

GUIDELINES FOR CENTRE-BASED CARE

**Developed By
Centre-based Care Workgroup**

April 2015

GUIDELINES FOR CENTRE-BASED CARE

PREFACE

1. Centre-based care plays an important role in providing a community-based long term care option for our seniors to age in place in the community. Currently there are different eldercare centres in Singapore such as social day care centres, day rehabilitation centres and dementia day care centres to cater to seniors with different needs. The Ministry of Health (MOH) is also developing Senior Care Centres to provide 'one-stop' social and health care services in a single centre-based setting.
2. To enhance the quality of care of centre-based eldercare services, a Workgroup comprising centre-based providers and representatives, and advised by clinical professionals, was convened in 2012 to develop a set of centre-based guidelines.
3. The Workgroup aimed to bridge social and health care requirements across the sector so that the care needs of our seniors could be addressed holistically. With this in mind, the Workgroup reviewed existing service requirements, and harmonised them into a single set of standards for the whole sector. The Workgroup also took reference from international best practices, where appropriate. The Workgroup balanced the need to clearly articulate expected outcomes, while at the same time preserving flexibility to encourage innovation. The Workgroup was mindful of the need to set realistically achievable outcomes by the centres, so that seniors would benefit from this enhanced quality of care in the coming years.
4. The centre-based guidelines comprise four broad domains encompassing the provision of care services, safety, dignity of care and organisational excellence. The guidelines emphasise the importance of delivering quality holistic care for our seniors, including the need for comprehensive, coordinated and multidisciplinary care. Care should also be delivered in a safe environment and seniors should be treated with dignity and respect. The guidelines also highlight the need to have robust organisational systems and management processes so as to deliver effective and sustainable good centre-based care.
5. MOH held a series of industry and public consultations to gather views and feedback on the centre-based care guidelines. Comments and feedback were reviewed by the Workgroup and enhancements were made to the guidelines, where appropriate.
6. MOH would like to thank the Workgroup for their contributions to the guidelines, and the industry and public for their valuable feedback. We would also like to acknowledge the contributions of SPRING Singapore and Silver Industry Standards Committee (SISC) under the Singapore Standards Council for their inputs on the framework of the development of the guidelines. MOH looks forward to working with the sector to achieve the Guidelines for Centre-based Care so that our seniors will receive better quality care.

GUIDELINES FOR CENTRE-BASED CARE

DOMAIN 1: PROVISION OF CARE SERVICES The client receives good care that addresses his/her identified needs.	
1.1 – Access to Care The client has access to services based on the client’s identified needs in an appropriate setting.	5
1.2 – Care Assessment, Planning and Review The client is assessed for his/her care needs and receives an individualised care plan that is appropriate to his/her needs. The client’s needs and individualised care plan are regularly reviewed and updated.	6
1.3 – Care Delivery The client receives appropriate and person-centred care delivered by trained staff, according to the individualised care plan.	8
1.4 – Caregiver Involvement and Support The client’s caregiver(s) is involved and supported in the care of the client.	13
1.5 – Care coordination The client receives holistic, multi-disciplinary care delivered by the centre and its network of health and social care partners.	14
1.6 – Transport The client is provided transport services as necessary.	15
1.7 – Discharge and Transfer The client’s care needs are supported by an integrated care system that addresses the transfer to another care setting or discharge from the centre.	16
DOMAIN 2: SAFETY The client is assured of his/her safety and is protected against identifiable risks by the centre’s culture of safety.	
2.1 – Hygiene The client, staff, and visitors are protected against the spread of infection by the centre’s good hygiene practices.	17
2.2 – Assistance with Medication The client is appropriately assisted in medication tasks, to ensure safe and effective outcomes.	18
2.3 – Preventing Falls and Injuries The client is safeguarded against the risk of falls and injuries.	20
2.4 – Food Safety The client is provided with food that is safely prepared and handled to meet his/her nutritional and hydration needs.	21
2.5 – Physical Environment and Amenities The client receives care in a safe, conducive and clean environment.	22
2.6 – Equipment The client is cared for using equipment that is safe and suitable.	23

GUIDELINES FOR CENTRE-BASED CARE

<p>2.7 – Fire Safety The client and staff are protected against the risk of fire, by adequate precautions taken by the centre.</p>	24
<p>2.8 – Safeguards on the Use of Restraint The client is safeguarded against the use of restraint, except in situations of immediate safety risk, and only as a last resort.</p>	25
<p>2.9 – Incident Management and Reporting The client’s safety is supported by a prompt and effective incident management and reporting system.</p>	26
<p><u>DOMAIN 3: DIGNITY OF CARE</u> The client is cared for in a centre that respects his/her right to independence, privacy, dignity, and confidentiality.</p>	
<p>3.1 – Involvement and Independence The client is provided with information and education that enables the client to make informed decisions about care, and promotes his/her independence.</p>	27
<p>3.2 – Dignity, Privacy and Confidentiality The client is treated with dignity and protected against the invasion of privacy, the breach of data confidentiality, and the risk of abuse.</p>	29
<p>3.3 – Feedback Management The client’s feedback and complaints are fairly and promptly managed, and without retribution.</p>	30
<p><u>DOMAIN 4: ORGANISATIONAL EXCELLENCE</u> The client is assured that care services received are supported by the centre’s good organisational and human resource practices.</p>	
<p>4.1 – Staffing Requirements The client receives safe care and services delivered by an adequate number of staff at all times.</p>	31
<p>4.2 – Staff Qualifications and Training The client receives safe care and services delivered by appropriately qualified and competent staff.</p>	33
<p>4.3 – Staff Rights All staff are treated fairly and safeguarded against illness, injury and abuse in the centre.</p>	35
<p>4.4 – Volunteer Management The centre ensures that volunteers (if any) are engaged in the centre’s activities in a safe and appropriate manner.</p>	36
<p>4.5 – Corporate Governance The centre implements effective corporate governance processes, to ensure that the centre focuses on its purposes and outcomes for its client, resulting in the centre’s long-term success and stability.</p>	37
<p>4.6 – Financial Management The centre implements effective financial management and reporting processes that ensure financial responsibility and solvency.</p>	38

GUIDELINES FOR CENTRE-BASED CARE

4.7 – Continuous Improvement The centre demonstrates a commitment and actively pursues the continuous improvement of practices and quality of care.	39
4.8 – Risk Management The centre actively identifies, evaluates and addresses potential risk to ensure the safety of clients, caregivers, staff, and the organisation.	40

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.1 – Access to Care

The client has access to services based on the client's identified needs in an appropriate setting.

EO	Guidelines
1.1.1	The centre shall provide services to the client regardless of race, language and religion, unless there are special requirements that cannot be provided by the centre.
1.1.2	The centre shall not deny the client access to services based on his/her medical conditions, unless the client is deemed by a medical professional not to be able to benefit from the services or that the client may cause disruption to the centre and/or other clients.
1.1.3	<p>The centre shall ensure that a written referral form and any other supporting documents have been provided by the referral source, where applicable.</p> <p>(a) For fresh admission into an active rehabilitation programme, the client shall be referred by a registered medical practitioner who will certify that the client is medically fit and can benefit from active rehabilitation to improve functional status.</p>
1.1.4	<p>The centre shall provide the services appropriate to the client's needs. If the client is unsuitable for the centre or requires services not provided by the centre, the centre shall:</p> <p>(a) Provide reasons for the refusal to the client and/or the caregiver, and where applicable, the referral source;</p> <p>(b) Document reasons for the refusal; and</p> <p>(c) Work with relevant agencies, where appropriate, to identify and refer the client to appropriate service alternatives that address his/her needs.</p>

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.2 – Care Assessment, Planning and Review

The client is assessed for his/her care needs and receives an appropriate individualised care plan. The client’s needs and care plan are regularly reviewed and updated.

EO	Guidelines
1.2.1	<p>The centre shall conduct an initial assessment upon admission to determine the client’s care needs, and his/her suitability for the centre and its services. The centre shall also take into account information provided by the referral source (such as medical conditions).</p> <p>The assessment shall identify:</p> <ul style="list-style-type: none"> (a) Social, functional, and mental needs of the client; (b) Presence of any wounds, injuries, lesions or implants on the client that may require nursing/medical attention; (c) The client’s nutritional status, dietary restrictions, and mode of feeding; (d) Existing known allergies (drug, food, and chemical) of the client; (e) Existing medication of the client; and (f) Where appropriate, the needs of the client’s caregiver.
1.2.2	<p>The centre shall ensure that the initial assessment and care planning are conducted:</p> <ul style="list-style-type: none"> (a) By an appropriate member of staff. This member of staff shall be a qualified professional if nursing, rehabilitation, or dementia care services are to be provided; and (b) In consultation with the client and/or the caregiver.
1.2.3	<p>The centre shall develop the individualised care plan based on the client’s care needs, medical history, social information, and any information provided by the referral source.</p> <p>The care plan shall :</p> <ul style="list-style-type: none"> (a) <i>[For clients in dementia care]</i> State specific intervention plans that consider the strengths, limitations, and where possible the preferences, of the client and the caregiver, to slow down the deterioration of the client’s physical and mental functions; (b) <i>[For other clients]</i> State specific, measurable (where possible), attainable goals to promote the client’s functional independence and community independence, which will lead to an improvement in the quality of life; and recommend the appropriate type, duration, and frequency of services to achieve these goals; (c) Establish an appropriate timeframe to review and/or renew the care plan; (d) Specify the roles of the service delivery team, client, and caregiver with respect to the client’s care plan; (e) Include a discharge and transition plan where appropriate, including the criteria for discharge and transition; and (f) Provide referrals to other centres and/or specialist service providers if the client is assessed to require a service that is not provided by the centre, as appropriate.

GUIDELINES FOR CENTRE-BASED CARE

1.2.4	The centre shall develop the individualized care plan within one month of the client's first attendance.
1.2.5	The centre shall review and update the client's needs and care plan: <ul style="list-style-type: none">(a) At intervals appropriate to the assessed needs, or as and when the client's status requires;(b) In consultation with the client and/or the caregiver; and(c) In consultation with the client's referral source and/or primary care physician, where appropriate, and provide an update on the client's progress.
1.2.6	The centre shall maintain a confidential case file for each client, containing all the records related to the client.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.3 – Care Delivery

The client receives appropriate and person-centred care delivered by trained staff, according to the individualised care plan.

EO	Guidelines
1.3.1	The centre shall provide holistic, person-centred care, from a multi-disciplinary approach where necessary.
1.3.2	The centre shall advocate an active lifestyle for the client, which may include appropriate physical and social activity for the client
1.3.3	The centre shall ensure that staff are able to communicate effectively with the clients and/or caregivers they are serving.
1.3.4	<p>The centre shall assign the client a service delivery team, trained in the necessary skills and competence to provide reliable, coordinated, safe, and quality care services which are appropriate to his/her assessed needs and according to the individualised care plan.</p> <p style="padding-left: 40px;">(a) The service delivery team shall be led by an appropriate qualified professional if nursing, rehabilitation, or dementia care services are to be provided.</p>
1.3.5	<p>The service delivery team shall:</p> <ul style="list-style-type: none"> (a) Ensure that services provided to the client are evidence-based and/or consistent with current best practices; (b) Monitor the client's response to the services delivered on an ongoing basis and to evaluate the progress towards the goals identified in the individualised care plan; (c) Communicate any information relevant to the client's needs to the entire team; (d) Have regular discussions with and/or update the client and/or caregiver on the medical, rehabilitation, and social needs of the client; (e) Engage in multi-disciplinary, multi-agency discussions with other relevant service providers to provide coordinated care; and (f) Update the caregiver on the client's status as soon as possible when the client's status changes and requires immediate attention.
1.3.6	<p>The service delivery team shall properly document:</p> <ul style="list-style-type: none"> (a) All services provided to the client by the centre and the outcomes of these services; (b) Any deviations from the individualised care plan; and (c) All discussions with the client and/or the caregiver.
1.3.7	The centre shall ensure that behaviours of concern from the client are appropriately managed and if necessary, seek appropriate assistance.
1.3.8	The centre shall ensure that all staff are trained to look out for the following, and inform the client's service delivery team for appropriate follow-up care:

GUIDELINES FOR CENTRE-BASED CARE

	<ul style="list-style-type: none"> (a) Signs and symptoms of psychosocial/mental health conditions; (b) Changes in identified psychosocial/mental health conditions; and (c) Factors that affect the client's perception and response to the care delivered and the environment.
1.3.9	The centre shall educate and train the client and/or caregiver to manage the client's care outside the centre. This training shall be documented.
1.3.10	The centre shall be secular in its approach and be respectful of the religious affinity of each client in the provision of services.

DAY CARE SERVICES (IF APPLICABLE)

1.3.11	<p>Day care services refer to both social and maintenance day care.</p> <p>The aims of day care services are to:</p> <ul style="list-style-type: none"> (a) Provide a supportive environment for clients to be cared for; (b) Enable clients to continue with maintenance programmes after discharge from day rehabilitation centres; and (c) Provide information and referral, and care coordination if needed, for clients, family members, caregivers, and the community. <p>Day care services could include, but are not limited to:</p> <ul style="list-style-type: none"> (a) Physical activities and exercises; (b) Psychosocial activities; (c) Activities for cognitive stimulation; and (d) Caregiver support programmes.
1.3.12	The service delivery team shall report observable changes in the client's behaviour, such as depression and anxiety, to the centre manager. The centre shall then inform the caregiver about the changes and, if necessary, provide or refer the client for appropriate intervention.
1.3.13	The qualified therapists shall recommend the design and provision of all maintenance exercises provided to a client.
1.3.14	<p>Care staff trained in the provision of therapy shall carry out maintenance exercises under supervision.</p> <ul style="list-style-type: none"> (a) The centre shall identify any decline in functional capabilities in the client and refer the client to the relevant healthcare professionals for appropriate intervention.

SESSIONAL REHABILITATIVE SERVICES (IF APPLICABLE)

1.3.15	<p>The aim of session-based rehabilitation services is to improve and maintain the client's functional status to the maximum level that is medically possible.</p> <p>Rehabilitation services should include, but are not limited to:</p>
--------	---

GUIDELINES FOR CENTRE-BASED CARE

	<p>(a) Physiotherapy services to restore or maximise a client's physical functions which have been limited by illnesses or disabilities, including:</p> <ul style="list-style-type: none"> • Functional mobility training and gait training • Passive exercises to maintain or restore range of motion • Active exercises to improve or restore range of motion, physical strength, flexibility, co-ordination, balance and endurance • Treatment to relieve pain • Advice on the use of assistive ambulatory devices • Caregiver training and client education • Community integration activities <p>(b) Occupational therapy services, including:</p> <ul style="list-style-type: none"> • Re-training in activities of daily living, both basic and instrumental • Exercises and grade activities to improve strength and range of motion • Co-ordination and dexterity activities • Advice on the use of orthosis, prosthesis or assistive/adaptive devices to maintain or improve ADL performances • Pre-vocational and vocational training • Advice on occupational ergonomics • Home assessment and recommendations on home modification • Leisure and recreational therapy • Caregiver training and client education • Wheelchair and seating assessment • Community integration activities and community mobility
1.3.16	The qualified therapists shall prescribe and oversee all services/exercises provided to a client to meet his/her rehabilitation needs.
1.3.17	Therapy assistants, caregivers, healthcare students on attachment, and volunteers shall receive adequate training before assisting in providing active rehabilitative services under the supervision of qualified therapists.
1.3.18	The qualified therapists shall provide adequate direct care/contact time to ensure functional improvement during the rehabilitative phase.

DEMENTIA CARE PROGRAMME (IF APPLICABLE)

1.3.19	<p>The aims of dementia care programmes are to:</p> <p>(a) Maintain their well-being in the community and delay the need for institutionalisation;</p> <p>(b) Slow down the deterioration of physical and mental functions of clients with dementia; and</p> <p>(c) Provide support for caregivers of clients with dementia.</p> <p>Dementia care programmes should include, but are not limited to:</p> <p>(a) Day care services, including</p> <ul style="list-style-type: none"> • General monitoring of clients • Assistance with their daily activities of living • Maintenance exercises
--------	---

GUIDELINES FOR CENTRE-BASED CARE

	<ul style="list-style-type: none"> • Basic activities for meaningful engagement and socialisation, maintaining and learning new abilities, enjoyment and pleasure, and expression of one's identity. <p>(b) Structured intervention programmes that:</p> <ul style="list-style-type: none"> • Provide cognitive stimulation through appropriate activities • Provide education, training, and support to clients and their caregivers.
1.3.20	<p>The centre shall care for clients with dementia through a person-centred care approach by staff who are trained and competent in dementia care. The centre shall:</p> <p>(a) Provide opportunities for the client to use remaining abilities and strengths, and promote enjoyment and validation in the process;</p> <p>(b) Provide opportunities for positive interaction to promote the client's well-being; and</p> <p>(c) Build activities to suit the individual client or appropriately grouped clients as far as possible, while recognising any relevant group dynamics.</p>
1.3.21	<p>The centre shall manage the client's behaviours of concern through non-pharmacological methods with the aim to reduce the frequency, intensity and duration of such behaviours.</p>
1.3.22	<p>The centre shall provide education and training on mental health and caregiver support to the caregiver of clients with dementia.</p>

CENTRE-BASED NURSING PROGRAMME (IF APPLICABLE)

1.3.23	<p>The aims of centre-based nursing programmes are to:</p> <p>(a) Provide centre-based nursing care to clients; and</p> <p>(b) Maintain their well-being in the community, delaying the need for institutionalisation.</p> <p>Community nursing programmes should include, but are not limited to:</p> <ul style="list-style-type: none"> • Post-surgical wound management • Insertion and removal of nasogastric tube • Wound management (Stage I to Stage III wounds) • Urinary catheter care and change of female urinary catheters • Tracheostomy care and dressing • Stoma care – Colostomy and ileostomy care • Care of nephrostomy tube and dressing • Assistance with bowel elimination • Medication administration, as ordered by a registered medical practitioner (only for clients not already enrolled in day care programmes, and are staying alone and unable to take medication on their own) • Caregiver training
1.3.24	<p>The centre shall ensure that:</p>

GUIDELINES FOR CENTRE-BASED CARE

	<ul style="list-style-type: none">(a) Nursing procedures are performed by the appropriate nursing staff;(b) Care provided is consistent with current best practices; and(c) There are clear escalation protocols to seek professional help from registered nurses, if unexpected circumstances occur during the course of administering the nursing procedure
1.3.25	The centre shall monitor care outcomes after each nursing procedure.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.4 – Caregiver Involvement and Support

The client's caregiver is involved and supported in the care of the client.

EO	Guidelines
1.4.1	The centre shall involve clients' caregivers in care assessment, planning and delivery, where possible and appropriate.
1.4.2	<p>The centre shall, where possible and appropriate, look out for and monitor caregivers' emotional needs, ability to cope with caregiving tasks, support network and financial situation. Where necessary, the centre shall discuss with caregivers and help them develop strategies to cope with their issues.</p> <p>These strategies could include, but are not limited to:</p> <ul style="list-style-type: none">(a) Providing counselling or referring caregivers to external counselling services;(b) Providing caregiver training to manage the client's care outside the centre;(c) Linking up caregivers to relevant support groups and assistance schemes; and(d) Linking up caregivers with respite care services.
1.4.3	The centre shall pay particular attention to caregivers of clients with dementia, and check in more regularly with them on their ability to cope.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.5 – Care Coordination

The client receives holistic, multi-disciplinary care delivered by the centre and its network of health and social care partners.

EO	Guidelines
1.5.1	The centre shall, where necessary, identify and establish networks and refer clients to its health and social care partners, to meet the needs of the client and his/her caregiver in a holistic manner.
1.5.2	The centre shall: (a) Where necessary, communicate and coordinate with its network of health and social care partners to provide holistic care to the client; and (b) Where appropriate, link the client and/or caregiver up with other service providers for additional areas of needs not provided by the centre.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.6 – Transport

The client is provided transport services as necessary.

EO	Guidelines
1.6.1	The centre shall provide transport services to clients who need it to access the centre's services.
1.6.2	If the centre provides transportation/escort as a service to its clients, it shall have transportation vehicles that are appropriately identifiable, properly equipped and meet all other relevant existing requirements.
1.6.3	The centre shall ensure that transport staff are: (a) Adequately trained and competent to perform their duties in a manner that is safe and appropriate; and (b) Where necessary, adequately trained to handle and move the client in a manner that is safe and appropriate.
1.6.4	Staff shall communicate with caregivers whenever there is a change in transport duration or transport arrangements from the usual plan.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 1.7 – Discharge and Transfer

The client's care needs are supported by an integrated care system that addresses the transfer to another care setting or discharge from the centre.

EO	Guidelines
1.7.1	The centre shall transfer the client to another care setting or discharge the client, when necessary.
1.7.2	The centre shall inform the client and/or the caregiver: (a) At least two weeks prior to discharge, where possible; and (b) Of the reason(s) for discharge, place to be discharged to and recommendations for continuing care.
1.7.3	The centre shall keep a record of the client's discharge/transfer, including the reason(s) for discharge, place to be discharged to and recommendations for continuing care.
1.7.4	The centre shall establish processes to ensure proper handover during discharge or transfer for effective continuity of care.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.1 – Hygiene

The client, staff, and visitors are protected against the spread of infection by the centre's good hygiene practices.

EO	Guidelines
2.1.1	The centre shall comply with the relevant statutory requirements relating to infection control.
2.1.2	<p>The centre shall adopt good hygiene practices, such as:</p> <ul style="list-style-type: none"> (a) Encouraging clients, staff, and visitors to adopt appropriate standard precautions, especially when feeling unwell; (b) Keeping a record of clients, staff, visitors and volunteers; (c) Providing clients and visitors with updated information on hygiene practices and infections; and (d) Maintaining premises and facilities in a clean and sanitary condition at all times
2.1.3	<p>The centre shall:</p> <ul style="list-style-type: none"> (a) Designate a trained staff member to be responsible for implementing, monitoring, and when necessary, updating good hygiene practices; (b) Ensure that all staff, including those employed in support services, are educated and trained in good hygiene practices, at a level that is commensurate with their work activities and responsibilities; and (c) Ensure that training and protocols relating to hygiene are documented.
2.1.4	<p>The centre shall have:</p> <ul style="list-style-type: none"> (a) Adequate and properly maintained sanitary facilities for clients; (b) An area that can be designated as an isolation area for clients found/suspected to be suffering from an infectious disease; (c) Proper facilities and ready supplies for hand washing and waste disposal wherever care is delivered in the centre; and (d) Ready supplies of gloves and masks.
2.1.5	<p>The centre shall ensure that:</p> <ul style="list-style-type: none"> (a) Any room or equipment which has been used by a client found/suspected to be suffering from an infectious disease is not to be used by any other client until it is disinfected according to protocols; and (b) Hazardous waste materials are properly disposed of, in a safe and appropriate manner.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.2 – Assistance with Medication

The client is appropriately assisted in medication tasks, to ensure safe and effective outcomes.

EO	Guidelines
2.2.1	The centre shall have written policies and procedures to assist with medication brought in by the client and/or the caregiver.
2.2.2	The centre shall always encourage the client and/or the caregiver to administer the client's medication as far as possible. Where necessary, the centre shall provide assistance so that the client and/or caregiver can administer the client's medication independently.
2.2.3	The centre shall only assist with a client's medication if: <ul style="list-style-type: none"> (a) The client is not self-directing; (b) The client's caregiver cannot be present to administer or assist with the medication; (c) The medication is brought in by the client and/or caregiver, accompanied by clear written instructions from the client/caregiver/healthcare provider or institution that state the purpose, the required doses, routes, expiry date and frequency of use of the medication; and (d) It is carried out by care staff who are appropriately trained in assisting with medication and in recognising and responding to medication-related incidents.
2.2.4	The care staff shall, when assisting a client with medication: <ul style="list-style-type: none"> (a) Do a check of the expiry date, label, the colour and general appearance of medication. In case of discrepancies, the client and/or caregiver shall be informed. If the medication is not to be taken, it shall be documented and reported to the client and/or the caregiver; (b) Refer to the accompanying instructions from the client/caregiver/healthcare provider or institution; (c) Adhere to a standard operating procedure in place to identify the right client, medication, dose, route, time; and (d) Document the date and time of assistance and initial in the client's file as soon as the client is assisted.
2.2.5	The centre shall ensure that all medication are properly stored and locked, and clearly labelled with the client identifiers. Medications shall be arranged in a systematic manner to minimise mix-ups.
2.2.6	The centre shall, in the case of medication-related incidents: <ul style="list-style-type: none"> (a) Provide proper follow-up care and monitoring to clients; (b) Document and inform the caregiver; and (c) Conduct an investigation and take appropriate measures to prevent recurrences, where necessary.
2.2.7	The centre shall return the medication to the client or the caregiver for disposal.

GUIDELINES FOR CENTRE-BASED CARE

2.2.8	The centre shall establish a clear escalation framework whereby care staff can have ready access to a registered medical practitioner, registered nurse or pharmacist for advice on medication-related matters when needed.
2.2.9	The centre shall review its medication assistance policy on a regular basis, and seek appropriate support, if necessary.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.3 –Preventing Falls and Injuries

The client is safeguarded against the risk of falls and injuries.

EO	Guidelines
2.3.1	The centre shall provide the client a safe environment to prevent falls and injuries by identifying and managing potential safety risks.
2.3.2	The centre shall: (a) Conduct basic screening for risk of falls and injuries by an appropriately trained staff; (b) Provide appropriate care and monitoring for those at higher fall risk; (c) Refer the client to a healthcare professional for further assessment and interventions, where necessary; and (d) Ensure that the client is reviewed at appropriate intervals, or when there is a change in the client's status or environment.
2.3.3	The centre shall use equipment/assistive devices that enhance the safety of the client and/or the caregiver, where necessary.
2.3.4	The centre shall provide the client and the caregiver: (a) Education on fall and injury prevention; and (b) Training on proper use of equipment/assistive devices.
2.3.5	The centre shall: (a) Provide follow-up care and monitoring to clients who experience falls and injuries in the centre; (b) Document all falls and injuries, and outcomes; (c) Conduct a post-fall/injury evaluation and take appropriate measures to prevent recurrences; and (d) Review and evaluate trends of falls and injuries to improve processes.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.4 – Food Safety

The client is provided with food that is safely prepared and handled to meet his/her nutritional and hydration needs.

EO	Guidelines
2.4.1	The centre shall identify clients (using the food services) who are at risk of poor nutrition or have difficulty eating, and provide the appropriate support and monitoring.
2.4.2	The centre shall provide meals that meet the client's nutritional needs, dietary restrictions and where possible, personal preferences. The centre shall consider engaging the services of a dietician to design special diets for clients with chronic conditions.
2.4.3	<p>The centre shall ensure that food are handled, stored, prepared, and delivered in a safe and hygienic manner, to reduce the risk of foodborne illnesses.</p> <p>The centre shall:</p> <ul style="list-style-type: none"> (a) Consult prevailing government guidelines for food hygiene and ensure compliance to statutory requirements relating to food safety and hygiene; (b) Ensure that staff involved with food preparation and handling are appropriately trained in food safety and hygiene; (c) Ensure that the premises for food storage and preparation are free from pest and vector infestation; and (d) Have written procedures for addressing food contamination and food poisoning.
2.4.4	The centre shall have policies and procedures that address the acceptance and management of donated foods.
2.4.5	The centre shall ensure that cooking activities are supervised by staff trained in food safety and hygiene.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.5 – Physical Environment and Amenities

The client receives care in a safe, conducive, and clean environment.

EO	Guidelines
2.5.1	<p>The centre shall provide an environment that is safe and conducive for clients.</p> <ul style="list-style-type: none"> (a) Reasonable measures shall be taken to ensure adequate lighting, ventilation and that noise is within a comfortable level within the centre; (b) The centre shall have sufficient and appropriate furniture; (c) Furniture, fittings and any equipment in areas accessed by clients shall take into account the mobility and overall needs of clients; (d) The centre’s physical environment shall be safe for clients to move around in; (e) Adequate ramps, hand-rails, grab bars and other mobility aids shall be provided; and (f) The interior spaces shall incorporate the concepts of effective visual contrast and detectable warning surfaces to alert clients to any changes in levels.
2.5.2	<p><i>[For centres serving clients with dementia]</i> The centre shall provide a dementia-friendly environment that aims to maximise the client’s independence. The centre could consider:</p> <ul style="list-style-type: none"> (a) Non-institutional interior and exterior is soothing and welcoming; (b) Visual cues are used to increase awareness and orientation in essential areas (e.g. colour contrast, appropriately sized and positioned signage); (c) Unnecessary complexity and external stimuli are removed or reduced; (d) Reasonable measures to ensure clients do not wander out of the centre.
2.5.3	<p>The centre shall ensure compliance to occupational health, safety and other regulatory requirements.</p>
2.5.4	<p>The centre shall maintain the premises in a good state of repair at all times to ensure the safety of clients and staff.</p> <ul style="list-style-type: none"> (a) The centre shall have processes in place to identify and carry out preventive and routine maintenance of premises. (b) Records of maintenance and servicing work undertaken shall be kept.
2.5.5	<p>The centre shall put in place:</p> <ul style="list-style-type: none"> (a) Appropriate security arrangements to protect staff and clients in the centre; and (b) Reasonable measures to protect the personal effects of clients and staff.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.6 – Equipment

The client is cared for using equipment that is safe and suitable.

EO	Guidelines
2.6.1	The centre shall provide adequate medical and rehabilitative equipment, based on the services provided by the centre, to meet the needs of clients.
2.6.2	The centre shall: (a) Consider the suitability and safety features of the equipment during the procurement process; (b) Ensure that equipment is functional and effective; (c) Comply with the regulatory requirements for medical and rehabilitative equipment/appliances that require licensing; and (d) Maintain an inventory for all equipment and have policies and procedures for replacement of old and/or irreparable equipment.
2.6.3	The centre shall ensure that the service delivery team/care staff are trained to use the equipment in a safe and appropriate manner.
2.6.4	The centre shall ensure that the equipment are regularly maintained and in a good state of repair at all times.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.7 – Fire Safety

The client and staff are protected against the risk of fire by adequate precautions taken by the centre.

EO	Guidelines
2.7.1	The centre shall establish a fire evacuation plan, communicate the plan to all staff and clients, and display the plan conspicuously in the centre.
2.7.2	The centre shall provide adequate means of escape in the event of fire and all fire escape passages and staircases shall be clear of obstruction at all times.
2.7.3	The centre shall make adequate arrangements for detecting, containing and extinguishing fire, to forewarn and evacuate all persons in the centre in the event of a fire.
2.7.4	The centre shall maintain and service fire safety equipment on a regular basis, as recommended by the service vendor
2.7.5	The centre shall conduct regular fire drills to ensure that all clients and staff are familiar with the procedures to be followed in the event of a fire. The centre shall maintain a record of all fire drills.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.8 –Safeguards on the Use of Restraint

The client is safeguarded against the use of restraint, except in situations of immediate safety risk and only as a last resort.

EO	Guidelines
2.8.1	<p>The centre shall provide restraint-free care as far as possible, and:</p> <ul style="list-style-type: none"> (a) Must have clear written policies and procedures that address how and when the centre will consider the use of restraint; and (b) Review its restraint policy on a regular basis, with the aim to minimise its use.
2.8.2	<p>The use of restraints is discouraged. The centre may consider restraint ONLY as a temporary solution if the client poses an immediate safety risk to self or others, and ONLY as a last resort after non-restrictive methods have been unsuccessful.</p> <ul style="list-style-type: none"> (a) The decision must be evaluated and made by the centre manager, in consultation with a relevant healthcare professional and where appropriate, the client or the caregiver; (b) The level of restraint used must be proportionate to the safety risk it addresses; (c) The centre shall monitor the physical and psychological consequences associated with the use of restraint; (d) The restraint shall be applied by a staff trained in the use of restraint; and (e) The client shall be meaningfully engaged even during use of restraint.
2.8.3	<p>The centre shall:</p> <ul style="list-style-type: none"> (a) Document any use of restraint and the reason(s) behind the decision; (b) Inform the caregiver when restraint is used; and (c) Review the use of restraint with the client or the caregiver, the service delivery team, and where necessary, a relevant healthcare professional.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 2.9 – Incident Management and Reporting

The client's safety is supported by a prompt and effective incident management and reporting system.

EO	Guidelines
2.9.1	The centre shall adopt an open incident management and reporting culture.
2.9.2	The centre shall have written procedures for the management, reporting and remedial actions of incidents that impact the safety of the client, the caregiver, or staff.
2.9.3	<p>The centre manager shall be promptly notified following the occurrence or detection of reportable incidents.</p> <p style="padding-left: 40px;">(a) In the absence of the centre manager, an appropriate covering staff shall be identified.</p>
2.9.4	<p>The centre shall:</p> <p style="padding-left: 40px;">(a) Provide immediate access to first aid expertise, equipment, and relevant information on the client;</p> <p style="padding-left: 40px;">(b) Arrange for prompt medical or police assistance, where necessary; and</p> <p style="padding-left: 40px;">(c) Provide prompt and appropriate follow-up care and monitoring to the client.</p>
2.9.5	The centre shall ensure that adequate staff are trained in first aid and cardiopulmonary resuscitation skills.
2.9.6	<p>The centre shall:</p> <p style="padding-left: 40px;">(a) Document all incidents and outcomes;</p> <p style="padding-left: 40px;">(b) Conduct a post-incident assessment and take appropriate measures to prevent recurrences;</p> <p style="padding-left: 40px;">(c) Review incidents to determine trends and improve processes; and</p> <p style="padding-left: 40px;">(d) Notify the centre's senior management or relevant authorities, when necessary.</p>

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 3.1 –Involvement and Independence

The client is provided with information and education that enables the client to make informed decisions about care and promotes his/her independence.

EO	Guidelines
3.1.1	<p>The centre shall enable the client and/or the caregiver to make informed decisions about the services received, as far as possible, by:</p> <ul style="list-style-type: none"> (a) Involving the client and/or the caregiver in care assessment, planning, and the setting of goals, as well as during the delivery of care; (b) Explaining existing care services available in the centre in a clear and understandable manner; (c) Providing opportunity for discussion, and time for consideration; and (d) Documenting significant events in the process of informed decisions, or as and when necessary.
3.1.2	<p>The centre shall ensure that the process of information provision and obtaining consent does not unduly delay admission.</p>
3.1.3	<p>The centre shall maximise the client's independence within and outside the centre, by:</p> <ul style="list-style-type: none"> (a) Encouraging the client to self-care as far as possible; (b) Encouraging the caregiver to participate in the delivery of care, where appropriate; (c) Providing health and social education and training to the client and/or the caregiver to manage care; and (d) [For clients with dementia] Using dementia-friendly design to encourage autonomy while protecting the client from potential harm.
3.1.4	<p>The centre shall inform the client and/or the caregiver of his/her/their responsibilities, such as:</p> <ul style="list-style-type: none"> (a) Respecting the rights and needs of other clients, staff, and volunteers; and (b) Cooperating with the centre to ensure proper and safe delivery of care to the client.
3.1.5	<p>The centre shall inform and obtain consent from the client and/or the caregiver about client's involvement in clinical trials, special pilot programmes, and other studies.</p>
3.1.6	<p>The centre shall provide the client and/or the caregiver with adequate information about the following, and any changes thereto:</p> <ul style="list-style-type: none"> (a) Fees, deposits, and any other charges to be paid; (b) Types of services available to him/her; (c) Process of service delivery; (d) Composition and roles of the service delivery team; (e) His/her condition (with discretion); (f) His/her individualised care plan; (g) Mechanism for providing feedback or making complaints; (h) Means testing, where applicable; and

GUIDELINES FOR CENTRE-BASED CARE

	(i) Financial counselling, and billing, where applicable.
--	---

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 3.2 – Dignity, Privacy and Confidentiality

The client is treated with dignity and protected against the invasion of privacy, the breach of data confidentiality, and the risk of abuse.

EO	Guidelines
3.2.1	<p>The centre shall make suitable arrangements to ensure the client's dignity is protected at all times by:</p> <ul style="list-style-type: none"> (a) Delivering care in a patient and respectful manner; and (b) Protecting the client's privacy when personal care tasks are being carried out.
3.2.2	<p>The centre shall have policies and protocols to safeguard the confidentiality of clients' personal data (including medical and financial data).</p> <ul style="list-style-type: none"> (a) The collection, use, disclosure, storage, and protection of personal data, are in accordance with existing statutory requirements.
3.2.3	<p>The centre shall have policies and procedures in place to safeguard clients against the risk of abuse¹. The centre shall:</p> <ul style="list-style-type: none"> (a) Assess on an ongoing basis, the possibility of abuse (both within and outside the centre) and take appropriate measures; (b) Provide a mechanism for the client, the caregiver, or staff, to alert the centre of suspected, alleged or actual abuse; and (c) Refer the client to an appropriate care staff, if necessary.
3.2.4	<p>The centre shall have a process to investigate and respond to any suspected, alleged, or actual abuse. The centre shall:</p> <ul style="list-style-type: none"> (a) Implement measures to prevent further harm and provide follow-up care; (b) Document the details and outcome of the investigations; and (c) Notify the client, the caregiver and relevant organisations of the outcome of any such investigation.
3.2.5	<p>The centre shall ensure that all staff are trained in:</p> <ul style="list-style-type: none"> (a) Respecting clients' privacy and dignity; (b) Preventing and identifying abuse; and (c) Responding to and reporting of suspected, alleged or actual abuse.

¹ 'Abuse' refers to any of the following: physical or psychological ill-treatment, sexual abuse, theft/misuse/misappropriation of money or property, careless or reckless acts that may cause pain or injury, and neglect or acts of omissions that may place a client at risk of harm.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 3.3 – Feedback Management

The client's feedback are fairly and promptly managed, and without prejudice.

EO	Guidelines
3.3.1	<p>The centre shall have a process to actively gather, receive and handle feedback, and to respond to the person(s) who gave the feedback.</p> <ul style="list-style-type: none">(a) This process shall be made known to clients, caregivers, and staff.(b) Active collection of feedback from clients and caregivers shall be done on a regular basis.
3.3.2	<p>The centre shall ensure that complaints are handled:</p> <ul style="list-style-type: none">(a) In a fair and prompt manner;(b) With anonymity, if possible, when requested or necessary; and(c) By staff who are not implicated in the complaint.
3.3.3	<p>The centre shall ensure that complaints are fully investigated, and as far as reasonably practicable, resolved to the satisfaction of the complainant.</p>
3.3.4	<p>The centre shall address all feedback and complaints received, and:</p> <ul style="list-style-type: none">(a) Take appropriate measures to prevent recurrences;(b) Determine trends, improve processes and quality of service; and(c) Notify the centre's senior management or relevant authorities, when necessary.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.1 – Staffing Requirements

The client receives safe care and services delivered by an adequate number staff at all times.

EO	Guidelines
4.1.1	<p>The centre shall ensure that:</p> <ul style="list-style-type: none"> (a) The number and composition of professional and direct care staff is sufficient to provide safe and adequate care to all clients at all times, according to prevailing service requirement guidelines; and (b) There is a documented roster of care staff on duty during every shift.
4.1.2	<p>The centre shall have a core team of staff to oversee the running of the centre and its programmes. The team should comprise:</p> <ul style="list-style-type: none"> (a) Centre manager/supervisor to oversee the operation of the centre and overall care delivered to clients; (b) Qualified professionals (i.e. registered nurses or therapists) to assess the clinical needs of the clients, develop care plans and design activities for the clients; (c) Adequate number of appropriately trained direct care staff to provide assistance to the professionals, and to give basic clinical services if trained and appropriately supervised; (d) Other support staff necessary to maintain the operations of the centre (e.g. cleaner, cook); and (e) <i>[For centres offering dementia day care services]</i> Social worker to address the client's social needs, and Programme coordinator to oversee the dementia day care programmes and activities in the centre.
4.1.3	<p>The centre shall also consider engaging:</p> <ul style="list-style-type: none"> (a) Care coordinator(s) to coordinate holistic care services and collaborate with clients, caregivers, volunteers and other service providers to ensure that clients' care plans are developed and implemented appropriately; and (b) Programme coordinator(s) to oversee the activities as prescribed in care plans.
4.1.4	<p>The centre shall ensure that there are appropriate staffing arrangements in cases of planned staff leave and/ or emergencies, to ensure that there will be qualified staff available to provide the services.</p>
4.1.5	<p>The centre shall have:</p> <ul style="list-style-type: none"> (a) A written organisational chart that clearly delineates lines of authority and accountability in the centre; (b) Defined job descriptions, including qualifications, duties, reporting relationships and key indicators for all staff; and (c) A timely process for filling vacant positions to prevent disruption to services or to the operations of the centre.
4.1.6	<p>The centre shall have strategies to attract qualified and competent staff, as well as to</p>

GUIDELINES FOR CENTRE-BASED CARE

	promote and encourage staff retention.
--	--

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.2 – Staff Qualification and Training

The client receives safe care and services delivered by appropriately qualified and competent staff.

EO	Guidelines
4.2.1	<p>The centre shall ensure that all staff are qualified and competent to perform the duties of the particular roles that the staff are hired for. This can be through hiring of qualified and competent staff, provision of on-the-job/in-house training, and/or sending staff to attend relevant courses conducted by training providers.</p> <p>(a) Rehabilitative services</p> <p style="padding-left: 20px;">(i) Physiotherapists, occupational therapists, and speech-language therapists shall be registered with the Allied Health Professions Council, in accordance with the Allied Health Professions Act 2011.</p> <p style="padding-left: 20px;">(ii) Care staff assisting in the provision of therapy services (e.g. therapy aides) shall be adequately trained and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves. For group rehabilitative activities, care staff shall be able to maintain control of the group and be aware of group dynamics.</p> <p>(b) Nursing procedures</p> <p style="padding-left: 20px;">(i) Nurses shall be registered with the Singapore Nursing Board, in accordance to the Nurses and Midwives Act.</p> <p>(c) Assistance with Activities of Daily Living</p> <p style="padding-left: 20px;">(i) Care staff assisting clients with activities of daily living (e.g. healthcare assistants) shall be adequately trained and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves.</p> <p>(d) Social day care</p> <p style="padding-left: 20px;">(i) Care staff conducting social day care activities shall be adequately trained and supervised to perform their duties in a manner that is safe and appropriate to the client and themselves. For group activities, care staff shall be able to maintain control of the group and be aware of group dynamics.</p> <p>(e) Dementia care</p> <p style="padding-left: 20px;">(i) Care staff involved in the provision of care to clients with dementia shall be adequately trained in dementia care. For group activities, care staff shall be able to maintain control of the group and be aware of group dynamics.</p>
4.2.2	The centre shall conduct an orientation course/programme for all new staff at the centre.
4.2.3	<p>The centre shall:</p> <p>(a) Prepare training plans for all staff and counsel them on career progression;</p> <p>(b) Regularly assess the professional and personal learning needs of all staff and provide opportunities for continuing education and training to keep their</p>

GUIDELINES FOR CENTRE-BASED CARE

	<p>competencies, knowledge and skills up to date; and</p> <p>(c) Have organisational training needs analysis and set minimum number of training hours for staff.</p>
--	--

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.3 – Staff Rights

All staff are treated fairly and safeguarded against infection, illness, injury and abuse in the centre.

EO	Guidelines
4.3.1	The centre shall put in place reasonable measures and policies to safeguard their staff from infections, illness, injury and abuse in the centre.
4.3.2	The centre shall have a system of employee benefits.
4.3.3	The centre shall adopt fair human resource practices.
4.3.4	The centre shall have a system to ensure regular performance appraisal of all staff.
4.3.5	The centre shall ensure that: (a) The terms and conditions of the employment contracts of applicable staff are in accordance with the regulatory requirements; and (b) In particular, the working hours of applicable staff in the centre do not exceed what is stipulated by law.
4.3.6	The centre shall make available channels for staff to provide feedback and raise complaints/grievances, and follow up on these feedback and complaints/grievances, where appropriate.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.4 – Volunteer Management

The centre ensures that volunteers (if any) are engaged in the centre's activities in a safe and appropriate manner.

EO	Guidelines
4.4.1	The centre shall have clearly defined roles and responsibilities for volunteers and communicate this to clients and caregivers.
4.4.2	The centre shall put in place reasonable measures and policies to ensure that volunteers do not compromise clients' health, safety, and general well-being.
4.4.3	The centre shall have a structured procedure for screening volunteers, that shall: <ul style="list-style-type: none"> (a) Identify their interests, level of commitment, experience and any relevant training; and (b) Match the volunteers to appropriate activities that are in line with the mission of the centre.
4.4.4	The centre shall put in place reasonable measures and policies to safeguard their volunteers from infections, illness, injury and abuse in the centre.
4.4.5	The centre shall ensure that volunteers: <ul style="list-style-type: none"> (a) Are supervised by appropriately qualified and experienced staff; (b) Receive orientation and ongoing training to carry out activities in safe and appropriate manner; and (c) Are only assigned tasks that are appropriate for their level of training and qualifications.
4.4.6	The centre shall make available channels for volunteers to provide feedback and raise complaints/grievances, and follow up on these feedback and complaints/grievances, where appropriate.
4.4.7	The centre shall have strategies to recruit and retain volunteers.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.5 – Corporate Governance

The centre implements effective corporate governance processes, to ensure that the centre focuses on its purposes and outcomes for its client, resulting in the centre's long-term success and stability.

EO	Guidelines
4.5.1	The centre shall have a group of independent governing board members to oversee the operations of the centre, as required by applicable statutes.
4.5.2	The centre shall have documented governance policies that facilitate ethical governance practices and proper accountability.
4.5.3	The board members shall have full legal authority and responsibility for the operations of the centre.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.6 – Financial Management

The centre implements effective financial management and reporting processes that ensure financial responsibility and continuity of care.

EO	Guidelines
4.6.1	The centre shall maintain sufficient financial resources to adequately provide its services.
4.6.2	The centre shall ensure that proper financial records are kept in accordance with applicable regulations. The financial records shall be reviewed and approved by the Board and/or management committee.
4.6.3	The centre shall follow accounting practices that conform to the accepted standards.
4.6.4	The centre shall have an annual independent audit of their financial statements, conducted by a certified public accountant.
4.6.5	The centre shall have a set of documented internal controls, including the handling of cash and deposits, approval for spending and disbursements.
4.6.6	The centre shall have a written policy on fee charging and provide the client and/or caregiver with full information on any fees and charges (including deposit or any other charges) to be paid.
4.6.7	The centre shall provide billing for all clients, which accurately reflect the services provided and the amount of subsidy (if applicable).

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.7 – Continuous Improvement

The centre demonstrates a commitment and actively pursues the continuous improvement of practices and quality of care.

EO	Guidelines
4.7.1	<p>The centre shall foster a culture of continuous quality improvement. The centre shall:</p> <ul style="list-style-type: none">(a) Put in place the necessary structures, processes, and procedures to monitor the quality of all services provided;(b) Identify opportunities for improvement; and(c) Develop and implement improvement strategies and activities, and evaluate and document their outcomes.

GUIDELINES FOR CENTRE-BASED CARE

Expected Outcome 4.8 – Risk Management

The centre actively identifies, evaluates, and addresses potential risks to ensure the safety of clients, caregivers and the organisation.

EO	Guidelines
4.8.1	<p>The centre shall have the necessary structures, processes, and procedures to detect and review significant adverse events and incidents that occur within the centre. The centre shall:</p> <ul style="list-style-type: none"> (a) Implement the recommendations of reviews in order to prevent future events and incidents from affecting care quality; and (b) Identify and address risks to clients, caregivers, staff, volunteers, and the organisation on an ongoing basis.
4.8.2	<p>The centre shall implement strategies to prevent or reduce the occurrence of identified risks.</p> <p>The centre shall:</p> <ul style="list-style-type: none"> (a) Develop and implement policies and procedures for identified risk areas; (b) Develop contingency plan for risks that cannot be avoided or prevented; (c) Purchase insurance relevant to the centre and its services to minimise liability; and (d) <i>[For centres involved in research]</i> Obtain written consent from clients or caregivers (for clients who are unable to give consent), and where necessary, approval from an ethics review committee.
4.8.3	<p>The centre shall implement appropriate risk management plans that include procedures for clients with disabilities and dementia.</p>

GUIDELINES FOR CENTRE-BASED CARE

ACKNOWLEDGEMENTS

CENTRE-BASED CARE WORKGROUP

Co-Chairpersons

Dr Ng Li-Ling	Senior Consultant, Department of Psychological Medicine	Changi General Hospital
Mr Gribson Chan	Deputy Director, Rehabilitation Services Division	St Luke's Hospital

Members

Mr Stephen Chan	Centre Manager	Alzheimer's Disease Association
Ms Yong Li Min	Rehabilitation Manager	Bright Vision Hospital
Ms Panneerselvam Manchu	Centre Manager, Rehabilitation Services	Man Fut Tong Nursing Home
Mr Andy Lim <i>Till March 2013</i>	Former Manager	NTUC Eldercare
Ms Caymania Low <i>From March 2013</i>	Head (Day Care Division)	NTUC Eldercare
Mdm Low Mui Lang	Executive Director	The Salvation Army, Bedok Multiservice Centre
Ms Thilagavathi	Senior Centre Supervisor	SASCO Clementi West Senior Care Centre
Ms Ng Lay Ling	Assistant Director, Operations	St Luke's ElderCare Ltd
Ms Yvonne Khoo	Former Centre Manager	St Luke's ElderCare Ltd
Mrs Mina Lim	Former Senior Manager	Agency for Integrated Care
Ms Alexandra Chua <i>till April 2013</i>	Senior Executive	Agency for Integrated Care

Advisory Committee

Dr Ang Yan Hoon	Senior Consultant (Geriatric Medicine)	Khoo Teck Puat Hospital
Ms Lee Jye Chyi	Senior Pharmacist (Clinical)	Pharmaceutical Society of Singapore
Ms Florence Cheong	President	Singapore Association of Occupational Therapists
A/Prof Wong Wai Pong	Programme Director (Academic Programmes)	Singapore Institute of Technology
Ms Ow Jee Hia	Assistant Executive Secretary	Singapore Nursing Board
Dr Chan Kay Fei	Senior Consultant, Rehabilitation Medicine	Tan Tock Seng Hospital
Ms Swee Bee Hong	Assistant Chief Nursing Officer	Ministry of Health

With the support from SPRING Singapore and the Silver Industry Standards Committee (SISC) under the Singapore Standards Council.