

S.No	Heading	Sub Heading	Page No.
	STANDARD 4: Care Home Rules, Policies, Operations & Management		
1		Residency Application Form / Residency Agreement	3
2		Admission	4
3		Transfer & Discharge	5
4		Termination of Agreement	7
5		Trial Stay	7
6		Health & Medical Assessment	8
7		Visitor Rules	9
8		Cash Management & Handling	9
9		Residents' Rights	10
10		Dying & Death	12
11		Resident Records	13
12		Best Interest Policy	14
13		Advance Directives / Living Will	15
14		Lone Worker Policy	16
15		Policy on Restraints	17
16		Intimate Care Policy & Staff Physical Touch Policy	21
17		Policy on Intimacy between Residents	22
18		Incident Reporting, Missing Persons Policy, Lost Resident Reporting, Wandering Resident	23
19		Residents & Staff Protection & Safety	26
20		Privacy & Dignity	27
21		Complaints & Feedback	28
22		Theft & Loss in Senior Citizen Care Homes	29
23		Pets Policy	31
24		Smoking, Alcohol and Substance Misuse	32
25		Residents & Staff Abuse - Identification, Protection & Prevention	34
26		Participation & Inclusion	34

27	Residents Possessions, Finances, Wills, Estate Planning & Succession and Inheritance	36
28	Residents Dependent Children	38
29	Residents Charges & Fees	40
30	Ethical Conduct	40
31	Concerns of Parents of Non-Resident Indians (NRIs)	40
32	Family & Primary Caregivers	41
33	Policy on Cultural, Religious and Ethnic practices	41
34	Isolation, Neglect & Poverty	42
35	Resident Abandonment & Family Disputes	42
36	Welfare and Awareness Camps for Residents	43
37	Policy on Domestic Help & Vendors	43
38	Donations, Gifts and Tipping	44
39	Deposits and Refunds	45
40	Role & Responsibilities	46
41	Concerned Ministries, Departments	46
42	Annexure: 1 – Residency Application Form	47
43	Annexure: 2 – Residency Agreement & Home Rules	54
44	Annexure: 3 – Guarantor Agreement Form	63
45	Annexure: 4 – Medical Examination Form	65
46	Annexure: 5 – Living Will Format	70
47	Annexure: 6 – Restraints Policy	79
48	Annexure: 7 – Restraints Assessment Checklist	81
49	Annexure: 8 - Intimate Care Policy	83
50	Annexure: 9 - Incident Reporting Form	85
51	Annexure: 10 – Residents Belongings & Handover Form	90
52	Annexure: 11 - Gifts & Donations Policy	91
53	Annexure: 12 - Gifts & Donations Acceptance Form	93

CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
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PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath, Anu Savio Thelly

GUIDING PRINCIPLE: Purpose of **Standard 4: Care Home Rules, Policies, Operations and Management** is to define the guidelines and framework for Senior Citizens Care Homes so that the residents are aware of their Rights and Care Home policies.

MEASURABLE OUTCOMES: All Care Homes need to have documented policies and rules regarding the smooth functioning of the Home.

RECOMMENDED GUIDELINES:

1) Residency Application Form / Residency Agreement

- 1.1) Each home is required to have a well-structured and easy to understand Admission Form. The form should be in vernacular languages and/or in formats which are accessible to all (if possible, include formats for people with hearing, seeing impairments) so that the prospective residents and their family members are aware of the correct information.
- 1.2) Residents' admission form should be supported with a self-declaration medical fitness form along with a medical report on the health and fitness of the resident.
- 1.3) Residency form should clearly state the room number allotted to the resident, his/her rights and responsibilities towards the home property and staff.
- 1.4) The admission form should clearly specify the schedule of services that will be offered to the residents along with the description of all fees, charges, and rates including the optional services and charges by third party vendors. and basic services.
- 1.5) If the Care Home fees and charges are paid by a Guarantor then a Guarantor Agreement Form needs to be signed by them.
- 1.6) **Annexures:**
 - A) Annexure: 1 – Residency Application Form
 - B) Annexure: 2 – Residency Agreement & Home Rules

C) Annexure: 3 – Guarantor Agreement Form

1.7) **Further Reading:**

- A) Adult Care Home Residency Agreement and Notification of Policies and Resident Rights for Privately Paying Residents.
- B) Resident Agreement - Signature Senior Lifestyle Assisted Living Care Agreement.

2) Admission

- 2.1) The Home Management should have clear guidelines on the admission process, discharge, transfer and termination of agreement.
- 2.2) No elderly applicant shall be denied admission based on Religion, Caste, Creed or Faith.
- 2.3) No individual shall be admitted if his or her health and medical conditions cannot be met by the Care Home however no prospective resident should be denied admission in case of any physical ailment unless it is beyond the caregiving capacity of the Care Home.
- 2.4) The Home Management shall assist the prospective residents in taking an educated decision on whether they wish to stay in the Senior Citizen Care Home or not.
- 2.5) No individual shall be admitted without their consent, there should be no undue influence by family members, guardian, friends, police or any other authority.
- 2.6) In case the Home Management gets to know that the elderly person has been or is being influenced to stay in the Senior Citizen Care Home, then it is the moral and legal obligation of the Home Management to inform the concerned authorities and take necessary actions against the residents including discharge / transfer from the home.
- 2.7) The Home Management shall ensure that the all residents are treated equally with respect, dignity and empathy.
- 2.8) The Home Management should ensure that there is no overcrowding in residents living areas and all residents are staying in the allocated unit / room / dormitory. Situations where residents are husband and wife or are two consenting adults who have voluntarily agreed in writing to share a room then the same need to be documented in the residents file.

- 2.9) A copy of the residency agreement copy, medical history, advance directives / living will, last rights requests, visitors allowed etc should be maintained at all times by the Home Management which are easy to access but not available to public at large.
- 2.10) An individual should not be admitted or continue to reside in a Senior Citizen Care Home if he/she requires specialized care which are beyond the Care Home's service level. If a resident requires physical restraints, can/or poses a threat to himself/herself, staff or other residents or requires nursing care and constant supervision which cannot be provided by the care staff.

3) Transfer & Discharge

- 3.1) There would be situations where a resident or residents may be required to be relocated to another Senior Citizen Home. The reasons could be many but not limited to renovation of the Home, closure of the home, unsatisfactory services of the Home, unruly behaviour of the residents, relocation due to proximity to residents' family or friends. In these situations, the Homes which are Government funded / aided need to inform the concerned department / agency in order to avoid any possible conflict with the residents or their family members.
- 3.2) If a Senior Citizen Care Home initiates the involuntary transfer of a resident and the action is not a result of a monitoring evaluation or complaint, and if the residents' or the residents' legal representative contests the transfer, then the home management shall notify the resident or the residents' legal representative, in accordance with the occupancy agreement.
- 3.3) The Home Management should provide the resident or his/her representative with a copy of the notification at least 60 days before the final transfer.
- 3.4) The Home Management should transfer or discharge the resident wherever it is necessary for the resident's welfare and the resident's needs cannot be met in the Home.
- 3.5) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the Senior Citizen Care Home.

- 3.6) The physical and mental safety of the resident is a threat or endangering the other residents or the staff due to the clinical or behaviour of the resident.
- 3.7) The resident has failed, after reasonable and appropriate notice, to pay for the care home services and facilities provided all efforts to contact the guardian/guarantor has also failed or refused to pay.
- 3.8) In case a resident is unable to pay due to financial difficulties then the home management should make all efforts to find an appropriate and suitable alternative place as per the affordability of the resident.
- 3.9) All transfers or discharge should be accompanied with the resident's medical records, documentation and/or resident's or resident representative's written notice of intent to leave the facility, a discharge care plan, necessary requirements/arrangements for post-discharge care.
- 3.10) Discharge information should include but not limited to the following information: current care plan, advance directives, special instructions and/or precautions for ongoing care, treatments and devices (oxygen, implants, tubes/catheters), risk of falls, falls history, injuries, medical diagnoses, allergies, medications, laboratory reports, other diagnostic tests, and recent immunizations.
- 3.11) In the case of emergency transfer to Hospitals/Nursing Homes the necessary medical and health records should be shared with the doctor and other stakeholders. In case of digital medical records then the necessary access should be shared with the hospitals / doctors as per the Best Interest & Consent Form.
- 3.12) In case of Government Aided / Funded Senior Citizen Care Homes, all admission, discharges and terminations should be duly updated with the Registration Department along with a written reason for the admission, discharge or termination.
- 3.13) In situations where a resident wishes to leave the Care Home then it should be purely as per his/her own will. In no condition should it be due to abuse, neglect, pressure, intimidation or force. If any such incident is found by the audit/regulating authorities then thorough investigation shall be undertaken and if evidence reveals that a resident or resident representative was forced, pressured, or intimidated into leaving then the Senior Citizen Care Home shall face legal actions.

- 3.14) If an auditor/surveyor feels that whether a resident-initiated transfer or discharge was actually a facility-initiated transfer or discharge, the auditor/surveyor should investigate further through interviews and record his/her findings.
- 3.15) In certain cases, residents are admitted for short-term, skilled rehabilitation and following completion of the rehabilitation program, the resident states that he/she is not ready to leave the facility. In these situations, if the Home Management proceeds with discharge, then it will be considered a facility-initiated discharge which would mean that the discharge was not voluntary. These situations may require intervention by the regulating agencies to ensure that there was no discrimination based on payment, abuse or negligence.
- 3.16) A resident who refuses or declines care/treatment does not constitute grounds for discharge, unless the Senior Citizen Care Home is unable to meet the needs of the resident or protect the health and safety of others. The Care Home must be able to demonstrate that the resident and/or his/her representative have been duly informed regarding the risks of refusal of care services or required treatment.

4) Termination of Agreement

- 4.1) Since the Senior Citizen Care Homes will have different care levels hence it is important that the Home Management should give admission to only those who fulfil the Care Level need criteria and in case a resident has to be discharged or the agreement has to be terminated then the Home Management should have clear policies and procedures.

5) Trial Stay

- 5.1) The Home Management should encourage prospective residents to evaluate the Care Home facilities and services before they finally take the decision to permanently move into the facility.
- 5.2) The Home should have well defined standards and guidelines which promotes trial stay for prospective residents either on a pay and stay basis or free stay for charitable homes.

- 5.3) Trial stay helps the prospective residents for unplanned admissions and any decision by the elder should be made willingly and without any pressure or influence.
- 5.4) The Trial stay should preferably be in a separate wing so that any possibility of infection transmission is restricted yet at the same time interaction with other home residents is encouraged.
- 5.5) The duration of trial stay should be the discretion of the Home Management.

6) Health & Medical Assessment

- 6.1) The Home Management should ensure that each prospective resident has been assessed by a medical practitioner of his/ her choice before they take up residency.
- 6.2) The Home Management should facilitate the applicant for medical examination by having a tie-up with a government or a private hospital to ensure easy access and process.
- 6.3) In cases where the resident cannot afford the Medical Examination, then the Care Home Management should assign a staff member to help in the process at a Government Hospital or Clinic which does free assessments and tests.
- 6.4) The Health & Medical Assessment form should form the base of a resident's care plan.
- 6.5) Wherever possible all records should be kept in the residents file and should be digitally uploaded for easy access by nursing staff and doctors.

Each residents Health and Medical care assessment should include:

- A) Physical Health, Status and Abilities
 - B) Mental and Emotional Health Status
 - C) Medication Requirements
 - D) Social, Recreational and Spiritual Needs
 - E) Communication, Hearing and Visual Abilities
 - F) Supervision and Monitoring Need
 - G) Any other Special Needs
- 6.6) **Annexures:**
- A) Annexure: 4 – Medical Examination Form
- 6.7) **Further Reading:**
- A) Resident Agreement - Signature Senior Lifestyle Assisted Living Care Agreement

- B) Code of Practice for Residential Care Homes (Elderly Persons), Hong Kong, Medical Examination Form for Residents in Residential Care Homes for the Elderly
- C) California Department of Social Services - Physician's Report For Community Care Facilities
- D) Resident Health Assessment for Assisted Living Facilities, State of Florida

7) Visitor Rules

- 7.1) The Home should permit unrestricted visiting hours for family and friends. The Home Management may deny visitation when visitation results, or substantial probability exists that visitation will result, in disruption of service to other residents, or threatens the health, safety, or welfare of the resident or other residents.
- 7.2) In case the resident has given in writing to not allow any specific visitor then the same shall be respected and necessary procedure followed. In case a resident is not in the Mental Capacity to decide by himself or herself then reference to the Mental Healthcare Act should be done and the "Best Interest Principle" should be followed.
- 7.3) The Home Management should encourage short stays of the residents' friends and family provided there is a provision to accommodate them and if it is as per the home policy.

Visitors Register									
S.No	Date	Time In	Name Of the Visitor	Address	Telephone No	Purpose	Resident / Staff to Meet	Time Out	Signature

8) Cash Management & Handling

- 8.1) The Home Management should ensure that residents control their own money and finances except where the family or their representative have given the authority to the Home in writing or in case the resident develops a condition where his/her mental capacity has been compromised.
- 8.2) The Home Management shall follow the principle of "Best Interest" in case the finances are handled by the Home.

- 8.3) Home Management should ensure that written records of all transactions should be maintained at all times and are available for audit.
- 8.4) Where the money of individual resident is handled, the Home Management shall ensure that the resident's money is not combined for common expenses and necessary bills and invoices are kept.
- 8.5) The Home Management shall ensure secure facilities like lockers or cupboards are provided for the safekeeping of money and valuables on behalf of all the residents.
- 8.6) All records and receipts shall be kept of possessions handed over for safekeeping should be documented and kept in the resident's file.
- 8.7) The Home Management must not force a resident to give a third-party guarantee of payment to the Care Home as a condition of admission or continued stay in the Care Home. However, the facility may request the resident's representative who has legal access to the resident's income or resources available to pay for services on behalf of the resident, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

9) Residents' Rights

- 9.1) The Home Management should ensure that there are well defined and documented policies related to resident rights which are available to prospective residents and their representatives. The Home Management should ensure that the residents' fundamental rights and dignity are safeguarded.
- 9.2) The Home Management shall ensure that the residents have the right to attend and practice spiritual, religious and other activities of their choice.
- 9.3) The Home Management should ensure that the residents have the right to manage their personal finances and are given scheduled account updated regarding their charges, fees and other charges.
- 9.4) The Home Management should ensure that the privacy, rights, dignity and diversity of each resident is respected and safeguarded.
- 9.5) The Home Management should ensure each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services which effects their well-being.

- 9.6) The Home Management should ensure that each resident has access to information which is understandable and provided in a format appropriate to their communication needs and preferences.
- 9.7) The Home Management should ensure that each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner
- 9.8) The Home Management shall ensure that the residents are not forced or pressurised to perform any type of services for the Care Home except when its voluntary or part of a prescribed therapy.
- 9.9) Residents have the right to interact and communicate with persons of their choice unless it is specified by the resident or their legal representatives.
- 9.10) The residents have a right to receive unopened mail, gifts and parcels.
- 9.11) The residents have a right to wear clothes of their own choice including jewellery or other items retain and use personal clothing but limited to items which can be a threat to the resident, staff or other residents.
- 9.12) The residents have a right to voice their grievances and share feedback for the benefit of themselves and for the home.
- 9.13) The residents have the right to not be confined inside the Care Home against his/her will, and shall be allowed to move about in the communal areas at their liberty.
- 9.14) The resident has a right to be risk free from any physical and/or chemical restraints unless prescribed by law or medical direction.
- 9.15) The residents have the right to buy personal care products, groceries and medicines from any pharmacy or shop of their choice and the Home Management shall not pressurise a resident to buy any other such item unless it is a part of the resident's care and residential package.
- 9.16) The Home Management shall ensure that the residents' personal belongings are held safely and securely and should be available for residents' access at scheduled times.
- 9.17) Residents have the right to be protected, safeguarded from harassment, abuse, discrimination besides the right to safe, secure and sheltered residential care.
- 9.18) The residents' have the right to their private space.
- 9.19) The residents have the right to raise complaints which will be taken seriously and acted upon while maintaining confidentiality and privacy.

- 9.20) The Home Management should assist the prospective residents and their representatives in taking a decision on whether the residential care home is appropriate for their needs.
- 9.21) The Home Management should ensure that the residents are treated equally with respect, dignity, respect without any discrimination whilst respecting their privacy and care needs.
- 9.22) The residents have the right to exercise personal autonomy, choice whilst considering their mental capabilities.
- 9.23) The residents have the right to participate in social, recreational, vocational, and religious activities within the Home and/or Community.
- 9.24) The residents shall not be stopped by the Home Management and/or staff to go out for long / short visits either for day visits or long term stay with friends and family. The resident will however have to inform the Home Management as per the rules of the Care Home.

Residents Out & In Register								
S.No	Residents Name	Visiting Location	Visiting With - Name & Phone No	Visit Purpose	Expected Duration of Visit	Time Out	Time In	Signature

10) Dying, Death & Care after Death

- 10.1) In the event of a resident's death, the Home Management should notify the resident's next of kin, legal representative, supervising physician, nurse unless the resident has given in writing about his/her wishes to not inform anyone.
- 10.2) The Home Management shall ensure that the Last Rites are done as per the wishes of the resident or their legal representatives if no written directives are given.
- 10.3) The Home Management shall respect the Advance Directives / Living Will of the resident and necessary care should be delivered as per the registered paperwork with the concerned authorities.
- 10.4) The Home Management shall wait for 2 days and can transfer the body to an external mortuary or keep it in the mobile mortuary within the Care Home (in-case that is

available) and wait for the next of kin to arrive or the legal representatives of the resident to do the last rites however if family, friends or guardian are unable to come then the Home Management shall do the last rites as per their faith and use the deposit money of the resident for the same.

- 10.5) Mobile Mortuary - There will be many instances where the next of kin will not be able to come to do the last rites of a resident and on their behalf the Care Home will have to facilitate, hence it is important there are clear guidelines on the number of days to keep the resident's body in a mortuary.
- 10.6) In-case there is an in-house mobile mortuary then the staff should be adequately trained on its upkeep and maintenance, infection control and prevention and housekeeping.
- 10.7) The Care Home Management should ensure that there is a clearly defined policy on Care after Death which is based on religious, spiritual, faith-based sensitivity.
- 10.8) **Further Reading:**
 - A) Care after Death Policy, County Durham & Darlington NHS Foundation Trust
 - B) Discharging a Resident to the Mortuary, Caretrac

11) Resident Records

- 11.1) The Home Management shall ensure that the residents' records are kept updated and accessible to the residents and/or their legal representatives besides restricted access to the consulting or supervising physician, nurse or caregivers.
- 11.2) The Care Home must maintain a separate file for each resident including a digital backup in a safe computer / server. The resident records should contain but not limited to: Resident's name, Resident's last known address, date the resident started residing in the Home excluding the Trial Stay, name, contact numbers, and emergency telephone number of personal physicians, nurses, name, address, and telephone numbers of next of kin or legal representatives in the event of an emergency involving death of the resident, date of birth, insurance policies related to Medical Insurance, Life Insurance and/or any other information that the resident would wish to be kept recorded in his/her file, a copy of the resident's signed residency/occupancy agreement with the Home, a copy of resident's care plan, updated/changed care plan, information about specific health problems of the resident that might be necessary in

a medical emergency allergies, brief medical history, current medications, history of falls, illnesses, physician / nurse visits, behaviour patterns, problem with staff members or other residents, previous hospitalizations, any physical injuries, changes in the resident's mental or physical condition, copy of court orders, letters of guardianship, or power of attorney, copy of advance directives / living will, discharge / transfer date.

- 11.3) The Home Management shall not disclose residents records maintained by the Care Home to any person or agency other than the authorised personnel except upon expressed written consent of the resident, his/her legal representative or required by law.
- 11.4) Each Care Home shall store the resident records in a locked file cabinet or locked room.
- 11.5) The Care Home should maintain the original records in an accessible manner for a period of five (5) years following the death or discharge of a resident.
- 11.6) The original resident records shall be kept in the Care Home.
- 11.7) In the event of a change of ownership, the resident records shall remain with the facility.
- 11.8) If the facility closes, the resident records shall be with the regulating/licensing department or agency with a copy given to the resident or his legal guardian.
- 11.9) The Care Home shall take reasonable actions to protect the resident records from destruction, loss, or unauthorized use and all data shall be destroyed with the relevant data security policies.

12) Best Interest Policy

- 12.1) The Home Management should a well-defined and documented policy on Best Interest for the resident which are in line with the Mental Healthcare Act. All staff should be aware and trained on the key elements of this policy with the underling objective of person-centered care and all acts towards a resident should be in their interest.
- 12.2) Best interests are not just medical best interests it includes the welfare of the resident in the widest possible sense, and consider the individual's broader wishes, feelings, values and beliefs.

- 12.3) The Home Management should ensure all decisions on behalf of the resident are carefully evaluated for the benefit of the individual not what is best for those around them, or what the “reasonable person” would want.
- 12.4) Wherever possible, any resident who lacks capacity to make a decision should still be involved in the decision-making process. All reasonable steps to permit and encourage the person to participate or to improve their ability to participate in the decision should be encouraged.
- 12.5) A resident’s past and present wishes, feelings, values and beliefs should be respected and full efforts should be made to include them in the care plan.
- 12.6) The Home Management should understand a resident’s mental capacity and refer to the following guidelines:
 - A) A resident must be assumed to have capacity unless it is medically established that he/she lacks capacity.
 - B) A person is not to be treated as unable to make a decision unless all practicable steps have been taken to support him/her to do so.
 - C) A person is not to be treated as unable to make a decision merely because he/she makes a decision that the care home staff think is unwise or irrational.
 - D) Any act done or decision made for, or on behalf of, a person who lacks capacity must be done or made in his or her best interests.

13) Advance Directives / Living Will

- 13.1) The Home Management should ensure that staff are aware of Advance Directives / Living Will and its importance and applicability. Advance directives enable people to describe their preferences for medical treatment (living will) and/or to appoint a healthcare proxy who may decide on their behalf should they lose decision-making capacity. Advance directives are potentially important in determining the course of end-of-life care, as deaths are frequently preceded by end-of-life treatment decisions, which often require someone to make decisions on the patient’s behalf.
- 13.2) Advance care planning involves early and ongoing discussions with our healthcare professionals, family members, friends, caregivers, or other designated decision-

makers to specify in advance how they want to be treated should serious illness prevent them from being able to make decisions or communicate their choices.

- 13.3) The Care Home should ensure any advance directive of a resident is readily available in his/her file and all latest copies are available.
- 13.4) The Home Management should ensure only a legal Advance Directive/Living Will is followed by the staff or doctors as per the legal ruling of the courts.
- 13.5) **Annexures:**
 - A) Annexure 5: Living Will Format
- 13.6) **Further Reading:**
 - A) Pallium India, Advance Medical Directive (Living Will) And Health Care Power-Of-Attorney Authorisation

14) Lone Worker Policy

- 14.1) The Home Management should have a clear and well-defined policy on Lone Workers. Lone workers can be defined as anyone who works alone in the care home and will be interacting or could interact with residents without any other staff member in the Care Home. The Home Management should understand that some members of staff are required to work by themselves within the Care Home without close or direct supervision and/or sometimes in isolated work areas.
- 14.2) The Home Management should also understand that staff, volunteers or visiting family members could be at potential risk of working or being alone with the residents.
- 14.3) The Trustees and Senior Management team have overall responsibility for health and safety for all employees, workers, volunteers, residents for ensuring mechanisms are in place for the overall implementation, monitoring and revision of the policy.
- 14.1) The Management also have a responsibility to ensure that all employees are able to implement the aims and objectives of the policy and necessary policies and systems are in place.
- 14.2) The Home Management should have systems for regular reviewing and updating the Lone Worker policy and procedures.
- 14.3) Where a risk is identified, the staff should report this directly to the Home Management and necessary measures should be implemented if deemed necessary.

- 14.4) It is important to document risk related to possible violence, self-harm/suicide.
- 14.5) Staff should ensure that all/any incidents where they feel threatened or unsafe are reported through this system and should advise volunteers of this procedure as part of their induction.

15) Policy on Restraints

- 15.1) It is extremely important that the Home Management should have well defined and water tight policy on restrain of residents in the Senior Citizen Care Home. Restraint of a resident means any chemical, electronic, mechanical, physical or other means of controlling or restricting a resident. The use of any type of restraint poses a risk to a resident's physical safety and psychological well-being. The psychological/emotional effect of loss of liberty is often underestimated. Controlling a Resident's freedom in any way is a restraint and carries with it a responsibility on the part of the Home Management to exercise a high degree of forethought, caution and attention.
- 15.2) A restraint free environment is underpinned by a combination of a well-designed setting and trained staff committed to delivering care. The creation of a comfortable, safe, relaxed environment where individuals feel valued, confident and secure reduces the incidences of residents presenting with challenging behaviour.
- 15.3) The use of restraint of any kind should only be a measure of last resort where there is imminent risk of serious harm. An episode of restraint is a temporary measure and should always be in the least restrictive form and used for the least amount of time necessary. No resident should be restrained for the convenience of staff or as a disciplinary measure.

Restraints could be classified under:

- A) **Physical:** Any item or action that physically constricts or controls movement or behaviour. They may be attached to a resident's body or create a barrier that a resident cannot remove at will and which restricts freedom of movement. This includes, but is not limited to: bed railings, bars, wheelchair seatbelts, blankets, sheets and trays including devices hand/arm hand mitts, chairs or splints that prevent rising; e.g. tilt chairs, chair trays that cannot be removed by the resident, seat/lap belts, including seatbelt buckle covers that are easily removed by staff.

- B) **Chemical:** Any medication used to control a resident behaviour beyond the point of therapeutic benefit. Medication given for the specific and sole purpose of inhibiting a behaviour or movement like pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour, and is not required to treat the resident's medical or psychiatric symptoms.
 - C) **Environmental:** Any modifications of a resident's surroundings to restrict or control movement, for example locked doors and seclusion rooms, barriers to personal movement which serve to confine residents to specific areas including removal of a cane or walker, isolation, applying wheelchair brakes to prevent the resident from wheeling away.
- 15.1) The Home Management should refer and follow the guidelines in Section 97, Restraints and Seclusion under the Mental Healthcare Act, 2017.
 - 15.2) All restraint orders shall be written on the prescriber's order.
 - 15.3) Home Management should ensure that restraints should always be use in the Best Interest Principle and should be intended to protect the person in care's health and safety and preserve his/her dignity, rights and well-being.
 - 15.4) Home Management should ensure that restraints are never to be used as a means of coercion, discipline, punishment, convenience, or retaliation by staff.
 - 15.5) Home Management should ensure that restraints may be used when there is an imminent risk of a person in care physically harming him/herself, staff, or others; and when non-physical interventions have been ineffective.
 - 15.6) Home Management should ensure that a restraint may be used in an emergency, if facility staff need to respond immediately, to preserve the person in care's life, or to prevent serious physical harm to the person in care or others.
 - 15.7) Home Management should ensure that there is agreement to the use of a restraint given in writing by either the resident who needs care, their representative, medical practitioner or nurse practitioner responsible for the health of the person in care.
 - 15.8) Home Management should ensure that if a resident is mentally capable, but physically unable to write, or not is not literate yet may demonstrate agreement to the use of restraints in a manner other than a signature.

- 15.9) The Home Management should ensure that the staff must document the facts concerning the person's inability to write and how agreement to the use of restraints was discussed with him/her and consent obtained.
- 15.10) The Home Management should explore use alternative measures rather than restraints, when possible, i.e. environmental changes, behavioural guidance strategies such as distraction, verbal cues, redirection.
- 15.11) The staff should identify circumstances, which tends to trigger the situation that would require a restraint and take steps to avoid those situations.
- 15.12) The staff should observe and look for behaviour patterns, and learn when and how to intervene in a preventative and positive manner.
- 15.13) The Home Management should reassess the use of restrains at least once within 24 hours after the first use. If the need for the restraint goes beyond the 24-hour period, the use of the restraint must be reassessed at the earliest and only on the directions of the physician, authorised persons or competent authority.
- 15.14) The staff should keep a detailed record of compliance with the requirements as per the national guidelines.
- 15.15) The Home Management should ensure that staff must ensure that the comfort, safety and emotional dignity of the resident is monitored throughout the use of the restraint.
- 15.16) The Home Management should ensure that employees administering a restraint must have received training in alternatives to the use of restraints, determining when alternatives are most appropriate, and the use and monitoring of restraints.
- 15.17) Restraints shall not, under any circumstances, be ordered or used in the form of, Jackets, vest, or strapping mechanisms, b) Seat-belt buckle covers that require a separate implement for release.
- 15.18) No Staff member shall apply any Restraint, at any time, if they are not familiar with it and if they are not aware of the assessment, documentation, and the monitoring requirements for that Restraint. Any mechanical device used as a Restraint shall be able to be quickly and easily removed.
- 15.19) Once applied, Restraints shall be removed for a minimum of 10 minutes every two hours to allow opportunity for ambulating, toileting, exercise, and other care.
- 15.20) An Emergency Restraint shall only be used as a last resort for the safety of the Resident or others and shall not be used beyond the immediate episode.

- 15.21) A comprehensive assessment of the Resident by the interdisciplinary team shall be performed prior to the application of any Restraint in non-emergency situations.
- 15.22) Records of the monitoring of the comfort and safety of the Resident including the Resident's response to the use of the Restraint.
- 15.23) Each Restraint requires an assessment prior to use of the Restraint. A thorough interdisciplinary team assessment of possible underlying etiologies/causes is completed and documented when a concern is identified, (e.g. frequent falls, sliding down in chair/wheelchair, falling/climbing out of bed, positioning concerns, or behaviour endangering the Resident/others).
- 15.24) An order for use of a Restraint may be given on the recommendation of the Doctor, interdisciplinary team, including the Substitute Decision-Maker/family.
- 15.25) The plan of care for the application, monitoring, and regular removal of each Restraint shall be communicated to all care providers (e.g. health care aide, nurse, etc.) in writing and be easily accessed by all care providers. The plan of care shall include:
- A) The type of Restraint and method of application
 - B) The length of time the Restraint is to be used, for each application.
 - C) The frequency of checks on the Resident while the Restraint is in use
 - D) When regular removal of the Restraint is to occur.
- 15.26) **Annexures:**
- A) Annexure 6: Restraints Policy
 - B) Annexure 7: Restraints Assessment Checklist
- 15.27) **Further Reading:**
- A) VMMC & Safdarjung Hospital, Patient Physical & Chemical Restrains Policy
 - B) Code of Practice for Residential Care Homes (Elderly Persons), Hong Kong, Assessment and Consent Form for Applying Restraint
 - C) Minimising Restrictive Practices in Health Care Policy Directive, Department for Health & Ageing, Government of South Australia.
 - D) Elgin County, Restraints: Minimizing Restraining of Residents: Use of Restraints and Use of Personal Assistance Devices (PASDs)
 - E) Mental Healthcare Act (MHCA 2017), Government of India

16) Staff Intimate and Personal Care Policy (Physical Touch Policy)

- 16.1) The Home Management should ensure that the Care Home has a well-defined policy on Intimate Care & Physical Touch of residents. Since touch and intimate contact is a sensitive subject hence the staff needs to be trained on the good and bad touch guidelines along with respecting the residents cultural and gender sensitivity.
- 16.2) The Home Management should educate and train all staff members that while providing any form of personal care, caregivers must be aware of the fact that they will be in close personal contact with the person hence they should be trained to understand the expected reactions of the residents on how they feel about it.
- 16.3) The Home Management should ensure that care staff are trained on body postures and how it is interpreted by the older people. Since it is inevitable to avoid some form of physical contact, hence understanding that each resident will experience physical touch differently which could vary depending on their mood, mental condition.
- 16.4) The Home Management should ensure that care workers understand appropriate and inappropriate personal contact clearly. Since individual residents will vary in their views on what they consider to be appropriate or inappropriate personal contact by their care workers hence they need to be properly trained.
- 16.5) The Home Management should ensure that care workers are taught to recognise that there are some forms of personal contact that are inappropriate, because they are considered to be abusive and could result in disciplinary action. Inappropriate personal contact will usually refer to the touching of personal and private parts, and also include kissing, hugging, sidling and sexually suggestive movements that could be interpreted as inappropriate or abusive.
- 16.6) The Home Management should train care staff that residents who require help with intimate personal care that could include dressing, washing, bathing, etc are at risk of inappropriate contact and touching hence the risk of accusations and allegations made against them while carrying out such tasks could be higher.
- 16.7) The Home Management should ensure that they have a duty to protect care staff from false allegations or misunderstandings that might arise in the process of physical touch.
- 16.8) The Care staff should encourage residents to do as much activities for themselves as possible and personal contact/care should only be carried out when the resident is

clearly unable to do so and after all risks to the resident and staff involved have been assessed.

- 16.9) The Home Management should ensure that all intimate care activities to be carried out are clearly described in the resident's care plan.
- 16.10) The Home Management should ensure that the care staff are trained to offer an immediate apology in the event of any accidental contact or touching that the person receiving the care which might be considered inappropriate or offensive by the resident.
- 16.11) If a resident feels that a physical touch by the caregiver might have been deliberate and indicates that they are not satisfied by a simple apology, then should be encouraged to report the incident to the Home Management.
- 16.12) In situations where the care staff who consider that they are subject to inappropriate physical contact by residents while carrying out personal care should also raise the matter with Home Management at the earliest.
- 16.13) **Further Reading:**
 - A) St. Michael's House Policy and Procedures for the provision by staff of Intimate Care.

17) Policy on Intimacy between Residents

- 17.1) Personal Intimacy and relationships between residents are a common aspect in a Care Home, hence it is important for the Care Home Management to have well defined policies and guidelines between residents and residents and residents and staff.
- 17.2) The Care Home Management should ensure that the staff respect the rights of all residents to engage in any consensual relationship at the same time protects the staff and other residents from any untoward problems.
- 17.3) The Care Home should develop policies which support the rights of all the and educate the staff and residents on health, hygiene, infection to avoid any communicable infections and diseases.
- 17.4) The Care Home should discourage any sort of intimate actions by residents in public areas and any consensual intimate relation should be within the privacy of their own rooms.

- 17.5) A resident who has mental impairment whether permanent or temporary should be safeguarded at all times against any personal and physical abuse either in the form of personal intimacy by staff, other residents or visitors.
- 17.6) The Care Home Management should ensure that all staff members are sensitized and well trained on the personal care of residents including undressing or bathing a resident because at times the resident may interpret these personal care services as intimate advances and inappropriate physical touch.
- 17.7) There will be situations when family member of residents may object or even accuse the Care Home staff on allowing physical intimacy between residents of intimate relationships hence it is important that the family members are informed in a transparent manner about such incidents unless explicitly given in writing by the resident on not sharing personal information.
- 17.8) In situations where intimacy becomes a concern then the Care Home Management should take necessary actions and involve all stakeholders including staff, residents, social workers, physician's and family members.
- 17.9) Especially in Dementia Care Homes there are situations where a resident may go and sit or sleep on some other residents' bed hence it is important for the Care staff to be vigilant and sensitive to the residents as they may not be doing it intentionally.
- 17.10) **Annexures:**
- A) Annexure 8: Intimate Care Policy
- 17.11) **Further Reading:**
- A) Board on Aging and Long-Term Care – Ombudsman Program. Wisconsin state, Recommendations for Addressing Resident Relationships
 - B) CQC, United Kingdom, Relationships and sexuality in adult social care services
 - C) Sexuality Assessment Tool (SexAT) for residential aged care facilities. (Available from the Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne).

18) Incident Reporting & Missing Persons Policy

- 18.1) All staff must record any significant incident in the Home Record book along with recording the same in the resident's file. The accident/incident records should be

accessible to residents and their family members and to the audit, inspection and registration agency.

- 18.2) If the resident was injured or harmed or was seriously at risk of being harmed as a result of going missing or due to an act of self-harm, staff abuse/mistake the Care Home Management should notify to the governing board and the concerned authorities.
- 18.3) The supervising care worker should, at the earliest fill out an incident form and make a suitable note of events in the resident's notes. Time of missing and actions taken should be noted as accurately as possible.
- 18.4) **Missing Persons Policy** - The Home Management have an obligation to ensure residents at risk of wandering and going missing are appropriately identified and managed to minimise their risk of harm. The Home should have a policy on missing residents which is known to all residents including actions to be taken and incident reporting.
- 18.5) In a Senior Citizen Care Home especially Memory Care Homes (Dementia Care Homes) it is important to identify residents with limited mobility, feeling confused or get disoriented easily as there is a higher probability of their getting lost. For these reasons a resident going "missing" would be an obvious cause for concern who need to be under regular supervision and care.
- 18.6) The Home Management should ensure that care staff should be vigilant at all times and try to be aware of exactly where vulnerable residents are at any given time.
- 18.7) The Home Management should ensure that residents who are prone to wandering, or who may be at risk of getting lost needs to be identified during their care plan assessment and development.
- 18.8) The Home Management should ensure systems are in place to avoid false alarms by encouraging residents and visitors, to inform a member of staff when they are leaving the home, expect time of return and contact details for emergency.
- 18.9) The Home Management should ensure that the staff are trained to raise an alarm immediately if they suspect that a resident may be missing.
- 18.10) Care staff should be trained to identify whether or not an individual resident has gone missing by keeping a track of the home's daily timetable, such as meal times, communal activities, walking time etc.

- 18.11) The Home staff should report a resident as missing where a resident has not returned from an arranged outing, activity or walk, where a resident cannot be found in the home or grounds and no arrangements have been made for an outing, activity or walk.
- 18.12) The Home Management should ensure that all staff are trained on the procedure in the event of a resident being reported as missing. When it becomes clear that a resident is missing it is important that all staff members follow clearly defined procedures and guidelines.
- 18.13) In case of a missing resident the staff should check visitors book and the residents outing record that he/she is not on an outing, activity or walk. If they are, and their return is overdue, then the staff should make efforts to contact the resident or the people/place they are visiting.
- 18.14) In case where contact cannot be made and the staff feel that a resident may be at risk, then the police should be contacted and a suitable entry made in the residents' file.
- 18.15) In case of a missing resident all staff members should be alerted and enquiries regarding information/sightings should be conducted. The Home Management should try to ascertain who last saw the resident and question them about the resident's known plans and movements. A thorough search of the home and grounds should be undertaken to ascertain if the resident has not become lost or trapped.
- 18.16) The Home Management should immediately contact the resident's family members or their legal representatives.
- 18.17) The Home Management should immediately inform the family or legal representative once the resident has been found, it is essential that all the parties who were advised of the emergency are contacted again and informed that the search has been concluded.
- 18.18) If a complaint is made against a staff member as a result of a resident going missing, the matter should be investigated through the complaints procedure as defined in the Care Home rule book. The investigation will include any possible misconduct by the staff responsible as a result of the person going missing through its established disciplinary procedures.
- 18.19) All staff should be made aware of the possible consequences of a resident whom they are supervising and who goes missing.
- 18.20) **Annexures:**

A) Annexure: 9 – Incident Reporting Form

18.21) Further Reading:

- A) Residential Care Homes (Elderly Persons) Ordinance, (Hong Kong), Special Incident Report.

19) Residents & Staff Protection & Safety

- 19.1) The health, safety and welfare of care staff, residents, visitors and outsourced workers, should be of primary concern of the Home Management. It is extremely important that the Care Home has well defined standards and guidelines on residents' safety and protection.
- 19.2) It is important for the Home Management to train the employees and educate the residents on areas of personal safety and security.
- 19.3) As there are countless safety hazards for those working and residing in Care Homes hence it is important that care workers should take precautions to maintain their own safety as well of the residents.
- 19.4) There are many potential health and safety hazards and risks present in a Senior Citizen Care Home which could lead to severe injury or even death. Manual handling of residents is the most common cause of injury at work. Employees in Senior Citizen Care Homes are at a higher risk of back injuries because assisting residents with movement is a large part of a carer's job.
- 19.5) It is the responsibility of the home management to ensure that all caregiving staff should receive manual handling including training on how to use equipment's use for the assistance of the residents. Slips, trips and falls are common risks in any workplace and are one of the biggest causes of non-fatal injuries.
- 19.6) One of the main causes for slips and falls for carers as well as residents are due to slippery or wet floors, since floors are cleaned on a regular basis hence it leaves them wet and slippery.
- 19.7) Equipment and medical device safety is an important consideration for health and safety. Hoists, lifts, ramps, bed rails etc can all pose a risk if not correctly maintained.
- 19.8) Electrical equipment safety defects can be found by visual examination but some types of defects can only be found by testing.

- 19.9) Fire safety, precautions and control guidelines are extremely important in Care Homes. Since older people may have hearing problems, may have impaired vision or are unable to walk hence they are extremely vulnerable to fire accidents.
- 19.10) Wrong medication management in care homes can also have disastrous effects on the health and safety of residents and may presents many risks. Care Home providers/management should assess each person's needs for storing their medicines and ensure that medicines are stored safely and securely and dispensed by the authorised staff only.
- 19.11) Food storage, handling, preparation is extremely critical in avoiding food poisoning and infection outbreaks. Outbreaks of food poisoning or other infectious diseases often occur from meals prepared in the kitchen through unhygienic practices when handling, storing and cooking food.
- 19.12) Water storage is another important area for residents and staff safety. Whether it is drinking water or water used for other uses, it can be a breeding ground for bacteria if not properly stored and may lead to water-based hazards diseases.
- 19.13) Both the staff and residents should at all times be inoculated with necessary precautions against any viruses, bacterial infections or any other form of communicable disease through any borne transmission.
- 19.14) A fire and emergency evacuation drill must be conducted quarterly with all staff participation on each shift.

20) Privacy & Dignity

- 20.1) It is important for the Home Management to understand the fundamental importance of maintaining the dignity and privacy of all residents at all times. It is imperative that the Care Home should have well defined standards and guidelines on how to maintain privacy and dignity of residents and staff should be trained properly to ensure that there are no compromises in dignity, privacy and respect of residents and staff.
- 20.2) There are many standards which a Care Home should develop and follow to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity.
- 20.3) The Care Home staff must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes his/her quality of life.

- 20.4) Till the time a resident is part of the Care Home, the staff should protect and promote the rights of the resident.
- 20.5) Residents have the right to exercise their rights without interference, coercion, discrimination, or reprisal from the Home Management and staff.
- 20.6) The Home Management should ensure that all care staff must focus on assisting the resident in maintaining and enhancing his/her self-esteem and respect the resident's preferences and choices.
- 20.7) All staff should ensure and respect a resident's privacy of physical body including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room, such as the bathing area, dining, walking, grooming etc.
- 20.8) The care staff should refrain from demeaning residents by refusing to comply with a resident's request for assistance.
- 20.9) Care staff should always treat residents as individuals and allow them to do things for themselves whenever appropriate and possible.
- 20.10) The staff should never gossip about residents or discuss private or personal issues with a resident in public.

21) Complaints & Feedback

- 21.1) It is extremely important for a Senior Citizen Care Home to have well defined guidelines on how to handle and resolve complains of residents, staff, visitors and external agencies. In the unlikely event of a problem, the Home Management should try to resolve all complaints quickly and courteously.
- 21.2) A complaint can be received either verbally or in writing and can be made by, residents, someone acting on behalf of a resident or a staff member.
- 21.3) The Home Management should ensure that the complaints are resolved and addressed in a time bound manner and should be submitted within 12 months of the incident or concern arising.
- 21.4) When a complaint is raised to staff, every effort should be made to resolve it immediately to the complainant's satisfaction, dispassionately, fairly and transparently to mutual satisfaction.

- 21.5) Staff should apologise for the fact there was the need to complain in the first instance and explain the complaints process and timelines.
- 21.6) The Care Home staff should report the complaint and document the same in the records file.
- 21.7) The resident(s) should be given a written acknowledgement of complaints received.
- 21.8) The complaint should be closed once confirmation has been received that there is satisfaction of the complainant.
- 21.9) The Home Management should ensure transparent and accessible complaints handling process. Effective processes for handling complaints can help the Senior Citizen Care Home to improve the quality of care being delivered, understand the needs and wants of residents and staff, address minor issues before they become a big concern, build positive relationships with residents and their family and friends.
- 21.10) The Home Management should encourage regular and ongoing feedback from residents and their legal representatives about the quality of service they receive.
- 21.11) The Home Management should use a collaborative approach to resolve complaints in a timely manner and through open communication and transparent processes.
- 21.12) The Home Management should ensure that complaints by resident and staff do not affect their care delivery and no bias should be held against them including being reprimanded by the staff.

22) Theft & Loss in Senior Citizen Care Homes

- 22.1) Theft and misplacement of resident's belongings is common hence it is important that the Home Management should develop standards and guidelines to identify, investigate and resolve such issues. The Home Management should ensure that the highest standards of integrity and honesty are displayed and adhered by the care home staff at all times.
- 22.2) Staff members especially the care staff in a care home setting have access to the personal possessions of residents hence it is imperative that that they can be trusted to have complete respect for residents and the Care Home property.

- 22.3) It has been seen that staff tends to steal jewellery and personal belongings including financial data from vulnerable residents especially those who have dementia, hence it is important to have access restricted policy.
- 22.4) The Home Management should ensure that they have robust policies in place about theft of all types and these policies should be well known to staff and carefully articulated to them.
- 22.5) The Home Management should ensure that all new staff are trained about safety and safekeeping of resident's belongings.
- 22.6) The Home Management must be proactive and implement a zero-tolerance policy to thefts by staff.
- 22.7) The Home Management should have training programmes on values such as dignity and respect for residents which needs to be adhered to at all times.
- 22.8) In a Senior Citizens Care Home there are often many reasons to explain the disappearance of personal possessions and money from residents. Some residents may be confused, depressed or have mental health issues that make them unreliable in keeping track of their possessions. They may talk about possessions they owned in the past that have long since disappeared.
- 22.9) Residents or staff may explain thefts especially of small items such as jewellery, that they were given as gifts to the staff whereas in reality they may have been stolen.
- 22.10) Care home staff should never allow reports or rumours of thefts and disappearances to be disregarded for such reasons. Each case of theft or misplacement should be investigated properly.
- 22.11) Allowing gifts to be accepted can lead to accusations of coercion, exploitation and fraud hence Senior Citizen Care Homes should have to have a strict policy on gifts and/or cash.
- 22.12) Recruitment process should verify the background of staff whose work will work with residents in direct contact.
- 22.13) The Home Management should have clear policies on prevention of theft in the Home.
- 22.14) The Home Management should encourage residents not to leave valuables lying around and to be more aware of their personal belongings and personal security.
- 22.15) The Home Management should ensure that signed inventories of possessions and valuables should be kept and agreed by relatives or representatives where required.

- 22.16) All Senior Citizen Care Homes should have locked cabinets in their premises for the security of resident's cash and valuables, with a key that they may keep if they wish to.
- 22.17) A communal safe in the Care Home should be provided provide for larger value items.
- 22.18) All residents should keep their valuables in safe lockers and all deposits should be recorded and signed for.
- 22.19) Since many older people move into residential care facilities due to fear of crime and achieving better levels of security, hence it is important for the Home Management to ensure their safety and security of their possessions.
- 22.20) The Home Management should have robust access controls to keep intruders and unwanted visitors.
- 22.21) Staff feedback and whistleblowing should be promoted in a confidential manner to disclose any wrongdoing of member of staff such as malpractice, theft, fraud, negligence or abuse.
- 22.22) To ensure staff feel free to report incidents every home should have a whistleblowing policy.
- 22.23) The Home Management should keep detailed and up-to-date registers of all assets of resident items and ensure regular audits of the resident's property and assets.
- 22.24) The Home Management should conduct spot checks of assets and inventories of resident's belongings.
- 22.25) The Home Management should encourage residents to fill out missing items.
- 22.26) The Home Management should discharge any employee guilty of theft immediately.

23) Pets Policy

- 23.1) The Home management should have clear policies and guidelines for residents to keep pets. The Home Management should clarify the Pet Policy to the prospective residents at the admission stage itself, whether the care home allows pets or not. Prospective residents and/or their families may not declare their pets in case it affects the outcome of the application for a place in the Care Home.
- 23.2) The Home Management should clarify their rules on a resident's pet in the event that the pet outlives their owner. The arrangements for managing pets in case a resident abandons the pet or is unable to take care of the pet.

- 23.3) In case the Senior Citizen Care Home allows pets then the Home should only allow household pets. The home cannot should not allow large pets, exotic, endangered or legally banned animal. The Home should not allow pets who may require substantial support from care staff.
- 23.4) All pets should be allowed to be kept as per the laws of the State / Country and the resident or the home management should ensure that necessary exercise is given to the pets and no form of unauthorised constraints is used.
- 23.5) Once the Home Management agrees to accommodate a resident's pet then the resident should be advised to keep the pets in the resident's room as long as it does not affect the home's ability to provide care to the resident or other residents and staff.
- 23.6) When a pet dies the resident then his/her family members or representative should be responsible for arranging the removal and disposal of the body and the home's garden must not be used as a pet cemetery.
- 23.7) When the pet becomes ill the resident should inform the Home Management so that appropriate actions can be taken in case the resident or his legal representatives cannot take care of the pet. The Home Management should tie up with the local area veterinary for health and medical care of pets.
- 23.8) The Home Management should clarify to the residents that the responsibility of provision of food and other items such as deworming, anti-rabies precautions, bedding, cleaning etc will be done by the resident and a copy of the updated records should be shared with the Care Home Management,
- 23.1) The Home Management should ensure that all pets kept by the residents are neutered before coming into the home.

24) Smoking, Alcohol and Substance Misuse

- 24.1) The Home Management should ensure that there is a clear and well-defined policy on Smoking, Alcohol and Substance Misuse by staff, residents, visitors and external workers. In case the Senior Citizen Care Home permits smoking and alcohol then they should do so only in their rooms or designated areas.

- 24.2) Though it is difficult to monitor the consumption of smoking and alcohol yet the Home Management should try to monitor and encourage limits to alcohol and smoking use.
- 24.3) The Home Management should strictly have a no use policy on substance use. If the Home Management or staff members knowingly allows a resident or staff to use drugs or alcohol and their behaviour places themselves or others at risk, then he/she should be immediately relieved of their duties.
- 24.4) Residents, relatives and visitors should be advised to avoid consumption of alcohol or smoking within the premises of the Care Home. In case they do so, with the permission of the Home Management then they should not present a problem to other residents, their relatives, and visitors or to staff.
- 24.5) All alcohol must be kept securely in locked cupboards in residents' rooms or in safe keeping with the Home Management.
- 24.6) The Home Management should ensure that use of alcohol by residents do not affect their care plan and affect their medication or medical conditions.
- 24.7) In situations where there are concerns identified in relation to the use or misuse of alcohol, the Home Management or Care Staff should discuss the concern with the resident, family members and/or their consulting physicians.
- 24.8) All new residents should be informed on the drugs or alcohol policy during their introductory visit or during care planning process.
- 24.9) The Home Management should clearly inform the prospective resident and/or their family members on the right to refuse admission if it is established that the prospective resident may be having drug or alcohol problems.
- 24.10) Except of rehabilitation homes who specialize in alcohol or drug addictions, no resident with addiction problem should be allowed admission in the Senior Citizen Care Home.
- 24.11) In case the Care Home permits smoking within the home premises then smoking areas should be clearly marked with smoking signs and should be provided with receptacles for smoking waste.
- 24.12) In areas where smoking is not permitted it should be marked with No Smoking signs.

25) Residents & Staff Abuse – Identification, Protection & Prevention

- 25.1) Protection against abuse is the most important responsibility of the Senior Citizen Care Home. It is extremely critical that staff and residents should be safeguarded from all forms of abuse. The Home Management should attempt at all times to protect our residents from abuse, and to identify and deal with specific instances of abuse if they occur.
- 25.2) The Home Management should ensure that all staff members are trained in all types of abuse and the processes in reporting abuse.
- 25.3) Abuse of residents could be: Physical abuse, financial, material abuse, psychological abuse, sexual abuse, neglect, isolation/confinement, or inappropriate or excessive restraint
- 25.4) The Home Management should ensure that all residents are given the best possible care and have mechanism to prevent any type of abuse.
- 25.5) The Home Management should encourage staff, residents to be aware of concerns about behaviour which might be abusive or which might lead to abuse.
- 25.6) The Home Management should develop systems and procedures which minimize the risk of abuse of residents by other residents and dealing appropriately with any form of aggression or abuse.
- 25.7) The Home Management should have systems in place which encourage an open and trusting communication structure within the home so that staff, residents, and others feel able to discuss their concerns with the Home Management to take action.
- 25.8) All staff members who witness a situation in which a resident is in actual or imminent danger should immediately stop what is happening without further damage to anyone involved, including themselves, either by immediately intervening personally or by reporting it to the Home Management.

26) Participation & Inclusion

- 26.1) The Home Management should ensure that all residents are encouraged to participate in their care planning and involvement in the Home. The Home Management should

have a comprehensive and robust assessment and care-planning system where residents are encouraged to participate and contribute to their fullest potential in any activity that helps to maintain their links to the community and in the Care Home.

- 26.2) The Home Management should ensure that no resident is coerced into being a participating member at the same time that are not excluded from participating.
- 26.3) The Care Home Management should develop a comprehensive assessment of the needs of residents and identify the resident's social, emotional and well-being requirements.
- 26.4) All activities and programmes which are resident centric should be reviewed regularly as part of the care plan, and individual choice should be paramount in the maintenance of those activities.
- 26.5) The Home Management should ensure that residents who do not wish to participate, they should not be forced to do so and their views must be respected, recorded and reviewed.
- 26.6) The Home Management should ensure there is inclusivity, diversity of staff and residents. No resident should be made to feel isolated and lonely as it can have a negative impact on their mental health and overall well-being.
- 26.7) The care staff should understand that creating an inclusive environment requires a multifaceted approach that addresses physical, emotional, and social barriers, hence they should be sensitive to the needs of elderly from all backgrounds, religion and language.
- 26.8) The Care Home Management should encourage residents to participate in communal activities and events. This helps them to foster a sense of community and reduce feelings of isolation and loneliness and neglect.
- 26.9) The Care Home should have a zero-tolerance policy towards discrimination and stereotyping. The Home Management should train the staff to recognise acts and behaviours of staff and residents who create groups or segregates others, and provide education and training to residents on issues related to diversity and inclusion.

- 26.10) By creating inclusive environments in the care home, the residents can experience positive impact on their well-being, mental health, and quality of life.
- 26.11) The Home Management should promote a sense of community, which provides a safe and supportive environment for all residents, regardless of their background or abilities.

27) Residents Possessions, Residents Finances, Wills, Estate Planning & Succession and Inheritance

27.1) Residents Finances

The Home Management should have clear and well-defined policy on residents' money and other financial aspects like Wills. The policy should be applicable to all staff members in the care home irrespective of the function. The Home Management should ensure complete transparency and integrity related to all financial transactions with the resident or his/her family members including those which are carried out by a staff member on behalf of a resident.

- 27.1.1) Whether it is paying bills in cash, withdrawing cash from banks or the use of debit/credit cards, or through internet transactions the Home Management should ensure that each entry is documented, signed in the residents file along with the reason of expense and expense receipts are kept.
- 27.1.2) Each staff member should clearly understand their personal duty and obligations when dealing with residents' cash or money.
- 27.1.3) The Home Management has the outmost responsibility towards the residents to ensure that all residents especially the vulnerable, frail and those with memory impairments like Alzheimer's, Dementia receive the best quality care possible and are protected at all times from any type financial fraud.
- 27.1.4) The Home Management should have systems and processes to prevent financial abuse and fraud and have mechanisms to prevent and resolve any such incidents.
- 27.1.5) Residents or their family members should be encouraged undertake all financial expenses by themselves and all requests to be undertaken on behalf of residents should be in writing unless they or their family wishes to nominate the Home Management to handle their finances.

- 27.1.6) The Home Management should ensure that all cash handling by home staff are counted in front of the supervisor and/or the resident.
- 27.1.7) All records and receipts should be made available to the residents, their family members, audit agencies where ever applicable.
- 27.1.8) All cash of staff members should be kept separately from the resident's money.
- 27.1.9) The residents have the right to spend their own money how they wish to spend it and the Home Management shall not influence or force expenses of the residents.
- 27.1.10) The Home Management should not enquire or ask the residents about their finances as it is their private matter.
- 27.1.11) The Home should have a provision of locker facility for all residents to keep their cash, money and other belongings. The Home management should take an undertaking for indemnity that they will not be held responsible in case of theft.
- 27.1.12) The Home should not allow more than a certain limit of cash to be stored either in the resident's room or the locker provided by the Home.
- 27.1.13) Any donations, cash gifts or gifts in kind by the residents to the staff members should be informed and documented in the residents' file.
- 27.1.14) In cases of report of theft by the residents then the first effort should be look within the resident's room or surrounding areas and subsequently investigated and action taken.
- 27.1.15) The Home Management should ensure that no staff member try to solicit, or borrow money from a resident.

27.2) Residents Wills, Estate Planning & Succession and Inheritance

- 27.2.1) A resident legal WILL may not look relevant to the Home Management but it is extremely important in cases of non-payment of dues, lien on their assets, safeguarding from family members and staff.
- 27.2.2) Post death of a resident many relatives and family members will come forward to claim the resident's property or money including staff members of the Care Home. Hence it is important that the Home Management should facilitate necessary registration, appointment of advocates regarding a resident's wills, estate and inheritance.

27.2.3) The Home Management should ensure that signed inventories of possessions and valuables should be kept and agreed by relatives or representatives where required.

27.2.4) All Senior Citizen Care Homes should have locked cabinets in their premises for the security of resident's legal documents, with a key that they may keep if they wish to.

27.3. Annexures

A) Annexure: 10 – Residents Belongings & Handover Form

27.4. Further Reading:

A) Residential Care Homes (Elderly Persons) Ordinance, (Hong Kong), Special Incident Report.

B) Code of Practice for Residential Care Homes (Elderly Persons), Hong Kong, Guidelines on handling Resident's Possessions in Residential Care Homes for the Elderly.

C) Record of Residents' Possessions under RCHE's Custody.

D) Ventry Residential Care, List of Personal Possessions on Admission.

28) Residents Dependent Children

28.1) There will be situations where the residents will request accommodation not only for themselves but also their dependent children, hence it is important for the Care Home Management to take a compassionate view and take the decisions.

28.2) Under no circumstances should the Care Home allow dependent children if they cannot be taken care by the resident himself or herself.

29) Residents Charges & Fees

29.1) The Home Management should ensure that there are well defined and clear-cut policies and guidelines on the charges and fees for residents. For Care Homes which are privately operated or on chargeable basis the Management should have a detailed pricing structure regarding all chargeable or non-chargeable services. Where the Home is on charitable or free basis there should be no charges taken from residents or as per guidelines by the State Social Welfare guidelines.

- 29.2) The Home Management should prepare a fees structure for the residents based on their care assessment of needs. No element of hidden charges should be charged later either as an excuse of oversight, mistake or misunderstanding.
- 29.3) All financial information should be treated in confidence and integrity and no part of the information should be shared by outsiders or non-authorised people.
- 29.4) For short term stay (1-28 days) the care home may have a daily charge whereas for all long term stay the charges have to be same for all residents rather than based on capacity or individual negotiation.
- 29.5) In-case a resident is unable to pay the monthly charges then he should be given enough time to make a deferred payment rather than asking him/her to vacate the room.
- 29.6) Under no circumstances should the resident face any kind of abuse, hostility for non-payment of charges and fees.
- 29.7) The Home Management may undertake a financial guarantee from a guarantor for the resident but in no condition should the guarantor be forced or coerced into making payments on behalf of residents in-case of non-payment or inability to pay.
- 29.8) The Home Management should give enough advance notice (at least 28 days) to residents and/or their family members in case of any changes to the charges and fees. The information should be clearly explained besides keeping the best interest of residents.
- 29.9) The Home Management may take advance deposits from residents for emergencies however they should be reasonable and affordable for the residents.
- 29.10) Residents who wish to pay their charges in advance should be encouraged to do so, however the advance should not be for more than 12 months.
- 29.11) Any yearly increase in the Home Charges should be reasonable and in line while keeping the affordability of residents and their family members.
- 29.12) In-case a resident is facing any financial limitation and wants advance from the Care Home then the Home Management should keep a provision in their financial books.
- 29.13) No resident should be allowed to sublet their rooms to anyone irrespective of the relationship with the resident. No resident should be allowed to collect any money from other people as the accommodation will be non-transferable.
- 29.14) Any damage or destruction done intentionally by a resident or their family, friends or representative should be duly recovered by the Home Management.

29.15) In no condition can the Home Management claim any lien on the resident's property or assets in case of non-payment or refusal to pay.

29.16) The Home Management cannot ask a resident to pay fees before they join the Home and a resident cannot be faced to pay more than the applicable charges.

30) Ethical Conduct

30.1) It is extremely important for a Care Home to have well defined framework on the Ethical Conduct expected from Home Staff, Contractual Staff, Residents and visitors.

30.2) The Care Home should have a monitoring mechanism to ensure strict compliance by staff on the service delivery framework which respects the residents, privacy, dignity, religious and cultural beliefs, confidentiality, decision making, individual choices and preferences and other well-being and care standards.

30.3) The Care Home should have a Quality Improvement system to continuously review and improve areas of services and management which needs attention.

30.4) The Care Home should have an Ethics staff member / manager who will ensure that the Care Homes policies, residents rights and other service delivery is being implemented with transparency and accuracy.

30.5) An audit tool on ethics management should be developed for monitoring.

31) Concerns of Parents of Non-Resident Indians (NRIs)

31.1) There will be a large population of elders whose children are settled outside the country. Since many of the children would be settled in developed countries hence would be aware of the international guidelines on Elderly Care, hence it will be important for the Care Home management to respect their wishes and expectations.

31.2) The Care Home should ensure that the family members of NRI parents are aware of the various policies and operating guidelines of the Home.

31.3) The Care Home should have a provision to upload relevant health, medical, social and dining records of residents on the internet which can be reviewed by children in other countries or cities.

- 31.4) The Care Home should ensure that the children of NRI parents are given the level of confidence about the welfare of their parents and assured on the care services especially in case of emergencies or in death.
- 31.5) Since NRI children will not be able to immediately attend to the last rites formalities due to the distance hence it will be important for the Care Home to designate a staff member who can liaison with the hospitals, crematoriums, mobile mortuary and cultural and religious sensitive last rites ceremonies.

32) Family & Primary Caregivers

- 32.1) For a dependent older person, the family caregivers are the first line of care providers, hence it is important for the Care Home Management to ensure that their inputs on the care needs of the senior citizen is documented properly in their file and incorporated in the care plan.
- 32.2) Many family caregivers will be having caregiver stress or burnout and would like to take respite by leaving their parents in a respite care home, hence it is important for the Home Management and the Care staff to be sensitive to their needs.
- 32.3) There would be instances where the family is not aware on the best practices of caregiving hence it is important for the care home staff to educate them on the care needs of the elderly resident especially when they are discharged or transferred to their own homes or other care homes.
- 32.4) The Care Home Management should ensure that the family caregivers are aware of the care plan of the resident including medications or any potential challenging behaviours or self-harm.

33) Policy on Cultural, Religious and Ethnic practices

- 33.1) For a culturally diverse country like India, it is extremely important for the Care Home Management and staff to be aware, respectful and trained on the various aspects of cultural and multilingual caregiving.
- 33.2) The Care Home should ensure that service delivery is culturally and linguistically appropriate and communicated in vernacular languages which are understood by residents and their families especially for those who are in the rural and tribal areas.

- 33.3) The Care Home Management should focus developing services keeping into consideration individual needs, preferences social, cultural, language, religious, spiritual needs.
- 33.4) The care home should develop the admission form, agreements, policies and guidelines which are simple to understand and record cultural values, traditions and beliefs, foods choices etc.
- 33.5) The Care Home Management should try to assign caregivers who are conversant with the resident's language, spiritual and cultural practices and preferences.
- 33.6) Since food and cultural preferences are important elements in improving the quality of life of a resident hence it is important for the staff to be vigilant on person-centered care because if not properly monitored then it could lead to depression, lack of interest in eating, accepting medication and overall well-being.

34) Isolation, Neglect & Poverty

- 34.1) There will be many instances where residents will join the Care Home due to social isolation, family neglect or poverty, hence it is important for the Care Home Management to be sensitive to their needs and make them comfortable at the time of admission and also during their stay.
- 34.2) The admission form should document the reason for the resident joining the home.
- 34.3) Care Home Management should ensure that all staff are trained to be empathetic, respectful and sensitive to the backgrounds of the residents.
- 34.4) The Care Home Management should ensure that no resident faces abuse, outcast or neglect by the staff or other residents just because they are from lower economic backgrounds or from a different community.

35) Resident Abandonment & Family Disputes

- 35.1) There will be cases where residents may join the Care Home due to family abandonment or disputes. With the reduction of joint family system there are many families who are disintegrating due to which the parents especially older women are being abandoned.

- 35.2) The Care Home Management should ensure that all such cases of abandonment and family disputes are handled with respect, dignity and empathy.
- 35.3) The Care Home Management or the staff should avoid getting involved with the resident's family disputes and should take a neutral stand unless it is unavoidable.
- 35.4) In case of threat to the resident by their families the Care Home should report such cases to the local police station, NGOs and the concerned departments.
- 35.5) If there is physical abuse faced by a resident by their families within the Care Home then the family should not be allowed to visit the resident again and the incident should be recorded in the Incident report and the residents file.

36) Welfare and Awareness Camps for Residents

- 36.1) Since a Care Home will have many senior citizens residing in one location hence there will be many private companies, NGOs, Healthcare companies who would like to hold camps for health screening, awareness generation, advocacy. It will be important for the Care Home to have some guidelines and checks and balances that no resident is disturbed or influenced to buy goods and services which are not in their best interest.
- 36.2) The Care Home Management should define specific days in a month and specified time when such camps can be held.
- 36.3) The Management should ensure that there is no loud music or unnecessary trespassing by external people and their entry is limited to defined areas.
- 36.4) The Home Management should ensure that the agency or company which is holding any such camp has got all the necessary approvals for holding such activities and take an indemnity from them in-case of any incident.
- 36.5) The Home Management should not allow any specific religion-based programmes which may hurt the sentiments of the other residents.

37) Policy on Domestic Help and Vendors

- 37.1) It is important for the Care Home to have clear guidelines on residents keeping personal Caregivers, Car Washers, Newspaper vendors, Milk, Vegetable, Courier etc. It is important for the Care Home to have clear policies on their Entry & Exit Points, Personal Belongings, Entry & Exit Records etc.

- 37.2) Each external person should have access restricted card and well-defined boundaries to move around.
- 37.3) Except for personal caregivers and other domestic staff who assist in individual housekeeping the rest should not be allowed into residential areas.
- 37.4) The entry and exit of all external people should be monitored, recorded at the security gate.
- 37.5) All domestic staff should have police verification which should be kept in the file with the human resource department.
- 37.6) The domestic support staff should not carry any money to the resident's unit and any such belongings should be left in the locker with the security except for mobile phones.
- 37.7) Wherever necessary physical frisking guidelines should be developed and only women security should frisk women staff.

38) Donations, Gifts and Tipping

- 38.1) There will be instances where residents or their family members would like to give donations, gifts or tips to the Care Home or the staff as a token of appreciation, hence it is important to have a clear policy and guidelines of accepting gifts and tips. Allowing gifts to be accepted can lead to accusations of coercion, exploitation and fraud hence Senior Citizen Care Homes should have to have a strict policy on donations, gifting in cash or in kind.
- 38.2) In-order to avoid any legal issues and accusations by the resident or their family members it is necessary to maintain complete transparency and documentation. Any cash gifts or gifts in kind by the residents to the staff members should be informed and documented in the resident's file.
- 38.3) Residents or staff may explain thefts especially of small items such as jewellery, that they were given as gifts to the staff whereas in reality they may have been stolen hence close monitoring needs to be maintained.
- 38.4) The Home Management should try to discourage residents and family members from offering money or gifts to staff members in personal rooms or without any witness.
- 38.5) Gifts in kind like home cooked, market cooked food items, raw vegetables and fruits should not be allowed and only branded and sealed items like sweets should be

accepted and should be shared amongst all staff members and not by a single staff. Two staff members should eat the food item prior to serving and only after 2 hours should the food be served to the residents to avoid any contamination, allergies or reactions.

38.6) Annexures:

- A) Annexure: 11 – Gifts and Donations Policy
- B) Annexure: 12 – Gifts and Donations Form

38.7) Further Reading:

- A) Elgin County, Gifts from Resident and Family to Staff, Policy & Procedure Number: 1.11
- B) Ministry of Health, NSW, Conflicts of Interest and Gifts and Benefits
- C) Client To Caregiver Gift Form, Home Instead, Senior Care

39) Deposits and Refunds

- 39.1) The Care Home Management should ensure that all financial records are updated in accordance with the law and kept in a transparent manner. All residents' financial records related to the home bills, charges, deposits, advances, refunds should be accessible by the resident or their legal representative.
- 39.2) The Home Management may take advance deposits from residents for emergencies however they should be reasonable and affordable for the residents.
- 39.3) Residents who wish to pay advance deposits should be encouraged to do so, however the advance should not be for more than 12 months of monthly billing.
- 39.4) The Home Management should take a deposit for any hospitalization or expenses to be incurred towards last rites in-case the family is unable to do so.
- 39.5) The admission form and residency agreement should clearly specify the amount of deposit given by the resident including refundable and non-refundable.
- 39.6) The Home Management should clearly inform the resident and their family members where the deposits can be forfeited or adjusted in-case of any damage, outstanding bills or out-of-pocket expenses.
- 39.7) In case of a resident's demise or termination of residency agreement or transfer to other Care Home, then the Home Management should ensure that all refunds and

deposits are given to the resident or their legal representative in a time bound manner and not exceeding 30 days.

40) Role Responsibilities

- Care Home Management / Promoters, Governing Board, Home Manager

41) Concerned Ministries, Departments

- Social Welfare Departments

ANNEXURE: 1	Residency Application Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Care Home Name			Resident Photo
Address			
Contact Nos			
Email ID			
License / Registration No.			
Care Type	Assisted Living	Independent Living	Remarks
	Dementia Care	Transitional Care / Rehabilitation	
	Nursing Care	Respite Care/ Short Term Care	
	Palliative/Hospice	Mental Care	
Gender Type	Men	Women	
	Men & Women	Special Needs (Blind / Physical Impairment)	
Charging Type	Paid	Free	
	Paid & Free	Govt Funded	
Entity Type	Govt	Private	
	NGO	Public Private Partnership	

A) Personal Information

1) Name (Capital Letters): Mr/Ms: _____

2) Date of Birth: _____ Gender: Male ___ Female: ___ Third Gender: _____

3) Address: (Capital Letters) _____

_____ Pin Code: _____

4) Contact Number: _____

5) Email ID: (Capital Letters) _____

6) Educational Qualifications: _____

7) Professional Background: _____

8) Marital Status: Single: _____ Married: _____

9) Spouse Name: _____

10) Do you have Medical Insurance: Yes: ____ No: ____ Life Insurance: Yes: ____ No: ____

11) Medical Insurance:

i) Policy No: _____ Valid From & To: _____

ii) Name of Medical Insurer: _____

iii) Other Medical Providers: CGHS, ECHS, State Medical, PSU Medical

12) Life Insurance:

i) Policy No: _____ Valid From & To: _____

ii) Name of Life Insurer: _____

13) AADHAR Card No: _____ PAN Card No: _____

B) Fees & Payments:

1) Who will pay the Home Charges & Fees: Self: __, Family: __, Friends: __, Govt: ____

If funded by Family/Friends: Name_____

Address: _____

Contact Nos: _____ Email: _____

2) Emergency / Guardian Contact Names & Details:

i) Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son:_____ Daughter: _____

Relative/Friend: _____ Others:_____

Postal Address: (Capital Letters) _____

_____ Pin Code: _____

Contact Number: _____

Email ID: (Capital Letters) _____

ii) Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son:_____ Daughter: _____

Relative/Friend: _____ Others:_____

Postal Address: (Capital Letters) _____

_____ Pin Code: _____

Contact Number: _____

Email ID: (Capital Letters) _____

3) Visitors: Who are the people likely to call or visit you:

4) Who are the people you don't want them to call or visit you:

C) Advance Directives:

1) If there is a health emergency or accident which needs you to be taken to a Hospital would you like the Home staff to wait for your relatives to take you to the hospital?

Yes: _____ No: _____

2) In-case of Medical Emergency, do you want to take CPR: Yes: _____ No: _____

DNR: Yes _____ No: _____

D) Demise & Last Rites:

1) Who are the people you want them to do your last rites?

Son: _____ Daughter: _____ Relative/Friend: _____ Care Home: _____

2) Religious Beliefs and Customs to be followed:

3) Who are your legal heirs/next of kin and their addresses?

Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son: _____ Daughter: _____

Relative/Friend: _____ Others: _____

Postal Address: (Capital Letters) _____

_____ Pin Code: _____

Contact Number: _____

Email ID: (Capital Letters) _____

4) Whom would you like your personal belongings and valuables if any to be handed over after your death? Address, ID, Signature and Picture for Identification.

i) Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son: _____ Daughter: _____

Relative/Friend: _____ Others: _____

Contact Number: _____

Email ID: (Capital Letters) _____

E) Health and Medical Information:

1) Blood Group: _____

2) Any Serious illnesses: Yes: ____ No: ____, If Yes, give details: _____

3) Any regular/essential Medications: Blood Pressure: Yes: ____ No: ____ Diabetes: Yes ____ No: Cholesterol: Yes: ____ No: ____ Others: _____

4) Past Medical History: Surgeries: Yes: ____ No: ____, Illnesses: Yes: ____ No: ____

F) Reason(s) for joining the Care Home:

Health & Medical Requirement	Physical Security	Social Interaction & Well-being
Living Alone	Homeless / Poverty	Dementia
Transitional Care / Rehabilitation Care	Respite Care / Short Term Care	Disaster Affected
Court Directions	Family Disputes	Mental Health

G) Legal Information:

1) Existing Court Cases: Yes: ____ No: ____, Convicted of a Crime: Yes: ____ No: ____

2) Do you have a Will: Registered Will: Yes: ____ No: ____ Non-registered Will: Yes: ____ No: ____

3) Have you Lived in or applied for admission to any other similar Care Home earlier: Yes: ____ No: ____, If yes then reason for leaving:

H) Hobbies and Interests: _____

I) Allotted Room Details:

1) Room Number: _____

2) Single / Twin Sharing / Dormitory: _____

3) Twin Sharing Resident: Couples: Yes: ____ No: ____, Other Resident: Yes: ____ No: ____

4) Room Type: Studio: Yes: ____ No: ____, Suite: Yes: ____ No: ____, Dormitory: Yes: ____ No: ____

I/We, _____, have read/heard and understood the contents of the above form in my vernacular language and certify that the information given by me is correct.

I, _____ S/o/D/o.
_____, hereby certify that I have read and understood the rules and regulations of the Care Home and I undertake to abide by them. I understand that I can be expelled for repeated or wilful non-compliance of the Care Home Rules and Policies.

Dated: _____ Signature: Self: _____

Guardian / Family Member: _____

ANNEXURE: 2	Residency Agreement & Home Rules		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Residency Agreement & Home Rules

This agreement entered into this ____ day of _____, 20____ between (Name of Care Home _____, hereinafter referred to as the "Home," and _____, hereinafter referred to as the "Resident."

1) Accommodation & Admission

- 1.1) No resident will be admitted without their consent and under no condition and the Care Home will not give occupancy to members who have been influence or forced by family members, guardians, friends, police or any other authority except in cases of Institutional placement or emergency placements.
- 1.2) The Resident will be provided with care and accommodation on the below mentioned room and type of accommodation. The allotment of room will not mean that the resident has the legal right to claim the aforesaid property / unit allotted.
- 1.3) The resident may request the management to relocate them to another room in future, however it will be based on availability and the Management decision.
- 1.4) The Management reserves the right to relocate a resident from the allocated room to another room of similar type or a higher care room.
- 1.5) All waiting list of applicants will be based on their application and will not be allowed to jump the que except for special cases as deemed fit by the Home Management.

- 1.6) Each prospective or existing resident will be explained the Care Home Rules & Policies as detailed in the subsequent points in this agreement and all residents will have to respect and abide by the rules and regulations of the same.

Assigned Room Details

Room No.				Floor / Wing					
Type of Accommodation	Single	Yes	No	Twin Sharing	Yes	No	Dormitory	Yes	No
Payment Mode	Self	Yes	No	Family/ Friends	Yes	No	Others	Yes	No

2) Trial Stay

- 2.1) As per the Care Home Policy and availability of rooms, prospective residents will be encouraged for a Trial Stay as per the Care Home policies. If it is a paid facility then nominal charges will be applicable as per the Care Home charging policy and the duration of stay.

3) Residents Rights

- 3.1) Each resident has the right to attend and practice spiritual, religious, and other activities of their choice.
- 3.2) Each resident has the right to manage their personal finances and will be given scheduled account updated regarding their charges, fees and other charges.
- 3.3) Each resident has the right to his/her privacy, dignity and respect.
- 3.4) Each resident has a right to exercise their choice and to have their needs and preferences taken into account in the planning, design and delivery of services which effects their well-being.
- 3.5) Each resident has the right to access information which is understandable and provided in a format appropriate to their communication needs and preferences.
- 3.6) Each resident has the right to give feedback, lodge complaints and concerns which are listened to and acted upon in a timely, supportive and effective manner

- 3.7) Each resident has the right to interact and communicate with persons of their choice unless it is specified by the resident or their legal representatives or can be a threat to others.
- 3.8) Each resident has a right to receive unopened mail, gifts and parcels.
- 3.9) Each resident has a right to wear clothes of their own choice including jewellery or other items but limited to items which can be a threat to the resident, staff or other residents.
- 3.10) Each resident has the right to not be confined inside the Care Home against his/her will, and shall be allowed to move around in the communal areas at their liberty.
- 3.11) Each resident has a right to be risk free from any physical and/or chemical restraints unless prescribed by law or medical direction.
- 3.12) Each resident has the right to buy personal care products, groceries and medicines from any pharmacy or shop of their choice.
- 3.13) Each resident has the right to be protected, safeguarded from harassment, abuse, discrimination besides the right to safe, secure and sheltered residential care.
- 3.14) Each resident has the right to their private space.
- 3.15) Each resident has the right to exercise personal autonomy, choice whilst considering their mental capabilities.
- 3.16) Each resident has the right to go out for long / short visits either for day visits or long term stay with friends and family as per Home Rules and/or receive visitors in the Care Home.

4) Residents Code of Conduct

- 4.1) Each resident has to respect the privacy and dignity of other residents and the staff members.
- 4.2) Each resident is expected to respect and follow the Care Home policies as defined in the Home Policy Document.
- 4.3) No resident at any given time will indulge in activities which may harm the reputation of the Care Home or indulge in any such activity that is not permissible in the Home premises including substance abuse, damaging Care Home property or any form of abuse towards other resident or the Home staff.

5) Complaints and Feedback

- 5.1) Each resident has the right to lodge complaints against the Home, Staff, other residents or visitors at any given point of time. He or she will duly be listened to without any fear of reprisal, and will be addressed fairly and promptly.
- 5.2) The residents or their family or any nominated representative will have the right to share their feedback which is constructive and valid.

6) Terminations, Discharge and Transfer

- 6.1) The reasons for Termination of the Agreement between the Care Home and resident could be many but not limited to closure of the Home, unsatisfactory services of the Home, unruly behaviour or challenging behaviour of the residents which the Care Home is not capable of handling or relocation of residents due to change in Care levels etc.
- 6.2) If a Senior Citizen Care Home initiates the Termination of a resident and the action is not a result of a monitoring evaluation or complaint, and if the residents or the residents legal representative contests the Termination, then the Home Management shall notify the resident or the resident's legal representative, with a copy of the notification at least 60 days before the final Termination.
- 6.3) If the resident has failed, after reasonable and appropriate notice, to pay for the care home services and facilities provided all efforts to contact the guardian/guarantor has also failed or refused to pay.
- 6.4) Records of the residents at the time of Termination would include but not limited to the following information: current care plan, advance directives, special instructions and/or precautions for ongoing care, treatments and devices (oxygen, implants, tubes/catheters), risk of falls, falls history, injuries, medical diagnoses, allergies, medications, laboratory reports, other diagnostic tests, and recent immunizations.
- 6.5) The Home Management will transfer or discharge the resident wherever it is necessary for the resident's welfare and the resident's needs cannot be met in the Home.
- 6.6) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the Senior Citizen Care Home.

- 6.7) The physical and mental safety of the resident is a threat or endangering the other residents or the staff due to clinical or threatening behaviour of the resident.
- 6.8) If any refundable deposits have been given by the resident, then it will be refunded as per the Care Home policy.
- 6.9) In the case of emergency transfer to Hospitals/Nursing Homes the necessary medical and health records shall be shared with the doctors and other stakeholders. In case of digital medical records then the necessary access shall be shared with the hospitals / doctors as per the Best Interest & Consent Form.
- 6.10) In certain cases, residents are admitted for short-term, skilled rehabilitation and following completion of the rehabilitation program, the resident states that he/she is not ready to leave the facility. In these situations, if the Home Management proceeds with discharge, then it will be considered a facility-initiated discharge which would mean that the discharge was not voluntary. These situations may require intervention by the regulating agencies to ensure that there was no discrimination based on payment, abuse or negligence.
- 6.11) A resident who refuses or declines care/treatment does not constitute grounds for discharge, unless the Senior Citizen Care Home is unable to meet the needs of the resident or protect the health and safety of others.

7) Deposits and Refunds

- 7.1) All refundable deposits will be duly handed over to the resident or their representative in case of death after taking into consideration of any pending dues of the resident including fees, medical expense incurred by the Home on behalf of the residents, any physical damage to the Home by the resident.

8) Gifts, Donations and Tipping

- 8.1) All donations, cash gifts or gifts in kind by the residents to the staff members needs to be informed to the Care Home Management which will be documented in the residents' file.

9) Data Protection

- 9.1) The Care Home will take reasonable actions to protect the resident records from being accessed by non-nominated family or friends and due procedures will be followed to safeguard, destroy either in physical form or in digital form.
- 9.2) All residents data shall be stored and destroyed with the relevant data security policies.
- 9.3) The data shall be stored for a period of 5 years post demise of the resident and shall be duly destroy post that.

10) Medication

- 10.1) All residents will have to inform the Home Management about specific health problems that might be necessary in a medical emergency's allergies, brief medical history, current medications.
- 10.2) Medicines will be dispensed to the residents as per the physician's prescription and by authorised care staff only.
- 10.3) Any reactions to self-medication by a resident will not be the responsibility and the Care Home will not be held responsible.
- 10.4) The resident will not request non-authorised care staff to give them medicines.

11) Dying and Death and Last Rites

- 11.1) In the event of a resident's death, the Home Management will notify the resident's next of kin, legal representative, supervising physician, nurse unless the resident has given in writing about his/her wishes to not inform anyone.
- 11.2) The Home Management will wait for the next of kin to arrive within 2 days or their legal representatives of the resident to do the last rites, however if family, friends or guardian are unable to come then the Home Management shall do the last rites as per their faith and use the deposit money of the resident for the same.

- 11.3) The Home Management shall respect the Advance Directives / Living Will of the resident and necessary care will be followed as per the registered paperwork with the concerned authorities.

12) Residents Finances

- 12.1) Residents or their family members shall undertake all financial expenses by themselves and all requests to be undertaken on behalf of residents will be in writing unless they or their family wishes to nominate the Home Management to handle their finances.
- 12.2) If the Care Home has a provision of locker facility, then all residents will be encouraged to keep their cash, money and other belongings in the safety locker. The Home management will take an undertaking for indemnity that they will not be held responsible in case of theft.
- 12.3) The Home will not allow the residents to keep cash in the safety locker beyond a certain limit.
- 12.4) In-case of theft or misplacement of cash or personal belongings then the complaints process will be followed as per the Care Home policy.
- 12.5) The Care Home will share all the relevant information with the residents and/or with their representatives on the areas related to the financial, care and wellbeing. The Care Home Management can decide not to share information with the resident if it is not related to a resident's occupancy.

13) Furniture, Fixtures & Fittings

- 13.1) Residents can bring in small personal belongings and items as per the Care Home rules and discretion provided that other residents or staff are not inconvenienced or put at risk. Residents will have to give a written inventory of the items they are going to bring except for finance or valuable personal items. Any item which can pose a safety or security threat will be duly checked and verified.

Items to be provided by the Care Home & Items which residents can bring on their own

S.No	Items Provided by Care Home		Items which can be brought by Resident	
1	Single / Double / Twin Bed	Nos:	Chair	Nos:
2	Chair	Nos:	Reading Lamp	Nos:
3	Writing Table	Nos:	Bed Sheets	Nos:
4	Reading Lamp	Nos:	Bed Covers	Nos:
5	Lockable Cupboard	Nos:	Pillows	Nos:
6	Bed Sheets	Nos:	Others	Nos:
7	Bed Covers	Nos:		Nos:
8	Pillows	Nos:		Nos:
9	Buckets	Nos:		Nos:
10	Others	Nos:		Nos:

14) General Rules

14.1) The prospective residents should check with the present policy on Visitors, Pets, Smoking, Alcohol, Missing Persons, Policy on Restrains and other policies.

15) Schedule of Services and Fees Structure

S.No	Heading	Monthly Amount	Total
1	Accommodation		
2	Dining & Meals		
3	Health Care (Basic Health Check-up)		
4	Personal Care / Activities of Daily Living		

5	Nursing		
6	House Keeping (Unit Cleaning)		
7	Laundry		
8	Hairdressing		
9	Chiropody / Podiatry		
10	Newspapers		
11	Visitors' meals		
12	Physiotherapy & Other Therapies		
13	Companion Services / Staff escorts		
14	Transportation		
15	Cable TV		

16) Information and Consent

I/We, _____, have read/heard and understood the contents of this Residency Agreement in my vernacular language and certify that the information given by me is correct and I undertake to abide by them. I understand that I can be expelled for repeated or wilful non-compliance of the Care Home Rules and Policies.

Dated: _____ Signature: Self: _____

Guardian / Family Member: _____

ANNEXURE: 3	Guarantor Agreement Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Guarantor Agreement Form

This agreement entered into this ____ day of _____, 20____ between (Name of Care Home _____, hereinafter referred to as the "Home," and _____, hereinafter referred to as the "Guarantor." and _____, hereinafter referred to as the "Resident."

I/We _____ acknowledge and confirm that I/We know the applicant(s) _____ who are (Father / Mother / Parents / Friend / Relative / Legal Representative) _____ that I have read the Residency Form and the Residency Agreement between the Resident and the Care Home.

On behalf of the Resident who have applied for residency in the Home, I agree as principal obligor to be jointly and severally liable with such Resident.

I agree to pay sums to the Home for such Resident as a Third-Party Guarantor for the payment to the Home for:

- A) All Fees and Charges in accordance with the Residency Agreement and Residency Form.
- B) I will pay all such sums to the Home on demand by the Home if they are overdue for payment by such Resident.

I agree that my obligations under this Agreement are not to be released by:

- a) Any delay by the Home in sharing the billing with the Resident or the Guarantor.
- b) Any change of the terms of this Agreement with the Guarantor's Acceptance

Resident Name	
Resident Signature	
Guarantor Name	
Guarantor Signature	
Guarantor Address	
Guarantor Contact	
Guarantor Email ID	
Guarantor AADHAR No.	
Date & Place	

ANNEXURE: 4	Medical Examination Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDRE REVIEW	Dr. Dipankar Debnath, Anu Savio Thelly

1) Resident Details

Resident Name	
Date of Birth	
Age	
Blood Group	
Gender (Male / Female / Third Gender)	
Height & Weight	
Resident Contact Details	
Name of Guardian / Legal Representative	
Contact Details of Guardian	
Present / Previous Physician	
Last Medical Check-up	
New Resident / Existing Resident	

2) Care Home Details

Name of Care Home	
Address	
Contact Number	
Contact Persons	

3) Physical Health Assessment

	Independent	Needs Assistance	Needs Supervision
Physical Movement			
Chewing			
Swallowing			
Bathing			
Dressing			
Eating			
Cooking			
Toilet Use			
Personal Grooming			
Foot Care			
Eye Care / Vision Capacity			
Ear Care / Hearing Capacity			
Bladder			
Bowel			
Bed Transfer			
Bedridden			
Pressure Sores			
History of Falls			
Orthostatic hypotension			
Osteoporosis			
Gait problem			
Impaired Balance			
Foot Deformity			
Nursing Care			
Teeth			
Dentures			
Gums			
Skin integrity			
Driving Skills			

Weight Loss in past 3 months			
Malnutrition			
Epilepsy			

4) Mental Health Assessment

	Normal	Serious	Requires Admission
Alzheimer's Condition			
Dementia Condition			
Confusion			
Parkinsonism			
Psychiatric Status			
Hallucinations			
Delusions			
Impaired judgment			
Anxiety			
Depression / Psychological			
Mood Conditions			
Cognitive Status			
Decision Making Capacity	Independent	Limited Capacity	Dependent
Poses Self-Harm			
Poses Harm to Staff & Other Residents			
Agitation			

5) Medical Assessment

	Independent	Needs Assistance	Needs Supervision
Medication Administration			
Last Hospitalization			

Known Allergies	
Blood Pressure	
Diabetes	
TB	
Drug Intolerance	
Current Medication	
Communicable Diseases	
Cardiovascular System	
Respiratory system	
Sleep Condition	
Smoking Status	
Alcohol Status	
Substance Abuse	
Special Diet	
Other Remarks	

6) Current Treatment

Current Treatment	Name(s) of Treatment Providers (e.g. clinic)
Previous Operations	Dates

7) Doctor's Recommendations

1)	The applicant is fit / unfit for admission to day/residential service. (No evidence of infectious disease or significant physical condition contraindicating placement into a group environment.)
2)	The applicant should be referred to the following specialist for follow up examination:

Doctor's Signature:		Hospital/Clinic:	
Name:		Tel:	
Date:		Ref. No.:	

ANNEXURE: 5	Living Will Format		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDET REVIEW	Dr. Dipankar Debnath, Anu Savio Thelly

Advance Medical Directive (Living Will) And Health CarePower-Of-Attorney Authorization

(Source & adapted from: Pallium India, Advance Medical Directive (Living Will) And Health CarePower-Of-Attorney Authorization)

This Declaration on My Life is made by me (full name of the person)

(Date of Birth _____; ID Document and Number _____)

resident _____ of _____ (full _____ address)

_____ on (date) _____ at place _____

I am an adult, of sound mind and am making this 'declaration' of my own free will, i.e. voluntarily and after careful consideration. If the time comes that I can no longer take part in decision making regarding my medical treatment, this 'declaration' will comprise the final expression of my wishes. It is requested that all concerned should take these wishes into account before taking any medical decision regarding my life. If at any time, I,

- 1) Reach the stage of terminal illness and go into a coma with no reasonable expectation of regaining consciousness, or
- 2) Have a disease state from which I have no reasonable expectation of recovering with acceptable quality of life
- 3) Reach a persistent vegetative stage with no reasonable expectation of

regaining significant cognitive functioning;

then the following steps must be taken. I request that a panel of three doctors of appropriate expertise and experience should be constituted by the administrative head of the hospital where I am admitted for treatment. Their views should then be sought on the above. If any/all of the three situations above are confirmed then I should be deemed to have declined to receive the following life sustaining treatments as listed below. Any of these measures already started, should be removed.

1. Intravenous fluids and medications including antibiotics
 2. Artificial feeding by nasogastric tube or gastrostomy
 3. Dialysis
 4. Artificial respiration
 5. Chemotherapy
 6. Cardio-pulmonary resuscitation
 7. Other wishes: (please write by hand)
-
-

I request that this 'declaration' should be honoured by my family members and physicians as the final expression of my legal right to refuse medical or surgical treatment accepting the consequences of such refusal. This document may be informed to my regular physician

To secure compliance with this declaration, to make medical decisions as may be required from time to time on my behalf, I hereby appoint the following as my Surrogate decision maker/s or Health Care Power-of-Attorney. S/he/they have expressed acceptance of this responsibility. I hereby vest in my attorney the power to obtain medical information, make decisions and take action on my behalf with regard to wishes expressed in this 'declaration', notwithstanding any contrary views held by any other person.

1) Name _____ Signature _____

Date of Birth _____; ID document and number _____

Phone _____ Email _____

Resident of _____

If this person is not available, the next two persons may be approached in the same order

2) Name _____

Date of Birth _____; ID document and number _____

Phone _____ Email _____

Resident of _____

3) Name _____

Date of Birth _____; ID document and number _____

Phone _____ Email _____

Resident of _____

In the absence of any of these authorized attorneys any member of my family will have the authority to express the wishes on my behalf regarding the abovetreatment.

I declare that this 'Declaration' and 'Attorney Authorization' shall remain inforce during my life time unless I revoke it at any time and until notice of itsrevocation has been received by my attorneys.

I understand full importance of this 'Declaration' and 'Attorney Authorization'and am fully competent to make it.

Signature _____

Date _____ Place _____

WITNESSES:

This 'Declaration' and 'Attorney Authorization' has been signed in the presence of undersigned by _____ (Name of Declarant) who is known to me and I believe that the signatory is of sound mind.

Witness 1.

Name _____ Signature _____

Address

Witness 1.

Name _____ Signature _____

Address

SIGNED BEFORE ME

APPROPRIATE AUTHORITY, STAMP

What is a Living Will?

It is important for people to plan their future healthcare, especially at a time when they may no longer be able to make decisions or communicate these decisions. The “Living Will” will provide people the opportunity to think about, talk about and write down their wishes, preferences, priorities and refusals. They can make their own decisions on how they would like to be cared for and what they prefer to have and have not towards the end of their life. They may find it helpful to talk to their family and friends about their future care. Although families and loved ones may become emotional or disagree with their decisions, talking about these things openly can often be very helpful for the future. It will help all concerned to understand what is important for the person making the decision and to know the views, wishes and preferences of the person about the array of treatment options offered by the health care professionals at end of life. It will help them to be clear about the decisions they make. The “Living Will” is a written record of person’s wishes that will help the nominated person(s) or your family to carry out person’s wishes at the appropriate time without any guilt or angst.

Preferred priorities can be stated. This means those things they wish or prefer to have towards the end of life. It involves aspects like their preferred place of care and death (home or hospital), nature of treatment they would like to receive, information about their health and illness they would like to know and the supports they would like to access at end of life.

It is preferable to be clear about binding refusals. This means those components of medical care they wish or prefer not to have towards their end of life. It involves avoidance of IV fluids, antibiotics, blood products, hospitalization, intensive care admission, oxygen, dialysis, feeding tubes, artificial nutrition etc. It also involves confirming a preference of not to have invasive medical procedures aimed at resuscitation like chest compressions, mechanical ventilation, drugs to increase blood pressure, invasive tubes, artificial machines aimed at keeping a person alive at the end of their life. Although these are termed binding refusals, in certain situations the Surrogate (the person who has been given Health Care Power of Attorney) can override them based on medical advice, if it is thought that the situation may

significantly improve with a short period of the above treatments.

Can the person making this decision cancel his/her decision or change the preferred priorities and binding refusals?

Yes, the person making the Living Will can cancel their decision and discard this form any time. They can also change your preferred priorities and binding refusals at any time. They can also redo the form again and change the nominated persons. To ensure that everyone has the current version of the “Living Will” they are advised to destroy the earlier versions and keep a copy of the current version with them and share the current version with their general practitioner and with their hospital physician and hospital medical records.

What is nominating a Surrogate or Health Care Power of Attorney?

Medicine is an inexact and rapidly changing science. Not all situations can be foreseen. Some treatments that may have a binding refusal in the living will may be required for a short period and there may be a good chance of recovery. These situations require doctors and health care professionals to interact with someone who can represent the patient for shared decision making. This person is the Surrogate (also termed Health Care Power of Attorney). The Living Will allows the patient to appoint in advance some person(s) to make health care decisions if and when s/he is unable to make these decisions. The Living Will gives the Surrogate the authority to make decisions on behalf of the person only when the person has been determined unable to make their own decisions by the health care providers. It *does not* give authority to the Surrogate to make financial or other business decisions. It is very important for the person making the Living Will to discuss their views, values, and the provisions of this document with their Surrogate. It is important for the Surrogate to understand person's wishes, preferences and the refusals stated in the document, accept and agree with the plan and willing to execute it at the appointed time. Preferably the consenting Surrogate should also sign on the Living Will form or the patient must confirm on the form that the Surrogate has accepted this responsibility.

What are my role and responsibilities as a Surrogate (Health Care Power of Attorney)?

This appointment shall become effective only when the person making the Living Will is unable to participate in the health treatment decisions. You will act on behalf of the person making the Living Will and advocate for person's wishes, preferences and refusals stated in the document. You may have to advocate on behalf of the person with the person's family, health care provider and hospital administration. You have to agree and accept the role of the Surrogate and if possible demonstrate your acceptance by signing the Living Will form.

You will not exercise powers concerning the person's finances or businesses, family custody, legal transactions, property, employment etc. You cannot receive payment for serving as a Patient Advocate and will not be reimbursed for expenses which you may incur in fulfilling your role and responsibilities as a Patient Advocate. The person making his Living Will has every right to revoke your appointment and appoint others. You cannot override the decision of the healthcare provider if he/she feels that you are not acting in the best interests of the patient or the wishes and preferences stated in the Living Will are not applicable to the current health situation.

When will the Living Will come into effect?

The "Living Will" will come into effect only when the person making the Living Will is unable to make or communicate a decision for themselves. At this time the health care provider will refer to the wishes, preferences and the refusals stated in the document and will consult the person nominated by the person or their family before carrying out the wishes. The healthcare provider will be guided by the person's best interests and if the healthcare provider finds that provisions of the living will or the opinion of the nominated person or family is not consistent with the health care situation, the healthcare provider has the right to disregard the Living Will. The overarching purpose of the Living Will is to provide a humane, comfortable and dignified end of life and avoid potentially inappropriate treatment against the patient's wishes.

Guidance for Completing the Living Will Form

Please read the complete document before completing the Living Will Form.

Providing your personal details

- You are requested to state your name in full. Both Given Names and Surname (Family Name) has to be provided
- Please provide one of the documents mentioned in the list of documents accepted as the proof of identity and address by the Government of India. Please mention the name of the document and the identification number/alphanumeric stated in the document.

Please access the link provided to know the list of documents accepted as proof of identity.

http://www.dot.gov.in/sites/default/files/2016_11_18%20POIA-AS-II.pdf?download=1

- Please provide your present residential address or address for communication
- Please provide your telephone and email address (optional).
- If there are any preferences and refusals not covered in the living will, please write those in the space provided (Other Wishes: write by hand).
- If you would like to cancel the document, please cross the entire document and write cancelled and sign. Please inform your nominated person, family, general practitioner and health care provider about cancellation of the document.

Nominating someone to make decision for you (Appointing the Surrogate or Health Care Power of Attorney)

- Please indicate the name of the Surrogate with whom you have discussed your living will
- Please ask the Surrogate to read the complete document before completing this section
- The Surrogate has to accept this responsibility preferably by signing the document.
- Health care providers cannot be surrogates unless they are related to the patient.

Sharing information about your Living Will

- Please indicate the name of your general practitioner/hospital physician/hospital and

consent for this document to be shared

Declaration, Witnessing and Attestation

- Please read all the declaration statements carefully and sign and date the declaration
- The document should be witnessed by two persons who are not the surrogate, family member or your healthcare provider.
- The document will have to be signed in the presence of the concerned authority as may be specified (currently Judicial Magistrate First Class) who will then attest it.

Assistance with completing the Living Will

- If you are unable to read or write, then a person who is not the patient advocate, family member or your healthcare provider, can read you out the Living Will information and contents of this form and assist you in completing this form. The person assisting you with this form has to provide their details.

ANNEXURE: 6	Restraints Policy		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	CHAPTER CODE	CHRP
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Guiding Principles

Restraints is a sensitive act of managing a resident's behaviour however at times it is an unavoidable security requirement for the benefit of the resident. Since many Care Homes will have residents who may show symptoms of self-harm or may become a threat to other residents or the staff, hence as a temporary solution by restraints may be used.

Measurable Outcomes

- 1) Restraints shall only be applied on a Physician's directive which will give the reason for the need of restraint and the purpose of the restraint.
- 2) Restraints shall be used only as a last resort and before applying restraints all necessary alternative and non-physical methods should be explored.
- 3) No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only approved, commercially made physical restraints should be used.
- 4) The policy on restraints and the application should be in line with the Mental Healthcare Act.
- 5) When Chemical restraints are used to restrain a Resident, the minimal dose shall be used and the Resident closely monitored to ensure his/her safety.
- 6) In-case there is a need for restraints and the Physicians orders are not available then a registered and qualified nurse should make the decision which should be in line with the Best Interest Policy of the Care Homes.
- 7) No resident should be put under restraints for more than 1 day without a revised assessment and order from the Physician.
- 8) All residents under restraints will need to be monitored regularly and needs to be assessed for any physical discomfort every 2 hours or less.

- 9) The family or legal representatives of the resident needs to be informed, involved and approvals taken for applying restrains. In-case the family is not available to give consent then the Physician should decide on the best interest of the resident.
- 10) Once applied, Restraints shall be removed for a minimum of 10 minutes every two hours to allow opportunity for ambulating, toileting, exercise, and other care.
- 11) All records related to assessment, need and actual restrains should be document and needs to be audited regularly.
- 12) The resident should be regularly monitored for the need for:
 - A) Change in position
 - B) Skin Integrity
 - C) Toilet Use
 - D) Food intake
- 13) The staff of the home shall ensure that the least restrictive type of physical restraint is used as an intervention after all alternatives to restraining have been considered or tried and found to be ineffective.
- 14) No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only legally approved, commercially made physical restraints may be used in accordance with manufacturer's specifications and directions.
- 15) Only chemical restraints, as prescribed by the physician, are to be used.
- 16) Environmental barriers or locks can only be used when indicated on the resident's care plan.
- 17) A restraint may be:
 - A) Physical – Any item or action that physically constricts or controls movement or behaviour. They may be attached to a person's body or create a barrier, for example chairs, bed railings, bars, wheelchair seatbelts, blankets, sheets and trays.
 - B) Chemical – Any medication used to control behaviour beyond the point of Therapeutic benefit.
 - C) Environmental – May include modification of an individual's surroundings to restrict or control movement, for example locked doors and seclusion rooms.

ANNEXURE: 7	Restraints Assessment Checklist		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Restraints Assessment Checklist			
Resident Name			
Resident Room No		Resident Age	
Date and Time of Assessment			
Last Date of Restraints Assessment			
Was Family Informed			
Action Taken			
Staff Responsible			
Name of Physician, Nurse			
Signature & Date of Physician			

S.No	Assessment	Suggested Type of Restraint	Duration Suggested
1	Aggressive Behaviour		
2	Self-Harm		
3	Harm to Others		
4	Wandering		
5	Falling of Beds		
6	Delusion		
7	Substance Abuse		
8	Alcohol Abuse		
9	Prescribed Medication		
10	Weak Muscles		
11	Paralysis		
12	Joint Degeneration		
13	Unsteady Gait		
14	Visual Impairment		
15	Hearing Impairment		
16	History of removing assistive devices like Tube Feeding, Catheter, Oxygen Mask		
17	Removing Clothes		

Types of Restraints

S.No	Type of Restrain Prescribed	Remarks
A	Physical Restraint	
A1	Safety Vests	
A2	Safety Belts	
A3	Wrist Restraints	
A4	Gloves/Mittens	
A5	Non-Slippery Trousers/Stripes	
A6	Lap Trays	
B	Chemical Restrains	
C	Environmental Restraint	
C1	Room Movement Restriction	
C2	Communal Areas Movement Restriction	

Doctors Remarks

Need for Restraint: Yes _____ No _____, Type of Restraint _____

Timing of Restraints _____

Next assessment of Restraint _____

Name of Doctor		
Signature		
Date		

Name of Resident / Legal Guardian	<p>I / We (Legal Guardian) give consent to the use of a physical / chemical / environmental restraint after being assessed of my condition and informed of the potential benefits and risks of restraint.</p> <p>I/We also understand that I can exercise my rights to withdraw this permission.</p> <p>I / We DO NOT give consent to the use of restraints for treatment of medical symptoms.</p>	
Resident Signature		
Resident Guardian / Legal representative Signature in-case the resident cannot take the decision		
Type of Restraint Prescribed		
Date		

ANNEXURE: 8	Intimate Care Policy		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	CHAPTER CODE	CHRP
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Guiding Principle

There will be instances where residents will develop personal relationships and intimacy amongst themselves, since this is a sensitive topic hence it is important to have a clear set of guidelines for the staff, residents and their representatives.

Intimacy, is unique to each individual and is may not necessarily be physical interaction. An intimate relationship can be between two residents who feel affection, closeness or tenderness towards each other. Intimate expression may include holding hands, hugging, cuddling or kissing however it should not be considered as the same as physical interactions.

Measurable Outcomes

- 1) The Care Home is not a prison but a communal residential facility for adults having the mental capacity to make informed decisions for themselves, hence the staff or the management will not interfere in any personal decisions on behalf of the resident till the time they do not pose any threat to each other.
- 2) Till the time there is no objection from the staff, other residents or family members the Care Home Management will promote autonomy, privacy and independence of a resident.
- 3) At no point will any public intimate expressions between residents be allowed within the Care Home premises.
- 4) The residents will have to respect and abide by the other rules and regulations of the Care Home regarding Safety & Security of Staff and Residents, Infection Prevention & Control, Abuse Prevention and Control and other related policies which are to be read in conjunction with this policy.

- 5) Each resident will be made aware, to maintain and develop all mutually consensual relationships, including those which are intimate or physical in nature.
- 6) Concerned staff members will be trained on the Intimate Policy and also on how to use the tools needed to address situations appropriately and with sensitivity.

7) **Further Reading**

- A) Sexuality and people in residential aged care facilities: A guide for partners and families, La Trobe University, as represented by the Dementia Collaborative Research Centre – Carers and Consumers (2016).
- B) Sexuality Assessment Tool (SexAT) for residential aged care facilities. (Available from the Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne.

ANNEXURE: 9	Incident Reporting		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Incident Reporting (Snapshot)					
Resident Name					
Resident Room No		Resident Age		Male	Female
Date and time of Incident					
Was Family Informed		Yes	No		
Was Social Welfare Department Informed		Yes	No		
Action Taken					
Staff Responsible / On-duty					
Name of Home Manager					
Signature & Date of Home Manager					

S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Missing & Lost Resident					
1	Missing / Lost Resident					
1.1	Date and time of missing	DD/MM/YY	Time			
1.2	Date and time of being found	DD/MM/YY	Time			
1.3	Resident not found	DD/MM/YY	Time			
1.4	Reasons for missing					
1.5	Action Taken	DD/MM/YY	Time			
1.6	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		

S.No	Type of Incident			Police Report	Management Intervention	Family Informed			
	Resident's Abuse								
2	Resident Abuse								
2.1	Physical Abuse by Staff	DD/MM/YY	Time						
2.2	Physical Abuse between Residents	DD/MM/YY	Time						
2.3	Physical Abuse by Visitors	DD/MM/YY	Time						
2.4	Personal Intimacy Abuse	DD/MM/YY	Time						
2.5	Emotional / Psychological Abuse	DD/MM/YY	Time						
2.6	Financial Abuse	DD/MM/YY	Time						
2.7	Depriving resident of Care Services (personal care, food etc)	DD/MM/YY	Time						
2.8	Isolation / Neglect	DD/MM/YY	Time						
2.9	Action Taken	DD/MM/YY	Time						
2.10	Detailed remarks about the incident								
Staff Responsible / On-duty				Signature					
Name of Home Manager				Signature					

S.No	Type of Incident			Police Report	Management Intervention	Family Informed			
	Physical Harm								
3	Physical Injury								
3.1	Injuries due to Falls	DD/MM/YY	Time						
3.2	Self-harm injuries	DD/MM/YY	Time						
3.3	Physical injury due to attempted Suicide	DD/MM/YY	Time						
3.4	Physical fight with Staff	DD/MM/YY	Time						
3.5	Physical fight with other Residents	DD/MM/YY	Time						
3.6	Physical Injury due to Staff Medical Negligence & Error	DD/MM/YY	Time						
3.7	Physical injury due to Self-medication error	DD/MM/YY	Time						
3.8	Moving & Handling Injury (Bed transfer, Hoist transfer, Assisted Bathing, Wheelchair mis-handling, assisted walking)	DD/MM/YY	Time						
3.9	Injury due to lack of Maintenance	DD/MM/YY	Time						
3.10	Physical injury outside home premises	DD/MM/YY	Time						
3.11	Fire inside resident's room / Home areas	DD/MM/YY	Time						
3.12	Action Taken	DD/MM/YY	Time						
3.13	Detailed remarks about the incident								
Staff Responsible / On-duty				Signature					
Name of Home Manager				Signature					

S.No	Type of Incident			Police Report	Management Intervention	Family Informed			
	Health, Medical & Wellbeing								
4	Medical Emergency								
4.1	Medication Error by staff resulting in Hospitalization	DD/MM/YY	Time						
4.2	Self-administration resulting in hospitalization	DD/MM/YY	Time						
4.3	Normal Medical Emergency	DD/MM/YY	Time						
4.4	Emotional Breakdown	DD/MM/YY	Time						
4.5	Psychological Changes (Self-isolation, Withdrawal, Self-locking inside room)	DD/MM/YY	Time						
4.6	Spiritual / Personal Beliefs Changes	DD/MM/YY	Time						
4.7	Temporary Memory Loss / impairment	DD/MM/YY	Time						
4.8	Allergic reaction	DD/MM/YY	Time						
4.9	Medical / Personal Data Breach	DD/MM/YY	Time						
4.10	Emergency due to Pests, animal bites	DD/MM/YY	Time						
4.11	Action Taken	DD/MM/YY	Time						
4.12	Detailed remarks about the incident								
Staff Responsible / On-duty				Signature					
Name of Home Manager				Signature					

S.No	Type of Incident			Police Report	Management Intervention	Family Informed			
	Suicide & Death								
5	Death of a Resident								
5.1	Suicide	DD/MM/YY	Time						
5.2	Attempt to Suicide	DD/MM/YY	Time						
5.3	Death in Care Home	DD/MM/YY	Time						
5.4	Death at Hospital	DD/MM/YY	Time						
5.5	Death outside Home Premises	DD/MM/YY	Time						
5.6	Action Taken	DD/MM/YY	Time						
5.7	Detailed remarks about the incident								
Staff Responsible / On-duty				Signature					
Name of Home Manager				Signature					

ANNEXURE: 10	Residents Belongings & Handover Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Residents Belongings & Possessions List

Resident Name	
Resident Room No.	
Occupancy Type (Single / Double / Dormitory)	
Date of Joining	
Date of Discharge	
Date of Transfer	
Date of Demise	

S.No	Item	Nos	Description	Brought at Joining (Date)	Brought during Stay (Date)

5) Whom would you like your personal belongings and valuables if any to be handed over after your death? Address, ID, Signature and Picture for Identification.

Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son: _____ Daughter: _____

Relative/Friend: _____ Others: _____

Contact Number: _____

Email ID: (Capital Letters) _____

Dated: _____ Signature: Self: _____

Guardian / Family Member: _____

Dated: _____ Signature: Staff: _____

Care Home Manager: _____

ANNEXURE: 11	Gifts and Donations Policy		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	CHAPTER CODE	CHRP
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Guiding Principle

There will be instances where residents or their family members would like to give donations, gifts or tips to the Care Home or the staff as a token of appreciation, hence it is important to have a clear policy and guidelines of accepting gifts and tips.

Measurable Outcomes

- 1) To have consistent guidelines governing gift giving and receiving both by staff, residents, family and visitors.
- 2) Any cash gifts or gifts in kind by the residents to the staff members should be informed and documented in the resident's file.
- 3) Gifts in kind like food items should be shared amongst other staff members.
- 4) At no point and under no circumstance will a staff accept gifts directly from a resident who has dementia, impaired memory or unstable decision making capabilities.
- 5) The Care Home Management shall provide the resident and/or their family a copy of the donations policy.
- 6) The Care Home will only allow inexpensive gifts having a retail value no more than Rs.500/- per gift or Rs.6,000/- in the aggregate per resident on an annual basis, and the gift cannot be in the form of cash or cash equivalents.
- 7) At no time will the resident or their family give cash gifts directly to the staff. Any cash donations or tipping a resident or their family wants to do shall be collected in the common staff welfare fund and accounted in the books of account.
- 8) A resident or their representatives will be discouraged from doing online gift transfers or gift cards.
- 9) Staff are expected to behave and work in a fair, transparent and unbiased manner and ensure that there is no conflict of interest by way of accepting cash and non-cash gifts from residents.

- 10) All staff must mandatorily declare any conflict of interest or receipt of cash or non-cash gifts which are beyond the Care Home policy.
- 11) The Staff will not be favourable and biased towards residents who give gifts or tips whether known to the Home Management or not.
- 12) No Staff Member will solicit or pressurise a resident or their family for giving gifts to them either within the Care Home premises or outside the premises.
- 13) If a staff member is aware of another staff member receiving gifts or having a conflict of interest then the Staff reporting it will be kept confidential and not be faced with the other staff who has been accused.
- 14) At no point of time and under no circumstances will the Care Home accept any form of corruption by Staff, all such major incidents will be legally taken up and disciplinary actions will be taken.

ANNEXURE: 12	Gifts & Donations Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Gifts & Donations Form

The below mentioned gifts / donations have been received from (Resident) _____

Room No. _____ by (Staff) _____

Employee No. _____

S.No	Type of Gift (Cash / Item Type)	Date of Receipt	Staff who Received Gift	Estimated / Actual Value