an incident management process for relevant incidents that affect the safety or well-being of the client (e.g., falls, missed medications, suspected abuse, conflicts with other residents, client abscondment). The incident management process should include:

i) Ensure and maintain the safety and well-being of the affected client as a priority;

ii) Ensure that the safety of other clients is not compromised while caregiving staff attend to the affected client;

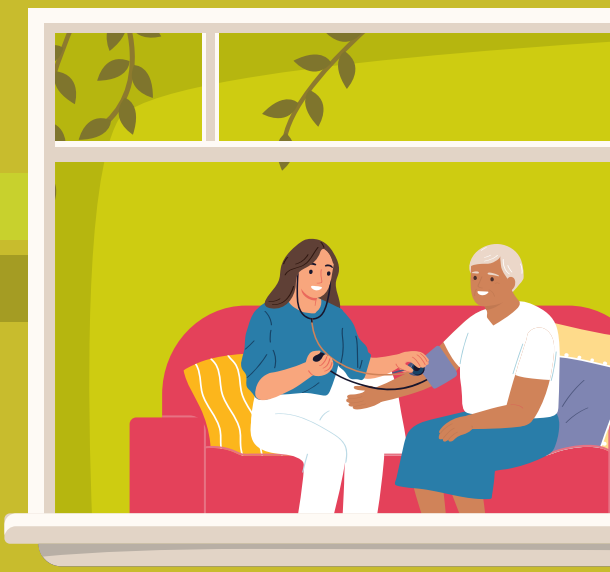
iii) Escalate to the relevant parties (e.g., NOKs, supervising staff) and authorities (e.g., ambulance, police) if appropriate;

iv) Promptly inform NOKs immediately after *Sub-domains 2.7A(i) to (iii)* are performed, and remaining available for the follow-up;

v) Document the incident details, such as timeline of events, nature of incident, involved parties, actions taken, and resolution; and

vi) Conduct after-action reviews, implementing measures to prevent recurrence, and monitoring processes to verify the adequacy/effectiveness of measures

B. In the event that clients and/or NOKs detect an incident affecting their own or their loved one's safety or well-being (e.g., falls, missed medications, suspected abuse, conflicts with other residents, client abscondment), they are recommended to inform the management team of the service provider, and work with the service provider to resolve the incident.



Domain 3

Living Environment

3.1 Minimising Disamenities to Neighbours

A. Since Stay-in SCS is a communal living model, service providers have processes in place to minimise disamenities, including:

i) Maintain reasonable noise levels:

a. Activities (e.g., visitation, entertainment and social activities) are conducted in a manner that does not disturb neighbours;

b. Keep noise levels low, especially during quiet hours (10:30 p.m. to 7:00 a.m.);

c. Ensure that activities do not extend to corridors and lift lobbies without the approval of the Town Council (TC) or Management Corporation Strata Title (MCST);

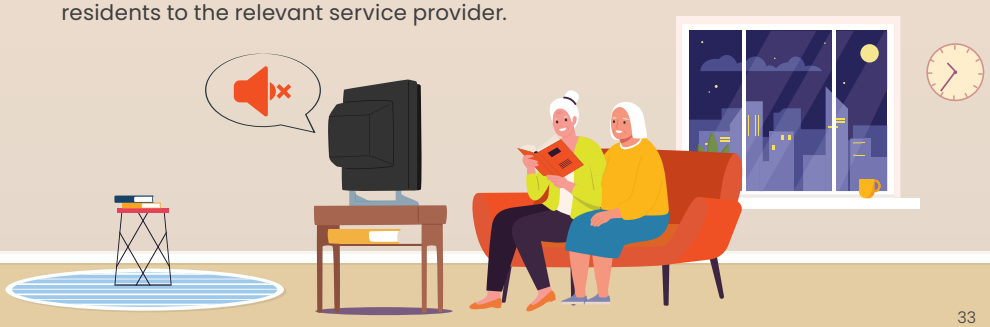
ii) Conduct routine checks to verify that activities are conducted in a manner that minimises disamenities (e.g., odours);

iii) When there is feedback from neighbouring residents on disamenities, service providers promptly engage relevant residents, take measures to address the feedback and provide contact details for any further concerns;

iv) Train caregiving staff in good neighbourliness practices (as outlined in *HDB's InfoWEB page*) and basic conflict resolution skills to address disamenities with neighbours; and

v) Complying with all rules and by-laws for strata-titled developments

B. Service providers are recommended to inform the People's Association (PA), through the Local Constituency Director about Stay-in SCS operations in their vicinity and provide their contact details to allow PA to redirect any feedback from neighbouring residents to the relevant service provider.



3.2 Cleanliness of the Living Environment

Service providers maintain cleanliness in the living environment, such as scheduling routine housekeeping, cleaning and waste disposal (e.g., regular changing of linen, mattresses and bedding with appropriate changing and sunning schedules).

3.3 Tenancy Arrangement

A. Service providers must comply with prevailing HDB (for public residential housing), and/or URA (for private residential housing) rules and regulations, and any MCST by-laws (for strata-titled developments), such as:

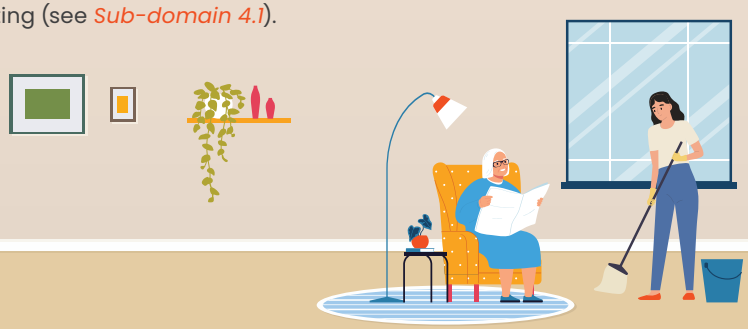
   i) Ensure individual clients have direct rental arrangements with landlords, adhering to current laws and regulations, where applicable; and

   ii) Follow occupancy limits and other housing rules for both clients and caregiving staff, unless otherwise authorised

B. Service providers must also adhere to all *HDB's terms and conditions* pertaining to the renting of HDB flats.

C. Service providers operating in residential strata-titled developments attend, or be present if requested by the MCST, at the Annual General Meeting or Extraordinary General Meeting to clarify any queries or concerns regarding their operations. Service providers shall respect the by-laws of specific strata-titled developments, where applicable.

D. Service providers have contingency plans in place if accommodation is prematurely terminated, and communicate these plans to the clients and NOKs as part of proper contracting (see *Sub-domain 4.1*).



3.4 Privacy

A. Service providers have processes to maintain privacy in shared living spaces, which include:

   i) Account for clients' preferences for room sharing or single rooms before admission;

   ii) Assign shared rooms by gender unless clients are family members and have given consent to staying together (e.g., spouses);

   iii) Provide dedicated personal spaces for both clients and caregiving staff who share rooms; and

   iv) Inform clients and caregiving staff of any CCTV devices installed in the unit, including their locations. Service providers consider the privacy and modesty of the clients and caregiving staff when deciding on CCTV placement within the premises

B. Service providers have processes to maintain the privacy and confidentiality of seniors' personal and health information.

Domain 4

Contracting

4.1 Contracting between Service Provider and Next-of-Kin (NOK) of Client

A. For clear accountability, service providers establish clear contracts with clients and NOKs before admission. The contract includes:

i) Establish involvement of the NOKs i.e., roles and expectations of the NOKs (see *Sub-domains 1.1* and *1.5*)

   a. Establish contact details of primary NOK and alternative NOKs for caregiving decisions, if required[4];

ii) Caregiving tasks included (including the scope and expectations of each task) and excluded (see *Sub-domain 1.1*);

iii) Client suitability criteria (see *Sub-domain 1.2*);

iv) Criteria for discharge or contract termination (e.g., unsuitability, non-disclosure of client's medical or cognitive conditions prior to onboarding, payment defaults, verbal abuse of caregiving staff by client);

v) Care transition process following termination of contract initiated by service provider;

[4] For clients who do not have a primary or alternative NOK, they would have to be cognitively capable of making their own caregiving decisions at the time of admission.

vi) Clear exit clauses, including notice periods and any penalties;

vii) Staff training provided (see *Sub-domain 1.4*);

viii) Agreement with client/NOK on relevant protocols (see *Sub-domains 2.1, 2.3 – 2.6, 4.2*);

ix) Accommodation details and contingency plans for disruptions before end of contractual period (i.e., if accommodation is leased) (see *Sub-domain 3.3*);

x) Contract duration;

xi) Fee breakdowns, including optional or add-on services and charges; and

xii) Repayment terms for sudden termination initiated by the service provider

B. Service providers explain contract details clearly to clients and/or NOK before obtaining enrolment consent.

4.2 Conflict Management and Resolution

A. Service providers have processes in place for conflict[5] management and resolution, which includes:

i) Caregiving staff promptly informing the primary NOK and the service provider's management team of conflicts involving or affecting the caregiving of the affected client;

ii) Communicate the conflict resolution approach to the affected client and/or NOK, including the option of mediation by a third-party provider such as the Singapore Mediation Centre;

iii) Document the resolution process and outcomes; and

iv) Have a framework to manage recurring conflicts with the client and/or NOK, including setting out conditions under which repeated or unresolved issues may lead to contract termination

[5] Conflicts may occur between (i) caregiving staff and clients, (ii) caregiving staff, (iii) clients, (iv) caregiving staff and NOK, (v) clients and neighbours, (vi) caregiving staff and neighbours. This list is not exhaustive.

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Information correct as of 10 December 2025