

Best Practices in Design and Operation of Residential Care Home for Persons with Disabilities

I. Objectives

These best practices are developed to promulgate design and operation of residential care home for the persons with disabilities (RCHD) which provides quality residential care services.

II. Values and principles in the operation and design of RCHD

2. The values and philosophy in the operation of RCHD are:

- (a) **Healthy Living** Assist persons with disabilities (PWDs) who are unable to live independently or be cared for by their families. All RCHD residents are entitled to the services necessary to develop their physical, mental and social capabilities to the fullest possible extent.
- (b) **Client-focused Care** Organise the provision of services to meet the needs of RCHD residents. Residents' views should be taken into account in service design and delivery. They should have access to the necessary information in order to make informed decisions concerning their lifestyle and how they should be taken care of. All residents have the right to privacy, autonomy, dignity, independence and self-respect.
- (c) **Family and Volunteer Involvement** Involve families and volunteers in the caring of residents. They could contribute significantly to meet the social and emotional needs of the residents.
- (d) **Quality of Care** Put emphasis on providing a high quality of care services to the residents. The Operator should continuously strive to improve the quality of care.
- (e) **Innovation** Apply innovative approaches and try out new ideas in service delivery and management, provided that such approaches are evidence-based practices.

- (f) Partnership and Community Involvement Promote collaboration and shared responsibility between the Operator and the community; between different professional disciplines (e.g. nurses and social workers) and between different sectors (e.g. profit and non-profit making, health and social welfare etc.) to achieve positive outcomes and success of the services. In particular, the Operator should encourage active participation in local community activities and seek collaboration with local community organisations.
- (g) Fair Business Practice Comply with the principle of impartiality and objectivity in operating the services, in particular during the appointment of employees and purchasing of services and goods. Decisions should always be made based on merit. Conflict of interest should be avoided.

3. The principles in the design of RCHD are:

- (a) The design of RCHD should provide a supportive, comfortable, safe and home-like environment to the residents, respecting privacy, developing and sustaining relationship with others, and fostering independence.
- (b) The design of RCHD should enable the staff to deliver service safely without undue discomfort and strain, and enhance their productivity.
- (c) The design of RCHD should consider providing suitable service to cope with ageing and deterioration of health conditions of PWDs, such as increasing the use of technology products and assistive devices in the service provision.

III. Best Practices in the Design of RCHD

Planning guidelines on care facilities

4. The planning and design of care facilities of the RCHD should address the needs and conditions of the residents to be served in the RCHD:

- (a) Characteristics of RCHD residents: The level of care of PWDs varies differently with the types of disabilities and their capabilities in self-care. A “high care level home” provides residential care for PWDs who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care. A “medium care level home” provides residential care for PWDs who are capable of basic self-care but have a degree of difficulty in daily living activities. A “low care level home” provides residential care for PWDs who are capable of basic self-care and require only minimal assistance in daily living activities. Subject to types and degree of disabilities, some RCHD residents use walkers or wheelchairs or are almost completely bedridden; have some or no capacity to self support; may be mentally confused; may rely on tube feeding; may have double incontinence; and may require medical treatment, nursing care, rehabilitation therapy, personal care and/or social support on an ongoing basis. Some of them will require the use of a variety of aids and equipment, including lifts, hospital beds and/or help from other people in order to walk and to undertake the activities of daily living.
- (b) Life in a RCHD: An RCHD should formulate a routine programme schedule and time-table for the daily activities of residents and allow certain degree of choices and flexibility. RCHDs should take into consideration the residents’ ages, developmental needs, personal interests and capabilities in the provision of a wide range of leisure activities for the residents which include daily living skills training, interest groups, birthday parties and festival celebrations. RCHDs should also arrange appropriate exercise for residents depending on their various extents of physical condition and abilities, so that they may develop a habit of doing exercise. RCHDs may also make use of community resources to meet the needs of the residents for social reintegration (e.g. visiting and using community recreational facilities or outdoor activities).

Space Allocation

5. It should also be noted that PWDs admitted to the RCHD are likely to stay there for a long time. It is therefore important for the design and planning of the RCHD to take into account the characteristics of disabled residents and daily routines in a RCHD mentioned above. For instance, space allocation should include personal/private, semi-private and communal areas. Personal/private space (e.g. bedroom, storage, toilet) should be under the residents’ own control and the residents should be allowed to enjoy high level of privacy, dignity, autonomy and

self-respect. Semi-private space is an area for small group socialisation which enables the residents to identify, develop and sustain relationship with a smaller group of other residents and their guardians/guarantors/family members/relatives. Communal areas include multi-purpose room, common room, dining room, activity or club room, small sitting corner/area etc.

6. The following space standards and functional requirements are recommended :

(a) **Residents' area** : including dormitories, toilets and shower facilities :

- Dormitories – the size of dormitories is determined having regard to the care level of RCHD as well as types and degree of disabilities of residents¹. There should be adequate space for residents with walking aids, the maneuver of heavy equipment like lifting device, staff to assist the residents from both sides of a bed and more privacy such as the installation of screen and wardrobe. There should be an electric call bell installed/placed at locations where residents requiring high level of care or those in need can reach.
- Toilet and shower facilities - they should be accessible directly within dormitory. If attached toilets/showers cannot be provided for individual dormitory, shared toilets/showers at **short** walking distance each serving a cluster of two dormitories should be provided. The design and size of toilet/bathrooms for RCHD residents should facilitate the use of disabled persons. The toilet and shower/bathroom should be large enough to accommodate wheelchair users and residents in need of transfer by lifting device and assistance by staff members. The design of mechanical ventilation and drainage systems of bathroom should ensure that smells do not linger and wet floor gets dry quickly. Given the fact that a number of baths may be given in succession, the bathroom may become hot, steamy, oppressive and unpleasant both for users and staff without proper mechanical ventilation. The drainage system should be adequate to include the installation of multi-function electrical bathing system (e.g. hydro-massage bath tub) for residents who cannot benefit from a shower bath.

¹ The developer/operator should take note of the upward adjustment of the statutory minimum area of floor space per resident for different care levels of RCHDs as stipulated in the Residential Care Homes Legislation (Miscellaneous Amendments) Ordinance 2023 (i.e the statutory minimum area of floor space per resident for the "High Care Level Homes" is increased from 6.5m² to 9.5m², whereas the statutory minimum area of floor space per resident for the "Medium and Low Care Level Homes" is enhanced from 6.5 m² to 8m² for all new licence applications from 16 June 2024 onwards. An eight-year transitional period with two stages is also provided for existing RCHDs to fulfil the statutory requirement)

(b) **Area for common use by residents** including multi-purpose room, common room, dining room, activity or club room, small sitting corner/area etc. :

- Multi-purpose area with small pantry should be provided on each floor easily accessible from all dormitories for essential dining and activity purposes. The area should be provided at a more central location so as to facilitate accessibility from all dormitories. If common room, dining room and/or activity room are separately provided, they can be designed at adjacent locations and separated by folding partitions so as to enable more efficient use of space.
- Small group activity room should be provided for small groups, interest classes, training programmes and social activities by volunteer groups.
- Small sitting corner/area should be provided for the purpose of small group interaction. The area should maintain some privacy for residents and their relatives as well as visits by volunteers.
- Toilets in common use area: at least one disabled toilet on each floor, at easily accessible locations for communal use, should be provided. The distance between toilets in common area and these communal rooms should be short in view of the fact that some residents are incontinent.
- Hallways: all hallways and doorways should have sufficient space for the passage and free maneuver of equipment e.g. hospital beds, lifting device, geriatric chairs including the possibility that some residents may need to sit with their legs extended.

(c) **Nursing area**, including nurse duty room, isolation facilities/room, treatment area etc. :

- Each RCHD should be provided with at least one nurse duty room/ nurse station.
- There should be locked medication cabinet for safe storage of medication in nurse duty room/nurse station.
- Each RCHD should be provided with proper isolation facilities, preferably a designated isolation room attached to the nurse duty

room/nurse station, for intensive supervision or separation purpose. The isolation facilities/room should have all essential features for infection control purpose (e.g. negative air pressure design on air conditioning and mechanical ventilation system). One wash hand basin with hot and cold water supply should be provided for operational use. The isolation facilities/room should also be equipped with a disabled toilet cum shower room.

- Each RCHD should be provided with proper place for visiting healthcare professionals and other professional practitioners (including the Visiting Medical Practitioner Service for Residential Care Homes and the Professional Outreaching Team for Private RCHDs provided by SWD) to conduct assessment and treatment.
- (d) **Rehabilitation area**, including physiotherapy and/or occupational therapy and exercise room:
- Adequate space should be provided for accommodation of essential equipment and conducting therapeutic exercises.
- (e) **Supporting facilities**, including offices, interview and meeting rooms, kitchen, laundry, store rooms etc.
- Supporting facilities should be provided as appropriate for the effective and efficient operation of the RCHD.
 - With reference to the number, rank and post of staff to be employed in the RCHD, adequate space should be provided for the administration and management of the RCHD. This includes reception area, general office, office for the home manager, meeting room for care conference, multi-disciplinary meeting and other internal meeting etc.
 - Interview/Meeting/Family rooms should be provided for counselling and interviewing individual residents and/or guardian(s)/guarantor(s)/family member(s)/relative(s). They should be designed as multi-purpose rooms for use by staff, residents and/or guardian(s)/guarantor(s)/family member(s)/relative(s).
 - Kitchen should be provided with adequate space to accommodate appropriate quantity and size of kitchen equipment. The layout should

be designed with separate area to cater for food preparation, food cooking and washing up etc. Areas and placement of equipment should be designed to allow for efficient work flow: receiving → storage → preparation → service → ware washing/sanitation.

- Laundry should be provided with adequate space to accommodate appropriate quantity and size of laundry and drying equipment. It should be located at a place not causing noise problem to dormitory or adjoining occupants.
- Adequate store area and store rooms should be provided for storage of furniture, equipment and supplies. There should be separate storage areas for clean and soiled linen to meet sanitation and infection control requirements.
- Other supportive facilities e.g. cleaner's room, maintenance room, hopper room, refuse room etc. should be provided for cleansing and treatment of waste or soiled materials etc. There should be at least one hopper room on each floor. The hopper room should be big enough for washing carts, wheelchairs and installation of bedpan washer/disinfector. Appropriate drainage system for the bedpan washer/disinfector should be provided.
- Other supportive facilities e.g. staff sleep-in room cum changing room, staff toilet/showers etc. should be provided as appropriate.

IV. Best Practices in the Operation of RCHD

7. Provision of quality care services should cover the following aspects:

- (a) **Care setting:** to create a safe, supportive, comfortable and home-like (non-clinical) environment, to create and promote individualised and personalised space for each resident, to maintain a safe environment, special provision to adapt the environment for PWDs with special care needs. In general, the care setting should be designed to maintain the privacy, autonomy, dignity, independence etc. of the residents.
- (b) **Clinical intervention, personal care and other services:**

Scope of Service

- A planned and well co-ordinated package of services should be provided to each resident according to his assessed needs. The services should be provided on a 24-hour basis throughout the year.
- Individual residents' health concerns and corresponding care needs should be addressed by deploying a multi-disciplinary approach including medical care, nursing care, nutritional care, personal care, rehabilitative service and social work service, and so on. The management of clinical issues should include, but not limited to, the following:
 - (i) maintenance of skin integrity;
 - (ii) management of wounds and pressure sores;
 - (iii) management of urinary and faecal incontinence;
 - (iv) management of epilepsy;
 - (v) management of special nursing procedure: e.g. tracheotomy care, oxygen therapy and Continuous Ambulatory Peritoneal Dialysis, etc.;
 - (vi) supervision of medications including use of psychotropic medication, administration of injectable medication and selective intravenous therapy;
 - (vii) nutritional and dietary management including special diet and tube feeding;
 - (viii) infection control measures;
 - (ix) management of mental illnesses; and
 - (x) management of aggressive, self-injurious, property destruction and other challenging behaviours.
- With the ageing trend among PWDs, there should be chronic disease management programmes to enable residents with chronic illnesses to develop self management strategies and take an active role in the management of their chronic conditions. The home should have the necessary resources and expertise to assist the residents in managing

their illnesses.

- The needs of residents with autism or autistic features should be catered for. There should be staff with special training in communicating and dealing with residents with mood and behavioural symptoms associated with autism or autistic features: such as repetitive and obsessive behavior, poor temper, agitation, wandering, aggression, and so on. There should be physical set-up and programmes to address their special needs (such as multi-sensory function room) and render appropriate level of stimulation for autistic residents.
- Necessary personal care services to the residents in their daily activities should be provided, including but not limited to:
 - (i) bathing;
 - (ii) grooming including hair washing, hair cutting, shaving, and nail cutting;
 - (iii) dressing and undressing;
 - (iv) transfer;
 - (v) toileting, disposal of urine and bowel waste or incontinence care;
 - (vi) feeding and drinking; and
 - (vii) indoor walking/indoor use of wheelchair.
- There should be suitable range of health care equipment and activity items provided to meet the therapeutic, rehabilitation and activity needs of residents.
- An RCHD should consult healthcare professionals and professional practitioners for advice and maintain effective communication with residents' guardian(s)/guarantor(s)/family member(s)/relative(s), so as to formulate specific and appropriate individual care plans depending on the needs of residents, with a view to providing and arranging necessary care services.
- The services to be provided to the residents should include the following:
 - (i) accommodation including lighting, heating, hot water and other utilities as well as furniture, furnishings, bedding and utensils as

necessary for residential care;

- (ii) at least three meals a day, plus snacks, with adequate quantities and varieties having regard to the health conditions, cultural and religious background and dietary needs of the residents;
 - (iii) personal toiletries and appropriate clothing items should be provided to the residents as required to meet their individual preferences;
 - (iv) counselling, social service and developmental and supportive groups and so on to tackle individual and relationship problems and to promote psychosocial well-being. This should also include therapeutic groups to meet the special care needs of the PWDs;
 - (v) group and individual activities, organised in consultation with residents as appropriate, to meet the social and recreational needs of residents;
 - (vi) health and care services to maintain and improve the functioning of the residents;
 - (vii) appropriate transportation and escort service for attending medical appointments and community activities; and
 - (viii) laundry service.
- Support services should also be provided to guardian(s)/guarantor(s)/ family member(s)/relative(s) such as family activities, support groups, training to carers, and so on.

Care Process

- An organised approach in identifying individual residents' care needs, developing strategies to meet their needs, implementing the strategies, and reviewing and revising the strategies through the use of Individual Care Plan should be adopted. The involvement of the residents and/or their guardians/guarantors/family members/ relatives during the decision making and the care process should be promoted. Please refer to Guidelines on Individual Care Plan at Annex for reference.

Least Restraint Policy

A least restraint policy should be adopted. Restraints should only be considered as the last resort and the exception rather than the rule, **and be applied only when alternatives are exhausted** and the well-being of the resident or other residents are in jeopardy. If restraint is being used, the latest revised version of the Code of Practice for Residential Care Homes (Persons with Disabilities) **must** be observed. The welfare, safety, dignity and comfort of the residents should always be taken into consideration when using restraints.

(c) **Management support :**

- There should be organisational and leadership's commitment to service excellence through a client-focused approach. There should have well documented organisational vision, mission, values and strategic plans, which are communicated to all residents, guardians/guarantors/family members/relatives and staff.
- Service integration should be promoted by creating the necessary infrastructure and process to promote the sharing of services and resources, to facilitate co-operation within the organisation, to promote better interdisciplinary co-operation in clinical care and to facilitate the development of inter-professional practice standards. Examples include the establishment of service integration council and/or inter-professional practice council.
- The management system should include risk management and utilisation management. There should be written protocol to deal with residents' individual crises and emergency situations and contingency plan for continuity of the services.
- A manual of procedures covering the daily operation of the RCHD and the care process should be developed and written in a user-friendly language. The manual should be located at an easily accessible place and made available to all staff, residents and their guardians/guarantors/family members/relatives.
- Besides procedures/protocols covering the daily operation of the RCHD, there should be Clinical Practice Guidelines covering the management of clinical issues. These Guidelines should be developed by qualified

professionals based on evidence and/or expert opinion and should include the following elements:

- (i) identification of the target group;
- (ii) appropriate treatment/follow-up;
- (iii) evaluation of treatment result to decide whether further treatment/follow-up is required; and
- (iv) prevention of further occurrence.

➤ The following information about the RCHD should be provided in the form of information sheet, leaflet or any other format as appropriate, to the residents and any other interested parties:

- (i) vision, mission, values and objectives;
- (ii) facilities and services;
- (iii) fee-charging schedule;
- (iv) admission and discharge policy;
- (v) family involvement policy;
- (vi) formulation, implementation and review of Individual Care Plan;
- (vii) policies and procedures in relation to handling of suggestions and complaints;
- (viii) least restraint policy;
- (ix) policy on handling of residents' belongings; and
- (x) policy on outdoor activities.

➤ There should be a quality management system (e.g. the Service Quality Standards (SQSs) or ISO9000) aiming at achieving continuous improvement on the quality of the RCHD to meet and exceed the expectations of the residents and their guardians/guarantors/family members/relatives.

➤ The quality management system should include, but not limited to, the following:

- (i) The establishment of Residents Council² and Family Council³ to solicit residents' and their guardians/guarantors/family members/relatives's feedback, and to promote guardians/guarantors/family members/relatives of residents to participate in the care and support of the residents;
 - (ii) the establishment of policy and procedure in relation to handling of suggestions and complaints from residents, their guardians/guarantors/family members/relatives, staff and other concerned parties. All feedback and complaints received and follow-up actions taken by the RCHD should be documented. The policy and procedure should ensure that each resident and staff member is free to raise, without fear of retribution, any suggestions or complaints. It is recommended that all complaints be handled as soon as possible and within 10 working days;
 - (iii) the establishment of a mechanism to conduct user satisfaction survey at intervals not less than once every year; and
 - (iv) the establishment of a mechanism to initiate regular review and improvements pertaining to the major clinical, personal care, and other non-clinical issues: skin care, food and laundry services etc.
- There should also be a financial management system in place. It should include but not limited to budget planning and projection, accounting, auditing and a plan to deal with budget variation. Proper procedures should be established to safeguard against misuse and abuse of funds.
- (d) **Human resource management:** It is recommended that the following tasks should be carried out as part of the human resource management:
- To clearly define and publish the roles and responsibilities, with a clear line of accountability, of all staff, managers, management team and/or

² A standing committee run and attended by residents with support provided by RCHD staff. The Council meets regularly and senior management staff of RCHD are expected to attend the meeting on a regular basis. The Council makes recommendations to the RCHD on matters that affect the well-being of the residents and/or their family members.

³ A standing committee run and attended by residents' guardian(s)/guarantor(s)/family member(s)/relative(s) with support provided by RCHD staff. The Council meets regularly and senior management staff of RCHD are expected to attend the meeting on a regular basis. The purpose of the Council is to involve the families and friends of residents and to solicit their collaboration in improving the quality of care for and optimising the quality of life of the residents.

other decision-making bodies. There should be written job descriptions for all personnel.

- To be responsible for staff management, employee compensation, insurance and all staff matters including the provision or procurement of the necessary support and security measures for the employees.
- To have a clear policy in respect of recruitment and retention of appropriate staff mix and to demonstrate flexibility in staff deployment in accordance with the estimated case intake rate.
- To ensure that all staff employed have the necessary qualifications, competency, knowledge, skills and experiences prior to their delivery of services to the residents.
- To implement a good practice, all staff of an RCHD (including home manager, nurse, health worker, care worker and ancillary worker) should undergo the Sexual Conviction Record Check implemented by the Security Bureau through the Hong Kong Police Force prior to employment or renewal of employment contract.
- To provide a remuneration package, taking reference from average wages prevailing at the time and adopting reasonable shift work and working hours per day, to attract and retain care workers and ancillary workers with the commitment and experience required to deliver services to residents.
- To ensure that all staff newly employed will complete an orientation/ induction programme according to the training needs of the staff, within four weeks of commencing employment.
- To have a clear policy in respect of staff supervision and appraisal system, in particular, the supervision and appraisal of care workers and any other staff involved in direct service delivery and to provide evidence that effective supervision is taking place.
- To ensure all staff have a caring attitude towards the residents, provide staff training and take all reasonable steps to ensure that the residents are free from any kind of bully, assault or abuse.
- To ensure that all staff are well informed of the complaint channel and procedures.

- To provide training programme for care workers which should include, but not limited to, the following:
 - (i) customer services;
 - (ii) communication skills with PWDs;
 - (iii) the needs of PWDs in physical, psychological and social aspects;
 - (iv) skills relating to the personal care services, rehabilitation including lifting and transfer, rehabilitation exercises;
 - (v) prevention of accident, occupational safety (in particular prevention of back injury), basic first aid skills and infection control;
 - (vi) common illnesses and related care skills;
 - (vii) knowledge on care plan formulation and implementation; and
 - (viii) knowledge on food hygiene.

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Guidelines on Individual Care Plan

1. Definition of Individual Care Plan

It is an organised approach to identifying a resident's care needs, developing and implementing strategies to meet his needs and reviewing the effectiveness of strategies used. It is also the outcome of the assessment process and sets the aims and objectives of services for the resident and defines the tasks to be accomplished and the frequency as required to carry them out. The documentation of these processes for the resident is termed as the Individual Care Plan.

2. Principles in formulation and implementation of Individual Care Plan

Privacy, autonomy, dignity, independence, safety, and other concepts pertaining to healthy living should all be acknowledged and respected to facilitate achieving optimum quality of life for the resident. The RCHD should take measures to protect the privacy, confidentiality and security of the Individual Care Plan.

3. Formulation of Individual Care Plan

It is recommended that a holistic Individual Care Plan should be developed within one month of the resident's admission. During the formulation of the Individual Care Plan, the RCHD and its multi-disciplinary staff team should:

- (a) Review the resident's preadmission and admission documents e.g. psychological report, psychiatrist's report, medical examination report, and other pertinent health assessments (if any);
- (b) complete and document a comprehensive Individual Care Plan within one month of admission which includes the resident's:
 - (i) medical history;
 - (ii) mental state;
 - (iii) mobility assessment;
 - (iv) self-care ability assessment;
 - (v) assessment of risk factors and preventive measures (e.g. swallowing difficulty, falls, wandering, mental state, emotional state, behavioural problems, allergies, etc.);

- (vi) assessment of nursing care needs and nursing care plan (e.g. wounds, urinary catheters, feeding tubes, peritoneal dialysis, stoma care, etc.);
 - (vii) personal habits and daily activities (e.g. social, emotional, behavioural conditions, etc.); and
 - (viii) rehabilitation need and plan.
- (c) consider to utilise external expertise to address complex or unusual issues and needs; referral to professional services should be made whenever appropriate;
 - (d) conduct a case conference to review the assessment data and determine the care plan;
 - (e) identify the resident and the RCHD's responsibilities in the delivery of care;
 - (f) conduct the first review in 6 months after the dates of formulating the first Individual Care Plans (ICPs) and review the ICPs when there is change in resident's nursing care needs and at least annually and maintain the relevant record;
 - (g) where applicable and possible, collaborate with the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s), to identify the resident's needs and abilities, and consult them on all matters affecting the resident's welfare and care, including the priorities of care. Options should be offered and explained to the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s);
 - (h) communicate the care plan to all staff responsible for the care and to the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s); and
 - (i) designate a key professional staff for the resident. The key staff should be responsible for the co-ordination and achievement of the Individual Care Plan.

4. Care Process

In providing care and services which are based on the resident's Individual Care Plan, the RCHD and its multi-disciplinary staff team shall:

- (a) foster a team approach with internal and external resources to co-ordinate care and services;
- (b) provide care in accordance with professional practice standards and code of ethics;

- (c) if the professional staff consider it appropriate to delegate certain professional tasks to other non-professional staff, the RCHD and the professional staff shall ensure that the delegation complies with the written policy as set up for that purpose. The written policy should include statements that the delegation of specific tasks from professional staff to non-professional staff is not a transfer of professional responsibility and the professional staff shall remain responsible and accountable for the safe and effective care to the residents and full compliance with the related professional standards and codes of practice. The RCHD and professional staff shall ensure that the delegation of professional tasks is resident-specific and not transferable from one resident to another;
- (d) establish a rapport and encourage the development of a caring relationship with the resident by:
 - (i) accepting each resident's uniqueness;
 - (ii) listening attentively and being responsive to non-verbal cues;
 - (iii) interacting empathetically; and
 - (iv) responding in a courteous, dependable and timely manner;
- (e) encourage and support the resident with personal care routines which may include:
 - (i) oral care;
 - (ii) grooming, appearance and preferred style of dress;
 - (iii) bathing, skin and nail care;
 - (iv) application and use of assistive/adaptive devices;
 - (v) incontinence care including perineal care; and
 - (vi) continence promotion;
- (f) provide specialised treatment when required (e.g. tracheotomy care, wound care, management of infections, tube feeding, oxygen therapy);
- (g) support and assist with mobility (e.g. walking programs, regular and range-of-motion exercises, lifts and transfers);
- (h) encourage and support the resident to meet his nutritional requirement for food and snacks, by addressing:

- (i) needs for supplements, hydration and right consistency of food;
 - (ii) preferences (e.g. company for meals, serving time, location, food preferences/choices);
 - (iii) need for assistance with eating (e.g. positioning); and
 - (iv) the use of adaptive devices (e.g. utensils, seating);
- (i) encourage and support the resident to participate in therapeutic and recreational activities/adjunct therapies by:
- (i) identifying and initiating activities that address his interests, needs and abilities;
 - (ii) informing and reminding him of daily events; and
 - (iii) assisting him to attend activities and programs;
- (j) support and respond to the resident's behavioural changes (e.g. agitation, resistance, disorientation, acute confusion, and delusions) which may include:
- (i) assessing causes for changes in behaviour;
 - (ii) recognising his level of cognition and non-verbal cues;
 - (iii) identifying possible behavioural triggers (e.g. auditory stimuli);
 - (iv) adopting consistent, calm and compassionate approaches which are sensitive to the resident's changing needs;
 - (v) accommodating purposeful activities that are consistent with the resident's previous lifestyle where possible;
 - (vi) providing emotional support and assistance to the resident's guardian(s)/guarantor(s)/family member(s)/relative(s) in coping with the changes in the resident; and
 - (vii) providing a safe low stimulus environment;
- (k) support the resident's right to independence and right to make choices, which may include:
- (i) exploring with the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s), and health care team, all reasonable alternatives prior to considering the use of restraint;

- (ii) supporting the resident's optimum level of functioning;
 - (iii) adapting the resident's environment to promote his safety;
 - (iv) in the exceptional instance when restraint is necessary, using the least restrictive type of restraint;
 - (v) attending to the resident's emotional and physical needs during the time of restraint;
 - (vi) monitoring the resident to ensure his comfort and safety during the time of restraint; and
 - (vii) reassessing the resident to determine the need to continue the use of restraint;
- (l) conduct a review, as and when required, to evaluate the care and services provided and adapt the resident's Individual Care Plan in response to his changing status or care needs. The review should be conducted at least once annually. A case conference should be held and all parties involved in the formulation of the Individual Care Plan should be invited to participate in the review;
- (m) in case of discharge and transfer of the resident, develop a discharge plan well in advance of the discharge date if possible and include the discharge plan in the Individual Care Plan. The discharge plan should include the alternative accommodation and/or support services, case summary and/or referral to other service unit, and notification of discharge to the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s). The exit interview conducted with the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s) should also be recorded in the plan. The Individual Care Plan should be retained for the Contract period;
- (n) enable the resident to communicate which may include:
- (i) ensuring communication aids are in good repair;
 - (ii) recognising and responding to resident's verbal and non-verbal cues;
 - (iii) using key phrases in the resident's language; and
 - (iv) facilitating resident's access to other residents and staff who speak the resident's language.
- (o) facilitate continuity of care which may include:
- (i) collaborating with the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s) to share information;

- (ii) co-ordinating and facilitating access to needed services; and
- (iii) providing education and emotional support to the resident and/or his/her guardian(s)/guarantor(s)/family member(s)/relative(s).