

National Accreditation Board for Hospitals and Healthcare Providers



NABH **Accreditation Standards** **for Care Homes**

1st
EDITION
SEPTEMBER 2023



QUALITY : SAFETY : WELLNESS

National Accreditation Board For Hospitals and Healthcare Providers (NABH)

**Accreditation Standards for Care Homes
1st Edition September 2023**

ISBN 978-81-959676-8-1



A standard 1D barcode representing the ISBN 978-81-959676-8-1. The barcode is black and white, with vertical bars of varying widths. Below the barcode, the numbers '9788195967681' are printed in a small, black, sans-serif font.

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1st Edition September 2023



International Society
for Quality in Health Care
External Evaluation Association

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

Awarded by ISQua EEA
following an independent assessment
against the
Guidelines and Standards for
External Evaluation Organisations,
5th Edition

The period of Accreditation for this Organisation

June 2022 is from June 2026
until

A handwritten signature in black ink, appearing to read "Jeffrey Braithwaite".

Prof. Jeffrey Braithwaite, President

A handwritten signature in black ink, appearing to read "Elaine O'Connor".

Ms. Elaine O'Connor

Ms. Elaine O'Connor, Head of Operations

FOREWORD

National Accreditation Board for Hospitals and Healthcare Providers (NABH), is continuing its journey for creating an ecosystem for quality in healthcare in India. NABH standards focus on safety and quality of the delivery of services by the organisations in the changing healthcare environment. Without being prescriptive, the standards have been developed with the intent of providing information and guiding the organisation in conducting its operations with a focus on patient safety.

Care Home organisations serve the aged, ill, and disabled by providing services varying from skilled nursing care, personal care assistance, health aide, and homemaker services. These providers build their services around the needs and schedules of their residents.

The care home standards are unique standards of NABH, as these are the first standards which are focusing on the safety aspects at the care home level. The standards are designed keeping in view the suggestions made by various stakeholders. The objective elements have been designed to be assessed as CORE, commitment, achievement and excellence.

There are a total of 92 objective elements out of which 28 are in CORE category which will be mandatorily assessed during each assessment, 57 are in Commitment category which will be assessed during the final assessment, 04 is in Achievement category to be assessed during surveillance and 03 are in Excellence category which will be assessed during re-accreditation.

This objective methodology will aid any care home organisation in a stepwise progression to mature quality system over the full accreditation cycle. The scoring methodology is in a graded scheme to help recognise every progressive effort by the organisation in the implementation of the standards. The accreditation will be a four-year cycle with a midterm surveillance assessment at two years.

I sincerely hope that care home organisations will certainly benefit from the collective efforts of technical committee of NABH and practical suggestions of thousands of quality champions from India and abroad.

NABH remains committed to its mission of taking Quality, Safety and Wellness to the last man in the line.

Jai Hind



Dr. Atul Mohan Kochhar
CEO, NABH

ACKNOWLEDGEMENTS

I acknowledge the contributions of the following in preparing this 1st Edition of care home standards of NABH.

I earnestly thank Shri Jaxay Shah, Chairperson QCI, for his unwavering guidance and support. His vision of taking quality to the grassroots has been instrumental in the milestone of finalising NABH accreditation standards for Care Homes.

Dr. Mahesh Verma, Chairman NABH, has been the guiding light throughout the development of the first Edition of Care Home standards. I thank him for his active participation, support and invaluable suggestions despite of his busy schedule.

I sincerely thank Dr. Ravi P Singh, Secretary General of Quality Council of India for his guidance and continuous support by making adequate resources available for this process.

I thank all board members of NABH in giving significant suggestions for betterment of the standards and the respective guidebooks.

The Technical Committee of NABH worked relentlessly and meticulously to accommodate the best practices in care homes, referred to innumerable references and incorporated suggestions made by all of the stakeholders in bringing this standard to reality. It was, indeed, a mammoth task. I profoundly thank all the members for playing a pivotal role in the development of the 1st Edition of care home accreditation standards.

I thank Confederation of Indian Industry (CII) healthcare led by Dr. Shubnum Singh for being the driving force behind the formation of the standards.

Subsequent to the introduction of “The Maintenance and Welfare of Parents and Senior citizens (Amendment bill 2019) in the Lok Sabha in December 2019”, Ministry of Social Justice and Empowerment initiated the formation of rules under this bill in October 2021. NABH standards for care home will certainly help and encourage the adoption of the bill and the rules under this bill.

I thank all our passionate assessors, management of the care homes, clinicians, nurses and paramedics who gave us extensive feedback to improve upon the standards and their exhaustive interpretation.

I thank the officers at NABH Secretariat for working round the clock, to complete the work within time.

It is entirely due to the overwhelming participation, dedication, and diligence of all concerned that we could present these standards in the current detail and format.

To all of you a sincere, heartfelt and, profound – Thank you.

Jai Hind



Dr. Atul Mohan Kochhar

CEO, NABH

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About NABH

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI), set up to establish and operate accreditation programmes for healthcare organisations. NABH has been established with the objective of enhancing the health system & promoting continuous quality improvement and patient safety. The board, while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, size, and degree of independence.

International Society for Quality in Healthcare (ISQua) has accredited NABH.

Vision: To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission: To operate accreditation and allied programmes in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.

NABH Activities:

NABH Accreditation Programmes: NABH offers accreditation to Hospitals, Small Healthcare Organisations/Nursing Homes, Blood Banks, Eye Care Organisations, Ayush (Ayurveda, Homeopathy, Unani, Siddha and Yoga and Naturopathy) Hospitals, Medical Imaging Services, Dental Centres, Allopathic Clinics, Ethics Committees and Panchkarma Clinics.

NABH Certification Programmes: NABH offers certification to Medical Laboratories, Nursing Excellence, Emergency Department, Entry Level Hospitals, Entry Level Small Healthcare Organisations, Entry Level Ayush Hospitals and Entry Level Ayush centres.

NABH Empanelment: NABH offers empanelment programmes for CGHS, ECHS and Medical Value Travel Facilitator (MVTF)

NABH International: NABH has started its operations overseas under NABH International (NABH I). It offers all accreditation programmes as being offered in India. The programme is unique as in addition to the accreditation standards it requires compliance with local regulatory requirements.

Training & Education: NABH conducts Education/Interactive Workshops, Awareness Programmes, and Programme on Implementation (POI) on a regular basis.

Scope and Purpose of the Standards

Scope of the standards

These standards are applicable to the following:

- Care Homes
- Senior living facilities /Old age Homes
- Assisted Living Facilities
- Transition living facilities
- Palliative Care Facilities
- Specialized Care Facilities
- Hospice Care
- Differently Abled Living Facilities

These standards are not applicable to the following:

- Juvenile Homes
- De-addiction Centres

The facilities which wish to apply for accreditation should fulfill the following requirements:

- The organisation is currently in operation.
- The organisation commits to comply with NABH standards and applicable legal/statutory/regulatory requirements.

Organisation may be offering different services. These standards are to be used by the organisation for all the services and not for a specific service. They are uniformly applicable to both public and private care homes.

Purpose of the standards

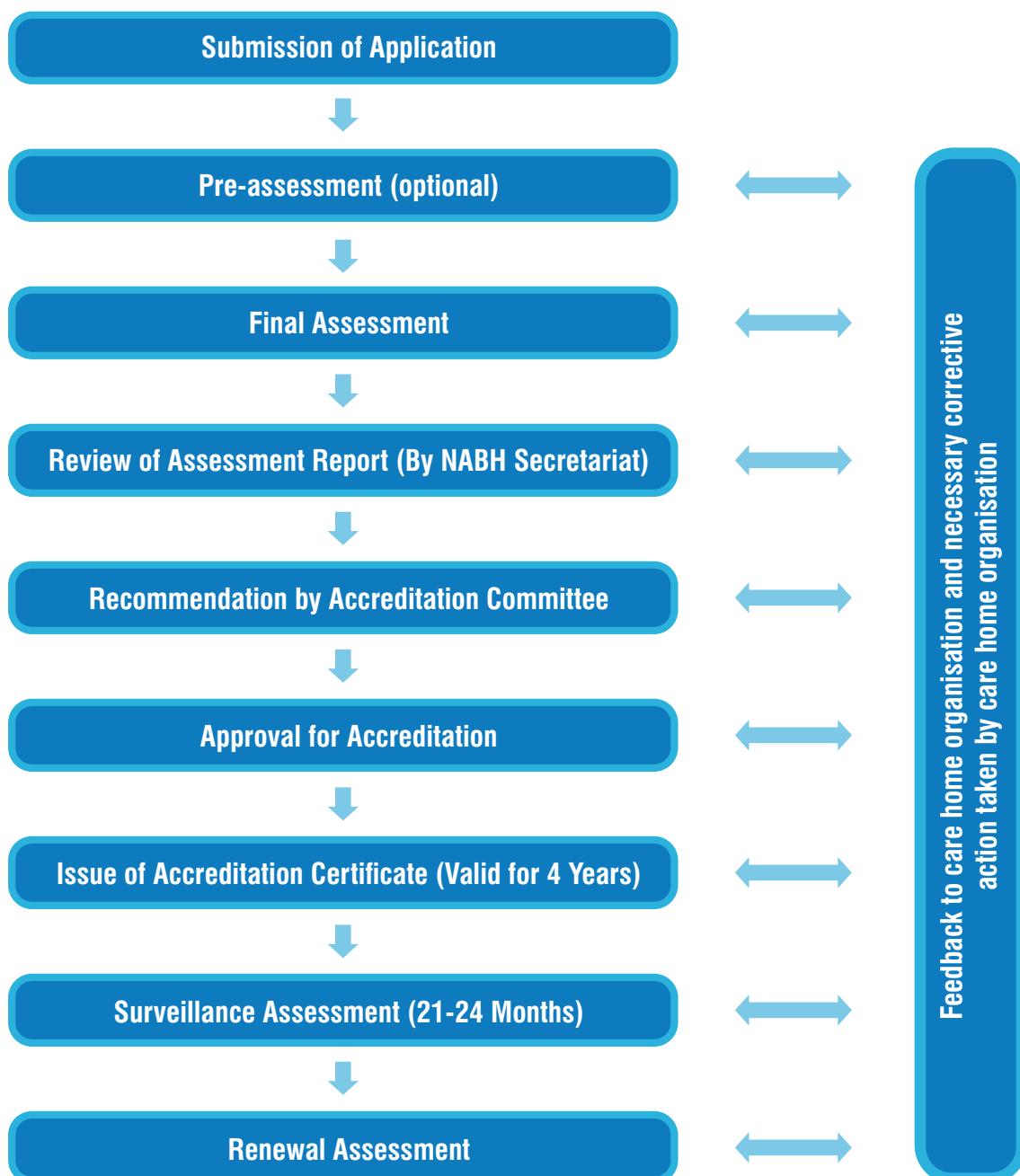
The aim of the standards is to achieve an acceptable level of performance with a view to:

- Improve public trust and community confidence that the organisation is concerned for resident safety and the quality of care.
- Ensure that they listen to resident and their families, respect their rights, and involve them in the care process as partners.
- Ensure that they provide a safe and efficient work environment that contributes to staff satisfaction and improves overall professional development.

In addition, these standards can also be used to:

- Guide the efficient and effective management of a care home.
- Guide the organisation in the delivery of resident care services and in their efforts to improve the quality and efficiency of those services.
- Review the important functions of care home.
- Provide an opportunity to explore compliance expectations of standards and the additional requirements related to safety and regulation.

Overview of the NABH Accreditation Process



*For Renewal Assessment ,the accredited care home must apply six months prior to the expiry of the validity of accreditation

How to read the standard?

The standard focuses on the key points required for providing resident-centred, safe, high-quality care. The interests of various stakeholders have been incorporated into the standard. The focus is on resident safety and quality of care. It sets forth the basic standards that organisations must achieve to improve the quality of care.

1. Responsibilities of Management (ROM)
2. Facility Management and Safety (FMS)
3. Health, Hygiene and Infection Control (HHIC)
4. Resident Engagement and Wellness (REW)
5. Resident Rights and Education (RRE)
6. Human Resource Management (HRM)

Every chapter begins with an 'intent'. The intent states the broad requirements of what the organisation needs to put in place and implement to improve the quality of care. This is followed by the 'summary of standards' which lists all the standards of that chapter. The standards and objective elements are explained after the summary. A list of references is provided at the end of all chapters

What is a standard?

A standard is a statement of expectation that defines the structures and processes that must be substantially in place in an organisation to enhance the quality of care. The standards are numbered serially, and a uniform system is followed for numbering. The first three letters reflect the name of the chapter and the number following this reflects the order of the standard in the chapter for example, ROM.1. would mean that it is the first standard of the chapter titled 'Responsibilities of Management'.

What is an objective element?

It is that component of standard which can be measured objectively on a rating scale. Acceptable compliance with objective elements determines the overall compliance with a standard. The objective element is scored during assessments to arrive at the compliance. The objective element is numbered alphabetically in a serial order for example, ROM.1.c. would mean that it is the third objective element of the first standard of the chapter titled 'Responsibilities of Management'.

What is an interpretation?

The interpretation provides guidance on what the organisation needs to do to ensure that the requirement(s) of the objective element is met. Where applicable, it provides references and suggests a specific methodology that the organisation needs to adhere to. The word 'shall/should' or 'will/would' is used to reflect a mandatory requirement. The interpretation also lists out desirable aspects for the organisation to implement, and the word 'can/could' is used to reflect this. During scoring, the desirable aspects are not considered, and they are only used to reflect on the overall achievement of the standard, which is reflected in the assessment report. At places, the interpretation would not be specific and would have used the words like 'adequate/appropriate'. This has been done keeping in mind the diverse nature of care home delivery and adhering to the intent of this standard which is to improve the quality of care home and at the same time, be feasible. The expectation is that whenever such a phrase has been used in the interpretation/objective element, the organisation shall base its practice on evidence-based/best practice. In some places, the interpretation has listed out examples. The examples are only illustrative in nature, and the organisation has the liberty to decide what/how to implement. However, the requirement of the objective element would have to be adhered.

CORE objective element

Certain objective elements in the standard have been designated as CORE objective elements. These are the objective elements that the organisation should have in place to ensure the quality of care or the safety of people with in the organisation. CORE has been used to identify such objective elements.

Levels

The rest of the objective elements have been divided into three levels, namely commitment, achievement, and excellence. This has been done keeping in mind the fact that quality is a journey and that accredited organisations need to improve constantly. Most of the objective elements would be at the commitment level, and these would form the basis for accreditation at the end of the final assessment. The level of compliance with the objective elements placed at the achievement and excellence level would also count towards continued accreditation.

Other sections included in the standard book

- About NABH
- Scope and purpose of the standards
- Overview of the NABH accreditation process
- Scoring
- Accreditation decision and maintenance of same
- Abbreviations

In the book, certain objective elements require mandatory system documentation. The same have been identified by the * (asterisk) mark. A detailed guide on documentation is provided in the next section.

System Documentation

Introduction

Documentation for systems is complicated and best left to specialists in this line, is a perception that is wrongly carried by even the organisations which have well established, functioning, and externally assessed quality systems. An attempt is made here to clear the concepts of documentation and make it simple enough to be carried out by the staff who is responsible for executing various tasks in the organisation without depending on anyone else. This will keep the documentation closer to reality and flexible in the hands of the organisation and will also reduce the dependence on external sources for creating documents that are many times far removed from reality.

Why do we need documentation?

The fundamental purpose of documentation is the standardisation of actions across various functional units in the organisation. Documentation is required for clarity on actions, continuity of systems, and information on the established system that is common to all levels of staff.

Therefore the documentation has various components:

- **Operation System Documentation:** It defines the procedures and processes that are required to be carried out in a standardised manner.
- **Quality System Documentation:** The actions that are specifically required for activities that are related to the quality system and are not covered under operation system documentation
- **Specialised Documentation:** Safety system documentation, business continuity documentation etc.

Type of documents

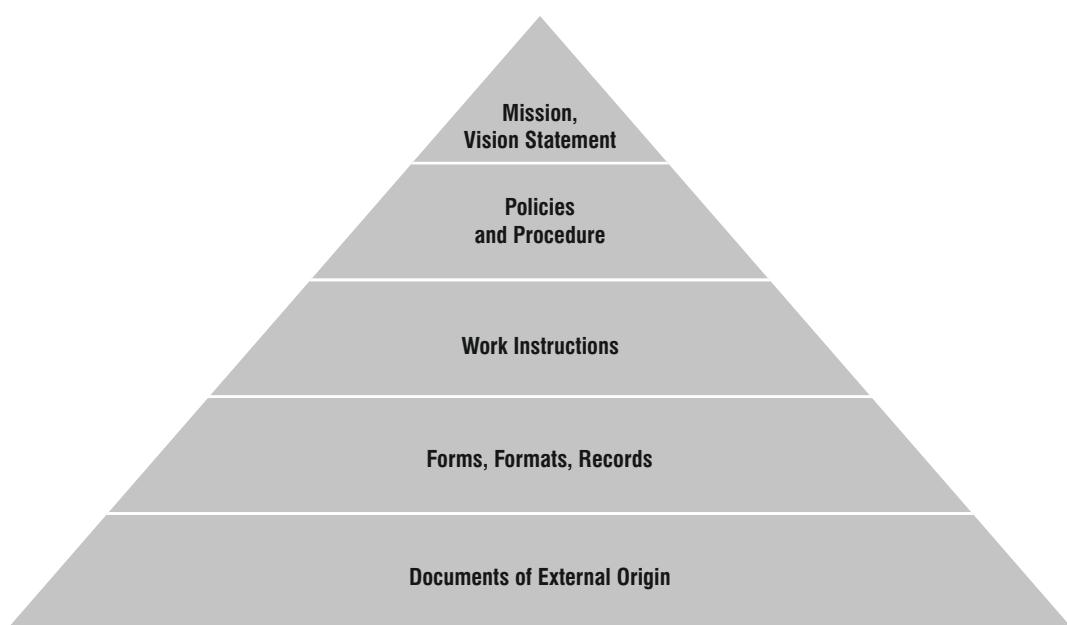
From the top level of planning to the level of maintaining records of activities, the documentation follows a general principle as below:

1. **Policy Documents:** Mission statement, vision statement, strategic plans and policies which transcend time and act as guidance in the changing scenarios of the operational, legal, technologically changing environment in which the organisation conducts its activities are policy documents. They are the principles on which planning is based while adapting to changes.
2. **System Documentation:** Operational and quality system documentation to carry out activities in conformance with the mission and vision statement. This includes what is commonly known as Standard Operating Procedures or SOPs.
3. **Work Instructions:** These are instructions in a detailed manner for executing tasks, including the physical steps to be carried out.

4. **Forms and Formats:** These are various forms and formats to capture information as a record of the execution of various activities. Records are filled forms. The forms, formats, and records can be in a physical or electronic form. These can be entries as numerical, text, image, sound, etc.

Many organisations add a fifth category to this as externally acquired documents such as licenses, statutory clearances, legal contracts and memoranda of understanding, etc.

The documentation structure, if visualised as a pyramid, appears as below:



Vision Statement: Vision statement defines the direction that the organisation wants to chart.

Mission Statement: Mission statement defines the purpose for which the organisation exists.

Policies: These are statements that transcend time to decide on the way the activities of the organisation shall be executed. These statements connect mission and vision statements with the processes and procedures of the organisation. These may change over a relatively moderate time frame of a few years. Whenever these are developed or altered, they will always be guided by the mission and value statements forming a link between the mission and value statements and the actions on the ground which are documented through the standard operating procedures.

Standard Operating Procedures: These documents define the steps that will be carried out to complete tasks or parts of tasks. These are also known as Operations Documentation or Operations Manual. They can be in the form of multiple manuals specific to departments, or a group of related tasks and will have documentation for the processes and procedures related to the concerned department, a section or activity. The term standard refers to its being standardised for the time being and does not mean that it cannot be altered. Most organisations which actively followed systems will address review of these documents for correctness and adaptation at least once a year and sometimes even twice a year. It is essential that these documents are kept relevant to the requirements of alteration to processes and procedures that are necessary from time to time due to the improvements, change in technology, and changes to statutory norms, etc. The term standard, therefore, refers to its current relevance rather than its permanent nature and everlasting non-alterability. This is important to understand because many organisations are reluctant to alter these documentations mistaking the word standard for unalterable, sometimes even after their processes have changed.

Forms and formats: Capture of information in a complete and relevant manner must be done in a standardised manner. This is achieved through various forms and formats to maintain the records of activities. The forms can be a single page, multipage or a register in which entries are made. The purpose can be from just capturing whether an activity was carried out to a very elaborate capture of values related to many parameters related to the activity. An example of the former is tick marking when some action was carried out and an example of the latter being an elaborate record of the initial assessment of a patient on arrival to the ward. Records are filled forms and formats. Forms and formats can be altered through the set alteration process, but records cannot be altered. Forms, formats, and registers are also a part of the system of controlled documents and must have their identity. It is not always necessary to number each form, and this will depend on whether the organisation wants to assign a separate identity to each filled form which is rarely required.

Documents of external Origin: For the sake of making the documentation system inclusive, some organisations include documents of external origin in their documentation system. These are licenses, statutory documents, memoranda of understanding with various organisations, etc. and are not alterable.

Temporary Document: Many notes, documents, records get created in an informal manner during the execution of processes. These help in reducing errors or are intermediaries to further calculations. These are not necessarily maintained in a set format and can be rough entries on notepads, diaries, etc. They need not be preserved if the information content does not have lasting importance and the final entry is anyway going to be made in a set format. Such documents do not form a part of the formal documentation system.

Documentation related to processes and procedures

The documentation related to processes and procedures deals with operating procedures, quality system procedures and safety procedures, etc. These documents are commonly known as Standard Operating Procedures or SOPs. This can be documented as steps which are numbered or bulleted or in the format of flow charts. Flowcharts use a method of commonly recognised symbols, such as a circle or ellipse for start or end of the process, rectangle for activity, diamond for a decision-making step, picture of rolled partially document for the steps where documentation is necessary, etc. Most word processing software applications have these symbols inbuilt for use.

Which processes should be documented?

Organisations sometimes fall into a dilemma about the extent of documentation that should be followed. Though the list is not exhaustive, the following processes and procedures require documentation:

- Procedures which are required to be followed uniformly at various locations across the organisation.
- Procedures which are required to be followed uniformly across time.
- Procedures which, if not followed uniformly and correctly will increase the risk to residents staff or visitors.
- Procedures which, if not followed uniformly, can lead to serious consequences concerning the loss of material, time, physical damage, equipment, etc.
- Procedures which are complicated leading to either missing of some steps or risk of variation in their execution.
- Procedures which are required to be followed uniformly in spite of high turnover of human resources.
- Procedures which are specific to the organisation as against procedures which are universally accepted or that are part of standard curricula of those professionals who carry out these procedures.

How to develop documentation that is easy to follow?

The following steps can help in developing documentation that is easy to follow:

- Providing a clear plan of documentation architecture. This can be as a print map or in electronic form.
- Using a uniform format to ensure uniformity in visual appearance of documents to cover their appearance, fonts, symbols, page layout, etc.
- Adding colour codes, font changes for different documents.
- Participation of staff that is involved in carrying out the activities in the development process for documentation.
- Using the same language and structure as per the users.
- Using a direct form of speech (active) than the indirect form (passive).
- Providing chapter index or index of words.
- Sequencing activities as per their actual sequence of execution in real time.
- If necessary replicate the documentation related to specific processes and procedures within all relevant documents with a clear reference to the original document.
- Making relevant documents available at the location of use.
- Keeping relevant documents available all days of the year and all times of day and night as per the requirements of execution of the activities.
- Removing obsolete documents from all locations, other than those retained for archiving.

Controlled Documents

As mentioned above, documents bring uniformity and clarity for execution of activities in the organisation. It is, therefore, imperative that they are not altered without the knowledge of the creator or the staff who is specifically authorised for this purpose. Such documents are known as controlled documents. All types of documents described above come under this category, except for temporary documents.

Characteristics of controlled documents:

- Each document is named.
- The purpose of the document is defined.
- There is a date of creation of the document.
- There is a date of approval of the document.
- There is a date of review of the document.
- There may be a date of expiry of the document.
- Signatory for creation is defined.
- Signatory for approval is defined.
- The signatory for alterations is defined (this may be the same or different from the creator).
- Each page is numbered.
- The document may have a number assigned to it.

This information about the identity of the document may be contained in the form of a box (control box) or otherwise at the top of the document. This information is an integral part of each controlled document. The designation of authorised staff for preparation/review/release or issue of the document with the corresponding signature is maintained at the bottom of the page. The dates related to the document may be mentioned at the beginning page of the document and may not be there on each page, though most organisations put it on each page. The alphanumeric identity, if assigned to these documents must form a system that may include department, a section of the department, purpose or activity referred in the document, version number of the document and page number. The purpose of this exercise is to create a unique identity for each page of the controlled document. It is not mandatory to have an expiry date for the document.

An example of the control box at the top is given below:

Name of Organisation	Document Code	Date of Issue	Date of next revision / validity

A similar box appears at the bottom of the page for the signatory, an example of which is given below:

Authorised by: Designation	Issue No./Version No./	Issued by: Designation
Signature		Signature

Body of document

There are many formats for the documentation of contents. One of them is given below:

Name of the document

Purpose of the process that is documented

Start point

End point

Procedure:

Step 1: XXXXXXXXXXXXXXX

Step 2: XXXXXXXXXXXXXXX

Step 3: XXXXXXXXXXXXXXX

Step n: XXXXXXXXXXXXXXX

Related records

Related documents

Manuals

One category of controlled documents is manuals. Manuals are documents that are used by various departments as against the SOPs which pertain to a particular department. Some of the examples of manuals are which deal with various specific functions such as infection control, safety, quality, etc. If the departmental SOPs are vertical and restricted to a particular department, then the manuals are horizontal and are used across many departments. The format of a manual is similar to the SOPs but has reference to or duplication of departmental SOPs that have relevance to the subject of the manual, and are required to be duplicated for coherence and completeness.

Scoring

The objective elements stated in the standards are scored during the assessment. The same should also be used for scoring during the self-assessment. This scoring is to be done using a five-point scale. When applying a score, the following rationale to determine the level of compliance shall be used.

Score	Rationale
1	No compliance <ul style="list-style-type: none"> • No systems in place and there is no evidence of working towards implementation • None or little ($\leq 20\%$) of the samples meet the requirement(s) of the objective element • Non-conformity exists
2	Poor compliance <ul style="list-style-type: none"> • Elementary (limited) systems in place and there is some evidence of working towards implementation • Minimal (between 21-40%) of the samples meet requirement(s) of the objective element • Non-conformity exists
3	Partial compliance <ul style="list-style-type: none"> • Systems are partially in place, and there is evidence of working towards implementation • Some (between 41-60%) of the samples meet the requirement(s) of the objective element • Non-conformity exists
4	Good compliance <ul style="list-style-type: none"> • Systems are in place, and there is evidence of working towards implementation • The majority (between 61-80%) of the samples meet the requirement(s) of the objective element • Non-conformity could exist
5	Full compliance <ul style="list-style-type: none"> • Systems are in place, and there is evidence of implementation across the organisation • Almost all (between 81-100%) of the samples meet the requirement(s) of the objective element • No Non-conformity

The basis for scoring shall be implementation. However, if there is inadequate/ inappropriate system documentation, the score could be downgraded by one.

Not Applicable (NA) Criteria

There could be a few standards/objective elements that may not be applicable to some organisations. A standard/objective element may be described as not applicable when the statement/content of the element would never occur in the organisation. The organisation has to identify such standard/objective element before the assessment and inform the NABH secretariat of the same. During the assessment, the assessment team shall discuss the same with the organisation and a final list shall be arrived at.

Accreditation Decision and Maintenance of same

After the completion of the final assessment, the assessment team submits the report and the score sheet to the National Accreditation Board for Hospitals and Healthcare Providers (NABH). The organisation is expected to submit an action plan with timelines for rectifying the identified non-conformities. The action plan is reviewed by the assessment team, and a comment is placed indicating acceptance or non-acceptance.

The accreditation committee reviews the assessment report, the score sheet and the submitted action plan with timelines and the assessment team's comments regarding the same. Following the review, a decision is taken.

Accreditation decision criteria following the final assessment

For an organisation to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. The score for every CORE objective element must not be less than 4.
2. No individual standard should have more than one objective element scored as 2 or less.
3. The average score for individual standards must not be less than 4.
4. The average score for an individual chapter must not be less than 4.
5. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the final assessment, only the objective elements marked as 'CORE and commitment' level are considered for scoring. Hence, the overall compliance of 80% corresponds to a score of numerator (85x4) and denominator (85x5) i.e. $340/425 = 80\%$. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

Award

If the organisation meets the criteria listed above, the organisation will be awarded accreditation status for four years with effect from the date of the Accreditation Committee meeting when the result is formally approved.

Maintaining the award

The standards are designed to measure and support the continual improvement of an organisation's operation. Continuing accreditation status will be subject to the outcome of the surveillance assessment and the re- accreditation assessment. The criteria for maintaining accreditation following these assessments are listed below.

ACCREDITATION DECISION CRITERIA FOLLOWING THE SURVEILLANCE ASSESSMENT

For an organisation to continue to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
4. The score for every CORE objective element must not be less than 4.
5. No individual standard should have more than one objective element scored as 2 or less.
6. The average score for individual standards must not be less than 4.
7. The average score for an individual chapter must not be less than 4.
8. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the surveillance assessment, only the objective elements marked at 'CORE', 'commitment' and 'achievement' level are considered for scoring. The compliance of 80% of the 'CORE' and 'commitment' corresponds to a score of numerator (85x4) and denominator (85x5) i.e. $340/425=80\%$. In addition to the 'CORE' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (4x4) and denominator (4x5) i.e. $16/20=80\%$. Hence, the cumulative score for 'CORE', 'commitment' and 'achievement' for surveillance assessment corresponds to the numerator (89x4) and denominator (89x5) i.e. $356/445=80\%$. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

ACCREDITATION DECISION CRITERIA FOLLOWING THE RE-ASSESSMENT

For an organisation to continue to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Overall compliance rate of at least 80% for objective elements at 'excellence' level.
4. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
5. The score for every CORE objective element must not be less than 4.
6. No individual standard should have any objective element scored as 2 or less.
7. The average score for individual standards must not be less than 4.
8. The average score for an individual chapter must not be less than 4.
9. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of there-accreditation assessment, all the objective elements marked at 'CORE', 'commitment', 'achievement' and 'excellence' level are considered for scoring. The compliance of 80% of the 'CORE' and 'commitment' corresponds to a score of (85x4) and denominator (85x5) i.e. $340/425=80\%$. In addition to the 'CORE' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (4x4) and denominator (4x5) i.e. $16/20=80\%$ and compliance of 80% of the excellence level, corresponds to score of numerator (3x4) and denominator (3x5) i.e. $12/15=80\%$. Hence, the cumulative score for 'CORE', 'commitment', 'achievement' and 'excellence' for re-accreditation assessment corresponds to the numerator (92x4) and denominator (92x5) i.e. $368/460=80\%$. In case of then applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

The table below summarises the accreditation decision criteria.

	Final	Surveillance	Re-accreditation
Overall compliance (cumulative score)	≥80%	≥80%	≥80%
Commitment (cumulative score)	≥80%	≥80%	≥80%
Achievement (cumulative score)	NA	≥80%	≥80%
Excellence (cumulative score)	NA	NA	≥80%
CORE objective (individual objective element score)	≥ 4	≥ 4	≥ 4
Average score for individual standard	≥ 4	≥ 4	≥ 4
Average score for individual chapter	≥ 4	≥ 4	≥ 4
Improvement in the score of objective elements that have been scored ≤ 2 in the previous assessment	NA	Required	Required
Objective elements with score ≤ 2 in individual standard	1	1	NIL
Closure for objective elements with a score of ≤ 3	Required	Required	Required

NA = Not Applicable

Summary of Chapters, Standards and Objective Elements

	Standards	Objective Elements	CORE	Commitment	Achievement	Excellence
ROM	05	15	03	08	02	02
FMS	05	17	06	09	01	01
HHIC	06	28	11	17	00	00
REW	02	07	02	05	00	00
RRE	03	14	03	11	00	00
HRM	02	11	03	07	1	00
Total	23	92	28	57	04	03

Abbreviations

ADL	: Activities of Daily Life
BLS	: Basic Life Support
BMW	: Bio-Medical Waste
BP	: Blood Pressure
CCTV	: Closed-Circuit Television
DG	: Diesel Generator
ELCB	: Earth-Leakage Circuit Breaker
ETP	: Effluent Treatment Plant
IT	: Information Technology
LT	: Low Tension
MCB	: Miniature Circuit Breakers
MoU	: Memorandum of Understanding
PPE	: Personal Protective Equipment
STP	: Sewage Treatment Plant
SOP	: Standard Operating Procedure
WHO	: World Health Organization

Chapter 1

Responsibilities of Management (ROM)

Intent of the chapter: The management of the organisation is aware of and manages all the key components of governance. Those responsible for governance are identified and their roles are defined. The standard encourages the governance of the organisation in an ethical and professional manner. The management supports quality and safety initiatives for residents. The management executes its responsibility for compliance with all applicable regulations. Leaders ensure that resident safety aspects and risk management issues are an integral part of governance.

Summary of Standards

ROM.1.	The organisation identifies those responsible for governance and their roles are defined.
ROM.2.	The leaders manage the organisation in an ethical manner.
ROM.3.	The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.
ROM.4.	The organisation displays professionalism in its functioning.
ROM.5.	Management ensures that residents' safety aspects and risk management issues are an integral part of facility management.

Objective Element	ROM.1.	ROM.2.	ROM.3.	ROM.4.	ROM.5.
a.	CORE	Commitment	Achievement	Commitment	CORE
b.	Commitment	Commitment	CORE	Commitment	Commitment
c.	Achievement	Commitment			
d.	Excellence	Commitment			
e.		Excellence			

Standard

ROM.1.

The organisation identifies those responsible for governance and their roles are defined.

Objective Elements



a. **Those responsible for governance are identified and their roles and responsibilities are defined and documented.***

Interpretation: Those responsible for governance shall be accountable for the quality of care and help the organisation achieve its goals. The roles and responsibilities of each board member shall be defined and documented.

Commitment

b. **Those responsible for governance approve the strategic and operational plans.**

Interpretation: The strategic and operational plans should identify responsibility and possible time frames for achievement. The annual budget should include capital and operational expenditure.

Achievement

c. **Those responsible for governance support safety initiatives and quality improvement plans.**

Interpretation: Reports of the safety and quality improvement committee's discussions shall be shared with those responsible for governance. Funds and resources shall be allocated for the purpose of corrective and preventive actions. Information shared shall include observations on risk management and quality improvement activities.

Excellence

d. **Those responsible for governance inform the public of the quality and performance of services.**

Interpretation: This could be done in the form of display or brochures or through the website. This could include positive and negative feedback received from the residents, survey held by independent third party, results of benchmarking done by professional bodies and media reports.

Standard

ROM.2.

The leaders manage the organisation in an ethical manner.

Objective Elements

Commitment

- a. **The leaders make public the vision, mission and values of the organisation. The purpose and values of the organisation are defined and clearly communicated to all stakeholders.**

Interpretation: The vision, mission and values of the organisation should be displayed prominently. The same could be translated in local language also. Only a display on its website would not be sufficient.

Commitment

- b. **The organisation defines and displays the services that it provides.**

Interpretation: The services so defined should be displayed prominently in an area visible to all the residents and visitors. Exclusions must be displayed boldly for example, residents having dementia, psychiatric illness and other serious disabilities are not accepted. The display should be of permanent nature and not on standees alone and it should be bilingual. Dissemination of information can be supplemented by the use of brochures and standees.

Commitment

- c. **The organisation discloses its ownership.**

Interpretation: The ownership of the organisation for example, trust, private, public with a name of the ownership should be disclosed. The disclosure could be in the form of registration certificate from an appropriate authority.

Commitment

- d. **Initial assessment is carried out for applicant residents to match their requirements with scope of services of the facility.**

Interpretation: The organisation shall have a standardized format for initial assessment of residents. It should include demographic details, social and financial assessment including specific requirements of assistance for resident. Health assessment should also be carried out in a standardized format by doctor/nursing professional. Health assessment should include reconciliation of existing medications requirements and nutritional screening for example, food required for a diabetic or hypertensive resident. Documentation of initial assessment should be preserved at the organisation. Health record should be preserved and monitored by medical personnel in the organisation.

Excellence

- e. **The organisation promotes its purpose and values and has ways of measuring adherence to these through outcome measurement.**

Interpretation: Promotion could be through written document, display in the form of electronic board/standees/brochures/social media. Service standards for the staff could be derived through values which can be measured for outcomes. Outcome should also be measured through resident satisfaction index. Corrective and preventive actions on suggestions given by residents to be monitored by management as part of outcome measurement.

Standard

ROM.3.

The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.

Objective Elements

Achievement

a. **The person heading the organisation has requisite and appropriate administrative qualifications and experience.**

Interpretation: Appropriate administrative qualifications implies management qualification. Organisation manager/in-charge should be conversant with age-related issues to help the residents and visitors when required. The organisation shall ensure that the designated manager is of good character, physically and mentally fit, and is literate and educated to deal with the residents and external agencies as when required. Manager should have experience of working in old age home/care home/assisted living/healthcare organisation like palliative care home or special care home. The facility must ensure that it should have a designated manager/in-charge available during normal working hours who supervises the daily living supported by staff.

CORE

b. **The leader is responsible for and complies with the laid-down and applicable legislations, regulations and notifications.**

Interpretation: The organisation shall ensure that all activities undertaken to provide care home services meet the applicable state/central legislative or local regulatory requirements, for example, fire safety code, local municipal building regulations or National building code, and other mandatory applicable guidelines. The organisation shall ensure that all applicable licenses are current. Registration or shop act certificate of the institution as required by law should be available and valid.

Standard

ROM.4.

The organisation displays professionalism in its functioning.

Objective Elements

Commitment

a. **The organisation plans and budgets for its activities annually.**

Interpretation: All activities shall be planned as per the strategic and annual plan. Expenditures for each activity shall be worked out keeping in view prevalent market costs. Budget shall be planned for day-to-day operational activities like food, laundry, staff salaries, maintenance of facility, electricity and water charges etc. Budget shall be approved by governance and leaders.

Commitment

b. **The organisation documents the service standards that are measurable and monitors them.***

Interpretation: The organisation shall develop benchmarks for different aspects of the services being provided. This could be based on organisation's values. The organisation shall decide the responsibility for and frequency of monitoring for example food service can be monitored based on temperature, taste, timings, nutritional quality, hygiene and way of service.

Standard
ROM.5.

Management ensures that residents' safety aspects and risk management issues are an integral part of facility management.

Objective Elements
CORE

a. **Management ensures proactive risk management across the organisation.***

Interpretation: It includes identification of risk at every level of the organisation, analysis, prioritization and risk alleviation. The same shall be documented. At a minimum analysis of potential risks must include the likelihood of its occurrence and the potential severity of its impact/consequences. This shall be documented as risk management plan. Risk of resident's fall in bathroom or due to unforeseen health condition, risk of fire in the facility, food poisoning, electricity failure, flooding of the facility due to rains are examples of common risks

Commitment

b. **Management ensures that it has a documented agreement for all outsourced services that include service parameters.**

Interpretation: The facility must ensure that accountability for services contracted out to third parties shall be maintained through service level agreements and clearly specify quality expectations. Management monitors the quality of the outsourced services and improvements are made as required. The agreement shall specify the service parameters. Examples of service parameters include quality, numbers, reports and timeliness for example, housekeeping services should include ensuring cleaning of premises with approved chemicals twice a day and cleaning of individual resident's toilet/common toilets. The agreement should include dispute resolution mechanism.

Chapter 2

Facility Management Safety (FMS)

Intent of the chapter: The standards guide the provision of a safe and secure environment for residents, their families, staff and visitors. The organisation attends to the facility, equipment, and internal physical environment for improving resident safety and quality of services by consistently addressing issues that may arise out of the same. The organisation does this through proactive risk analysis, safety rounds, training of staff on the enhancement of safety and management of disasters. To ensure this, the organisation conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

The organisation provides for safe water and electricity.

The organisation has a programme for medical and utility equipment management.

The organisation plans for fire and non-fire emergencies within the facilities.

The organisation is a no-smoking area.

The organisation ensures safe handling of hazardous materials.

The organisation works towards measures on being energy efficient.

Summary of Standards

FMS.1.	The organisation has a system in place to provide a safe and secure environment.
FMS.2.	The organisation's environment and facility operates in a planned manner and promotes environment-friendly measures.
FMS.3.	The organisation's environment and facility operates to ensure the safety of residents, staff and visitors.
FMS.4.	The organisation has a programme for the facility, engineering support services and utility system.
FMS.5.	The facility has plans for handling fire and non-fire emergencies.

Objective Element	FMS.1.	FMS.2.	FMS.3.	FMS.4.	FMS.5.
a.	CORE	Commitment	Commitment	Commitment	CORE
b.	Commitment	CORE	Achievement	Commitment	Commitment
c.	CORE	CORE	CORE		Commitment
d.	Commitment	Excellence			Commitment

Standard

FMS.1.

The organisation has a system in place to provide a safe and secure environment.

Objective Elements



a. **Resident safety devices and infrastructure are installed across the organisation and are inspected periodically.**

Interpretation: The organisation should provide ramps with right inclination and gradients. Call bells should be provided at the bedside which are accessible for bedridden and immovable residents. Grab rails or handrails should be provided in bathrooms, and along corridors. The handrails along the walls on either side of the corridor and staircase should be at suitable/ standard heights. There should be grab bars or handrails provided when there is a level difference. Easy to grip door knobs and lever type handles of large size should be provided in different areas.

Commitment

b. **The organisation has facilities for the differently abled (if applicable).**

Interpretation: The organisation shall follow implementation of principles/ guidelines/norms as per statutory/regulatory guidelines. Barrier free built environment for persons with disability and elderly persons shall be incorporated in the built form. The facility shall ensure that the staircases are designed and provided as per disability standards. Bathing facility should have provision and space for wheelchair.



c. **Organisation provides facilities required for safe and comfortable living for residents.**

Interpretation:

- I. The organisation shall ensure that the name of the home with complete address and the nature of the facility are displayed.
- II. There should be a separate office room and reception/visitors area for privacy and to meet and greet.
- III. The organisation should have preferable to have separate amenities and common facilities for men and women. Facilities which have only couples staying need not comply with the requirement.

Adequate and comfortable sleeping materials should be provided.

- I. Adequate storage space for personal belongings shall be provided.
- II. The facility shall ensure that there is gender separation of sleeping facilities (except for couples/family staying together in such designated facilities).

Commitment

d. **Facility rounds are carried out regularly from safety point of view of residents.**

Interpretation: Potential safety risks shall be identified during the round using a checklist. Inspection reports of facility rounds shall be documented, and corrective and preventive measures shall be undertaken.

Standard

FMS.2.

The organisation's environment and facility operates in a planned manner and promote environment-friendly measures.

Objective Elements**Commitment**

a. **Facilities and space provisions are appropriate to the scope of services.**

Interpretation: The facility shall provide for an adequate space per resident. Care home should provide minimum 7 sqm. of space per resident for single-occupancy room and at least 5 sqm. of space per resident for multiple occupancy room.



b. **There are internal and external sign postings in the facility in a manner understood by the residents, families and community.**

Interpretation: Manner implies language and/or pictorial. Signage could be bilingual and should meet statutory requirements. Clear marking should be done for fire exits and refuge areas.



c. **Potable water and electricity are available round the clock.**

Interpretation: The facility shall ensure it has regular connections for electricity and water.

Alternate sources for electricity and water shall be provided as a backup for any failure/shortage. The facility tests the functioning of these alternate sources at a predefined frequency. Hot water should be provided daily at least at designated times for bathing and washing.

Excellence

d. **The organisation takes initiatives towards energy-efficient and being environment friendly.***

Interpretation: This includes using the concepts of reduce, recycle and reuse e.g. energy-efficient lighting, rainwater harvesting, increase usage of solar power, use of battery operated vehicles, recycling of STP/ETP water for gardening and flush water, reduction of plastic usage where possible, use of 'green' materials in construction, use of volatile organic compounds free paints. The facility should focus on efficient and sustainable use of energy, water and other utilities.

Standard

FMS.3.

The organisation's environment and facility operates to ensure the safety of residents, staff and visitors.

Objective Elements

Commitment

a. **Operational planning identifies areas which need to have extra security and describes access to different areas in the facility by staff, residents, and visitors.**

Interpretation: There should be access control to the facility. The facility should maintain a log of people coming in and going out of the premises. Key areas should be under surveillance and even recordings should be available for review for at least period of one year.

Achievement

b. **The organisation ensures electrical safety.**

Interpretation:

1. All electrical circuits should have MCB and ELCB.
2. Electrical cables should not be laid along with telephone wires, water main lines, gas pipes, intercom, audio or, visual lines.
3. Adequate lighting in the common areas including corridors, lobby and lifts should be supplied with power back up facility.
4. Emergency lights should be provided in the staircase and corridor.

CORE

c. **Hazardous materials are identified and handled safely within the facility.**

Interpretation: The facility shall identify and document hazardous materials and should have a documented procedure for their sorting, storage, handling, transportation and disposal. The plan for managing spills of hazardous materials should be implemented.

Standard

FMS.4.

The organisation has a maintenance programme for the facility, engineering support services and utility system.

Objective Elements

Commitment

a. **The organisation has maintenance plan for utility and engineering equipment in accordance with its services and strategic plan.***

Interpretation: The documented operational and maintenance (preventive and breakdown) plan shall be implemented. Equipment should be inventoried, and proper logs should be maintained as required. Utility equipment should be periodically inspected and calibrated (wherever applicable) for their proper functioning. Written guidance support equipment replacement, identification of unwanted material and disposal.

Commitment

b. **Maintenance staff is contactable round the clock for emergency repairs.**

Interpretation: Downtime for critical equipment breakdowns shall be monitored from reporting to inspection and implementation of corrective actions. Responsible agency should be contactable round the clock for emergency repair.

Standard

FMS.5.

The facility has plans for handling fire and non-fire emergencies.

Objective Elements**CORE**

a. **The organisation has plans and provisions for early detection, abatement and containment of the fire, and non-fire emergencies.***

Interpretation: The organisation shall:

- i. have a fire plan covering fire arising out of burning of inflammable items, explosion, electric short-circuiting or acts of negligence or due to the incompetence of the staff on duty.
- ii. deploy adequate and qualified personnel for this.
- iii. follow NABH minimum fire safety guidelines.
- iv. have safety measures in place to minimise the effect of smoke during the fire.
- v. have adequate training plans.
- vi. have schedules for the conduct of mock fire drills.
- vii. maintain mock drill records.
- viii. display exit plans prominently.
- ix. have a dedicated emergency illumination system, which shall come into effect in case of fire.

- x. have evacuation support available in the form of at least one designated person at all times.
- xi. fire and emergency guidelines local bye laws for fire and emergency viz. mandatory permissions from fire department.

The organisation shall take care of non-fire emergencies by identifying them and by deciding the appropriate course of action. The organisation shall establish liaison with civil and police authorities and fire brigade as required by law for enlisting their help and support in case of an emergency.

Commitment

b. **The organisation has a documented and displayed exit plan in case of fire and non-fire emergencies.**

Interpretation: Exit plan shall be displayed on each floor, particularly close to the lifts if they are available and inside all enclosed areas. Exit doors should remain open or have push bars. Fire signage should follow the norms laid down by respective statutory body (for example, fire service) and/or National Building Code. Signage and maintenance of refuge area should be done as applicable. Staircases and corridors should be kept free of obstruction and unwanted items.

Commitment

c. **Mock drills for fire/non- fire emergencies are conducted periodically.**

Interpretation: Mock drills for fire/non fire emergencies shall be held at least twice in a year. They could be done more often, since there are vulnerable residents in the facility.

Commitment

d. **There is a maintenance plan for fire-related equipment and infrastructure***

Interpretation: The facility shall ensure that there is clear specification of the fire safety and emergency response (equipment, locations and service) system. Facility should have fire-fighting equipment kept inadequate quantities which is well maintained through regular maintenance. Facility should keep a status register for the same.

Chapter 3

Health Hygiene and Infection control (HHIC)

Intent of the chapter: Hygiene requirements for the organisation and residents are defined and implemented in order to ensure sanitation, personal hygiene and overall cleanliness.

The organisation ensures that appropriate and adequate resources are available for food preparation, storage and care delivery. It is ensured that the residents get nourishing food such that their nutritional requirements are met.

The organisation plans and demonstrates readiness to ensure the safety and care of residents during emergencies, and epidemics.

Vulnerable residents are provided a safe and secure environment.

Residents are provided end-of-life-care in a compassionate and considerate manner.

Appropriate and adequate measures are taken to prevent or reduce healthcare associated infections in its staff and residents.

Summary of Standards

HHIC.1.	Hygiene requirements for organisation and residents are defined and implemented.
HHIC.2.	The organisation ensures implementation of written guidance for nutritional requirements of residents.
HHIC.3.	The organisation plans and implements mechanisms for the care of residents during emergencies, and epidemics.
HHIC.4.	The organisation provides for a safe and secure environment for the vulnerable residents .
HHIC.5.	End of life care is provided in a compassionate and considerate manner.
HHIC.6.	The organisation takes action to prevent or reduce healthcare associated infections in its staff and residents.

Objective Element	HHIC.1.	HHIC.2.	HHIC.3.	HHIC.4.	HHIC.5.	HHIC.6.
a.	CORE	CORE	Commitment	CORE	Commitment	CORE
b.	CORE	Commitment	Commitment	Commitment	Commitment	CORE
c.	CORE	Commitment	Commitment	Commitment		Commitment
d.	CORE	Commitment	Commitment	Commitment		Commitment
e.	CORE			Commitment		Commitment
f.	CORE			Commitment		
g.	CORE					

Standard

HHIC.1.

Hygiene requirements for organisation and residents are defined and implemented.

Objective Elements



a. **The organisation ensures safe drinking water for all residents.**

Interpretation: It shall be ensured that safe drinking water is available to all residents. Alternative sources of water shall be identified.



b. **Organisation has adequate hand washing facilities.**

Interpretation: The organisation shall have adequate hand washing sinks. The organisation shall have at least one easily accessible washbasin with running water in every area. For hand wash, the organisation could consider providing large washbasins, hands-free taps, soap and facility for drying hands without contamination.

The care home shall train staff and residents on the steps of hand hygiene and could display the necessary instructions near every hand-washing area.



c. **The organisation caters for separate area available for drying clothes where applicable.**

Interpretation: The care home management shall ensure availability of a separate area for drying clothes, which is preferably open and allows access to sunlight.



d. **Organisation ensures maintenance of toilets and bathrooms and adequate water supply is available.**

Interpretation: The care home management shall ensure access to round the clock availability of running tap water in toilets and bathrooms to residents so that personal needs of the residents are met. This shall also ensure that toilets and bathroom are kept clean and do not become a source of infection for the residents.

Toilet fittings shall be maintained and functional at all times to ensure that running water should be available for the purpose of cleaning and flushing as required.

In the event of a breakdown, or shut down of a toilet or bathroom for renovation etc., an alternative arrangement shall be made to ensure that residents are not inconvenienced.

Separate toilets shall be available for males and females.

Toilets shall be equipped to handle disposal of sanitary napkins. The disposal bins should be cleared in a timely manner.

Signages could be put to ensure that toilet and bathroom fittings are used appropriately and to prevent clogging of drains etc.

Bathrooms should be equipped to permit hanging of clothes etc. and with buckets and mugs or showers. Toilets shall have taps and mugs or health faucets.

Toilets shall be cleaned at least twice a day, and a checklist for the same shall be maintained. Bathrooms shall be cleaned at least once a day. The care home management shall ensure availability of adequate and appropriate cleaning material for the same.



e. Organisation has closed bins for garbage collection.

Interpretation: The organisation shall have adequate number of bins of appropriate colours, based on current statutory guidelines. The bins should be placed at appropriate locations like resident rooms/dormitories, open and common spaces, kitchen, canteen, bathroom and toilets. It shall be ensured that the bins have closed lids. The waste generated shall be handed over to the person authorized for collection by local authorities.



f. Organisation ensures measures for mosquito and pest control.

Interpretation: Adequate and appropriate measures shall be in place for mosquito and pest control at the organisation. The windows and doors should have effective screening measures to prevent entry of mosquitos. Mosquito control measures could include chemical insecticide sprays or fogging and environmental measures to control breeding of mosquitos. Residents may be provided with personal protective ointments and mosquitoes nets etc.

Adequate bed bugs control measures should be taken periodically.



g. The facility ensures cleanliness and deploys adequate staff to keep all areas of the premises clean.

Interpretation: The organisation shall deploy cleaning and housekeeping staff to cover the entire premises for example, common areas, corridors, dormitories / rooms, toilets, bathrooms and kitchen etc. Periodicity of cleaning of each area shall be defined. Quality parameters for house keeping shall be defined. Regular cleaning to remove visible dirt and dust is mandatory. This includes the environment, fixtures, furniture, furnishings, equipment, etc., as applicable. A risk stratification matrix may be used to determine the frequency of cleaning for example, the toilets, dining hall etc. could require more frequent cleaning. The common disinfectants used shall be identified, dilution protocols are established, and its usage in the appropriate situation shall be complied with. Organisation should implement the checklists, registers and schedules for its maintenance.

Standard

HHIC.2.

The organisation ensures implementation of written guidance for nutritional requirements of residents.

Objective Elements



a. **The organisation ensures that the nutritional needs of residents are met.**

Interpretation: Weekly menu should meet minimum daily calorie and nutrient requirement of the resident and should be as per recommendations of a nutritionist. There should be an arrangement for display of menu. The organisation should ensure that the kitchen staff adhere to the menu to the best possible. If there are variations, it should be ensured that the nutritional content of the meal is maintained.

Commitment

b. **The facility ensures that the kitchen is clean , pest free ,and ventilated.**

Interpretation: The care home shall adhere to all statutory requirements, including screening of kitchen workers and food handlers.

Kitchen sanitation measures shall be implemented to prevent the risk of cross-contamination. Food shall be prepared, handled, stored and distributed safely. The dietary services should be designed in a manner that there is no criss-cross of traffic. All the activities should fall in a sequence. The centre shall ensure that hygienic conditions are followed through out. Other indicative points shall be :

- All food products stored off the floor.
- Cleaning supplies stored in a separate location away from food.
- Separate dedicated food preparation areas exist.
- Measures in place to ensure that flies and insects do not come in contact with prepared/stored food.

Commitment

c. **The organisation ensures adequate supply of the cups, glasses, crockery and cooking vessels (as per local norms).**

Interpretation: Adequate crockery, cups and glasses shall be available to ensure that, food to the residents can be served as per requirements while maintaining their dignity.

The centre shall ensure that the cutlery, crockery and cooking vessels shall be cleaned up after use and stored in a clean and closed place when not in use such that there is no exposure to dust, insects and rodents etc.

Commitment

d. **The organisation has refrigerator(s) for storage of food.**

Interpretation: The organisation shall ensure that refrigerators are provided to ensure food preservation. Vegetarian and non vegetarian food items (raw and cooked) should be stored separately. The refrigerators shall be maintained appropriately and shall be cleaned regularly.

Standard

HHIC.3.

The organisation plans and implements mechanisms for the care of residents during emergencies, and epidemics.

Objective Elements

Commitment

a. **Basic life support services are available in the organisation.**

Interpretation: Equipment and medications for use during emergency shall be available in various areas of the organisation. The staff at care home centre shall be trained on basic life support.

At the minimum, it shall include timeliness of response, availability of human resources, equipment, drugs, and barriers if any.

Commitment

b. **The organisation provides for adequate and appropriate storage space for medicines and availability of first aid kits.**

Interpretation: Emergency medications and medications for routine use like those for immediate relief from fever, pain, cough, cold, gastritis, loose motions shall be available and stored in a safe and lockable space. Medicines and supplies for emergency/first-aid should be easily accessible. All the medicines and first aid box should be managed by a trained healthcare personnel.

The centre shall ensure availability of first-aid kits which shall include thermometer, glucometer, pulse oximeter, dressing materials, betadine solution, cotton gauze with all necessary over the counter medicines available. The staff shall be aware of the location, contents and purpose of medicines in the first aid kit.

Commitment

c. **The organisation provides ambulance, access to hospital and a General Physician.***

Interpretation: The organisation shall identify a list of hospitals in its vicinity, both from public or private sector, for referral, in case of an emergency. The centre could have a tie up with general practitioners /physicians/hospitals in its vicinity for attending to emergency. The organisation shall provide basic ambulance services which could be outsourced. There should be written guidance by the organisation about how a call of patient transport is made, who are the people expected to respond and organize the transport. The authority for calling an ambulance should be defined. Appropriate measures should be in place for emergencies. Medical records should be maintained. Access to mental health support should be available. Rehabilitation services shall be provided to the residents in a safe, collaborative and consistent manner.

Commitment

d. **The facility has a written guidance on informing the next of kin/family about health emergency pertaining to residents.***

Interpretation: The centre shall ensure that the next of kin/family of a resident is informed in case of a health emergency and necessary consents are taken, if the resident is not in a position to do so. The written guidance shall include the mechanism for identification of next of kin. If the resident is competent to take decisions, his/her wishes shall be respected in this regard.

Standard

HHIC.4.

The organisation provides for a safe and secure environment for the vulnerable residents.

Objective Elements



a. The organisation identifies and manages vulnerable residents.*

Interpretation: Vulnerable residents shall be identified and provided special attention, care or protection. Written guidance for identification and management of vulnerable residents shall be developed.

Commitment

b. The organisation identifies and manages residents who are at a risk of fall.

Interpretation: The care home shall ensure that the entire facility is checked for the risk of fall and necessary actions to prevent falls should be taken. The staff shall be trained to monitor and identify residents at risk of fall.

Commitment

c. The organisation identifies and manages residents who are at risk for bedsores.

Interpretation: Risk assessment of the residents prone to having bed sores shall be done periodically and their management shall be decided in accordance with the documented risk.

Commitment

d. The organisation ensures that the trained staff is provided for bedridden residents and necessary aids for bed care are available.

Interpretation: Trained staff should be deputed to look after such residents (even if a facility is not designated to accept bedridden residents, it needs to provide for care of residents who are temporarily bedridden). Necessary aids for bed care for example provision of air bed, periodic positioning of residents and a manual clock could be provided.

Commitment

e. The facility ensures that there is one dedicated isolation room for sick residents.

Interpretation: The care home management shall ensure that a dedicated isolation room for sick is available. Management shall ensure that other residents do not get infected. Necessary PPE shall be worn by attendants and visitors who enter the room.

Commitment

f. The facility ensures that the staff is caring and empathetic.

Interpretation: Staff training for empathy and care shall be organised periodically. Residents care during illness and when they are isolated should be done with due empathy and safety.

Standard

HHIC.5.

End of life care is provided in a compassionate and considerate manner.

Objective Elements

Commitment

a. **The organisation has a clearly defined procedure for handling situations of death.**

Interpretation: The organisation shall arrange for a medical consultation whenever required as well as for certification of death. It shall ensure that dignity and respect is given to the deceased. Organisation shall make sure that legal documentation of death is ensured at all times. All concerned parties (surrogate family members) shall be notified. The organisation shall ensure informing concerned parties (internal and external) and fulfil the decedent's wishes (if any). Funeral plans shall be made to ensure spiritual care (death announcements, coordinate funeral arrangements, memorial types etc). Bereavement support shall also be provided wherever necessary.

Commitment

b. **The facility ensures that last rites are performed as per written guidance.***

Interpretation: Last rites at care homes shall include preparation of body, washing the body under universal precautions, dress the body, watch for any spills from orifices, laying wreaths, respect and expressing gratitude to the soul. It shall include transportation with care, cremate as per will / religion and intent. The family members shall be informed so as to perform last rites or else the funeral nodal point may perform the same.

Advanced directive / will of the attendant is adhered to as per the existing rule of the land.

Standard

HHIC.6.

The organisation takes action to prevent or reduce healthcare associated infections in its staff and residents.

Objective Elements

CORE

a. **The organisation implements strategies and systems to ensure the health and safety of all staff, volunteers, residents, care-givers and visitors.**

Interpretation: Strategies and systems to ensure the health and safety of all staff, volunteers, residents, care-givers and visitors should be documented and implemented.

Periodic health checks of residents and staff members shall be performed as per policy and they are regularly engaged for facility, residents and carer safety.

CORE

b. **An immunisation programme is in place for staff and residents consistent with national guidelines.**

Interpretation: The organisation shall have a policy and/or procedure for the assessment, screening and vaccination of clinical and other staff / volunteers as per the current WHO Immunisation Handbook/national guidelines and relevant recommendations of the authorised medical practitioner.

Commitment

c. **Biomedical waste is handled appropriately and safely.**

Interpretation: Waste segregation shall follow Solid Waste Management Rules 2016 (MoE). The waste shall be divided as per Organic (liquid and dry wet), inorganic (plastic, metal and glass), hazardous etc. Collection by authorized waste collection agency.

Commitment

d. **The organisation ensures that staff has access to mask, gloves and sanitizer in case of need.**

Interpretation: The organisation shall make available adequate and appropriate PPE for staff and residents when required.

Commitment

e. **The organisation ensures that standard and transmission based precautions are implemented.**

Interpretation: Staff shall have access to PPE to manage risks of potential cross-infection as per government guidelines. The implementation of these guidelines should be monitored for the safety of residents.

Chapter 4

Resident Engagement and Wellness (REW)

Intent of the chapter: The organisation plans regular programme, activities and events to ensure resident engagement and wellness.

Local community interaction and social engagement activities are organised on a periodic basis.

Physical exercise activities are planned based on a resident's physical capabilities.

The facility has designated areas available for recreation and congregation of residents.

Opportunity to interact with outside community should shall be organised periodically.

Interaction with outside community, resident's religious, cultural, linguistic backgrounds as well as their gender and any disabilities or communication needs are addressed.

The facility provides mental health and counselling services for residents.

Summary of Standards

REW.1.	The organisation has a programme for social engagement activity for the residents.
REW.2.	The organisation caters for an appropriate resident engagement and wellness programme.

Objective Element	REW.1.	REW.2.
a.	CORE	CORE
b.	Commitment	Commitment
c.	Commitment	Commitment
d.		Commitment

Standard

REW.1.

The organisation has a programme for social engagement activities for the residents.

Objective Elements



a. **The organisation ensures that there is a regular programme for social activities and events.**

Interpretation: At a minimum this shall include games, cultural programmes and other initiatives to enhance social cohesion and teamwork amongst the residents in a regular manner. Local community interaction and social engagement activities should be organised on a periodic basis (at least once in 3months) for the residents. Such activities shall be flexible, suitable to the needs and as per preference of the residents.

Commitment

b. **Physical exercise for elderly is promoted in a professional manner.**

Interpretation: Physical exercise activities shall be planned based on physical capabilities. Due consideration shall be given to identify disabilities such as visual, hearing impairments and other cognitive impairments. The residents shall be given the opportunities to select the physical exercise activities of their interest.

Commitment

c. **The organisation provides newspaper, TV, radio and internet access (if feasible) in common area.**

Interpretation: The common area should be provided with basic needs like newspaper, radio, TV and other reading material for the use of residents. Internet facility could also be provided if feasible.

Standard

REW.2.

The facility caters for an appropriate resident engagement and wellness programme.

Objective Elements



a. **The facility has space for recreation and congregation of residents.**

Interpretation: The facility shall have designated areas available for recreation and congregation of residents. Comfortable seating arrangements shall be provided as per the number of residents.

Commitment

b. **The facility has a minimum set of activities for the recreation and wellness of residents.**

Interpretation: The facility shall provide a list of therapeutic recreational activities available for the residents. The recreational activities could include trivia games, painting, playing cards and indoor games, etc.

Commitment

c. **Visits of resident(s) for the opportunity to interact with outside community are organised periodically.**

Interpretation: The opportunities should be made available for interaction with outside community including family and friends. Such interactions shall be scheduled according to the convenience of the residents. Resident's religious, cultural, linguistic backgrounds as well as their gender and any disabilities or communication needs are considered by organising outside visits. Residents should be consulted about visits and their preferences are taken into consideration.

Commitment

d. **There is access to mental health counsellor if needed.**

Interpretation: The organisation shall have a system of monitoring mental health issues of the residents. The facility should have counselling services available for residents to discuss their needs, feelings and wishes in confidence and in private.

Chapter 5

Resident Rights and Education (RRE)

Intent of the chapter: The resident rights are defined and the residents and staff of the organisation are made aware of these rights.

There is a mechanism to report, analyse and monitor the actions taken for violation of resident rights.

The organisation provides clear terms with details of services being provided along with cost for each service in a transparent manner.

There is formal procedure for reporting, handling and responding to complaints and feedback related to service and infrastructure. The residents have an access to the complaint mechanism against all forms of abuse and redressal of complaint shall be fair and transparent.

There shall be a mechanism to capture resident's feedback and monitor the same.

Available auxiliary services are defined and processes are in place to deliver the same.

Residents shall have access to religious and spiritual activities.

The organisation allows residents to exercise their independence in choosing activities of daily life.

The organisation protects residents against all forms of abuse (physical, financial, material, psychological and sexual).

Summary of Standards

RRE.1.	The organisation ensures that there is a charter of the rights of residents in language(s) understood by residents which is shared with residents.
RRE.2.	The residents have a right to complain and information on how to raise the complaint. Residents have a right to ask for help in logistic services.
RRE.3.	The organisation has a policy for protection of residents against all forms of abuse.

Objective Element	RRE.1.	RRE.2.	RRE.3.
a.	CORE	CORE	CORE
b.	Commitment	Commitment	Commitment
c.	Commitment	Commitment	Commitment
d.	Commitment	Commitment	
e.		Commitment	
f.		Commitment	
g.		Commitment	

Standard

RRE.1.

The organisation ensures that there is a charter of the rights of residents in language(s) understood by residents which is shared with residents.

Objective Elements



a. **The charter of rights of residents is to be displayed in a prominent place.**

Interpretation: The rights of the residents should be displayed prominently. It can be made available in the form of brochure / leaflet. It should at least be bilingual.

Commitment

b. **Resident rights are promoted actively.**

Interpretation: The organisation should take steps to promote resident rights actively by counselling the residents on their rights. Brochures may be used for the purpose.

Commitment

c. **Organisation has a mechanism to report incidents of violation of resident rights.**

Interpretation: The organisation should develop a list of such instances which could be considered as infringements of resident rights and train the staff accordingly. The violation of resident rights should be reported through a reporting mechanism. It should provide details of how the right was violated and where and by whom. The incidents of violation of rights should be analysed and monitored for corrective / preventive action.

Commitment

d. **The organisation provides clear terms and conditions detailing services provided and cost to residents and their families which are documented in an agreement/form.**

Interpretation: The organisation shall provide terms and conditions detailing services provided and cost to the residents and their families in the form of display and/or brochure. The organisation could also include the information in an agreement/form in a transparent manner to be signed by the resident seeking admission in the home.

Standard

RRE.2.

The residents have a right to complain and information on how to raise the complaint. Residents have a right to ask for help in logistic services.

Objective Elements

CORE

a. **Organisation has defined and implemented a formal procedure for reporting, handling and responding to complaints and feedback related to service and infrastructure from resident.***

Interpretation: The complaint mechanism shall be accessible to the resident and redressal of complaints must be fair and transparent. There shall be a written procedure for reporting, handling and responding to complaints and feedback related to service and infrastructure. The name and telephone number of the contact person shall be displayed at the reception.

Commitment

b. **All the complaints feedback are documented and monitored by the management at defined timelines.**

Interpretation: The entire process shall be documented. Where appropriate, the residents could be involved in the discussions and also informed regarding the outcome. All the complaints and feedback should be monitored by the management within a defined time frame.

Commitment

c. **The organisation has a mechanism to capture resident's feedback and monitor the same.***

Interpretation: The organisation should have a mechanism to capture the resident's feedback and monitor the same. The written guidance shall incorporate the mechanism for lodging resident's feedback, method of compiling them, analysing feedback including the time frame, the person(s) responsible and documenting the action taken.

Commitment

d. **Corrective and preventive actions taken by the organisation based on the findings of feedback and complaints analysis is shared with concerned resident too.**

Interpretation: The analysis identifies opportunities for improvement, and the corrective and preventive actions shall be informed to the concerned resident.

Commitment

e. **The organisation has listed down auxiliary services they can provide and has processes in place to deliver the same.**

Interpretation: The organisation shall list down auxiliary services for example, provision of help desk for banking, provision of home delivery of essential grocery, medicines etc. These services could be outsourced to a provider who follows the desired quality parameters.

Commitment

f. **The organisation ensures that residents have an access to religious and spiritual activities.**

Interpretation: Religious and spiritual activities according to the needs of residents' shall be facilitated by the organisation for example, access to religious places and organising in-house religious sessions.

Commitment

g. **The organisation allows residents to exercise their independence in choosing activities of daily life.**

Interpretation: Activities of daily life (ADL) by choice allows residents to exercise independence and choice in ADL as far as possible. The facility shall ensure that there is a policy in place outlining the steps to be undertaken. The responsibility matrix should be defined to facilitate the fulfilment of a particular request of ADL from a resident.

Standard

RRE.3.

The organisation has a policy for protection of residents against all forms of abuse.

Objective Elements**CORE**

a. **The organisation ensures that there is a policy for protection of residents against all forms of abuse a whistle-blower policy is in place for the same.***

Interpretation: There shall be written guidance on protection of residents against all forms of abuse (physical, financial, material, psychological and sexual). There should be whistle-blower policy in place for the same. Absolute confidentiality shall be maintained.

Commitment

b. **The organisation ensures that there is an appointed committee, with at least one external member, to address any issues of abuse.**

Interpretation: The complaint mechanism against all forms of abuse shall be accessible to residents and redressal of complaint must be fair and transparent. There shall be an appointed committee, with at least one external member, to address any issues of abuse. The contact numbers, email IDs for submission of complaints should be displayed and provided to the residents and their family members through facility information booklet.

Commitment

c. **Corrective and preventive actions taken for resolution of complaint pertaining to abuse are conveyed to the concerned resident.**

Interpretation: The corrective and preventive actions taken for resolution shall be conveyed to the concerned resident in confidentiality

Chapter 6

Human Resource Management (HRM)

Intent of the chapter: The most important resource of the organisation is its human resource. Human resources are an asset for the effective and efficient functioning of the organisation. The management plans on identifying the right number and mix of staff required to render safe care to the residents.

Recruitment of staff is accomplished by having a uniform and standardised system. The organisation must orient the staff to its environment and also orient them to specific duties and responsibilities related to their job description. A systematic and structured appraisal system must be used for staff development. The organisation promotes the physical and mental well-being of the staff. Credentialing and privileging of healthcare professionals (medical, nursing and para-clinical professional) are done to ensure resident safety.

Summary of Standards

HRM.1.	The organisation implements a defined process for staff recruitment and human resource management.
HRM.2.	The organisation promotes staff well-being and addresses their health and safety.

Objective Element	HRM.1.	HRM.2.
a.	CORE	CORE
b.	CORE	Commitment
c.	Commitment	Commitment
d.	Achievement	Commitment
e.	Commitment	
f.	Commitment	
g.	Commitment	

Standard

HRM.1.

The organisation implements a defined process for staff recruitment and human resource management.

Objective Elements



a. **The facility ensures that there are effective processes for staff and management recruitment.**

Interpretation: Recruitment of staff and management shall be based on defined criteria approved by governance. The recruitment process ensures an adequate number and skill mix of staff to provide the services as per the scope of the organisation. The procedure shall ensure that the staff has the necessary registration, qualifications, skills and experience to perform its work. The process should be documented and carried out transparently. All statutory requirements shall be met.



b. **The job specification and job description are defined for each category of staff.**

Interpretation: The content of each job shall be defined and the qualifications, skills and experience required for performing the job should be laid down. The job description should commensurate with the qualification for example, for a job of manager, minimum qualification, skills and experience required should be defined. Clear communication of roles and responsibility of the staff should also be done.

Commitment

c. **The facility ensures that all staff and workers (whether permanent or on contract) undergo a police-verification/background verification.**

Interpretation: The organisation shall have a suitable methodology to perform a background check of staff. Police verification of outsourced workers should be provided by the outsourced manpower provider and it should be part of the agreement with the provider.

Achievement

d. **The facility ensures that a pre-employment medical examination is conducted.**

Interpretation: The pre-employment medical examination shall ensure that the staff is fit to provide necessary care to the residents as per the scope of services. The organisation shall bear the cost of such examination. Examination should be done by a registered medical doctor under the law. Infectious diseases shall be ruled out by the doctor.

Commitment

e. There is documented personal information for each staff member.

Interpretation: Personal files shall be maintained for all staff, including outsourced staff, and their confidentiality should be ensured. The personal file contains information regarding the staff qualification, job description, verification of credentials, background verification, record of in-service training and education and performance evaluation.

Commitment

f. An appraisal system for evaluating the performance of staff exists.

Interpretation: Performance appraisal shall be done for staff within the organisation based on their job description and service standards that they are supposed to follow. It should be carried out at defined intervals and should be documented.

Commitment

g. Staff qualification and experience are verified.

Interpretation: The organisation shall do so in a defined way and as per the prevailing statutory requirements for example, fire and security personnel may require a defined training/certification as defined by local regulations. Health care staff like medical practitioner or nursing professional should need verification from the respective website of their council or from their educational institute.

Standard

HRM.2.

The organisation promotes staff well-being and addresses their health and safety.

Objective Elements



a. Staff are appropriately trained based on their specific job description.

Interpretation: The training should focus on the specific job description of the individual apart from safety and quality related training for example, a person providing food service, health care service and/or facility management/ maintenance should have periodic training in their specific skills and knowledge.

Commitment

b. Staff are trained in safety and quality related aspects

Interpretation: Staff should be trained in the organisation's safety programme including fire safety and facility safety. Staff are provided training in the identification, handling, minimization and elimination of the risks in the organisation's environment. Staff should be trained in quality related aspects like resident satisfaction, incident reporting and analysis and outcome measurement.

Commitment

c. **There is a process for credentialing and privileging of medical, nursing and paramedical professionals, permitted to provide different patient care services in the facility.**

Interpretation: A medical practitioner shall be registered with the respective state medical council. Nursing personnel should also be registered with their council. Para-medical professional like physiotherapist, nutritionist and occupational therapist should also be registered as per regulations. The care home shall maintain records of the updated registration and the degrees of medical, nursing and para-medical professionals.

Commitment

d. **Immunization and health check programme for staff is implemented.**

Interpretation: The results of examination, investigations if any and outcome of the evaluation should be documented in the personal file of staff. The organisation could define the parameters of immunization and it could be different for different categories of the staff. All the staff may be immunised for Covid. Typhoid vaccination maybe made available for food handlers.

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GLOSSARY

The commonly used terminologies in the NABH standards are briefly described and explained herein to remove any ambiguity regarding their comprehension. The definitions narrated have been taken from various authentic sources as stated, wherever possible. Notwithstanding the accuracy of the explanations given, in the event of any discrepancy with a legal requirement enshrined in the law of the land, the provisions of the latter shall apply.

Accreditation	Accreditation is self-assessment and external peer review process used by care home organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the care home system.
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Basic life support	Basic life support (BLS) is the level of medical care which is used for residents with life-threatening illnesses or injuries until the resident can be given full medical care.
Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Confidentiality	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her resident records.
Corrective action	Action to eliminate the cause of a non-conformity and to prevent recurrence. (Reference: ISO 9000:2015)
Credentialing	The process of obtaining, verifying and assessing the qualification of staff.
Data	Data is record of event.
Employees	All members of the care home organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Incident reporting	It is defined as written or verbal reporting of any event in the process of resident care, that is inconsistent with the deserved resident outcome or routine operations of the care home facility.

Indicator	A statistical measure of the performance of functions, systems or processes overtime for example, mortality rate, incidence of fall, resident satisfaction etc.
Information	Processed data which lends meaning to the raw data.
Intent	A brief explanation of the rational, meaning and significance of the standards laid down in a particular chapter.
Job description	<ol style="list-style-type: none"> 1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (Reference: British Standard 3811:1993)
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define residents, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (Reference: American Society for Quality)
Objective element	It is that component of standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standard.
Policies	They are the guidelines for decision making.
Preventive action	Action to eliminate the cause of a potential non-conformity. (Reference ISO 9000:2015)
Preventive maintenance	<p>It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions.</p> <p>The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.</p>

Privileging	It is the process for authorising all medical professionals to treat resident and provide other clinical services commensurate with their qualifications and skills.
Quality	<ol style="list-style-type: none"> 1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2015). Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2015). Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2015). 2. Degree of adherence to pre-established criteria or standards.
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/residents.
Re-assessment	It implies continuous and ongoing assessment of the residents, which is recorded in the resident records as progress notes.
Root Cause Analysis (RCA)	<p>Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.</p> <p>RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.</p>
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a resident, visitors and care home providers.
Scope of services	Range of activities that are provided by a care home organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Turn-around-time	Turnaround time (TAT) means the amount of time taken to complete a process or fulfil a request.
Vision	<p>An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.</p> <p>This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.</p>

Annexure – 1

NABH

Key Performance Indicators

The concept of performance in care home services represents an instrument for bringing quality, efficiency, and efficacy together. Performance represents the extent to which set objectives are accomplished. Performance is a multidimensional one, health promotion, orientation towards the needs and expectation of residents and family members.

Key performance indicators (KPIs) help to systematically monitor, evaluate, and continually improve service performance. By themselves, KPIs cannot improve performance. However, they do provide “signposts” that signal progress toward goals and objectives as well as opportunities for sustainable improvements.

Well designed KPIs should help the organisation to do a number of things, including:

- Establish baseline information i.e., the current state of performance
- Set performance standards and targets to motivate continual improvement
- Measure and report improvements over time
- Compare performance across geographic locations
- Benchmark performance against regional and international peers or norms
- Allow stakeholders to independently judge care home performance

Care home organisations are encouraged to capture all data which involves CORE and support services. The data needs to be analysed and risks, rates and trends for all the indicators have to be demonstrated for appropriate action.

The intent of the NABH KPIs is to have comprehensive involvement of scope of services for which a care home has applied for the accreditation programme. Standardised definitions for each indicator along with numerator and denominator have been explained. Each care home can have the data set measure, analyse the aggregated data and appropriate correction, corrective and preventive action can be formulated. Each care home can also design their own methodology of data collection but a broad guidance note have been given to facilitate organisation's compliance.

Suggested minimum sample size to be taken for various audits and KPIs as applicable has been specified.

S. No	Indicator	Definition	Formula	Unit	Frequency of data collection/monitoring	Remarks	
1.	Resident Satisfaction Index	Resident Satisfaction is defined in terms of the degree to which the resident's expectations are fulfilled. It is an expression of the gap between the expected and perceived characteristics of a service.	Total score achieved Maximum score possible	X 100	Percentage	6 Monthly	The sample shall be derived from repeat residents. The organisation could also capture satisfaction for various individual parameters (as laid down in its feedback form). In case the organisation is not capturing an overall feedback but instead only for various parameters, the index shall be calculated by averaging the satisfaction of various parameters.
2.	Percentage of Employees undergone pre-employment medical examination		Number of employees who were provided pre-employment medical examination Total Number of Employees	X 100	Percentage	Monthly	The purpose of this examination is to ensure that the staff is fit to provide necessary care to the residents. Examination will be done by a registered medical doctor under the law.
3.	Percentage of incidents reported, collected, and analysed within the defined timeframe	It is defined as written or verbal reporting of any event in the process of resident care, that is inconsistent with the deserved resident outcome or routine operations of the care home facility.	Number of incidents analysed within the defined timeframe Number of incident events reported	X100	Percentage	Monthly	

S. No	Indicator	Definition	Formula	Unit	Frequency of data collection/monitoring	Remarks
4.	Incidence of resident falls	<p>The US Department of Veteran Affairs National Centre for Patient Safety defines fall as "Loss of upright position that results in landing on the floor, ground or an object or furniture or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair."</p> <p>It is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.</p>	<p>Number of resident falls</p> <p>X 1000</p> <p>Total number of resident days</p>	<p>/1000 resident days</p>	Monthly	<p>Falls may be:</p> <ul style="list-style-type: none"> at different levels – i.e., from one level to ground level e.g. from beds, wheel chairs or down stairs on the same level as a result of slipping, tripping, or stumbling, or from a collision, pushing, or shoving, by or with another person below ground level, i.e. into a hole or other opening in surface <p>All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons. Assisted falls (when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor) should be included. (NDNQI, 2005).</p>
5.	Percentage of resident mortality	Number of deaths of residents in a particular month.	<p>Number of resident deaths</p> <p>X 1000</p> <p>Total Number of residents</p>	<p>Ratio</p>	Monthly	

SAMPLE SIZE CALCULATION (MONTHLY)

Screening Population	Sample Size
50	44
100	79
150	108
200	132
500	217
1000	278
2000	322
5000	357
10000	370
20000	377



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ISBN 978-81-959676-8-1



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