

# Assisted Living Facilities Association (ALFA)

## Good Practice Guide

Dignity and Discerned Autonomy Assisted Living Care Tool  
A guide for enhanced quality of life in assisted living facilities in Singapore

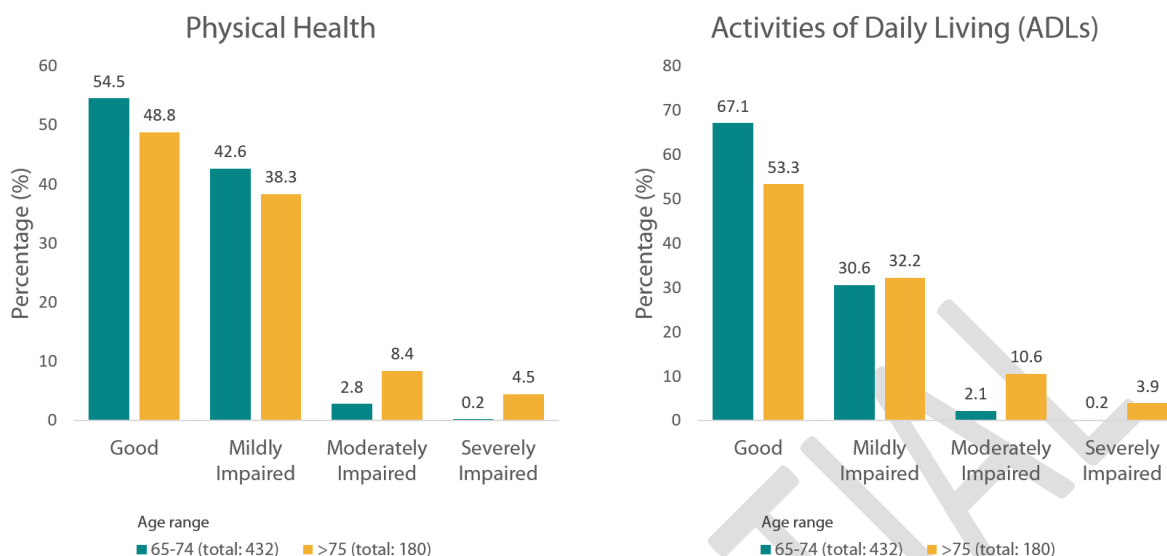
## Prologue

In the early days of our medical practice at Toa Payoh Lorong 1 in 1992, Joseph and I encountered many elderly patients who were lonely; their children lived and worked overseas, they were single, or they were left home alone with their helper whom they had nothing much in common with. Our clinic waiting area was a good place for a yarn or to meet new friends...

When we had the opportunity to start our nursing home in Bukit Timah in 2010, we thought we had the problem sorted: we could provide lonely Seniors with a home-like environment and engage them in all sorts of activities to keep them occupied. A good 30-35% of our Seniors felt hemmed in and truth be told, they really did not belong in a nursing home. While they needed some supervision with medication management and perhaps had a tendency to get lost, they were otherwise perfectly capable of making choices on their own. They just needed some assistance...

We will have 900,000 Singaporeans above 65 years old by 2030, a ratio of 1:4 we have been told. The 1984 Howe Yoon Chong Report found that only 4.7% and 4.1% of the “young old” (65-74 years) and “old old” (>75 years) were severely impaired in terms of Physical Health and Activities of Daily Living respectively (see the figures below). With much improved health care services in Singapore since 1984 and with Seniors who are more well educated and better able to care for themselves, these figures for severely impaired Seniors are likely to shrink even further.

There are 17,000 nursing home beds planned to be ready in 2020 and 50,000 in 2030. We applaud the government of Singapore for ramping up the number of nursing beds in a bid to ensure the 900,000 Singaporeans (myself included) will be well taken care of in our old age. Presumably, these 50,000 nursing home beds will cater to the <5% of severely impaired Seniors in 2030. However, Singaporeans’ aspirations and expectations for aged care have evolved. We want to be given choices beyond living alone, living with our families, living with assistance from our helper(s) before our transition to nursing homes, if at all.



Percentage of seniors with varying degrees of impairments in physical health and activities of daily living.

Joseph and I had the opportunity to pilot Singapore's first Assisted Living Facility (ALF), St Bernadette Lifestyle Village, in 2015. Firstly, our 'pioneer' Seniors and their families had to buy into the idea of safety being inversely proportional to autonomy. Secondly, they had to be prepared to help out with chores that they normally delegated to their maids. What a fantastic adventure we have had together in these last three years! Our intrepid sojourners have braved the windy and mountainous terrain of Cameron Highlands, visited the elderly sick, danced on national television and are living life to the fullest daily!

We felt affirmed in our efforts to care for Seniors in Singapore in a radically different way when the Lien Foundation published their "Safe but Soulless" report in 2016 and we read, "Seniors at this stage in their lives want to live a little dangerously in exchange for more autonomy". Renovations of our second ALF, St. Bernadette Lifestyle Village at Adam Road were completed in July 2018 and we have welcomed more Seniors, this time with the option to incorporate swimming into their daily routine!

Together with some friends, Joseph and I were sufficiently convinced with our three-year 'proof-of-concept' of assisted living in Singapore to incorporate our Assisted Living Facilities Association (ALFA, [www.alfasingapore.org](http://www.alfasingapore.org)) as a non-profit organisation in August 2018 to bring this new model of care to more Seniors in Singapore.



The six core tenets of ALFA are:

1. Writing a Good Practice Guide for ALFs in Singapore
2. Providing consultancy services for parties interested to set up ALFs
3. Accrediting ALFs via six-monthly audits
4. Providing liaison services between ALF operators, service providers and users
5. Serving as a Mediation Hub
6. Advocating for ALFs as a model of care for Seniors

What you are about to read is the result of a ground-up initiative by ALFA in collaboration with a group of stakeholders passionate about ageing in Singapore. You will see from the list of contributors to this Good Practice Guide that we come from diverse backgrounds, have received very different training and gone through an array of life experiences. As a result, this GPG contains a set of robust guidelines with balanced views from persons hailing from both the public and private sectors. It is indeed a labour of love as all have given of their time and talent on a *pro bono* basis and all because they believe in ALFA's cause of 'Dignity and Discerned Autonomy for Seniors in Singapore'!

We do not profess to have put together the perfect document and will certainly welcome other talented and interested contributors to join ALFA and refine the GPG further. ALFA would also like to acknowledge our benefactor who has gifted us with a significant sum of money to carry out the work we set out to do including writing this GPG. She has graciously requested to remain anonymous.

Do enjoy!

Dr. Belinda Wee  
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December 2018

#### References:

1. Singapore's data on citizen population from Department of Statistics and projections assume TFR of 1.2 and current immigration rates.
2. Ageing in Singapore: The next 50 years – 1984 Howe Yoon Chong report, Goh LG et al
3. Safe but Soulless – 2016, Radha Basu

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## ACRONYMS

Acronym	Definition
ADLs	Activities of Daily Living
AED	Automated External Defibrillator
AIC	Agency for Integrated Care
ALF	Assisted Living Facility
ALFA	Assisted Living Facilities Association
ALFAGPGC	Assisted Living Facilities Association Good Practice Guide Committee
AWS	Annual Wage Supplement
BADLs	Basic Activities of Daily Living
BCA	Building and Construction Authority
BCLS	Basic Cardiac Life Support
BDVL	Bus Driver's Vocational Licence
BMI	Body Mass Index
BPSD	Behavioural and psychological symptoms of dementia
BSL	Blood Sugar Level
CCTV	Closed Circuit Television
CPR	Cardiopulmonary Resuscitation
FSSD	Fire Safety and Shelter Department
HCSA	Healthcare Services Act
HDB	Housing Development Board
HR	Human Resources
IADLs	Instrumental Activities of Daily Living
ILF	Independent Living Facility
KPI	Key Performance Indicator
LTA	Land Transport Authority
LTC	Long-Term Care
MCF	Memory Care Facility
MOH	Ministry of Health
MMSE	Modified Mini-mental State Examination scale
MSF	Ministry of Social and Family Development
NEA	National Environment Agency
NIC	National Integration Council
PDPA	Personal Data Protection Act
PPE	Personal Protective Equipment
QoL	Quality of Life
RN	Registered Nurse
SAVH	Singapore Association for the Visually Handicapped
SCDF	Singapore Civil Defence Force

Acronym	Definition
UPS	Unlimited Power Supply
URA	Urban Redevelopment Authority
VWO	Voluntary Welfare Organisation

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## DEFINITIONS

The following definitions apply throughout the Guide:

- **ALFA Commitment to Quality Certificate:** The seal of approval which we hope all Assisted Living Facilities in Singapore will strive to achieve. In the spirit of this Good Practice Guide, ALFA will be developing an audit tool with which to accredit ALFs in Singapore. This Commitment to Quality Certificate will give consumers the confidence to expect a standard synonymous with comfort, safety, quality improvement, workforce practices, regulatory compliance, privacy and above all, dignity.
- **Assisted Living Facility (ALF):** A type of senior residence and long-term living arrangement, which provides assistance to Assisted Living residents with their Instrumental Activities of Daily Living (IADL) and Basic Activities of Daily Living (BADL). ALFs offer a residential setting that provides personal care services, 24-hour supervision and assistance, activities and health related services. They are designed to minimise the need to relocate; accommodate individual residents' changing needs and preferences; maximise residents' dignity, autonomy, privacy, independence, choice, and safety; and encourage family and community involvement.
- **Assisted Living residents:** Seniors living in ALFs, who are partially independent and able to fulfil at least four (4) BADLs on their own. Assisted Living residents make up the group who are too dependent on help to be able to maintain independent living, but still cognitively capable and autonomous enough to benefit from the social care that may not be a priority in a nursing home.
- **Basic Activities of Daily Living (BADLs):** BADLs are activities necessary to a functional life. They are defined as mobility, washing, feeding, grooming, toileting and transferring.
- **Care Services / Health Services:** The provision of health care, nursing care and medication management and administration in the context of an ALF.
- **Independent Living Facility (ILF):** A type of senior residence and long-term living arrangement, which provides non-medical and non-nursing services. An ILF is typically

(though not necessarily) the property of the Independent Living resident staying there.

- **Independent Living residents:** Seniors living in ILFs, who are both physically (with or without mobility aides) and cognitively independent. Independent Living residents, and seniors categorised as such in health assessments, typically would not require residence in an ALF, but may require care support in their own homes.
- **Instrumental Activities of Daily Living (IADLs):** IADLs are not necessary for functional living but are activities that allow a person to perform more complex skills for independent living. Seniors lose their ability to perform IADLs in the earlier stages of their decline while BADLs often weaken in the middle to later stages.
- **Memory Care Services (MCS):** Care services that specifically provide support to seniors who have memory difficulties which affect their activities of daily living.
- **Non-Essential Services:** Services without which the health, safety and well-being of a person would not be compromised. The provision of such non-essential services may be necessary to enable Seniors to achieve IADLs to enhance their independence and quality of life.
- **Nursing Home:** A long term residential care facility which provides around-the-clock nursing care for persons such as the aged or chronically ill who are unable to care for themselves properly. Such facilities typically have stringent protocols in place to care for their vulnerable residents.
- **Nursing Home residents:** Seniors who reside in nursing homes who should ideally only include those who have lost their ability to perform 3 or more BADLs. They would typically receive nursing care around-the-clock and not be expected to be able to care for themselves even with assistance.
- **Residential Services:** Provide accommodation for four or more people who live in one or more rooms and who individually pay rent. Typically, a resident in such a service

has the right to use one or more rooms but not the whole premise and shares facilities such as the kitchen or dining space.

- **Social Care Services:** Support services which Seniors receive in order to remain independent and out of residential care. In the context of Singapore, such social care services may be delivered to Seniors in their own homes or ALFs to enable them to avoid a premature transition to a nursing home where applicable.

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## INTRODUCTION

The Assisted Living Facilities Association Good Practice Guide Committee (ALFAGPGC), comprising assisted living facilities (ALF) operators, service providers and others passionate about aged care, was established in September 2018 to create standards for care delivery and operations in the assisted living industry in Singapore. The spirit of this Guide is grounded in the aim to pair the comforts of home with regulatory compliances.

According to the National Integration Council (NIC), the types of housing and services that are offered to senior residents in Singapore generally fall into three broad categories: (i) Independent Living; (ii) Assisted Living; or (iii) Nursing Care. Each of these offer different compositions of the three components of Real Estate, A la Carte Services, and Essential Services. ALFs are concerned with the “Assisted Living” category and will offer neither short-term, post-acute care nor long-term chronic care (both of which fall under the purview of Nursing Care) but will offer Care Services (unlike the Independent Living category).

The ALFAGPGC has developed this Good Practice Guide to enhance professional standards and confidence in the ALF industry in Singapore, by fostering transparency and accountability to residents and operators alike. In step with the young and rapidly growing nature of the industry in Singapore, this Good Practice Guide will be updated by the ALFGPGC from time to time in order to ensure continued relevance to the industry, its operators, service providers and residents.

### **Why ALFA?**

The brand of the Assisted Living Facilities Association (ALFA) in Singapore is synonymous with quality senior living with our newly launched professional standards. When residents and families see our seal, they will know your facility and community exemplify high standards in consumer and resident rights, safety, quality improvement, workforce practices and regulatory compliance. ALFA and its members are committed to developing professional and ethical standards to which its member companies and their staff will use every reasonable step to comply. And the ALFA Commitment to Quality Certificate tells residents and their families that your communities have taken extra steps to foster their comfort, health and happiness.

We have created this Good Practice Guide to help ALF providers, operators, care staff, residents and others understand and become part of ALFA’s initiative to enhance quality in assisted living

for seniors. We envision that this quality initiative will evolve continuously, reflecting changes in preferences, regulations and senior living trends.

We look forward to working together with actors in the industry as we strive to uphold and continually improve the standard of senior living in Singapore. ALF operators, staff and residents alike are encouraged to get in touch with ALFA for recommendations and tips on record-keeping, preventative measures and experience-sharing. If you have any questions or would like to share feedback on this initiative, please do not hesitate to contact us at [admin@alfasingapore.org](mailto:admin@alfasingapore.org)

### **ALFA's Vision and Goals**

As the elderly population of Singapore grows in number, so does the demand for healthcare and social care services. The ALF model, relatively new to Singapore, constitutes a modern and attractive option for many seniors whose physical and mental health makes them less suited for residence in nursing homes. Healthy ageing, social care and connection to the community are the core concepts that drive ALFA's work, and which form the backbone of these guidelines.

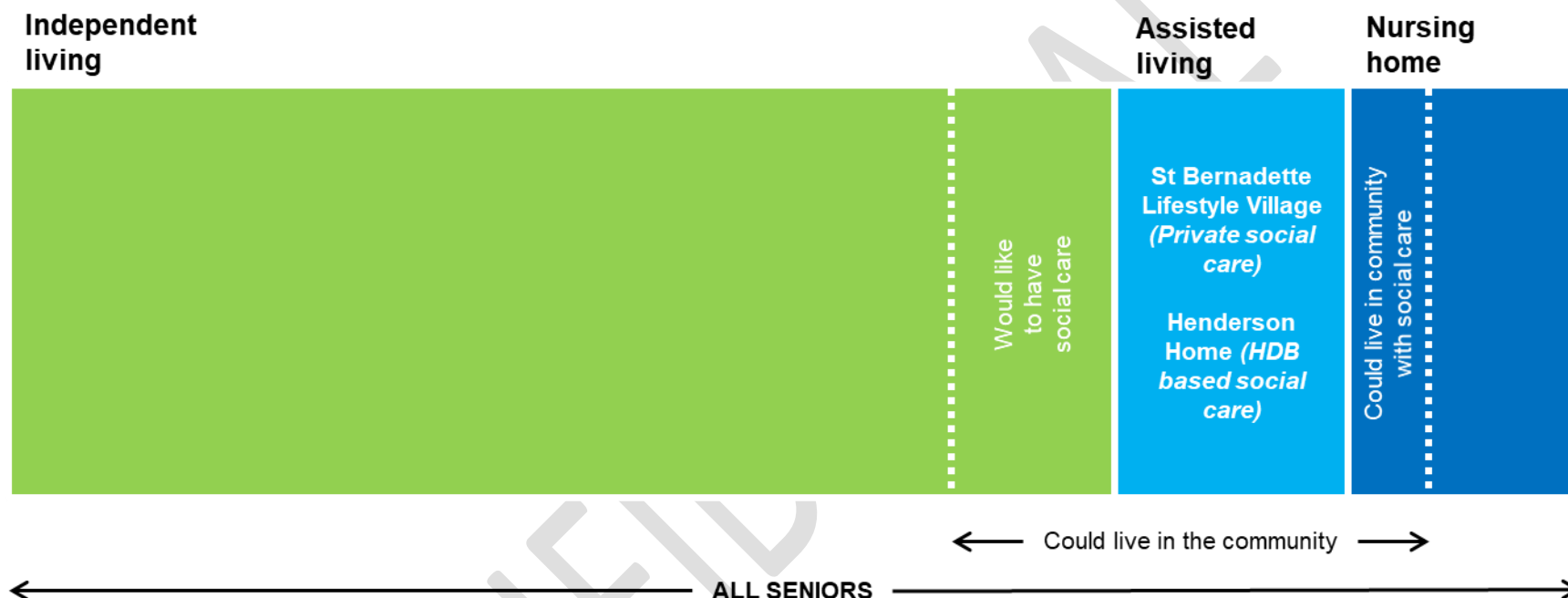


Figure 1: ALF Benefits to Seniors

As shown in Figure 1: ALF Benefits to Seniors, the ALF model is an appropriate alternative for seniors who require assistance in their daily life and/or would like to have access to social care, but whose mental and/or physical health is not so deteriorated as to make them good candidates for nursing homes. The ALF model, of which the St. Bernadette Lifestyle Village and the Henderson Home are examples, consequently offers an attractive opportunity not just to alleviate the burdens on nursing home resources in Singapore, but crucially to enable and foster healthy ageing for seniors.

## **The ALFA Good Practice Guide**

The ALFA Good Practice Guide reflects standards of good practice on care delivery, professional conduct, accountability and operations expected of assisted living facilities and their staff. The quality standards encompass benchmarks from resident-centred care such as the level of competency expected of staff delivering care, and how this level of competency should be maintained, especially with regard to the regular assessment of the evolving needs of their residents as well as operational and compliance practices.

Providing quality care for seniors should not be restricted to simply meeting basic requirements defined by the law. ALFA believes high standards are key to maintaining the quality care and living environments in which residents flourish. ALFA views the development of these standards as a first step toward professional self-regulation, and an essential part of the association's effort to demonstrate to consumers and regulators the senior living industry's commitment to quality service. These standards will complement, not replace, the Healthcare Services Act (HCSA) and relevant regulations governing the operation of senior living communities. The development of these standards will proceed over the next several years. Below are ALFA's Phase 1 standards, to which senior living providers will attest their compliance **as applicable** to assisted living communities beginning in 2019. The adoption of these Phase 1 standards will mark the beginning of our efforts to create standards for the industry. We will seek input from internal and external partners in order to develop more comprehensive standards in the coming years.

## ALFA PHASE 1 STANDARDS – EXECUTIVE SUMMARY

ALFA recognises the following standards as the hallmarks of quality senior living and invites all members of our industry that conform to these standards to display the ALFA Commitment to Quality Certificate. The standards below apply as appropriate to assisted living.



Figure 2: Standards in Good Practice Guide for ALFs.

### 1. Admission

- 1.1. ALF operators will adequately ascertain eligibility of residents in a manner that safeguards their dignity and autonomy and protects their personal data.
- 1.2. ALF operators will provide incoming residents with adequate pre-admission counselling to enable smooth and informed entry into the new living situation for the resident.
- 1.3. ALF operators will make clear to residents, as well as to their guarantors and family members, the obligations, liabilities and limitations entailed in the ALF's provision of care and residence.
- 1.4. ALFs will provide continual (six-monthly) monitoring of residents' well-being to ensure that residents' care and social needs are adequately addressed and will provide

support for transition to a different facility should it be unable to continue providing care needs.

## 2. Tenancy and Fees

- 2.1. This Good Practice Guide applies to ALFs utilising a Home, Hybrid or Hospitality model of residence and services to Assisted Living residents.
- 2.2. This Good Practice Guide applies to and defines three possible payment structures for ALFs to offer their residents, namely the Monthly Rent model, the Membership Fee model, and the Reverse Mortgage model.
- 2.3. The ALF model for Assisted Living residents emphasises a social model of care, rather than a strictly medical model of care.
- 2.4. All ALFs must communicate clearly and transparently to residents, regulators and auditors (as applicable) which residential, service and payment models they offer.

## 3. Care

- 3.1. The ALF shall provide a continuity of care for the resident and ensure his/her holistic wellbeing.
- 3.2. The ALF provider will, to the extent possible and appropriate, support resident rights of choice, independence, dignity, and privacy.
- 3.3. The ALF shall undertake regular monitoring both of residents' health and wellbeing and the activities and operations undertaken by the ALF.
- 3.4. The ALF shall offer a variety of health care and social activities catered to the preferences and abilities of the residents, making use of collaborations and partnerships with outside care and social organisations as appropriate.
- 3.5. The ALF should encourage residents to suggest ideas for activities they would like to do, keeping in mind that there are some special activities that residents may not think possible or advisable but that are in fact doable from the point of view of staff.
- 3.6. The ALF shall assist residents with the BADLs they cannot fulfil on their own. It is recommended that residents in an ALF be able to manage at least four (4) of the BADLs themselves before admission.
- 3.7. ALF operators should assist the resident in performing a range of IADLs.
- 3.8. ALFs must provide services which assist the resident to perform not only BADLs but also most of the IADLs which he/she cannot do independently, thereby enabling them to remain engaged with society.

- 3.9. ALFs must take on certain obligations when a resident is admitted. The main obligation is to enhance the physical safety and security of the environment for the resident. Other obligations include coordination of physical, mental, psychosocial and spiritual health needs.
- 3.10. ALFs are required to maintain good principles of record-keeping on incidents, near-misses, the health status of residents and other details pertaining to residents' holistic well-being, including measures taken to address incidents and prevent recurrences.
- 3.11. The resident shall indemnify in full and keep the ALF indemnified against all claims, proceedings, losses, damages, liabilities or other expenses whatsoever which may be incurred or suffered by the resident relating to the services provided by ALF.
- 3.12. ALFs catering to residents with specialised care needs, such as cognitive impairment, blindness, deafness, dementia or mobility issues, shall have care staff with adequate training to attend to those needs.
- 3.13. ALFs shall assist residents in transitioning throughout the continuum of care as necessary if and when their health deteriorates. To this end, ALF operators shall also maintain a network of affiliate facilities in readiness for such transitions.

#### 4. Facilities and Services

- 4.1. ALF residents and their families should have an active role in determining the services they receive as a resident.
- 4.2. The design of ALF environments shall emphasise person-focused care and quality of life for the residents.
- 4.3. The key design principles and considerations of the ALF environment are: Minimising overstimulation; introducing the familiar; providing easy and supportive wayfinding and orientation; providing support for family involvement; supporting the wellbeing of care staff; ensuring the safety and security of both residents and staff; access to nature and secure outdoor spaces; and minimising pollution.
- 4.4. ALF amenities should be designed to ease the transition of the resident from his/her previous residence to the ALF, and aim to enhance the long-term quality of life, empowering independent living and nurturing interdependent living within the community. These considerations extend to private spaces, common spaces, kitchen and dining amenities, common activity spaces, and access to outdoor public spaces.
- 4.5. ALFs shall provide a variety of healthcare services, dining services and activities to ensure the physical and mental health, safety and well-being of the resident.

- 4.6. ALFs shall be inclusive with various infrastructure, information and services being equally accessible to all groups of residents, regardless of their personal conditions. These include (but are not necessarily limited to) barrier-free physical access; clear signage; access to information and feedback; access to personal rights; access to comfort; access to faith and religion; and access to service animals.
- 4.7. ALFs should strike a good balance between the adoption of technology for its benefits and being prudent and should establish protocols for the use of technology and devices that are based on or that refer to existing and up-to-date regulations or industry best practices. ALFs should use technologies with the aims of improving operational efficiency, enhancing the physical safety of residents, and/or enhancing the well-being of residents.
- 4.8. While there are no building codes at present that are specifically tailored to ALFs, ALF operators should review related building codes from the fields of residential and healthcare buildings; conduct early consultations with relevant authorities on building code application; and engage Qualified Architects or building professionals for advice.
- 4.9. ALFs shall put in place a management system for its operations. This management system should consider both the hardware, software and heartware (human) aspects of the ALF, and be used consistently and continuously to improve quality of care and ensure accountability.

## 5. Operations

- 5.1. ALF Operators will hire care staff with the appropriate skills and training to meet residents' needs.
- 5.2. Care staff are to abide by the principle of protecting and respecting residents' independence.
- 5.3. ALF Operators and service providers will embrace quality assessment in their operations in order to continuously improve the quality of care and quality of life for the residents they serve.
- 5.4. ALF Operators should put in place a regular maintenance plan for all facilities and amenities provided at the ALF. The regular maintenance should prevent, to the best of abilities, any breakdown that would inconvenience the residents of the ALF.
- 5.5. ALF Operators must provide suitable transport options according to the needs and requirement of different seniors under different circumstances. Emergency response protocols must be in place to ensure the safety and wellbeing of the ALF residents.



- 5.6. Volunteers taking on the role of befriender or activity provider should be interviewed, appropriately trained and get to know the residents' behaviour before commencing. Volunteers should be made aware of the code of conduct of the ALF, including use of language, taking photos within the premises, etc.
- 5.7. There should be clear policies on receiving feedback from the ALF residents and their families. Contact details must be provided to seniors and relatives upon admission and displayed prominently at the ALF.

## 6. Governance

- 6.1. ALFA members and its affiliates (ALF operators and service providers) will strive to ensure good governance in its operations, e.g., through consultations with residents and guarantors, transparency in information disclosures, and adherence to applicable regulations.
- 6.2. ALFA members will ensure that there are no conflicts of interest in the provision of consultancy, audit and accreditation as well as mediation services to parties considering operating ALFs and/or providing services to ALFs
- 6.3. ALFA will endeavour to communicate our updates and initiatives in an accurate, efficient and effective manner.