

MANUAL
ON
OLD AGE HOMES

Prepared for
The Government of Kerala
Department of Social Justice

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FOREWORD

This manual has incorporated much of the prevailing philosophy and practices followed in the UK, European Countries, S. Africa, USA, Canada and Japan on care homes as reflected in the literature available on them. Additionally, it has incorporated the information/data available from Indian experience collected from the reports and related materials on the subject. Actually, literature for the preparation of a manual required for old age homes is scanty for two reasons. No directory of old age homes either for India or for the States (except Kerala) exists. Old age homes in India cannot be compared to old age homes (called care homes) in the West. This is because care homes abroad are actually homes to which most of the residents go out of choice after making comparison. Admission seekers have their social security network and hence a sizeable part of the expenditure on their stay will be met from this fund. In India, old age homes are intended mainly for the poor and indigent and those who are abandoned/deserted/neglected by their families and those who have no other place to go. Hence, making a free choice of a home by the resident is out of question except for those who opt for pay and stay homes. The philosophy and ethos prevailing in old age homes in India is at best that of a welfare oriented management. To be sure, India has passed the stage of custodial care approach but has not reached the rights-oriented philosophy that runs care homes in western countries.

As a result, many of the norms found in this Manual may seem misplaced or irrelevant to old age homes managed by private agencies and organizations in India. Actually these homes account for the lion's share of the old age homes and there is no possibility in the near future for them to voluntarily adopt some of the vital suggestions contained in the Manual. Nor could the government insist at this stage that the homes follow them. However, these norms are easy to follow in a pay-and-stay home where the resident pays for all his needs. In their case Government could insist on the adoption of modern practices immediately.

There are 532 registered old age homes in the NGO sector in Kerala as per a Government Directory prepared in June 2014 but there are a large number of OAHs that are not registered but flourish without government

patronage. By and large the outlook of all of them is welfare oriented. Indeed many of them have limited space (which constrains their capacity for expansion or development), poor infrastructure and their care givers are mostly untrained in geriatric care. Our study on some of them revealed that many of the residents are apparently not unhappy and they have few complaints about food and maintenance. They have been living there for long and seem to have been conditioned to the prevailing environment. Under this circumstance it may be difficult for government to ask all the OAHs to adopt the norms contained in the Manual in full though some of it could be adopted by them easily. But there is no harm in Government insisting that these should be considered and implemented in stages.

As regards homes run by the Government of Kerala, it is necessary that they adopt the norms in their running. It is hoped that they will find the Manual a useful guide for their correct actions.

In preparing the Manual, I have received the intellectual contribution and support of the senior members of the Social Justice Department and in particular Sri Raghavan Unni, Addl. Director. I had the privilege of participating in the seminar of concerned government officials on January 27, 2016 at Kovalam organized by the Social Justice Department for review on the Draft of the Manual and I have gained immensely from it. I have incorporated in the Manual the points raised in these discussions and also all the suggestions from the seminar attached by the government with its letter to me dated 15/2/2016.

Several persons have helped me in the preparation of the Manual. In this connection, I would like to mention only the name of Sri Ganesh Kumar, formerly Joint Director of the Dept. of Social Justice, who helped me in laying the design of the Manual.

I should profusely thank Sri VN Jithendran, IAS, Director, Department of Social Justice, Government of Kerala, for his untiring support and constant advice at every stage in the preparation of the Manual.

I fully know that the Manual may be lacking in many points that need to be included/elaborated and I beseech indulgence for this omission.

P. K. B. Nayar

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I INTRODUCTION

Increase in the proportion of the elderly in the population all over the world and the diminishing role played by the family in taking care of its old members have contributed to an increasing need for alternative arrangements for helping the old to find a place of rest in their later years. The demographic shift in the global population from children to the old, which started in the second half of the 20th century and which gathered momentum in the subsequent decades, has accelerated the process of aging. Better health management system, which is the contribution of medical technology, has resulted in the prolongation of life and longer life expectancy. All societies are experiencing this shift in population though the developed countries which have already undergone this situation have adjusted to it. But the developing countries are still groping in the dark with insufficient answers to many of the problems being faced by their older members.

Increase in proportion of 60+ population over decades

Region	1950	2010	2050
World	8	11	22
More developed regions	15	22	32
Less developed regions	6	9	20
Asia	7	10	24
China	8	12	34
India	5	8	19

Source: WHO World Report on Ageing and Health 2015

At the global level the share of the 60+ has risen from 8% in 1950 (200 million) to around 11% in 2011 (760 million) and is expected to be 22% (2 billion) in 2050. The share of the 80+ has edged from 0.6% of the world

population in 1950 (15 million) to around 1.6% (110 million) of the world's population in 2011 and is expected to reach 4% (400 million) by 2050.

Between 2010 and 2050 the total population will increase by 2 billion while the older population will increase by 1.3 billion. Women account for about 55% of the 60+ rising to 64% of the 80+ group and 82% of the 100 plus group. On an average, women outlive men by 4.5 years.

Life Expectancy at birth

Region	1950	2010	2050
World	46	69	76
More developed regions	65	77	83
Less developed regions	41	67	75
Asia	42	70	77
China	43	73	79
India	37	65	74

Source: same as above

During this period, life expectancy also increased, thanks to better health management and the control of killer diseases. Thus global life expectancy which was 46 in 1950 rose to 69 in 2010 and it will reach 76 by 2050.

As mentioned above, both increase in the proportion of the elderly in the population and longevity of life have contributed to the problem of aging in the world. While the developed countries have been able to provide for the aging situation the developing countries have not been able to do so except by some countries and that too in a marginal manner.

More or less the same trend is visible in the movement of population in India also.

Distribution of Elderly Population (60+) India and Kerala

(As percent of total population)

	1961	2001	2011	2026
India	5.6	6.9	8.3	12.4
Kerala	5.8	10.6	12.3	18.3

Source: Registrar General and Census Commissioner of India, 2006

Note: *The New Indian Express* (January 9, 2016) would place the figure for Kerala for 2026 at 20.9

During this period, expectation of life at birth was as follows:

Expectation of life

	2001-05		2011-15		2021-25	
	Me n	Wome n	Me n	Wome n	Me n	Wome n
India	63.8	66.1	67.3	69.6	69.8	72.3
Kerala	70.8	76.0	73.2	77.6	75.2	78.6

Source: same as above

One result of the increase in the number of the old in the population is that a new problem which has social, economic and political overtones, has come up, requiring solution by policy makers and programme planners. Increasing longevity of life has lengthened the period of old age and consequently the length of old age care has increased. This has come at a time when the family system is undergoing rapid change. As the family was the bulwark of old age care, the change in the family structure and process has resulted in the change in the pattern of old age care. Westernisation, urbanization and modernization have changed the family value system and economic compulsions are forcing children to move away to farther destinations. With the result a large number of older people are left out of the net of family care. Under such circumstances, the relevance of old age homes has become very important.

Old Age Homes in India

The exact number of old age homes in India cannot be estimated for two reasons.

Neither the government of India nor the State Governments keeps an updated list of OAHs in their domain. Even when some States claim they have a list, the fact of large scale proliferation of old age homes would make the list incomplete. In 2011 Helpage India came out with a list of Old Age Homes in

India. This was a revision of their earlier list published in 2009. But the list also contains names of so many homes that did not reply to their questionnaire so that one is not sure whether they do exist at present.

The Government of Kerala has come out with a list of 532 recognized old age homes in the NGO sector as on 30/06/2014. To this list should be added 15

OAHs in the Government sector. There may be several homes that are not recognized by the government. Even so, there have been additions in the NGO sector as opening a home does not require government permission. It may be pointed out that Kerala has the largest number of old age homes in the country and that there has been a 69% increase in the number of old age homes in the state in the last 4 years (*The Hindu*, Sept. 20, 2015). *The New Indian Express* (January 9, 2016) reports a doubling of the number in the last 3 years.

A study on a sample of 50 OAHs conducted recently by the Centre for Gerontological Studies found that almost all these homes including government homes still work on welfare philosophy which, of course, is an improvement on the custodial care philosophy which has been the basis of these homes. The inadequacies extend from untrained care giving personnel to almost all physical and environmental facilities. The modern concept of rights of the residents does not find any place in care giving in these homes.

In the following pages, some suggestions for establishing a modern OAH are given in the form of a Manual. It is not claimed that this is a perfect document or an exhaustive one; but it has attempted to touch all important elements that a Manual should contain.

It may be pointed out that many of the suggestions may not be readily implementable in an existing OAH though a good beginning could be made in them. But in the case of a new home, government could insist on the provisions in the Manual being accepted as a condition for giving recognition to the newly established Home.

II DESIGNING AN OLD AGE HOME

Building an old age home requires a lot of careful planning and most importantly sensitivity and imagination on the aging process and aging issues. The needs of older people are less predictable and more highly variable than those of younger generation and this makes the assignment less simple.

One has to take into account the needs, problems and concerns of the potential residents who seek asylum in an old age home, especially their physiological needs, safety needs and psychological needs. One has also to take into account the reasons for shifting to an old age home and the fact that they have come there to stay for the rest of their life. Finally, the old age home should also ensure the five principles enunciated by the United Nations, viz., Independence, care, participation, dignity and self fulfillment

A basic need of any individual is a place to stay. Everybody would like to spend his time in peace, happiness and security. The residents of an old age home are no exception. It is therefore the responsibility of those concerned, to make the home for the old as cozy and comfortable as possible, a place where he could spend the last days in ways that would make him happy and contented.

What would ideally make them happy are as follows:-

The building should be designed taking into consideration the differential needs, tastes and aspirations of the residents. In particular, it should cater to the physical needs of the residents – sleep, rest, food, pure air, pure water and clean environment. Next comes safety needs: general house safety, avoidance of pollution, accident, abuse. Then comes the psychological needs: contact, experience, privacy, activity, togetherness.

Location of an old age home

Land

The suitability of a site and of its environment for setting up an old age home must be carefully examined before a project is embarked.

The land chosen for housing an OAH should not be in a crowded/congested locality, At the same time, it should not be in a secluded/isolated area either.

It should be well connected by roads. This will enable the residents, workers, visitors and all others to have easy access to and from the home.

Public transport should be easily available.

Good accessibility to local facilities, health services, markets, shops, educational institutions and religious centres should be there

Basic amenities such as water, sewage and electricity should preferably exist in the area.

It should be futuristic and be able to incorporate future amenities and needs.

The Home should preferably have a vehicle which will help in emergent situations (having to take a patient to the hospital). If there is no vehicle, arrangement with local transport agencies should be made to make available a vehicle on call. The concerned rules on vehicle hire published by the Government should be adhered in such cases.

The title to the property should be legally approved. It should be an authorized land holding

Deed papers should be in order

In case it is on lease, ensure that it is for 99 years.

The size of the land should be large enough to permit the development of adequate outdoor area for both active and passive recreation.

Dimension of the land are important. A rectangular piece of land is ideal as it saves on construction cost and allows effective space utilization.

The quality of soil should be checked for strength. Soft soil requires deeper foundations, It may also add to construction cost.

The land should not be undulated but level. This applies to new sites. Sloping land should be avoided as steep gradient will adversely affect older person's mobility. This will also greatly add to construction cost.

Landscaping

The old age home should look like a living place – a home, not just a public building.

It should preferably have enough greenery, flowers and foliage around . There should be convenience for benches to be placed in the shady area for the comfort of the older people.

Walkways

The land should have enough space for walkways as the residents would like to take a stroll during leisure times. In any case, walking should form part of the daily routine of an OAH resident as this would keep him physically fit. The walkways should be clearly marked with hedges. If the area permits, it will be desirable to have a jogging track.

Designing the building

The superintendent of the home should keep the records of land rights in safe custody. He should check the boundaries of the plot frequently. Any trespassing or other encroachments should be noted and properly safeguarded and action should be taken, including report to higher authorities and taking legal steps/measures. Ignoring this could be a penal offence.

Boundaries should be protected by walls or barbed wires. If already in existence, their strength should be checked and they should be kept in good order. The land in possession should have clear record of right to possession. The Property Register should be kept up-to-date. If any item on ownership is lacking, it should be corrected immediately.

In constructing buildings in the property, the convenience of the potential inmates should be taken into account. Their number, peculiarities and special needs should be taken care of. Based on these criteria matters should be arranged. Privacy of the inmates should be protected. The old who have difficulties in movement and having mental or physical limitations should be taken into account and they should be able to move freely in the building

The protection of the inmates in the building should be a prime concern.

There should not be any facility for a person to move into or outside the building without permission of the authorities. The building should have provision for changes/modifications in future. There should be adequate number of rooms in the building for use of the inmates.

In designing and construction of buildings, the cost of construction should be kept lowest and facilities should be maximized.

It will be convenient for the old to have single story buildings. If there are more than one storey there should be covered ramps, with handrails on both sides and skid proof flooring. Ideally, there should be an elevator for buildings with more than one storey.

Facilities to be provided in the building

Bedroom

Since an inmate spends a major part of his time in the bedroom it should be maximally convenient to the user. It should have all required furniture and other arrangements.

Single Room

If a single room, the older person will have complete privacy, sufficient storage space, a sense of safety and a “feeling of own”

The disadvantage is that the older person may not like to come out of the room and may generally “withdraw”. In case of emergency there may not be anybody near to attend to him. Further it is an expensive proposition

Double Occupancy

It has most of the advantages of an individual room and at the same time it is economical. Care should be taken on selection and pairing of room partners

Dormitory

A dormitory is a big room in which 6 to 10 older persons can be accommodated together. Each older person is provided with a bed space, a storage space and may be some sitting space.

Temporary/permanent partitions may be put up between beds to provide privacy to each older person

It will be desirable to have dormitory type arrangements for OAHs. This will be more convenient for observation of the inmates, rendering service and above all reduce construction and maintenance costs .

Things to be considered in arranging dormitories

- A maximum of only 10 residents should be admitted to a dormitory.
- Each resident should have at least 7.5 sq meters of bed room space. Each person must have a total of 12 sq meters of living space including the bed room space above and including ancillary areas like kitchen, dining hall, recreation room, medical room etc but excluding verandahs, corridors, etc.
- There should be separate dormitories for men and women. For each person, there should be standardized bed, a small cupboard and an arm chair. There should be arrangement for fixing mosquito nets. The doors and window also should have mosquito nets . There should be 5 ft. space between beds. Adjustable beds should be provided to needy residents. There could be cubicles where two persons could be accommodated. This would provide more privacy to the inmates.
- Each resident should be provided one mattress and a pillow. It will be ideal if the mattress is covered with rexin. Windows should be provided in the dormitory for better light and free flow of air. However, care should be taken to prevent direct sunlight from entering in the room.
- There should be space between beds for movement of wheel chairs, use of walkers and convenience for moving the patient from wheel chair to the bed.
- Under no condition, should the inmates be required to use a common room or staircase for putting cots and permitting the residents to stay.
- There should be emergency light attached to each table and alarm bells at the bedside.
- Electrical switches and sockets should be safe and conveniently located for easy use of residents.
- There should be number board on the entry point on top of the door.
- Soiled clothes should be kept in bin with cover and height adequate for it to go underneath the bed.
- The bed room should not be next to the common room or office area. Otherwise passers by may barge in.

- There should be enough of natural light coming into the rooms. Provision should be made for sufficient artificial light as well.
- There should be some kind of connectivity of individual rooms so that in case of emergency the residents can approach each other.
- Each bed should have an independent cupboard or in-built storage space where the resident can keep his personal belongings.
- The storage space should be within reach.
- There should be a few extra hooks on the wall near the bed for older people to hang their walking sticks, caps etc. A stand for keeping clothes should be provided to each resident
- Each bed should have an emergency call bell switch. The main board should be in the warden's room.
- The night switches and sockets should be conveniently placed.
- As a rule of thumb, each bed should have a view of the window, especially in a dormitory. Ensure that windows have provision to cut off glare of the sun which is sometimes strong for older people to bear.
- Bedrooms should be properly numbered.
- Bathrooms and toilets should be central to the bedroom and not at the end of a long passageway. Ideally a bedroom should contain, in addition to a comfortable bed, a bedside cupboard, a dressing table that can serve as a writing desk, a bedside light, an arm chair, clothing cupboards, and an electric bell for summoning aid that can be operated from the bed or from the armchair.
- There should be one bathroom for every 7 residents
- Where the home consists of more than one storey, it must be equipped with an elevator. Smoking is forbidden as also storage or consumption of alcohol in bedrooms, use of electrical appliances such as kettles, tea or coffee makers and irons and the presence in the bedroom of another resident of the opposite sex. Residents should notify a person in charge if they intend to be away from the home for a large part of the day
- There should be an isolation ward with a few beds for patients who are bedridden, or are needing end of life care. The ward could also accommodate persons with contagious diseases, and those who need palliative care. These persons should not be accommodated along with healthy and normal residents.

For walker users

At least 1500 mm turning-in space for wheelchairs should be kept near all entry points to the bedrooms.

Bedroom for the wheelchair/walker user needs more floor area to provide for wheelchair circulation. The bedroom layout should be such that the bed should not be in a corner of the wall. At least 900 mm should be provided for wheelchair from the side of the wall for access and should be large enough for transfer by a wheelchair user, or for a helper to assist in the transfer.

The bed should be at a height from the ground that permits wheelchair turning under the bed. A minimum 900 mm width should be kept in front of the bedroom and any other furniture.

Night light should be provided in the bed room

Bath and toilet

The older people have a tendency to go to toilets frequently all through the day. The toilets and bath rooms should be suitable for arthritic legs, obese body, failing vision, et. Badly planned and maintained toilets and bathrooms can become the cause of accidents in the OAH. Moreover, if they are not comfortable for use, the older people may resist going to toilets. This can lead to constipation and other health problems.

- There should be separate bath rooms and toilets for men and women
- In the old age home, the toilets would be used more frequently, so to avoid any stink, they should be planned to be slightly away from the main rooms.
- Bathrooms and toilets should guarantee full privacy and safety to the old persons.
- The bath and toilet should be on the same floor of the dormitory and preferably near the dormitory
- There should be one toilet for 7 residents and one bathroom for 10 persons
- There should be free entrance to the bath and toilet and also for free movement of wheel chairs
- The toilet should be of European type
- The wash basins should have a height where wheelchair could be easily maneuvered.

- The bath and toilet should have nonskid floors/tiles
- They should have free flow of fresh air and light and exhaust for impure air to exit
- There should be free availability of water in the bath and toilet.

Doors and locks

- All bath rooms must be fitted with outward opening doors whose locks can be opened from outside in an emergency
- The door handles should be of contrast colours so as to ease identification. Sliding doors can save on a lot of space and prevent accidents.
- Swing doors may be provided which opens in the direction of egress
- Large, easy to grasp door knobs or lever type handles could be used.
- The approach to bathroom, washbasin, W.C. and shower must be obstacle/barrier-free. It should have enough space for the wheelchair user to enter and exit.
- There should be enough space to accommodate a Helper(s)
- The underside of washbasin should be high enough to clear thighs
- The washbasin should be conveniently accessible by the wheelchair user
- The shelves should be within comfortable use of the old person and the wheelchair user
- The mirror should be so installed as to permit its use by wheelchair users
- The hand basin should be secure enough to withstand the weight of the older person.
- The taps for bath and washbasins must be easy to operate
- Wash basin should be positioned a minimum of 400 mm (16") and a maximum of 450 mm (18") away from the side wall to leave room for a wall grab rail and lavatory roll holder. Shower cubicles should have seats whose width and height facilitate easy gripping by wheelchair users.

Grab rails

Grab rails will generally be required beside the W.C., washbasin and the bath.

The grab rails should be able to withstand a pulling and hanging load of 300 pounds

Upward-folding support bars are recommended to allow lateral transfer from a wheelchair.

Other considerations

The furniture should not have sharp edges.

The floors of bathrooms and toilets must be non-slip

There should be nightlights in the toilets

Proper ventilation should be ensured to prevent any suffocation on part of the residents

In the absence of running water supply, big water tanks should be provided. This is important because the toilets would be in frequent use.

Laundry

Since the old are by and large frail, they may not be able to wash their clothes by themselves. Hence a power laundry or washing machines should be provided.

Laundry should always be separate from the bathrooms. Manual laundries should have enough space to enable the older persons to do their own personal washing.

It should be ensured that the laundry has the following areas

- A sink
- Space for the machines
- Space for washing clothes
- Space for rinsing and drying clothes
- A table or bench for folding clothes
- Space for ironing clothes.
- The laundry floor should have nonskid floors.

Guest Room

A guest room for visiting relatives may be provided. This should have one or two single beds and a wash basin. It is useful if this can be located adjacent to a bathroom that is provided for general use by the residents.

It should have comfortable furniture and may have provision for water for self-service.

Corridors and staircases

- The access route to various rooms should be interesting, with natural light wherever possible.
- Plants may be kept on the sides of the corridors to act as guiders
- Steps should not be introduced into corridors. If change in level is unavoidable, then ramp may be provided. For general circulation, the minimum corridor width should be 1200 mm.
- It is essential to provide handrails along the walls on either side of the corridor. The handrails should be at suitable height above the floor level.
- The rise of the steps should not exceed 6" and the tread or going should not be less than 11"
- Hand Staircase should be easy to climb without long flight of steps.
- Rails should be fitted on both sides of stair flights
- The stairway should enjoy natural light and ventilation.
- Handrails should be extended 12" at top and bottom of the staircase and the ramps. The ends of handrails should be rounded
- There should be night-light in the corridors
- The furniture should be light weight, sturdy and without sharp edges
- The home should have sufficient fire fighting equipment.
- The equipment should be suitably placed/located and periodically recharged.

Kitchen and work area

Kitchen is the most active area in the building as cooking will have to be in operation from early morning till late evening. It is therefore necessary to see that the kitchen is given good attention.

The following points may be considered while equipping and maintaining the kitchen and work area

The kitchen and work area should be provided with proper ventilation for fresh air and proper light should be ensured.

The work area should be attached to or proximate to the kitchen.

The kitchen should have enough space for several cooks to prepare food. The walls and floors should have tiles or marble.

There should be shelves for keeping food items

There should be containers for keeping provision items. There should be work tables with tops which can be easily cleaned. Modern instruments that could facilitate easy cooking should be used. They should be fixed in the kitchen or in the work area.

For cooking, LPG, steam or biogas should be used. Kerosene stove also could be used.

As a precaution, there should be arrangement for cooking with firewood as a special case and adequate quantity of firewood should be kept handy.

Supply of pure water should be ensured.

Dining Hall

The dining hall is a place frequented at least thrice by the residents and as such should be carefully arranged.

A room very near the kitchen where all inmates could take food together should be arranged

There should be dining tables and chairs

The height of the table should be regulated to enable those in wheel chairs to take food from the table conveniently.

There should be a service counter on one side of the dining hall.

There should be a place for displaying the menu.

There should be wash basins with running water in the dining hall or very near to it . Wash basin should have height to enable those on wheel chairs to use them.

There should be a place for disposing food waste from the dining hall. It should be in such a place that the hall is not polluted or smell foul by the waste. The waste should not enter the dining hall.

Hall for entertainment

There should be a hall for conducting entertainments, meetings, classes, training programmes, yoga classes etc. The hall should be such as to accommodate double the number of inmates. The hall should have provision for Invitees and guests to be comfortably accommodated.

A small side room could be used to store extra furniture, PA system, etc.

Reception Room

There should be a Reception Room in front of the building to receive guests and relatives of the inmates. This should be moderately decorated. Relatives of inmates and other visitors could be comfortably accommodated here.

The room should have a list of items showing time for visits and the rules to be observed by visitors and other important items of information.

Sick Room

An OAH is different from other residential institutions because comparatively there would be frequent medical emergencies. Due to advancing age the resistance of older people to disease would reduce, thereby requiring frequent shifting to sick room or even hospitalization.

The sick room should have provision for accommodating one or two patients and an attendant. The sick room is meant for extending nursing care to those residents who fall sick due to fever or minor ailments.

It should have an attached toilet.

Medicines and medical accessories that may be needed for treatment are to be stored as per the advice of a general physician. Certain instruments such as oxygen cylinders and intra venous set should be there. Drugs should be replaced periodically considering their expiry date

The sick room should not be used as an infirmary

The sick room should have the following essential items

- Hospital beds. These should be electrical medical beds
- Bed for the attendant
- Food serving table
- Storage space for linen and medicines
- Oxygen cylinder
- Nebulizer
- Weighing machine
- BP Instrument
- Thermometer
- Bed pans for stools, urine and sputum
- Wheel chair
- First aid kit for minor cuts and wound,
- A dispensary may be attached to the sick room
- A physiotherapy centre may also be planned along with the sick room

Library

There should be a small room for library where small quantity of books and newspapers should be stacked. Books should be kept in cupboards with glass panels. A stand should be provided for keeping newspapers. Some desks and chairs also should be provided in the room.

Prayer Room

This facility could be used for meditation and common prayer. It is open to residents of all denominations. It should be quiet and free from noise and disturbance from outside.

Room for Health Checkup

This is a room for the doctor to examine patients and for care giving (therapy, insulin, etc) for keeping medicines, instruments and the like.

There should be provision for other patients to wait for their turn to meet the doctor.

The room for health check up should have the following arrangements

- Seat for the doctor- a chair and table - and another chair for patient.
- A cot with mattress and pillow for patient to be examined.
- Seat for the Nurse
- Essential medicines
- Cupboards for keeping medicines and instruments
- A wheel chair
- Instruments suggested by the doctor

Store Rooms

Three store rooms are required.

One for vegetables and another for provisions/grocery items, both with racks and cupboards.

A third room for keeping furniture, vessels, mattresses, bed sheets. There should be racks and cupboards in this room also.

Office Room

This should be in the front and near the Reception Room. There should be adequate number of chairs and tables depending on the number of employees.

Cupboards for keeping files and records

Arrangements for keeping computer and accessories.

Room for Superintendent

This should be near the office room with furniture, cupboards and lockers. The valuables jewelry, papers, records etc. received from residents are to be put in lockers and kept in this room or in the office.

Retiring room for staff

The services of matron, cook etc are required 24 hours of the day and they should be given retiring rooms. Separate rooms for men and women are necessary.

Rooms for Counselor, Social Worker.

The Counselor's room should be at one end with privacy and without disturbance or sound from outside. It should be well ventilated and airy. This is to retain the attention of the counselor and the counselee. The Social Worker also should be given a room near the room of the Counselor.

Both rooms should have adequate furniture and other arrangements,

Mini Gymnasium

There should be a mini gymnasium for minor exercises, including yoga. Part time therapist/Physical Instructor should be appointed to guide and assist the needed practitioners.

Public Address System

To give information to residents and to enable announcements and music etc to the residents, a public address system with speakers in all dormitories

should be arranged. There should be separate PA System for entertainment and similar programmes.

There should be name boards in front of all rooms

Water storage and supply

The old age home may have open well, bore well or public water supply. It is desirable to have more than one source of drinking water. Wells should have proper grills for safety purpose.

There should be water storage facility with appropriate size water tanks. Tanks with capacity at the rate of 150 litre for each resident should be established. PVC tanks and PVC pipes could be used for storage and distribution.

Hot water facility

The home should have hot water facility for residents for taking bath. The duration and time of supply could be decided in consultation with the Mess Committee.

Multi purpose vehicle

It is essential that the Old Age Home should have a multi purpose vehicle not only for general use but for transporting ill residents to hospital.

Electricity

It is desirable to have an alternative source of power as stand by. Solar power and generator may be considered for this.

Gardening

In homes which have land gardening or cultivation of vegetables could be thought of. This will serve two purposes – one to produce the needed vegetables, the other to give some exercise to the residents. Kitchen gardening will ensure both.

Cleaning and upkeep

There should be arrangement for cleaning the rooms and environment. Vacuum cleaner should be used in areas which have tendency to accumulate dirt. Fogging may be used as an additional provision for making the rooms and premises germ free.

Repair and maintenance

Repair and maintenance are important part of keeping the building and other systems in good condition. Prompt maintenance and repair is essential for the efficiency of the system and of its personnel. Three kinds of maintenance can be envisaged.

Small local repair

Large local repair

Annual repair.

Small local repair relates to damage of water pipe, electrical fittings or minor drainage system, like the flush not working. It can also be damage to part of the building which has to be repaired immediately. There should be arrangement for a local plumber or electrician to come at once and do the repairs as and when they develop. Approved local agencies could be entrusted with the work.

Large local repair relates to damage of a more serious kind like having to clean the septic tank or drainage system, cleaning the water distribution system or repair of part of the building. For this, the Superintendent may have to call the PWD or other government agencies. This may take some time but the work has to be done on an urgent basis.

A special category of events is the septic tank which may be full and overflowing. Also, in the public drainage system, the person may have to enter the manhole and do the work. These should be considered as major ones and needing immediate attention. Lack of urgent repair would cause health hazards.

Annual repair and maintenance relates to preventive maintenance – checking the major systems, white washing the building, repair and repainting of the furniture, repair of the rooms and other fittings etc.

For this, the Superintendent has to call for tenders and get the support of the other government agencies in charge and get things done.

The important point is that these could be anticipated and action could be taken in advance so that the amount of delay could be avoided.

The Superintendent should be alert to this as a part of his routine work.

Every three years, there should be complete repair of the whole system for which also action should be taken sufficiently early. Approval of higher authorities in the Department and of the concerned department (e.g. PWD) should be secured sufficiently early so that delay at any stage could be avoided.

III ADMISSION TO OLD AGE HOMES

Reasons for seeking admission

An elderly person seeks admission to an old age home for several reasons.

He may be too poor to maintain himself (destitution)

Inability of family members to provide care to the old person.

Indifference of the family members to look after him.

Neglect or outright abandonment by the family

Adjustment problems with the family members

He may be concerned about his declining health and would find the home more assuring.

Whatever be the reasons, the person would like and expect to have a decent and dignified living in the new place. Therefore, it is imperative that the old age home should provide the applicant a cozy and comfortable place where he could spend the rest of his life in peace, dignity and ease and where he could satisfy the needs that he was not able to achieve or unsure of achieving earlier. In offering residential facilities to the old, the home should also ensure to them the five principles enunciated by the UN Principles of Older Persons, viz., independence, participation, care, dignity and self fulfillment.

Qualifications for admission

Destitute, those who have nobody to look after

Those who are abandoned by families,

Those who suffer from neglect within the family

Those who are living alone and in great difficulties

Those who are suffering from bodily illness and who have nobody at home to take care/look after

Those transferred from identical institutions

Those who are referred by respectable NGOs, the Police, the court and other government agencies.

Entry Into Homes

Residents of the home shall be selected in accordance with the procedures stated in Provision 19 (18) of the Kerala Government 2009 Rules. This includes seeking applications by the management at appropriate intervals (at least once a year) from indigent Senior Citizens desirous of living in the home. Senior Citizens, who are desirous of residing in the Home can also send an application letter to the Home, which is countersigned also by his or her care giver relatives. This does not preclude the Police or voluntary agencies from bringing an abandoned senior citizen to the Home, or voluntary agencies sponsoring indigent senior citizens in good faith.

Illiterate and/or very infirm Senior Citizens may be admitted without any formal application if the District Magistrate is convinced that such a person is badly in need of shelter. A recommendation/sponsorship from a Member of the Local Self-Government is also adequate for this purpose. An applicant suffering from some disease should be first treated in a hospital and could be admitted on production of a fitness certificate from the treating doctor.

Where there is limitation of space, other things remaining the same, priority will be given to eligible applicants who are more indigent and needy, those who are older-and those who are female.

NOTE: These rules cannot be made applicable to NGO homes where admission is made at the discretion of the management or on recommendation. Private homes admit only persons who do not suffer from certain diseases (diabetes, CVD, acute BP, Cancer and HIV patients). Usually a medical certificate in this regard is insisted upon. However, in the case of those who do not suffer from any contagious disease, there should be common norms for admission in both government and NGO homes. Also, a certain percentage of seats should be allotted to such category in NGO homes.

Records to be submitted for admission

One of the records given below:

Application from the person, supported by one of the following persons and giving reasons for seeking admission.

Competent Medical Officer, District Social Justice Officer, Responsible office bearer from recognized NGOs

Letter from other agencies belonging to Social Justice Dept.

Order from the Court or statutory commissions

Letter of recommendation from Government or Local Government agency.
Medical Certificate.

Age Limit

60 years and above

Conditions for Admission

The applicant should choose an institution appropriate to his need. Those who recommend should also verify the appropriateness of the institution recommended by them.

The applicant should apply on a white sheet of paper and preferably hand it over to the Superintendent in person to avoid delay. The necessary recommendation letter also should be attached with the application with the reason for admission. Those who recommend should also give the reason(s) for recommendation.

Local Governments, Director of Social Justice and District Collectors can give directive to the Superintendent for admitting an applicant.

For those who have to be admitted when there is no vacancy, the Superintendent should seek permission from the District Social Justice Officer or Local Government. The Superintendent should get the approval of the authorities for this subsequently and should adjust this against future vacancies.

Procedure for admission

Details of admission should be registered in the Admission Register on the day of admission.

Each application should be filed separately. The serial number of the application in the register should be written on the application and initialed with date by the Superintendent.

If the application is rejected, this matter should be entered in the Register and on the application and the matter may be closed by writing "closed" in the application and putting a round against it. Necessary entries may be made in the Application and Admission Register accordingly.

All applications received for admission should be registered in the concerned book. Those not admitted should be put on the waiting list for consideration for the next vacancy.

Identity Card

On admission each resident should be given an identity card which should contain the photograph of the holder, name, age, address, income and blood group. The ID Card should be issued by the Superintendent of the Home or District Social Justice Officer.

Interview with the applicant

All applicants should be interviewed by the Superintendent in the presence of the Counselor and Social Worker. Those who submit the applications personally could be interviewed at the time of receiving the application. Others could be invited by giving a date for the meeting. In the interview the need and claim of the applicant should be assessed and the applicant should be appraised about the requirements to be observed as an inmate of the institution. The information collected from the applicant at the time of interview should be written down on a white sheet of paper and pinned with the application. If the applicant is accompanied by relatives or friends, additional information relevant about the applicant should also be collected from them and filed.

The Superintendent should then report the matter to the Dt. Social Justice Officer who should place the matter at the quarterly meeting and get approval.

Applicants who are rejected after interview due to absence of vacancy should be informed when vacancy comes by Registered Acknowledgment Due Post with the additional statement that if he does not turn up for interview, the seat will be given to the next applicant in the list.

In case of denial of admission, the applicant should be informed about it and the matter should be recorded in his application for possible future reference.

Every three months, the Dt SJ Officer should examine the admissions and the application not considered and satisfy himself whether the reasons for rejection and the formalities followed thereat are valid. If not, explanation should be sought from the Superintendent and corrective steps should be taken.

Matters to be observed by fresh entrant

Applicants newly admitted should be asked to take bath and clean themselves. Facilities should be given for this. Those who come with unruly hair should be required to do the necessary cropping of the hair and the expenses thereat should be borne by the institution.

They should be required to wear the clothes (new or cleaned) supplied by the institution .

On admission, each resident should be given the following items for use in the home.

Items to be supplied on admission

Roll No.	Items	No. to be given at Admission Time	To be given again	
			Quantity	Duration
1	Clothes for inside wearing	3 sets	3 sets	Yearly
2	Clothes for outside wearing	2 sets	2 sets	Yearly
3	Underwear			
	Men	5 sets	5 sets	Yearly
	Women	6 sets	6 sets	Yearly
4	Towels	5 sets	5 sets	Yearly
5	Sanitary Napkins (For women)	On demand	On demand	
6	Bed sheets (cotton)	3	3	Yearly
7	Pillow	1	1	Yearly
8	Pillow covers	2	2	Yearly
9	Bed (Mattress)	1	1	Every 3 Years as needed
10	Comb	1	1	Yearly

11	Bucket	1	1	When damaged
12	Mug	1	1	When damaged
13	Chappal (for outdoor use)	1 pair	1 pair	When damaged
14	Chappal (for indoor use)	1 pair	1 pair	Yearly
15	Tooth Brush	1	1	Once in 3 months
16	Tooth Paste/Tooth powder	Adequate quantity	As needed	
17	Toilet Soap	Adequate quantity	As needed	
18	Washing Soap	Adequate quantity	As needed	
19	Washing powder	Adequate quantity	As needed	
20	Oil	Adequate quantity	As needed	
21	Talcum Powder	As needed	As needed	
22	Cosmetics (for Women) (Pottu, Cream, etc)	As needed	As needed	
23	Shampoo	As needed	As needed	
24	Furniture: a. Cot b.Small Cupboard c. Chair d. Table e. Stool	1 1 1 1 As needed As needed		

25	a. Blanket	1
	b. Sweater	1
	c. Mosquito net	1
Other items		as needed

These items should be issued to the resident on the first day itself under proper receipts. The Superintendent will have the authority to supply other items not in the list if he is convinced about their need to the resident.

It is important that the resident does not willfully cause damage to the furniture and other items. If such incidents are brought to attention, strict action should be taken against the offender.

It is also important that the residents do not surreptitiously sell to outside individuals and agencies items supplied for their use as there could be tendency on the part of the residents to do so if not properly checked. If such incidents are brought to attention, the authorities should take appropriate action on the offender.

Procurement of these items

Depending on the availability of funds and need for them, these items can be purchased from government or quasi government agencies or obtained free from the public and philanthropic institutions. When buying new or when received as free gift, the quality of the items should be checked.

Getting mattresses through public donation. The amount received from government for buying mattresses and beddings will be limited, hence efforts should be made to get them through donations from well wishers and institutions.

Stock taking, storing and distribution

Details of the items purchased should be entered in the stock register. Their quality, measurement, number, material base, value and other important details as per the invoice should be compulsorily recorded in the Stock Register. There should be a separate register for furniture alone.

Things received from the public free should have a separate register – like clothes, bedding and related items, articles of daily use. These should be recorded in a separate register and should contain their details - date of receipt, name of the individual/ Institution, donor, details of distribution, etc. These should be recorded in the Register

The superintendent should issue an order giving this responsibility to some official in his office.

There should be Cupboards of appropriate sizes to stock these items. These should be kept in an orderly and aesthetic manner.

The furniture items should contain abbreviated name of the institution and a number to identify them. They should be checked every year and necessary entries should be made in the stock register. Spoiled furniture should be repaired promptly.

Useless articles should not be lumped up here and there but they should be separately stored and disposed of as per rules.

Washing bed sheets etc.

Healthy residents should clean their clothes themselves. Washing power, soap etc needed for this purpose should be supplied by the institution.

Clothes of sick and bedridden residents should be cleaned by the employees of the institution. Residents should be given a small cupboard to keep cleaned fabrics. The cupboards can also keep their personal belongings.

Soiled clothes should be put on hangers and kept in a closed box underneath their beds instead of hanging them on ropes.

Washing machines should be installed in the OAH

Power laundry also may be used where there are a number of residents.

Supply of ONAKODI

All residents should be given a set of dresses "onakodi". It should be given sufficiently early to be worn on the ONAM day. Steps should be taken for early supply, at least one month before the event.

Efforts should be made to get sponsor funds necessary for this programme

Arrangements for haircut and shaving

Hair cut and shaving of male residents should be arranged by the institution. For this, quotation should be invited every year around January immediately preceding the financial year and finalized by the middle of March.

Collecting money from those having income

Old age homes may have residents who have income from property, pension, fixed deposit etc. Those who have more than Rs.20,000/- per year should contribute Rs.500/- per month as maintenance charge.

Receipt should be given for the money collected and the amount should be remitted into the Treasury on that day or on the next day and the chalan receipt should be kept for inspection.

Taking charge of the valuables belonging to the applicant.

If the applicant has valuables including records with him, these should be entrusted to the Superintendent for safe custody. They should be received by the Superintendent in the presence of two persons and should be recorded in the Register provided for it. When the incumbent leaves the institution they should be handed over to the person and in the presence of two persons and proper receipts obtained. These matters should be recorded in the Security Register as well.

If the resident has more money, this should be deposited in a nationalized or Cooperative Bank and the pass book, cheque book, ATM Card etc should be kept by the Superintendent. There should be a watch on withdrawal by the resident to discourage unnecessary withdrawals.

Residents who receive income from pension and sale/exchange of fixed and movable assets/properties should surrender 50% of this amount to the Government.

Entries in the Admission Register

All details about the new entrant as required in the Admission Register should be entered.

The Applicant should be required to bring 4 copies of his passport size photo. One copy with dated signature of the Superintendent on it should be affixed in the appropriate place in the Register. The other copies are for future use. The back of the these photos should contain the name and address of the applicant.

Sensitization about the institution

It is necessary to explain to the newcomer(s) the working of the institution including the rules and regulations in operation, ways/pattern of behavior towards other residents and officials, rules to be observed and regulations to be followed. This should be done either by the Social Worker or by the Superintendent.

Additionally, a pamphlet containing the rules to be observed by the resident, daily routine and activities, etc should be given to the new resident.

Introducing the newcomer

The newcomer should be formally introduced to the other residents at the first meeting of the General Committee by the head of the institution. Nothing derogatory about the newcomer that would wound his feelings should be spoken or whispered there. The entire meeting should be cordial.

Observation on the newcomer

The newcomer should be strictly watched/observed. The fact that he obeys the rules of the institution and does not engage in any activity against it should be appropriately noted.

In the first month of his stay, the newcomer should be put in a dormitory or room where he can be easily observed. Only if his behavior pattern is satisfactory should he be shifted to other dormitories.

For putting the newcomer in the first month, there should be special dormitory in every OAH. Men and women are to be accommodated in separate rooms/dormitories.

After placing the newcomer as a resident the following things should be necessarily done within three months.

A Report should be prepared about his family and social background.

He should be subjected to a medical examination.

For those who were admitted through the usual procedure, approval of the Dt SJ Officer should be obtained.

A Care Plan should be prepared for his rehabilitation. This Care Plan should be examined in detail by the Superintendent and its rehabilitation potential should be assessed and recommended for action. Approval of the DSJ Officer should be obtained for the Care Plan.

Enquiry and evaluation of the family background

The objective of observing the new resident is to assess his attitude, behaviour, peculiarities, potentials, inadequacies, pattern of interaction with others, perspective towards life, capacity for work, capacity for change and the like. These have to be obtained through observations and enquiry about him, his family and social background.

Enquiry and evaluation of his previous life - family background, relationship with relatives, attitude of relatives towards him, financial position, social background, influence of friends on him, employment details, possibilities for rehabilitation – These have to be evaluated.

General instructions about enquiry

The Probation Officer of the locality where the resident was staying previously is the person to conduct the enquiry. If that post is vacant, the Social Worker should do the enquiry.

The Head of the Institution of the resident should write to the Probation Officer/Social Worker as soon as the resident is admitted (letter to be sent by RAD)

The Probation Officer/Social Worker should complete the enquiry within two weeks of receipt of the letter and send the report without delay to the Head of the institution. The report should be precise and matter of fact.

The Report of the Probationary Officer/Social Worker should be considered as an authoritative document.

TA as per rules is admissible for the enquiry

Medical Examination of the resident

Within seven days of admission, the resident should be subjected to a medical examination. The objective is to assess the mental and physical state of the person.

However, in the case of those coming for admission with some disease, the person should be treated by a competent doctor first and only after he produces a fitness certificate issued by the doctor should he be admitted to the home.

The permission of the resident in writing is necessary for medical examination. This permission should be obtained at the time of admission itself as this is an indispensable document.

This examination should be conducted in a hospital with modern clinical equipment or in a medical college.

The hospital/medical college authorities should conduct the examination on the request of the Superintendent of the Home.

The certificate thus obtained should be kept as part of the medical file of the resident

If any morbidity is found out during the examination, necessary treatment should be arranged to be given to the resident.

Once admitted, the resident should not be removed or transferred to another institution without proper and valid cause.

Approval of admission

This should be obtained at the quarterly meeting under the District SJ Officer. In this meeting, all admissions should be reviewed and considered for approval.

The following documents should be produced at this meeting.

List of those who are being considered with details of the applicants including date of admission.

Applications, recommendations and orders

Register of applications

All applications received for admission should be registered in the concerned register. Separate registers for those admitted and not admitted should be maintained.

Enquiry /study report of the Probationary Officer/Social Worker on the applicants. These should be kept in the file of the Applicant.

The District SJ Officer should record the approval of admission on the respective pages of the applicants.

If for any reason, an admission is refused, the person should be immediately removed from the institution and the matter should be recorded in the admission register.

Care Plan – Preparation

The Care Plan is a document containing the individual characteristics of the new entrant and the measures required to give him protection and rehabilitation. Each resident should have a Care Plan. His problems and needs should be carefully studied and recommendation for their remedies should be contained in the Plan. The enquiries and reports of the Social Worker, Counselor, Probation Officer as also the Medical Report on him should form the basis of the Care Plan. The special services if any and measures for his rehabilitation should be contained in the Plan.

The recommendation of experts, if any, also should be taken into account in preparing the Care Plan.

The responsibility for preparing the Care Plan of residents will be that of the Social Worker and if his services are not available, the Superintendent himself should do this work. Measures available or taken to implement the suggestions contained in the Care Plan, like therapies, additional services, etc. should be mentioned in the Care Plan.

Generally, the rehabilitation measures as per the Care Plan will add to the cost of the institution and hence less expensive while at the same time effective measures also should be mentioned.

The Care Plan should be evaluated by the head of the institution. He could suggest modification if he feels that these are necessary.

The Superintendent should assess the improvement in rehabilitation and additional cost in implementing the suggestions and prepare a report along with his recommendations. Care Plan should be prepared and implemented within three months of admission of a resident.

Care Plans are to be approved at the quarterly meeting of the committee. The Superintendent who is the convener of this meeting should introduce the item. The Social Worker and Counselor also should be present in the meeting.

If the meeting desires, the resident should be presented before the committee. But he should not be present at the time of discussing his Care Plan.

The Care Plan should be discussed in the committee in detail and the committee has power to suggest necessary modifications in it.

If the Care Plan contains provisions that could be implemented without additional expenditure, its approval could be given right away

If the Care Plan would cost additional expenditure, it should be sent to the Director of Social Justice with the recommendation of the Dt SJ Officer and only after getting the former's approval should it be implemented.

For implementation of the additional services and rehabilitation programmes, public cooperation should be secured maximally.

If additional expenditure could be met from public cooperation, the approval of the Director of SJ is not necessary. In that case, the Dt SJ Officer himself could give the approval.

It is on the basis of the Care Plan that the rehabilitation of the residents is to be arranged. After completing each part of the Plan, this should be recorded in the note for which there is a separate slot in the Care Plan.

When considering the Care Plan at the quarterly meeting, a summary of the progress should be recorded in the place provided in the Plan for it. At the annual review of the Plan also a summary note should be added.

Keeping residents occupied

The proverb that an empty mind is the devil's workshop is quite true of older persons as well. A sedentary life style may adversely affect the health of the older person besides causing monotony and dullness in life. Older people must be encouraged to keep themselves occupied in a kind of routine. Active life does not necessarily mean economically productive life. The physical limitations of the older people must be respected.

The caring staff may find a few volunteers who would like to help in kitchen work.

Those who can be engaged in gainful work should be encouraged. If there is sufficient land, residents may be encouraged to engage in kitchen gardening.

Older women may help in cleaning and other similar work.

The caring staff could involve the residents in running the home by organizing them into management committees (different from the Management Committee mentioned elsewhere) such as

Catering: This committee can take care of the daily menu, purchase of food and grocery items and proper distribution of food.

Maintenance and repair: This committee can take care of the proper maintenance of the premises including cleanliness.

Public relations: This committee could organise programmes involving the residents with the outside community.

Health care: This committee can have a dominant role in the health care programme of the home, including the supervision of the sick room, health check up, medicine, etc.

Promoting talent and hobbies. Some of the residents may have special talents and these should be promoted. Similarly hobbies also should be encouraged

Cultural committee: This committee could take care of the cultural programmes of the residents and also promote the cultural, histrionic, musical and artistic interests/talents of the residents.

All residents should be encouraged to become member of at least one committee. However, a member could become member of more than one committee if he is willing .

There should be facilities for reading, recreational facilities and for outings. Important individuals should be invited to give talks to the residents on various topics of interest to them.

There could be a tie up with the local school/s and students and PTA could be encouraged to have reciprocal programmes.

Occasional health camps could be organized around different health topics.

IV PROTECTION OF RESIDENTS

To live in a protected environment with adequate food and health care and above all humane treatment and dignified life is the look out of all residents and the care givers are bound to ensure this in their work. In fact, the care givers' whole work should be rendering of the needed care and services to enable the residents to lead a decent and dignified life in a protected environment.

Provision for food and health have been discussed in the previous chapters. An essential requirement for this is the protection of the basic rights of the residents. The specific rights of the residents of a senior citizen's care home include:

Right to Dignity

Each Senior Citizen has a right to be treated with dignity and respect at all times and in all situations and to enjoy a full range of social relationships. This includes the right to participate in all decisions that affect the inmate. It also includes the right to practice his or her religious preferences and political rights. It further includes the right to be free from any form of exclusion that infringes on his/her self- respect or self-esteem.

Right to Good Health and Security

Each Senior Citizen has a right to feel safe and secure in all aspects of life, including health and wellbeing; enjoy safety and be free from exploitation and abuse. The resident also has a right to recreational facilities as well as opportunities for socialization.

Right to Be Treated with Equality and Respect

Each Senior Citizen has the right to live an independent life, rich in purpose, meaning and personal fulfillment; be valued for his or her background, culture and faith; be treated equally and to be cared for in an environment which is free from bullying, harassment and discrimination; and is able to complain (when needed) effectively without fear of victimisation.

At the same time, the resident has obligation to obey the rules of the institution.

Obligations of the Senior Citizen

- Each Senior Citizen also has the responsibility to ensure that he or she behaves in a responsible and caring manner, taking into consideration the welfare and dignity of all residents.
- Each Senior Citizen should behave respectfully towards all residents and be respectful of diversity, whether it be religious, caste, class, or gender.
- He/she should not involve in any unlawful activity or activities that will undermine goodwill and harmony among inmates.
- It shall be the duty of each resident to help and cooperate with each other and with the management in the enforcement of the rules and regulations for smooth and conflict-free running of the home.

Special arrangement

To make the services to the residents meaningful, the services should have the following peculiarities.

The basic rights of the residents should be protected

Conditions should be created to enable them to live in freedom and with dignity

There should be programmes for their physical, mental and spiritual growth and development.

There should be dedicated and experienced care givers with empathy who will understand and appreciate the needs and aspirations of the residents and act accordingly.

For protection of the rights of the residents, life with dignity and, above all, development-oriented work and their involvement in the programmes and activities of the home, care givers should have the right orientation and commitment that will make the home an ideal place for the residents to spend their last years in peace and happiness.

Decision Making

The residents should have an opportunity to participate in decisions that affect them. They should be provided all information needed to make an informed decision or choice. They should participate in the day to day activities of the home, which may involve anything from cooking to maintaining the cleanliness of the home. They could also periodically organise

celebrations of various festivals and social events. A Residents' Committee, elected by all residents from among themselves must be convened by the Superintendent through which residents, could exercise their voice. The committee should reflect the two genders in proportion to their strength in the Home. Meetings must be held weekly at a convenient time. The Superintendent must attend one meeting every month to allow residents to present their opinions and get feedback. The Committee could arrive at decisions either by consensus or by secret vote. Minutes of the Residents' Committee must be recorded and read out at the subsequent meeting for approval and placed on the Notice Board.

Other sub-committees should (may) be set up to discuss all matters that affect the residents - such as nutrition, daily routines, sanitation - how to spend monetary donations received, and so on. The number and types of such committees may be determined by the Residents' Committee.

In the case of residents who are dependent for all their daily activities, their participation is voluntary and depends on the nature of work they can perform. All assignment of work should be done in a transparent and fair manner at the Residents' meetings, recorded in a register, and should be done in a manner that is equitable to all.

Recreation and Entertainment

Each Home shall pursue a wellness approach to encourage residents to have an active lifestyle that includes physical and intellectual pursuits. These will include but not be limited to:

Availability of recreation/activity areas (exploring areas for recreational activities and finding out appropriate recreations depending on availability of space and other favorable factors)

Encouraging visits by family members and friends

Number of (Identifying) social activities at the place of residence responsive to both women and men;

Outside/inside voluntary involvement in services (Involving outside voluntary agencies in the mural and extra mural activities of the Home)

Availability (Identification) of physical activities (including Yoga) separately for men and women if necessary

Availability of (Exploring) mental activities

Availability of (Identifying) spiritual activities

Recreational and reading facilities such as radios, televisions, video players, newspapers, weeklies / journals and books should be made available. Depending on the extent of the physical activity of the residents, other facilities for active sports such as badminton, table tennis and squash can be provided. Depending on need, cards, caroms and other entertainment facilities can be provided. Depending on availability of space, individual or group walks, jogging etc. may be planned. Use of Internet connections must also be facilitated for those who want to browse for news and increase knowledge and who wish to send e-mails to their near & dear ones.

Facilities (Opportunities) for Productive/Active Aging

Under this, gardening, walks, jogging, pursuit of hobbies – writing, painting, toys, paper bags, tailoring, ornament making and the like - can be thought of. To the extent possible, all measures should be taken to keep the inmates engaged in a constructive/positive manner, if necessary by seeking NGO and Civil Society support. Tie-up with Kudumbashree for sale of products made by inmates could be thought of.

The Home Management should encourage vocational and social initiatives in areas where there is some aptitude among the residents. Where land is available, the Home may consider starting poultry farming or other agricultural initiative. Based on any income generated, incentives may be provided to those who participate in such activities. However, the process of participating and sharing responsibilities and income must be determined in a transparent and fair manner by the residents themselves. Residents may also be encouraged to form various social clubs.

Depending on age, aptitude and ability, residents could take up small work programmes like making envelopes, wicks of lamps and other light works. These should be marketed and they would yield small incomes.

A Safe and Caring Environment

The objective is to provide in each Home an environment, which is congenial, free from abuse, which will encourage the resident to cope with his/ her situation and to live in dignity. Staff should ensure that they respect the dignity, modesty and privacy of the residents at all times, and particularly heed to the needs of women in this regard, which are different from those of men. This may be through proper use of language, polite demeanour, by avoiding casteist, racist, sexist, or any other biased language that shows disrespect for a resident's religion or beliefs. They should also use discretion

and compassion when discussing the resident's medical conditions or other such issues. Simple and courteous rules should be followed such as seeking permission before entering rooms and so on.

All sites must have notices posted in a conspicuous location, delineating

1. The rights the inmates in the Home
2. Menu in large print for a minimum of one week in advance,
3. Grievance procedures for participants,
4. An evacuation plan (exit signs),
5. Signs that smoking, alcohol and drugs are not permitted within the Home.

To the extent possible, the environment should not only be safe but also enjoyable. For example, all festivals and special days, including October 1st (Senior Citizen's Day) and June 15th (World Elder Abuse Awareness Day) - must be celebrated. Birthdays of residents may be celebrated. Seminars and participatory sessions to discuss issues of importance to Senior Citizens must be organized. Cultural programmes may be organized to promote the artistic and other talents of the inmates.

Collaboration should be entered with nearby schools and colleges to enable students to spend some time in community service with these Senior Citizens. These may be organized periodically and can involve simple things as sharing experiences and perspectives that may be of interest to both, reading a book for them, or entertain them with cultural activities. It may be advisable to ensure that these students are provided some orientation in caring for the elderly. Similar events could be organized in co-operation with local arts and sports clubs.

Trips should be organized for Senior Citizens at least once every two months. Disabled persons who could use wheel chairs also may be admitted into the team. Sponsorships may be sought for this. Residents who are fully capable of moving out independently should be allowed to go out periodically (perhaps once every month) after having obtained permission from the Superintendent. A Protocol should be established for such trips, including the issuance of a compulsory *out pass* with a seal and the phone number of the institution, and should be followed meticulously. A register must be maintained for the purpose as discussed later in this document.

Impartial Settling of Disputes

All residents have the right to an impartial process of dispute settlement. Non-adversarial and non-intimidating processes such as conciliation and negotiation should be utilized. While there is flexibility on the type of dispute resolution mechanism that must be put in place, the process must be speedy and fair. This process should be conducted in a manner to ensure that a fair hearing is given to both parties. Reporting a dispute can be by a resident or staff. The process of dispute and the final results should be documented with a fair amount of detail in the daily diaries.

Practices should also be developed to prevent abuse of residents by staff.

All staff must undergo training to identify and detect the possibility of abuse, prevent abuse, protect the resident if abuse is happening, report any suspected abuse to supervisors, and understand procedures for protecting residents with specific vulnerabilities.

A Suggestion Box

A suggestion box must be maintained in a fairly visible place and away from the Home Office. The suggestion box must be opened every week in the presence of the Chairman of the Management Committee and resident representatives. The suggestions received and actions taken must be recorded in a register to be maintained for this purpose. Staff must see every concern expressed in the complaints and view it as an opportunity to improve the services.

A Prospectus

Every home should prepare and keep sufficient copies of a write-up (Prospectus) on the home which should give details on the objectives, area and number of rooms and other details on physical structure, management personnel, staff with designation and qualification, intake capacity (of residents), number of inmates on board, policy and practice on admission, payment if any required from residents, facilities available including medical facilities, admission criteria, entitlements including rights of inmates, and all other information that a new entrant or one seeking admission will require before deciding on opting the Home.

Copy of this booklet should be made available to any prospective applicant and should be supplied to all residents. The same may be desirably put on website.

The Home should ensure that all the rights and entitlements of senior citizens under various schemes/statutory provisions are protected at all times.

General suggestions

Hot water should be made available to the residents for bathing. For this, solar water heater or other arrangements should be provided in the OAH.

Some area within the home compound should be identified for organic farming of vegetables. The objective is to provide pollution-free vegetables and at the same time keep the residents physically engaged.

As a good number of residents of OAHs are suffering from life style diseases, the standard menu needs to be reflective of the need of this segment of the residents.

OAH Superintendents should be given authority to employ persons from outside to attend on residents who are hospitalised and to pay them wages.

Currently the care of the residents is being handled by casual male and female attenders who have no training in geriatric care. Hence, trained full time permanent attenders should be appointed.

The counsellor should be specially commissioned to ensure Individual hygiene, environmental hygiene, availability of the services of the doctors, nurse and attending staff, necessary medicines and recreational facilities that will enrich the life of the OAH residents.

The care giving staff should make sure that their services are geared to the needs of the resident. They should treat all residents equally and with love and respect. They would belong to different religions. The staff should help them with their prayers without any discrimination.

Since many of the residents will be suffering from diseases, the care givers should not only have sympathy towards them but show this in their behaviour as well.

Taking the health and interest of the residents, they could be encouraged to start small work units and other items of work that will call for only minimum effort.

V BASIC SERVICES – FOOD

Food

Food, shelter and health care are three basic services needed by a resident in an institution. The residents should be given tasty and nutritious food. In this, their age, health condition and personal preferences have to be taken into consideration. Provision of these will develop a favorable attitude among them about the institution

The food should have the following qualities. If these are satisfied, the residents will be happy and contented

- It should fulfill the expectation of the residents
- Food which is preferred by them
- Food which is tasty
- Prepared in a manner that is readily eatable
- There should be variety
- Should be received at correct time and in adequate quantity.
- Food should be healthy
- This should be considered important.
- The correct food in correct quantity and at correct times would add to their health and happiness.
- To make food healthy, it should be balanced and nutritive.
- It should be supplied according to their needs and convenient timings.
- There should be fixed hours for supply of food
- It should be prepared for easy digestion
- It should contain a lot of fiber
- For the ill, food prescribed by the doctor should be administered at prescribed times
- There should be good quality drinking water
- Cooking and food distribution should be totally under hygienic conditions
- There should be changes in food and food timings necessitated by seasonal variations
- Food should be prepared according to the menu prescribed by the nutritionist whose advices at all times should be adhered to. The special needs of the inmates should be considered.

Need for proper planning

Only if there is proper and realistic planning from procurement of food materials to their preparation and distribution to the residents will the effort succeed. Needless to say, these will make matters easy and efficient. One should take into consideration, the differential preferences of the residents in food matters, differences in their health conditions and changes in climatic conditions in planning and implementation of the programme on hand to make matters maximally successful.

Food materials should be available without interruption and arrangements should be made for this.

In many cases, the amount sanctioned for food may be inadequate while expenses would be on the increase. Under this circumstance proper planning is essential.

Planning should be done in anticipation of many obstacles and negative factors. For e.g., the contractor may stop supply abruptly for reasons peculiar to him, may be, lack of release of funds at proper time. So, planning should anticipate all kinds of temporary obstacles.

The following factors may be taken into account in planning

- a) Availability of funds
- b) Possible collaboration and contribution from people in the community.
- c) Legal and other provisions for buying and storing of food
- d) Arrangements for storing and handling food materials
- e) Division of labour among workers
- f) Ensurance of food preparation and distribution as per prescription of the experts
- g) Methods of cooking/preparation of food
- h) Availability of cooking gas or fuel
- i) Availability of pure and safe water
- j) Availability of cooking vessels,
- k) Arrangements for serving food
- l) Cleaning arrangement
- m) Procedure for each worker to do his job
- n) Provision of preventive measures in case of breakdown of any of these arrangements
- o) Proper timing and method in food matters prescribed by the nutritionist

Menu

Menu refers to the table prescribed by the expert for the residents taking into account the food habits, health condition, needed nutrients and climate. These should be followed in the home in the matter of serving food to inmates

Preparation of the menu

- a. The menu should be prepared one month in advance
- b. There should be different food prescribed each day
- c. Preference of the residents should be given maximum weight
- d. The food prescribed in the menu should agree with climatic conditions
- e. Inexpensive but better quality food should be prescribed taking into consideration the financial condition of the home.
- f. For preparation of the menu, necessary information should be given to the expert. He should be permitted to meet the residents on this.
- g. Final shape of the menu should be made only after discussion with the Superintendent.
- h. Menu should be prepared for 3 months, also prescribing the time for its implementation and the directions to be followed on them.
- i. Before the end of the third month, the menu for the next quarter should be prepared.
- j. The menu should be displayed in the dining hall. There should be a separate place and arrangement for this.
- k. Separate menu should be prepared for those who need special food due to illness or other reasons.

Food for the sick

The food for the sick should be as per the prescription of the attending doctor. Instruction on this should be given to the concerned persons by the head of the institution.

The patient should be told about the doctor's prescription and the need for following the food intake prescribed by the doctor. The matter of adhering to the diet restriction and possibly other consequent restrictions should be ensured by the Superintendent.

Giving treatment based diet to patients may cause additional expense to the home. In such condition, the Superintendent should follow the rules on them and see that the amount does not exceed the permitted budget because of the extra expenditure involved.

will be convenient if food distribution to the sick is made at a different time than that for the general residents.

Responsibility for giving food to bed-ridden patients should be allotted to a specific employee. It could be entrusted also to a reliable and willing resident.

Food for those who are deficient in nutrition

If on medical checkup residents are found to be deficient in nutrition, immediate steps should be taken on the advice of the doctor to overcome this deficiency. The diet prescribed by the doctor should be given. The advice of the nutritionist also could be secured.

The extra cost involved in the supply of the new food should be claimed from the Dt SJ Office.

For supplementary nutrition, donations from the public should also be sought and received.

Measures to remove the deficiency in nutrition of the resident should be recorded in the medical record of the person concerned.

Procurement of food supplies

Food materials include vegetables, provisions, fruits, milk, fish, meat, egg etc. and may be grouped as follows

Provisions/Grocery items

Fruits, vegetables

Milk

Fish, meat, eggs etc

Items that are not included in the above

The home should prepare a budget for the annual procurement of these items and take measures for getting them on time.

Methods of procurement of food materials

Food materials should be procured as per Store Purchase Rules

On the basis of these Rules, quotations/tenders should be invited for the supply of items as per requirement every year. These items should be grouped for giving quotation.

Tenders for short terms (shorter than a year) will be costlier and should be avoided.

The quotation/tender should list out the price of each category of item. For the next financial year, quotation should be invited before the 31st of January of the current year. The tenders/quotations should be accepted before March 15.

Accepted quotations should be opened and examined as per Rules on the exact day announced.

Approval of the quotation/tender will be the responsibility of the Dt SJ Officer. The opened quotation/tender should be sent to the Dt. SJ Officer for approval after endorsement by a witness with specific recommendations on the items.

The accepted tender should be sent to the Dt SJ officer on the very day of opening it or on the next working day. Failure to do this will be considered as a breach of rules.

After getting this approval, security deposit should be accepted and the tender finalized and the party should be instructed to supply the items in time for use in the beginning of the next financial year.

Any dispute arising on the quotation will be settled by the Dt.SJ Officer who will be the final authority on this. If the tenderer does not take up the responsibility for supply or willfully default or do not adhere to the condition of the contract, steps should be taken to temporarily stop the agreement after some time.

Before suspension of order, the superintendent should report the matter to the Dt SJ Officer who should make preliminary enquiries and if convinced should suspend the quotation. The matter should then be reported to the Director of SJ.

The contractor should be informed in writing about this promptly and action should be taken on him as per the Store Purchase Rules.

After this, swift measures should be taken to restore the supply of food to the institution.

If on further enquiry the contractor is found guilty the Dt. SJ Officer can cancel the contract.

Restoration of supply

The food of the residents should not be affected by the tenderer's inability to supply food materials. Prompt measures should be initiated to restore supply without break

The previous quotationer could be asked to supply the materials at prices fixed in his quotation for a fixed future period (This should be done only if the previous quotationer had supplied the materials satisfactorily)

Quotation could also be invited for shorter period as an interim arrangement and food materials could be procured.

Food materials could be purchased directly from shops run by government /quasi government/cooperative stores.

Buying items from private parties

Under ordinary circumstances, materials should not be purchased from private parties. But if the required item(s) whether listed in the quotation or otherwise are not available from govt/ quasi govt/cooperative stores and if they are unavoidable, these could be procured from private parties if they are within the prescribed limits of purchase taking into consideration the urgent need for the item(s).

This also applies to items prescribed by the doctor for special food, again without exceeding the limit of purchase.

The institution head should record on the back of the bill the special reason for buying the item.

If out of sheer inertia or by will, the head buys food items from private parties and thereby brings loss to the Government, the officer concerned will be responsible for the loss and will invite disciplinary action.

Receipt, storage and distribution of food items

The head of the institution should give the responsibility through an office order to an officer for acceptance of the item from the Contractor after checking its quality and quantity, measurement and weight.

This officer should ensure the quality and quantity and weight/measurement of the articles supplied before accepting them.

He should record these items in the Register correctly and promptly.

The officer concerned should endorse on the back of the bill/s as follows: “ The food articles as per this invoice have been checked by me and are in correct weight and quantity and quality and received in very good condition. This fact has been recorded in the stock register”

The head of the institution should countersign on this statement

The officer who receives the articles will be held responsible if subsequently it is found that the articles certified by him as of good quality, quantity and in good condition are of poor quality or underweight or in other ways inferior.

Weights and Measures

The institution should buy and keep the instruments necessary for weighing and measuring the items required .

These should be examined by the Legal Meteorology Department and their seal should be affixed. The conditions attached by the Legal Meteorology Dept should be observed. On expiry of the period, they should be renewed appropriately. The instruments should be kept in the store and the related documents should be kept in the office. The certificate given by the Meteorology Dept. should be exhibited in the store room and a copy should be kept in the department files. On expiry of the term of the certificate, it should be kept in the files of the office.

Upkeep and maintenance of the Store

- There should be a store room in the home for keeping food materials and instruments etc. There should be arrangements in the room for keeping food materials in safe and good condition.
- The room should be properly ventilated for natural day light to enter and for proper air circulation. For proper storage of the food items, there should be shelves, racks, cupboards , storage bins of different sizes and stands.
- Provisions should be stocked in adequately sized containers. The name of the item stored should be written on labels pasted to the bin
- Vegetables should be stored in a separate part of the room.
- Vegetables, eggs, milk etc should be kept in cold storage
- The store should contain the approved Instruments for weights and measures
- The room should be free from rodent, cockroaches and other dangerous pests and insects. Insect repellants should not be kept in the room or allowed to contaminate the food items. This point should be strictly observed.
- Store room should be cleaned periodically and kept hygienic.

- Store room should not be kept open unnecessarily. The key should be kept by the person in charge.
- There should be a list containing the weight/measure of the food items kept in the room.
- There should be clear instructions for keeping the store clean and tidy. The instructions should be strictly adhered to.
- Training should be given to the store in charge
- The head of the institution should periodically inspect the store and make sure that it is in perfect condition. If any dereliction is found, the concerned person should be properly dealt with.
- Bags and sacks containing food materials should be stacked on the rack without touching the wall (6" away from the wall)
- Empty sacks etc should be properly bundled and kept on the top of the stand.(These materials should be periodically auctioned as per rules and the amount therefrom should be remitted into the treasury)
- The cleaning chart of the store should be exhibited. The cleaning date should be shown/marked and initialed by the officer in charge

The don'ts by the store in-charge

- Food materials should not be wrapped in paper
- Food materials, instruments etc should not be carelessly put in the room
- Sacks and bags containing food materials should not be kept on the bare floor or touching the wall.
- Containers, bottles etc containing food materials should not be kept open carelessly.
- The store room containing food materials, instruments etc should not contain any other thing.
- Items not registered in the Stock Register should not be kept in the room.
- Food items not registered in the stock register should not be distributed to residents.
- Store room should not be kept open unnecessarily
- Strangers should not be allowed in the store room
- The key of the store room should not be unauthorized handled.

Method of issue of food materials for cooking

Items of food for cooking should be issued to the cook. Food required for a maximum of 3 days could be issued to the cook each time.

Items of food not needing cooking (fruits, biscuits etc.) could be taken by the cook and distributed directly.

All items received by the cook should be entered in the stock register with the cook's signature

Items received by the cook should be kept in the kitchen under hygienic condition and should be used for cooking/distribution.

There should be shelves or cupboards for keeping the food materials

Provisions should be stored in cupboards/shelves in clean containers and their names should be written outside

Easily perishable articles like milk, fish etc should be kept in adequately sized refrigerators in the store or kitchen.

Vessels for kitchen use

The institution will need appropriately sized vessels and other containers and they should be purchased as per availability of funds and as per Store Purchase Rules

Plates for serving food should be 10% more than the actual number of residents.

ISI marked aluminium/steel vessels alone should be used.

Damaged/unusable vessels/plates should not be used for cooking or serving meals. They should be kept separately and sold by auction as per rules.

Instruments/machinery for simplifying cooking

In an old age home, several people will have to work in the kitchen to meet the several needs of the residents. This is a difficult task. Preparation of food for cooking, the actual cooking process, and related work will have to be done easily and quickly. If modern mechanized machinery is used, much time and effort could be saved and the products will be clean. Under this condition, such machinery could be used profitably in an OAH

These could be bought after getting permission from the Director of Social Justice and as per rules.

Training should be given to those who use them

Care should be taken by the users in handling them

Machines using electricity should be handled carefully to avoid dangers/accidents

The items of machinery used for cooking in the kitchen should be entered in the register for instruments

Fuel for cooking

The institution can use LP Gas. This and accessories should be purchased only from approved agencies

Steps should be taken to get gas cylinders according to the number of residents.

Institutions using a number of cylinders should use gas kiosk arrangement. This should be arranged only under instruction from approved gas agencies. The institution should adopt all safety instructions issued by the gas agency.

The room storing gas cylinder should be under the responsibility of the cook.

50 % of the cylinders issued to the institution should be kept in reserve. Steps should be taken to get new cylinders as soon as cylinders become empty.

Care should be taken to avoid break in the supply of food due to shortage of gas

The Superintendent should periodically check if the gas is wasted due to carelessness of the user.

Places using steam

Steam could be used where there are a large number of residents

Cooking by using Kerosene

When necessary, kerosene stove could be used for cooking

Kerosene should be kept separately and dangers from it should be avoided.

To the extent possible, use of kerosene for cooking should be avoided.

Use of bio gas

If there is adequate waste for use of a bio gas plant, bio gas could be used as fuel for cooking

Solar power

Solar power also could be used if situation warrants

Use of Fire wood

The institution using gas and other materials for cooking should keep in store a small quantity of firewood to avoid any emergency caused by shortage of their supply.

Stock Register of fuel

Separate stock registers should be kept for LPG Cylinders, firewood and kerosene. The responsibility for this will be also that of the person in charge of the Store Room

Directives for preparation of food

Food should be prepared for each time of the meal. Food should not be cooked for more than one time.

Food should be served sufficiently hot to the users.

Food prepared earlier should not be re-heated/boiled/warmed up and served again.

Under no circumstances should cold food and stale food be served to the residents. Doing so will be a penal offence.

Efforts should be made not to waste food, that is, preparing more than the required quantity. Equally, food served should not be inadequate or in short supply.

Food should be prepared under maximum cleanliness and hygienic condition

The cook should do the cooking himself/herself

It is not proper to make the residents to cook for them while the cook does not do the work.

The cook should be given training in preparing food with quality and variety.

Responsibility for cooking and serving

The responsibility for doing the cooking work is that of the cook. He should use his team to serve the food so cooked. He could use healthy and willing residents to help him in this.

If there are more than one cook, the duty/responsibility should be divided among them.

Specific Office Orders should be issued fixing the responsibility of the cook(s)

Healthy residents could be used in preparing materials for making food and for cooking and serving food.

Cook on daily wages

When the cook takes leave or takes a day off or on short vacation, or does not present himself for duty, an experienced person could be hired on daily wage basis to work as cook.

Serving food

Food should be served only in the dining hall for all except those who are sick or bed ridden. They should not be permitted to eat in dormitory or other rooms. Special care should be taken to serve food at fixed hours.

Five minutes before, the residents should be informed about the food being ready. This should be done only after all preparation for serving food have been taken.

Two methods could be used in serving food

A) Serving on tables

B) Buffet system

The institution can follow any of these methods convenient to it. The Mess Committee should take decision on this. Accepting the buffet system should not cause difficulty to anybody, especially those with differential ability

Under the buffet system, those responsible for serving food will still have responsibility for it.

All residents should be given food according to their need. But those for whom doctors have advised diet control should not be given excess food than that permitted by the doctor. Food prohibited for them also should not be given to them. This should be strictly adhered to. Before taking food, residents could follow prayer prescribed by their religion.

Resident Representatives of the Mess Committee should watch the food distribution and help in making it easy and helpful.

The head of the Institution or his representative should taste the food and should convince himself that it is good for use.

The Superintendent could give orders giving responsibility to the concerned officials for this.

Those distributing food should observe personal hygiene.

While distributing food they should avoid unnecessary talks

The discipline to be observed while taking food should be told to both the residents and the servers.

Those who eat and those who serve should take care in avoiding wastage of food.

The Managing Committee should occasionally inspect the food served to residents and the method of serving. If any irregularities are observed they should give suggestions for removing them.

Sending food by parcel outside

Food may be sent by parcel to hospitalized residents and their by-standers. The matter should be informed to the Superintendent who will make arrangement with the kitchen people for the service. A list of those to whom food is to be sent by parcel should be kept.

Relieving the person in charge of the Store

Due to transfer, pension and leave if the person in charge of the Store has to be relieved, the charge of the store room will have to be given to the new person taking charge or to another person nominated by the Head.

The man handing over charge should prepare a list of all items. The man taking charge should satisfy himself that all items as per list are present and should record in the list that he has taken charge of the items. The date and time of taking charge also should be noted.

Three copies of the list have to be prepared; the original for the Superintendent, one for the relieving officer and one for the relieved officer.

Further both the relieving person and relieved person should sign the register.

The Superintendent should issue the relieving order to the officer only after making sure that the person has indeed transferred all items

Permitting the officer to be relieved without proper transfer of items is a punishable offence and will be considered as lapse on the part of the Head.

Opportunity for sponsoring food on Special Occasion

Institutions and individuals who want to sponsor food items to the residents should be encouraged .

But they should comply with certain regulations

Morning breakfast, noon meal, evening tea and night meal are the items that could be sponsored. In between food is not allowed.

Items of food to be served should be chosen with due consideration for the age, health condition, climatic conditions, etc. of the residents

Those whose food is restricted by the doctor should get only the prescribed items of food.

The amount to be given by the sponsor should be handed over to the Convener of the Managing Committee and obtain receipt. The institution authorities should arrange the purchase of fuel and food materials and for the preparation and supply of food at the appointed time.

The amount should be remitted under proper receipt by the sponsor 24 hours before the food is to be served.

The sponsor or his representative should come at the time of serving the food and he can join in the distribution of the food.

Instructions

The amount of money for different sponsored items will be decided by the Managing Committee and only that amount should be collected. The amount received should be remitted into the Managing Committee's Bank Account on that day or next day. Amount required for preparing food should be drawn by cheque from that account.

The deals arrived at every day should be entered in a diary. If the sponsorship is accepted, the matter should be reported to the cook in writing.

The addresses of the sponsors, time and date of the event should be displayed on a Board for the information of all concerned.

Items of food to be prepared from the sponsors' money should not be taken from the items stocked using the institution's fund .

Items of articles for preparation of the food should be decided by the Managing Committee and should be bought from the money received for that purpose. There should not be any complaint on this matter.

The receipt and payment on sponsored food should be presented to the Managing Committee and the bills, receipts, statements and vouchers should be preserved.

A register containing details of the sponsored food should be maintained.

The sponsor and accompanying persons can join the residents in taking food. Before starting the distribution of food, the sponsor could address the residents, explaining the reason for this sponsorship. This should be made a happy event by all concerned.

This occasion should not be used to degrade or insult or wound the residents.

After food, a representative of the residents should thank the sponsor.

Since the old age homes by and large are receiving donations regularly from the public, it will be desirable to have a uniform policy on the matter of receipt and use of the amount.

On the basis of the average donations and the amount required for purchase of the needed items in a month, arrangements should be made for their purchase and the amount should be paid from the Management Committee's funds at the end of the month.

This account should be maintained separately from the general Old Age Home account using government funds. Separate stock registers also should be maintained for each.

Mess Committee

There should be a mess committee in every institution. The committee's responsibility includes selection of food materials, examining their quality and to ensure that food related matters of the institution are going in the desired direction.

Composition of the committee

Superintendent - chairman

Cook - Member

Person in charge of storing and distribution of food materials - member

4 Representatives of residents - Members

If the institution contains women, two of the resident representatives should be women.

A person serving as member in the previous committee should not be elected again in the succeeding period.

The duration of the committee will be 3 months

Mess Committees should hold meeting once a month. Urgent meetings could be held in the meanwhile.

The convener should call the meeting after consultation with the chairman.

The Minutes should be recorded by the convener.

There should be clear agenda for the meeting.

Responsibilities of the Mess Committe

Choose the food according to the preference of the residents

Ensure the quality of the food distributed

Decide on the method of distribution of food. If changes are required in this, inform the authorities.

Ensure the cleanliness and hygiene of the store, kitchen, dining area, work area and suggest improvement if needed.

Provide all help to give quality food to residents.

VI BASIC SERVICES – HEALTH CARE

Health care

Health is cardinal to every person, more so for the old who are more susceptible to frailty and illness than the young. Hence in an old age home, great care should be taken to ensure good health care of the residents. In an old age home, three types of health care are required. Maintaining one's health, treating diseases when ill and taking care of bodily and mental health status are three objectives to be taken care of in health matters. Here disease prevention, disease treatment and care giving assume significance. All health care programmes should be geared to the achievement of these requirements.

1. Disease prevention

In an OAH, prevention should be given primary attention. If preventive measures are taken, the individual could stay healthy and active and in turn happy. This requires two things – good health management and a healthy environment.

Health Check-up

One way to keep good health is periodical health check up. Medical check-up of residents should be conducted at prescribed intervals. This should be done through Primary Health Centre, government dispensary, taluk or district hospitals. The Medical Officer will have responsibility for visiting the OAH and examining the residents. Those found sick should be referred to hospitals. The medical checkup of the residents should be done once in a month. However, in an emergency, the Medical Officer should immediately visit the home and take necessary steps to attend on the patient.

In the review meetings conducted every month in the office of the Dt. Medical Officer, the health condition of the residents of OAH should be reviewed. The District SJ Officer should necessarily participate in this

meeting. The health condition of the residents, health care and doctor's visit should be reviewed. In the meeting at the Dt. SJ Officer's office, the health situation in the OAH should be reviewed and the Dt. Officer should give necessary instruction to the Superintendent of OAHs

The Superintendent should provide a room to the visiting doctor and render all help to enable the examination of the residents.

Total Medical check-up

The objective is to assess through a comprehensive health checkup, the health status of the residents. The physical and mental state of the residents should be assessed by doctors from different specialties. This assessment should be made once every year. Medical camps also could be organized where the residents could have their health checked.

There should be also simple medical check up, like tests for diabetes, blood pressure and cholesterol level with the help of a nurse. For this, simple instruments and materials should be bought and kept in the Home. The result of these tests should be entered in the medical report of the residents promptly

Medical check-up at regular intervals

This should be entrusted to the nearest health care institution – Primary Health Centre, Government Dispensary, Taluk/District Hospital. The Chief Medical Officer in this institution should entrust the work to one of the medical officers working there. If there is no other medical officer, the Chief himself/herself should undertake this responsibility.

The concerned medical officer should visit the institution regularly and do the checkup of the residents and give necessary instruction regarding their health matters.

In the absence of the the medical officer designated to do the work, the Chief Medical Officer should do alternative arrangements who should be bound to do the medical checkup without fail.

The officer should visit the old age home once in a week.

In case of emergencies, the Medical Officer should visit the institution immediately and examine the patients and give the required treatment. Those requiring further assistance should be referred to the hospital for further treatment.

In the monthly review meetings held in the District Medical Office, there should be review of the health check up done and the status of the residents. The District SJ Officer should necessarily take part in this meeting and do necessary discussion on the health status, healthcare, visit by medical officer. Government should give necessary instructions to the MOs in this matter

In the monthly meeting held in the office of the Dt. SJ Officer also there should be discussion about the health status of the residents. The DSJ Officer should give necessary instruction to the Superintendents in the matter.

To enable the Medical officer to undertake the checkup, the institution should provide a room with furniture and instruments and necessary arrangement for checkup.

It may be pointed out that getting the services of a government medical officer attached to a hospital or PHC will be very difficult in view of his already heavy load of work. In the prevailing circumstances it will be highly desirable to hire the services of a part time doctor for this service and to pay him/her an honorarium. This will enable quick results.

Minor clinical check-ups

As part of the measure to decide the health condition of the residents there should be arrangements for clinical tests to be conducted regularly in the home itself. Sugar level in blood and urine, blood pressure and cholesterol level could be tested in the institution itself. For this, materials for the tests should be procured and kept in the institution. The duty nurse could perform the tests.

The results of these tests should be recorded in the Medical Records of the residents promptly.

2. Treatment of diseases

Health condition of the residents should be constantly checked through periodical check-up, clinical tests and other ways. Light treatment in the

home and expert treatment in the hospital are required and should be arranged.

Making treatment available

Treatment of the residents should be conducted in the PHCs, other government hospitals and medical colleges of the locality. The frail could be treated also in government Ayurveda and Homeo clinics/colleges. If during health checkup conducted in the Home, a person is found to be suffering from any ailment and requires hospital treatment the attending Medical Officer can refer the person to the nearby govt. hospital/medical college. The person suffering from illness should be given proper treatment by the head of the home.

Making medicines available

The Head of the institution is responsible for procuring the necessary medicines to the residents. He should get them from the hospital that gives treatment. If they are not available from there, the head has the responsibility to purchase them from outside

There are two situations under which the required medicines will have to be purchased from outside

When essential medicines are in short supply but are required urgently for administering to the patient

When the prescribed medicines are not available from the concerned hospital/dispensaries

When medicines have to be purchased from outside, they could be purchased from Govt medical stores or cooperative medical stores. If they are not available in these stores, direct purchase could be made from private agencies. In such cases, they should follow Store Purchase Rules and the justification for such deal should be entered on the back of the bill and the Superintendent should sign on the back with date.

Medicines can be accepted free from reliable doctors and pharmaceutical companies but their quality should be checked. The expiry date of the medicines should be checked in all cases. These medicines should be authenticated by the concerned Medical Officer. Only such medicines should be used and given to residents.

It is imperative on the part of the head of the Institution to give prompt treatment to the sick resident. This is his responsibility. When warranted, the patient should be moved to the government hospital on the advice of the doctor.

3. Care giving

Care giving is very important in disease management. Most of the residents may be having some health problems, some of them minor, some major.

In some homes a special category of residents could be expected. They are the terminally ill, those suffering from dementia and those who require palliative care. They require special attention and this should be specially provided. In some cases, the services of a therapist would be required. In other cases, especially palliative care and dementia care, specially trained care givers may become necessary. In all cases, the services of a special category of care givers may have to be provided for.

Staff and health care workers trained in specialized nursing, physiotherapy, psychology and geriatric care should be appointed. Staff should provide individualized help to residents who need assistance for eating, bathing, toileting and the like. In addition, when necessary due to health reasons, staff should provide individualized meals to residents with special needs such as those with diabetes or high blood pressure.

Homes must have an organized infection control programme that prevents diseases and infections from developing and spreading among the residents. Periodical medical camps may be organized on campus to ensure proper health of the residents and to sensitize the residents on steps for healthy aging.

Maintenance of Hygiene

Hygiene is closely connected with health. If better hygiene is practiced many diseases including contagious diseases could be prevented. Hygiene will also keep the institution neat and tidy. Hence, it is necessary that better hygiene is maintained. Both the residents and the staff should engage in hygienic behavior and this will lead to institutional and environmental hygiene. This is more important since residents of old age homes are easy targets for all kinds of illnesses, including hygiene-related ones. Three levels of hygiene could be visualized –Individual hygiene, institutional hygiene and environmental hygiene. All of them are equally important.

Personal Hygiene by residents

Residents of old age homes come from different walks of life and have different senses of hygiene. To change them will be very difficult. It is necessary to educate them in ways that will contribute to hygienic life. In some cases, pressure will have to be used against those who do not adhere to admonitions. Even so, their wrong ways of life can be corrected only gradually.

Only through continuous observation and use of pressure and even threat can the wrong habits of some of the residents be corrected. But this has to be done.

To induce correct ways of life the following methods will have to be adopted. These should be considered basic; the authorities could issue more directives and see that they are put into action by those for whom they are intended.

- Ensure that the residents follow their routine correctly
- Ask them to pursue personal hygiene
- Ask them to wear clean dresses always
- They should not exchange their clothes without cleaning
- Ask them to keep bed sheets and pillow covers clean. The staff should see that this is done by the residents. The home should give them clean sheets periodically.
- Ask them to keep the bed and premises clean
- Keep the body clean
- Keep one's articles clean
- Wash the hands before taking meals
- Ensure that the residents follow the rules on food promptly and fully
- Do not permit residents to overeat
- Ask them to do exercises daily
- Ask them to go to bed and wake up at regular times
- Do not permit residents to use any kind of stimulant

Institutional Hygiene

Along with ensuring personal hygiene among residents, it is necessary to improve general institutional hygiene. The institution should require the staff to follow the rules of behavior on hygiene. Bath rooms, toilets, kitchen, dining room, dormitories, veranda, staircases and all the premises including the compound should be kept clean, neat and tidy at all times. The care

givers and staff should be alerted on this and periodical inspection should be made by the Head.

Hygienic measures to be taken by the institution

- Keep the institution and surroundings always clean.
- Bath room and toilets should be cleaned twice a day. Disinfectants should be used to keep them pest and insect free
- Kitchen and dining room should be kept clean
- Keep the machinery and instruments used for cooking clean after every use
- Vessels used for cooking should be made clean after use.
- Since walls pasted with tiles are easy to clean, the walls of kitchen, dining room, bath room and toilet should be fixed with tiles and they should be cleaned thoroughly and frequently.
- Provisions used for cooking should be kept in safe containers
- The kitchen should be made free from pests
- Soiled clothes, mattresses should not be kept carelessly
- Sandals used by inmates outside the room should not be permitted to be allowed in. They should be kept in shoe racks outside
- There should be provision for drying wet clothes after cleaning. For this, a separate room is desirable. Covered terrace could be used but inmates should not be allowed to go to terrace unattended.
- Residents should be sensitized to obey the rules to be followed in the matter of hygiene in the dining room
- After taking food, the plates should be cleaned and stacked on the shelves provided for them
- Once in a week these plates should be cleaned in boiling water
- Food-waste should be kept in separate buckets and should be removed every day
- Once in a week, the doors, window panes and furniture should be wiped and cleaned with wet clothes
- While cleaning, the cobwebs and other similar items should be removed from the rooms
- There should be waste paper basket in the rooms and its use by everybody should be ensured
- Every day, the windows should be kept open during day time and sunlight should be permitted into the room.

- Food items/materials required for the kitchen should be kept only in the store room or kitchen.
- The clothes, bed sheets and the like to be distributed to the residents should be kept safe in the cupboards of the store room.
- Furniture not in use or damaged should be kept in a separate room.
- Steps should be taken to make the beds bug-free
- The responsibility for keeping the premises clean is that of both the residents and staff and this should be always borne in mind by the two parties.

Environmental Hygiene

This is an area which emerges very important in an OAH because an OHS emits much waste both solid and liquid to the environment. This should have to be severely circumscribed. To maintain environmental sanitation, the following points may be noted.

Waste water coming out of kitchen and bath rooms should be channeled through the drainage and if drainage is absent, it should be sent to the septic tank. Under no circumstance should it be let out into the open and outside.

Food waste and waste driven out of the kitchen should be put in the compost pit. Biogas plant to some extent can control waste by using it for producing biogas

Water from the septic tank should not be allowed to spread outside. Swift action should be taken to contain the waste water.

Useless plastic and iron/steel items should be collected and given over to outside agencies who collect them

Ensuring supply of pure drinking water

One way to preserve hygienic condition everywhere is by ensuring good water. Water plays a big part in hygiene. Many diseases are water borne. It is therefore very important that good drinking water is made available in the OAH. It should be ensured that water coming through pipe or from well should be pure. If well water is used, the well should be periodically cleaned

Scientific method should be used for purifying water

Residents should be given only boiled and cooled water for drinking. This water should be available in the dining room and in the dormitories through big steel flasks

Treatment in a hospital

If a resident will have to be moved into a hospital for treatment, his relatives should be informed in writing .

The immediate relatives of the ill resident could be given permission to take care of the patient. For this, the relatives will have to give a petition to the Head. The head can take whatever decision at his discretion.

If it is decided to hand over the patient to the relative, a consent letter from the relative will have to be obtained. This should be done in the presence of two witnesses.

If on notification, the relatives do not come to take care of the resident, the head could on his own responsibility take care of his treatment.

Meeting treatment expenses

When the resident will have to be hospitalized, the relatives could be told to bear the expenses. If the relative refuses and if the resident has some savings, the expenses could be met from these savings. If none of the two options is available, the institution should itself meet the cost

Meeting costly expenses like major surgery

It is the institution's responsibility to treat Residents for serious/fatal diseases. The treating hospital should be requested to treat him free of cost. Or the institution should try to get maximum concession from the hospital towards treatment expenses.

If however the required amount cannot be raised by the institution due to its limitations, help from local self government, Health Dept., Kerala Social Security Mission (KSSM) or other related government dept should be sought. Help from Individuals, organizations or the Managing Committee could also be sought for getting necessary finances.

Residents who have income from pension, contributions from relatives, other incomes should be deposited in a nearby nationalized bank after keeping a small amount for day-to-day personal expenses. The hospital expenses, travel and other incidentals may be met from this amount subject to prior approval by the Superintendent.

By-stander of residents in hospital

A co resident or an employee of the institution could be deputed as by stander. But the person so deputed should be of the same sex.

The expenses of the bystander should be met by the institution.

If a person of the above description is not available as a bystander, a person from outside could be employed. He can be given remuneration on daily wage basis. But this requires the approval of the Managing Committee.

If a person is required on a long term basis, KSSM should be contacted and help from them should be obtained.

Treatment through other systems of medicine

Sometimes treatment from other systems of medicine like Ayurveda or Homeopathy may be more useful to some people. In some cases, the patient himself would prefer this treatment

In such case, such treatment should be given to the patient and the concerned physician/doctor should be contacted and arrangement should be made for treatment in their hospital.

It is desirable to stock some essential Ayurvedic medicines in the institution on the directive of the doctor.

Sick Room

This is intended for residents who suffer from minor ailments like fever. The objective is to give them a separate place where they can rest in peace without interference from other residents. Those who come back to the institution after hospitalization also could spend a few days here for convalescence to get more care, attention and convenience.

A Sick room should have the following facilities

For every 25 residents, there should be a sick room which can accommodate 3 persons. If there are more residents, this proportion could be used. There should be provision for accommodating one attendant. The attendant should be of the same sex.

The room should have good lighting and air facilities. There should be a bathroom and toilet attached to it.

There should be wheel chair facility and facility for wheelchair to move freely.

There should be necessary equipment and other arrangements in the room.

Furniture and equipments required in the sick room

- Hospital beds. This should be electrical medical bed.
- Table and chair for taking food
- Bed for attendant
- Almerahs for keeping medicines and instruments
- BP Apparatus
- Thermometer
- Bed pans (for urine, stool and sputum)
- Wheel chair
- Stretcher
- First aid box
- Emergency lamp
- Weighing machine
- Medicines prescribed by the Medical Officer
- Cotton, band aid etc.

Facilities for keeping medicines, equipment, etc

There should be facility for keeping medicines and medical equipment safely in every institution and this should be kept in the room given for the doctor.

There should be cupboards with glass panes to store the medicines and equipment. For easy identification of the medicines they should be kept in order. They should be labeled and put in special containers.

Medicines for internal use and external application should be kept separately

Medicines should not be carelessly spread/scattered in the cupboards. Medicines should not be stored outside the cupboards. Other items/articles should not be stored/kept in the cupboards.

Keys of the cupboards should be kept in safe custody and should not be allowed to fall in other people's hands

All precautions should be taken to ensure that correct medicines are reaching the correct persons

Responsibility for handling medicines

If there are medical staff in the institution, the medicines and equipment should be handled by them

Otherwise, the head should through an order give the responsibility to the Matron, Aya or an Attendant

- The concerned person should issue the medicines to the patients as directed by the physician.
- This should be recorded in the medical record of the resident promptly. The medical records should be kept safely.
- Take stock of the medicines and equipment and keep them in safe custody.
- Keep medicines and equipment safely and without damage.
- Issue medical instruments to the doctor when needed and collect them back after use and keep them safe.
- Those who have responsibility for keeping medicines and equipment should be given training in keeping them safe and in handling them. They should keep a record of the medicines and equipment, nature of patients, peculiarities of residents, method of administering medicines to the patients, entries to be made in medical records, etc.
- Special care to be taken by those handing medicines
- Medicines should be given to patients in the prescribed quantity and at the correct time. Those dispensing them should also ensure that the patient takes the medicine promptly.
- Care should be taken to ensure that medicines are not exchanged.
- Medicines with expired dates should not be given to patients at any cost.
- Medicine should not be kept carelessly.
- The cupboards and room in which the medicines are kept should be clean and hygienic.
- Every month, physical verification of the medicines should be made and checked with the register.
- The head should make similar verification and make necessary endorsement every three months.
- The fact of giving medicine should be entered in the medical record of the patient promptly. The person in charge should obey all the instructions given by the Medical Officer.

Nursing and other services

Homers must have qualified and sufficient nursing and other employees at all times, based on the average number and nature of infirmities. Staff and attendants must have knowledge, skills and experience to meet the needs of each resident in the Home. Staff must undergo regular training to ensure continued professional development. In-house sensitization and training classes may be arranged to ensure appropriate behavior on the part of the employees. The DSJ should organize such periodical programmes.

Mental health needs

The mental and intellectual development of the residents also should be taken into account – friendship, exchange of views, privacy, humour, mental pleasure, a cordial atmosphere – these have to be accounted for and provided for.

Other matters regarding medicine and health

Medicines for fevers, pain, stomach upsets, vomiting, diarrhea, constipation, cough and wheezing, dehydration, antibiotics, etc

Equipment: stethoscope, BP instrument, thermometer, weighing machine, torch, x-ray viewing box, arrangements for injection

Medicines are never to be hoarded by the patients and never to be shared with anyone else.

Facilities for health education for residents regarding healthy life styles like balanced diet, exercise, avoidance of tobacco, self care practices

Other required services

Depending upon doctors from the Government departments for health checkup of old age home residents may not be always successful as they will be busy with their routine work. Taking the resident to the hospital for checkup is also time consuming and cumbersome. Hence the services of a part time doctor may be used instead. Government should take appropriate steps for this.

Govt should arrange health insurance for residents as this will relieve the burden on resident patients, especially those who are poor. In the context of

huge bills on Medicare and the incapacity of most inmates to meet the heavy medical bills this is quite necessary. Government should also explore the possibility of getting CSR funds from PSUs, banks and corporate institutions to relieve the burden on the residents.

Since many of the residents of old age homes may be having one or the other of the several life style diseases, it is advisable to supply to all old age homes a uniform menu chart prepared jointly by a doctor and a nutritionist.

Currently care giving in an old age home is done mainly by contingency employees (attenders) who have no training for their job. Hence, permanent employees who are trained in geriatric care should be appointed.

The OAH Superintendent should be given authority to permit paid bystanders for attending on hospitalized residents.

The services of Vayomitram and Vayo Amrutam programmes should be extended to old age homes in rural areas. The Vayo Amrutam programme should be made a permanent programme of the government.

VII SAFETY AND SECURITY IN AN OAH

Providing safety and security to the residents is a paramount task of an Old Age Home. Most people seek asylum in OAH because the circumstances which persuaded them to seek admission in an OAH have been insecurity caused by starvation, wanting a place to sleep, being abandoned by the family, being lonely due to the death of near and dear ones, being abused, being alienated from near and dear ones and being estranged by society. They primarily need some secure place to spend the rest of their lives.

The authorities running an old age home should visualize all these and make provision in the home.

Some of the provisions are given below

- The residents should be secure and there should not be any kind of accidents here. Taking precaution on this is the responsibility of every care giver.
- There should be fire fighting equipment in the institution
- Circuit breakers should be incorporated in the electricity connection
- Problems in electricity supply should be promptly repaired by using licensed wiremen.
- Switches and power points should be fixed sufficiently high
- Switches should be outside the room
- Instruments/machinery using electric current should not be used if damaged, without getting them repaired. Training should be given to those working with them.
- Precautions to be taken when there is lightning should be told to all – residents as well as employees
- The door leading to the terrace should be always kept locked and should be opened only when there is use for it. Residents should not be permitted to the terrace without proper escort.
- Wells should be covered with iron grill and kept locked all the time.

- Institutions having well may use pumps to lift water and keep the water in storage tanks. Pump sets should be carefully handled.
- Strangers coming from outside should not be permitted into dormitories, kitchen, dining rooms and store rooms. They should be entertained in the reception room. Those coming to visit residents should be carefully observed.
- Precautions should be taken to avoid trespassing by people into the OAH. For this, there should be strong walls or barbed wire fencing and a gatekeeper at the gate 24 hours of the day.
- Precaution should also be taken on residents going out without permission
- Take preventive action against indiscipline among residents.
- Take precaution against food being poisoned by pesticides or other poisonous substances.
- Food prepared in the institution should be first tasted by an authorized person before distribution to inmates.
- Verandas and balconies of higher floors should be covered with grills to prevent possible jumping down.
- Residents should not be permitted to keep knives, weapons or other dangerous items in their possession
- The movements of residents from the home and back home should be watched. Care should be taken to see that they do not bring into the institution any dangerous substances or items.
- The keys of rooms where LPG and Kerosene are kept should be kept safe and should not be allowed into other hands unauthorized.
- LPG cylinder should be locked and stored in grills. LPG and Kerosene should be handled carefully in the kitchen
- To the extent possible, residents should not be permitted to operate electrical apparatuses.
- Medicines should not be carelessly handled. They should be handled only by specially designated employees in a separate pharmacy room
- Worn out carpets, clothes should not be strewn in the rooms. The elderly may slip and fall over them
- Buildings should be constructed and additions should be made on them only after considering the tastes, needs and preferences of the residents
- Institutions for the old should provide barrier free movement at all places in the building
- Bath rooms and toilets should have non slippery floors and hand rails
- Steps should be avoided and ramps should be provided in their place.

- Buildings having steps should have the height of the steps adjusted to the comfort of the old
- If there is more than one floor, the old should be accommodated on the ground floor. If they have to be moved upstairs, convenient ramps should be constructed.
- There should be First Aid Boxes in an OAH.
- Residents and staff should be sensitized on accidents.
- The phone numbers of the nearest hospitals and fire stations should be exhibited.
- Cultivate close relationship with agencies providing ambulance service.

Steps for meeting emergencies

In spite of all precautions and preparations for facing contingencies, situations could arise for a variety of reasons and emergency situations could emerge. In that case, the residents and employees should be taught to face the situation promptly and without confusion.

If the residents or employees are exposed to an unexpected danger or fall seriously ill suddenly, the employees should be taught how to handle the situation. The institution also should have the means to face the situation.

In such situations the person who is in danger or who is seriously ill should be sent to the nearest hospital.

Information on nearby hospitals and details of the treatments available there, should be collected and the employees should be informed about this.

Leading doctors of the locality, the areas handled by them and the branch of medicine specialty available in the nearby places should be collected and disseminated among all employees and residents.

The telephone numbers of these doctors and hospitals as also the police and fire station should be collected and kept ready for use by all.

Vehicles/ambulance facilities should be made readily available for taking any emergency patient to the hospital and the phone numbers of reliable persons/agencies having vehicles that can ply at short notice should be kept ready.

Employees should be given instructions on the immediate measures to be taken if any untoward incident occurs in the Home.

Mitigating the Likelihood of Risks & Accidents

Improper medication management is another risk, as illnesses, conditions and prescriptions add up over time. There must be a system established to provide the right type and quantities of medicine at the right times.

Incontinence is often reversible. Many times it is due to medications or treatable health conditions. Each resident with bladder or bowel control problems must be promptly assessed and be provided treatments and care that can improve the condition. Where treatment is not possible, then guidance must be sought from a medical personnel as to how best to address these issues, and this should be recorded in their individual care plans.

The home should stock adequate number of adult diapers, sanitary napkins bedpans, hot bags, and other first aid items which should be made freely and promptly available for those who need them.

Imprest Money

All institutions should obtain and keep an imprest money for use in emergencies and its use should be promptly recorded. This amount should be not less than Rs.10,000/-

VIII CARE GIVERS - CORE AND SUPPLEMENTARY

The staff in an OAH may be broadly divided into two categories, the Core Staff and Supplementary Staff.

Core Staff

The superintendent

Matron

Store Keeper

Cook

Nurse

Social Worker

Counselor

Peon

Watchman

Supplementary staff

Medical Officer

Dietitian

Clinical psychologist

Psychiatrist

Yoga, meditation instructors

Occupational therapist

Physiotherapist

Ideally an old age home having 100 residents should have the following minimum care giving staff.

Superintendent (1)

Deputy Superintendent (1)

Matron (1)

Male Attender (1)

Female Attender (1)

Multi Task Providers (Cleaning staff depending upon the plinth area of the building)

The job descriptions of important care giving staff are given below:

1. The Superintendent

The role of the Superintendent in an OAH is critical. He is the kingpin of the whole establishment and the source of authority as well as the controlling agency of the whole staff.

His specific responsibilities include

- Plan and execute the protection and maintenance of all residents
- Coordinate all the different activities of the OAH
- Obey the instructions on matters relating to the administration of OAH given by superiors and local government agencies
- Supervise the work of the employees and care givers to ensure that they are fulfilling their responsibilities properly and fully.
- Take steps to ensure the assistance and services of other related agencies are received in time
- The food materials, medicines, instruments, equipments, furniture, vessels are bought as per rules and after checking quality
- Ensure that the items purchased are properly entered in the Stock Register.
- Ensure that the residents get the items that they are entitled to get and that they are entered in the different registers promptly.
- Auction the unusable and waste items as per rules and remit their value into the Treasury.
- Elicit the opinion of the residents about the quality of services and of the work of the institution
- Ensure that the registers are kept safely and that entries are made in them as and when necessary
- Keep the valuables and articles belonging to the residents in safe custody and return them to the residents as required
- Remit the amounts earned by the residents into the bank and help them withdraw it when needed
- Represent the institution in the meetings conducted by other agencies
- Prepare the annual and other reports correctly and submit them to the concerned authorities
- Hold the monthly, quarterly and other meetings of the different bodies, as per schedules, prepare their minutes and follow up the suggestions contained in them.
- Take steps to secure public collaboration for the better running of the institution.

- Become an active participant in all efforts of other agencies for the promotion of the interest of the institution.
- Obey the instructions and orders given by superior officers on the institution
- Organise programmes for healthy relationship between the residents and their families.
- Always work as a spokesman of the residents.
- Take special care to see that there is good relationship between the residents and the care givers
- Take all steps/measures to ensure the better working of the institution.
- Study the different programmes of the state and other government/quasi governments with a view to gain benefits from them for use of the institution
- Take steps against employees and caregivers who misbehave towards the residents
- Prepare the Annual Report of the institution and send it to concerned authorities.
- Behave as a model officer as head of the institution
- The Superintendent's administrative and public relations would involve
 - Day to day correspondence
 - Maintaining various files related to records of the residents, staff, stock, finance, assets, etc
 - Preparing annual budget for running the home
 - Responding to enquiries
 - Entertaining guests, visitors, etc
 - Attending to general maintenance of the home
 - Establishing good public relations for seeking community support
 - Encouraging and training volunteers
 - Networking with local institutions such as public library, community centre, transport company, nursing homes, shop keepers, etc.
 - Establishing good relations with local print and electronic media

2. Matron

- Ensure that the work of the institution is proceeding as per approved time table
- Ensure that the residents observe their daily chores correctly and promptly.

- Ensure that the institution and its environment are kept clean
- Ensure that the residents maintain their personal hygiene
- Ensure that the work as per activity schedule is being promptly done; supervise the work.
- Purchase the food materials, medicines, furniture, and other items after ensuring their quality and enter them promptly in the stock registers; Keep them as per rules prescribed for this purpose.
- Issue food materials to the cook for cooking.
- Make available the treatment required for ill residents. Give medicines to them as prescribed by the doctor.
- Make arrangements for taking care of residents admitted in hospitals
- Help the Superintendent in getting public/community cooperation for the institution and its programmes.
- Participate in meetings organized in the institution
- Participate in training programmes organized by other welfare organizations.
- Do all other work suggested by the Superintendent
- Do all urgent work needed for the running of the institution in the absence of the Superintendent.
- Keep all useless articles and give statement on them to the Superintendent.
- Supervise the work of subordinates.
- Supervise the distribution of food
- Organise programmes for the mental health of the residents
- Perform the maintenance activities of the institution.
- Help the Superintendent in coordinating and executing the work of the institution.
- Obey all instructions given by the superintendent for the efficient working of the institution

3. Cook

- ✓ Prepare food and distribute it to the residents at appropriate times

- ✓ Procure the items necessary for preparing food from the Store Keeper, use it for cooking and keep the balance in safe custody for use next time
- ✓ Get other items for distribution to residents from the store.
- ✓ Distribute the food items cooked and others to the residents at prescribed times.
- ✓ Items that are kept in the kitchen are put in containers, label them and keep them safely on racks or shelves
- ✓ Keep the kitchen and environment neat and clean. If pest controls materials are used, see that they do not contaminate the food items.
- ✓ See that instruments used for cooking are cleaned and kept safe.
- ✓ Items of kitchen waste should be properly disposed of.
- ✓ Participate in programmes organized for the welfare of the residents. Obey all instructions of the Superintendent issued in the interest of the residents.
- ✓ Join the other employees in their activities and work with them in the promotion of the institution.

4. Nurse

- Give medicines to the sick residents as prescribed by the Doctor
- Provide first aid to needing residents
- Perform clinical tests for residents
- Take sick residents to the hospital and help get medical assistance to them.
- Make entries in the medical records of the residents and keep them safe.
- Keep medicines and medical equipment and make necessary entries in the concerned records as required.
- Inform the treating/attending doctor about the health condition of the residents.
- Give information to residents on healthy living
- Make sure that the sick residents are given the food prescribed by the doctor.

- Give special care to those who are 80+ and those who are bed ridden
- Hold classes to residents on healthy living
- Ensure that residents maintain hygienic conditions
- Ensure institutional and environmental hygiene
- Participate in the meetings held by the institution
- Participate in training programmes organized by the institution
- Participate and cooperate with the efforts of caregivers in the protection and rehabilitation work for the residents
- Obey all instructions given by the Superintendent for the better performance institution and of the caregivers.

5. Social Worker-cum-Counselor

- ✓ Interview the applicants seeking admission in the OAH and recommend selected cases to the Superintendent
- ✓ Understand the behavior patterns, attitude, capabilities and limitations of the new admissions and record them in the concerned register
- ✓ Visit the homes of the admitted persons and collect their previous history, character, behavior patterns, family and social background and economic condition, and make a report on them.
- ✓ Prepare an effective and practical care plan for the selected applicant in the light of the information collected through observation and enquiries and the medical report on him
- ✓ Give individual or group counseling to those who are having tensions, mental strain, psychological problems, critical situations.
- ✓ Sometimes, family members of the residents would require counseling. In that case, give the family members of the residents counseling if this deems appropriate.
- ✓ Ensure that the services and actions prescribed in the care plan are made available to the residents
- ✓ Record notes in the care plans about the services extended to residents
- ✓ Participate in the meetings which give approval of the care plan or make review of the care plan and make necessary suggestions for change
- ✓ Attend institutional and quarterly meetings
- ✓ Keep care plan in safe custody and give it for inspection when required
- ✓ Cooperate with family get togethers and other social activities of residents and contribute to make them a success

- ✓ Inform the institution about the welfare programmes relevant to the OAH organized by other agencies
- ✓ Take steps to make available legal aid to the residents when needed
- ✓ Represent the institution in meetings suggested by the superior officers
- ✓ Participate in all training programmes
- ✓ Extend all support for the rehabilitation programmes of the institution.
- ✓ Keep a diary of the daily activities and give it to superiors when required.
- ✓ Prepare report on monthly activities and submit it to the superiors before the 3rd of every month.

Training

A little understood and much less appreciated point is the need for training the personnel who hold the different offices in an old age home. Most of the old age homes are managed by people who have no experience in running a home. Since the residents are the foci of attention in an old age home, they should be the target group for all the services provided by the care givers. The work of the care giving staff should be judged from the satisfaction the residents get in their stay in the home. In fact this should be the yardstick for measuring the quality of life of the residents. Unless the employees are trained in modern ways of managing an old age home, the work of management will still remain custodial or at best welfare –oriented.

The qualities required of an employee in an old age home may be summarized as follows:

Qualities required

(The perspective should be rights -oriented)

- ❖ Service mentality
- ❖ Compassion
- ❖ Firmness
- ❖ Sincerity
- ❖ Willingness to work in a team
- ❖ Good listening skills
- ❖ Concern
- ❖ Patience
- ❖ Endurance
- ❖ Empathy

- ❖ Good physical and mental health
- ❖ Employees need two kinds of training for entering a job
- ❖ On the job training/ Refresher course

Proposed minimum syllabus for Superintendents

(Teaching should be rights oriented)

It is very important that a person to be appointed to a post should have the required knowledge and experience for the job. If this knowledge and experience are inadequate, this should be updated for which the employee should be sent to an appropriate training centre.

Once on a job, the incumbent again requires to refresh his knowledge by attending short term courses. As the world is undergoing rapid change, this has to be incorporated in his knowledge system to enable him to cope up with new tasks and responsibilities. Retraining will achieve this. It will enable the incumbent to acquire new knowledge and skills if sent to a good training institute.

Topics/Syllabus

- ✓ Sociology, psychology and biology of aging
- ✓ Diseases of old age and their management
- ✓ Nursing care, pressure sores and bed sores
- ✓ Geriatric Medical and Nursing Care
- ✓ Geriatric counseling
- ✓ Terminal/end of life/palliative/dementia care
- ✓ Death and dying
- ✓ Food management
- ✓ Finance Management
- ✓ Personnel Management
- ✓ Human Relations
- ✓ Public Relations
- ✓ Conflict Resolution
- ✓ MWPSA Act 2007 and Rules 2009
- ✓ UN Declaration of Rights of Older Persons

This syllabus may be used *mutatis mutandis* for other personnel in the old age home

Awards

In this connection, it would be desirable to institute awards for the best worker and the best performing institution

Award for the best worker(s)

Award for the best performing institution(s)

IX MAINTENANCE OF OAH – RULES AND PROCEDURES

Prospectus

Every home should prepare and keep sufficient copies of a write-up (Prospectus) on the home which should give details on the objectives, area and number of rooms and other details on physical structure, management personnel, staff with designation and qualification, intake capacity (of residents), number of inmates on board, policy and practice on admission, payment if any required from residents, facilities available including medical facilities, admission criteria, entitlements including rights of inmates, and all other information that a new entrant or one seeking admission will require before deciding on opting the Home.

Copy of this booklet should be made available to any prospective applicant and should be supplied to all residents. The same may be desirably put on website.

The Home should ensure that all the rights and entitlements of senior citizens under various schemes/statutory provisions are protected at all times.

All resident Senior Citizens must be given ID Cards issued by the Superintendent of the Home or by the District SJ Officer. The Card should contain the photo, name, address, age, income, and blood group of the Senior Citizen. These IDs will facilitate easier access to varied services.

Important Rules and procedures to be followed in an OAH

For running an institution efficiently and smoothly and for effective control and supervision, certain rules and regulations are necessary. One such control mechanism is the time table which will prescribe the times when things are to be done.

Time Table

The time table is the instrument that would prescribe the items of activity to be performed, how and when. It will enable the checking of an activity and find out if things are moving as per the plan. In a time table for an OAH, the time of wakeup of a resident to the time he goes to bed and what he should do in between are laid down in precise terms. In addition to the routine programme of getting-up time, breakfast, lunch, evening tea, dinner and going to bed it is desirable to include additional items in the time table

- Prayer
- Meditation, Yoga
- Physical exercise
- Educational programmes
- Training in employment
- Personal hygiene
- Entertainments
- Play
- Ethical lessons
- Group activity

It is important that all residents follow the time table strictly. If every resident performs his role properly, the institution will be able to run smoothly and efficiently. Peculiarities of the residents and capability of the institution should be taken into account in preparing the time table. The time table prepared by the organizers should be discussed with the residents, employees and care givers before it is finalized. This time table should be approved by the Superintendent

The accepted time table should be brought to the attention of all – residents and employees - and should be displayed in a prominent place

The superintendent should ensure that the activities of the institution are moving as per the time table.

If the programmes envisaged in the time table are found to be hard to implement, changes could be introduced by holding consultation with concerned persons.

Code of conduct/ behavior for inmates

As residents of an old age home would belong to different socio-economic, cultural and family backgrounds, they would differ in many ways – in

conduct and character, attitude and behavior and in tastes and manners. When they come and decide to live together it is natural that many problems will crop up. Many will prefer to continue their way of living and their idiosyncrasies. These behavior patterns may cause irritation to many others and will make inroads on the quietness and peace of many others.

Under this circumstance it is necessary to have a uniform code of conduct that will bind all to a common pattern of life in the institution.

A code of conduct embracing all should be worked out in consultation with all stakeholders – the residents, the employees and the service providers. Once it is adopted by the institution, it will be binding on all. In turn, it will lead to healthy and cooperative life among the residents and all others associated with the home.

Instructions relating to the code of conduct

- The code of conduct should be based on sound principles. It should take into account the following ground rules
- It should be rooted on equality, justice and impartiality.
- There should not be any place in it for religion, caste, gender, language or place of birth.
- It should protect the basic rights of the residents
- There should not be any special rules, privilege, concessions or freedom for any individual.
- Those who obey the rules and work for the smooth working of the institution should not find any barrier for their activities
- There should not be any unholy alliance between any residents and employees.
- Nobody should interfere in the private affairs of the residents
- Nobody should be permitted to encourage divisive and unequal feelings among residents
- Residents should have the right to point out defects in the existing code of conduct
- The code of conduct should ensure mutual trust, confidence and good relationship among residents
- Those who violate the rules or who disobey them should be seriously dealt with, first by giving warnings. If the offence is repeated, this should be brought to the attention of the monthly meeting of the residents and they

- should be given more severe public warnings. Disciplinary action is not ruled out.
- The code of conduct should be respected and obeyed by all the residents and Employees.

Visit by relatives

It is necessary to encourage and promote the maintenance of good relationship between the residents and their family members as this will strengthen the bond between them. Hence, visits and interaction between them should be encouraged

The time for visit in an institution should be notified and visit should be permitted only during that time. The period between 3.00 and 5.00 PM will be appropriate for visits by relatives There should be a separate place in the institution for the two parties to meet and this should be a quiet place without disturbance of any sort. The time of visit and rules to be observed on the occasion should be displayed there.

Rules to be observed by Visitors

- The relatives who want to visit the residents should get prior permission of the Superintendent
- The time of the meeting should be strictly adhered to
- The visitor should not enter any premises other than the room where the visit is fixed.
- The visitor should not supply any article to the resident without the permission of the Superintendent
- The visitor should not intimidate the resident or use abusive or disrespectful words or try to manhandle him
- However, the resident should be permitted to go out with the relatives as this would strengthen the bond between them.
- Instruction for Superintendents
- Details of the meeting between the residents and visitors should be recorded in the concerned Register and should be signed by the visit
- The visit should be permitted only after the superintendent holds a preliminary meeting with the visitor enquiring about his name and address, relationship and purpose of visit.
- If the superintendent cannot attend the meeting or is absent, a senior employee of the institution could be deputed by him to take care of the visitors and record the details as above

- If the resident does not want to see the visitor, he should not be compelled to do so.
- If the visitor has brought some items to be given to the resident, that item should be carefully examined to make sure that it is not dangerous and would not cause any inconvenience to other residents and only after that verification should the articles be passed on to the resident.

Freedom for residents to visit family members

Once in a month the resident could be permitted to go home and spend time with the relatives. If more time is necessary, this could be granted by the Superintendent

Residents will be permitted to visit their houses in connection with marriage, death and other ceremonies at home and on special occasions.

Under no circumstance will the resident be given travel cost

For permission to visit families, the resident should apply on plain paper giving the details of the relative, name, relationship, address, phone number and purpose of visit. These should be entered in the application form.

Only the superintendent has the authority to grant leave to the residents for this purpose. Those residents who cannot go home by themselves should be taken by relatives who have responsibility to bring them back. The relatives should give consent letter as above.

The details regarding date and time of departure of the resident should be entered in the application and the superintendent should sign it. Additionally, this should be entered in the movement register of the residents

The items in the possession of the resident at the time of departure and arrival should be verified by the authorities.

If in the process of return check up, things dangerous or harmful are found with him, these should not be permitted inside.

Rules for permitting residents to go outside

Only if the genuineness of the purpose of going outside is proved should the resident be allowed to go outside.

Only able bodied individuals should be allowed to go outside alone.

Vehicles should be arranged for those who are stricken by illness and for very old residents with restricted or no mobility for going to hospitals. Those who fall in this category but could manage the travel themselves should be provided with an employee or a volunteering co-resident for accompanying them.

Mentally ill patients who are controllable/manageable should not be allowed to go outside without escort by an employee.

Those who go in that manner should sign the movement register.

It should be ensured that they do not take with them any articles of the institution when they go out or those given to them for use in the institution.

Also, when they come back, it should be ensured that they do not bring any articles that would cause inconvenience or annoyance to the co-residents. They should be prevented from doing this if they insist on it.

Authorities should ensure that the residents do not misuse the privilege of going out.

Correspondence between residents and relatives

Residents should be encouraged to hold correspondence with their relatives as this would strengthen the bond between them.

It will also help rehabilitation of the resident at a late time.

Relatives also could correspond with them. Letters coming to the resident should be promptly delivered to them. Parcels received by the residents through post or courier service should be opened in the presence of the

superintendent after its receipt. If they contain dangerous items or items that would cause inconvenience to other residents, they should not be allowed in.

Use of mobile phones

Residents should not be permitted to carry mobile phones with them or use mobile phones inside the OAH. A notice indicating this should be prominently displayed in the Home.

If a resident comes with a mobile phone at the time of admission, the phone should be taken from him and kept in safe custody of the Superintendent. The battery, sim card and the phone should be put in a cover and kept in security register and the mobile phone number, receiver number and battery number should be also entered in the register

When he vacates the OAH, all these things should be returned to him under proper receipt

If found very necessary, the owner may be permitted to use his/her mobile phone for making calls outside with the permission of the Superintendent

Use of institution's phone by residents

Residents can use the institution's phone for calling relatives after getting permission from the superintendent. The call should be made only in the presence of the superintendent

There should be a separate register for this purpose. The name of the resident, details of the relative to be contacted including address, relationship, phone number should be obtained before permitting to use the phone. The duration of the call also should be entered in the register.

A responsible officer should supervise the phone call.

The phone can be used only for unavoidable purposes

No charge should be collected from the resident for phone calls.

Action against those who run away

Sometimes residents may run away from the institution for various reasons. Not only they are responsible for their action but those on duty and the institutional head are also responsible. Lag in supervision, indifference of staff and other delinquencies on the part of the care givers are responsible for this.

Steps to be taken

The person on duty should immediately report the matter to the head of the institution.

The head of the institution should immediately report the matter to the police stating his name, address, age, body marks of identification, time of notice of the event and a copy of his photo kept in his file.

The matter should also be reported immediately to the chairman, Managing Committee, Head of Local Self Government, district SJ officer and the Director of SJ.

Employees should be dispatched to the different places where he could be located - bus station, railway station and the like. Vigorous searches should be made to locate him.

The matter should also be intimated to his relatives and close friends

The information collected from the Police Station should be recorded in his file.

Steps to be taken when he is located and brought back to the institution

1. In case he is located and brought back to the institution, the officer should take statements from the culprit and from the person who brought him.
2. Nobody should talk to him in provocative/insulting terms.
3. He should be produced before the police immediately and taken back after completion of the police formalities.
4. He should be then produced for a medical examination.
5. In the institution, he should be then put in a safe place, subjected to counseling and watched closely for a reasonable time.
6. The fact of his recovery should be notified to the Chairman, Managing Committee, Dt. SJ Officer, Director of SJ and his relatives

Procedure to be followed when the Police bring him back

The authorities should not talk to him in a provocative/insulting/abusive manner

The head should take detailed statement from him. Additionally items 4 to 6, mentioned above should be followed.

Administrative steps

The head of the institution should take a statement from the employees on the very same day of occurrence of the event. He should also take statement from representatives of the residents. These, along with his own detailed report should be sent to the Director, SJ along with the result of the enquiry.

The Director SJ should make further enquiries on the basis of the documents received and if found that the charges are correct, should take legal action.

The circumstances for the run away should be clearly understood and steps should be taken to avoid repetition of such events.

If within 3 months, the whereabouts of the run away cannot be located, the institute should report the matter to the Director, SJ and take action as per his instructions

Palliative care

It is possible that in a home, there may be very seriously and terminally ill patients who will need palliative care. Arrangements should be made to ensure that palliative care services are provided to them in consultation and collaboration with Palliative Care Service Units in the Local Self Government, Pallium India or other NGOs. In addition, it will be necessary to ensure that one staff member has basic training in palliative care/dementia care.

Steps to be followed in case of natural death of the resident

If a resident dies in the Home the head should immediately report the matter to the Medical Officer in charge of the institution. Only after the Medical Officer certifies that the death is natural should the head take the next steps

In the absence of the Institution's Medical Officer, the Medical Officer from the Vayomithram Programme of KSSM, medical officer belonging to the

Mobile Clinic or NRHM Medical Officer can examine the dead body and submit report.

If the Medical Officer certifies/confirms natural death, the dead body should be removed and kept respectfully.

Opportunities should be given to all residents, employees and other individuals and organizations to pay their last homage to the diseased.

The matter should be intimated to the Member of the Local Panchayat/Municipality, the Chairman of the Managing Committee and Dt. SJ officer

Relatives of the diseased should be contacted in the address given by the diseased at the time of admission to the institution and asked to come to the institution and receive the dead body.

If the relatives agree to receive the dead body, this could be done under proper receipt.

If the relatives do not come forward to receive the dead body, the authorities should take steps, taking into consideration, the desire if expressed by the diseased on the disposal of his body or as per his religious customs. This is the responsibility of the OAH.

Expenses for the disposal of the dead body could be met from the accounts of the OAH under "other expenses". Necessary approval for this should be obtained after the expenditure is incurred.

The Death Certificate issued by the concerned Medical Officer should be kept in the file.

The matter of death should be intimated to the Registrar of Births and Deaths.

Donating organs or the whole body to a medical college also may be thought of, but, for this, sensitization may be made among inmates beforehand. A will also may be needed from the concerned person in this regard.

Death in Hospital

If the resident dies in hospital while in treatment, one should wait till the hospital authorities hand over the dead body.

Thereafter, the dead body should be brought back to the institution.

The details made in the previous section will be applicable thereafter.

Unnatural death

If unnatural death occurs in the institution whether by suicide, accident or under suspicious circumstances, the matter should be immediately reported to the Police in writing.

Nobody should be allowed to enter the spot and touch the dead body until the Police arrives. One employee should be required to stay guard over the dead body.

Since this is a case of unnatural death, post mortem and legal formalities are necessary. The institution should give all help to the Police to take necessary legal action.

The matter of unnatural death should be reported to the relatives of the diseased, the Managing Committee Chairman, ward member/council member of the local authority, District SJ Officer and the Director of SJ.

When after the legal proceedings are over and the dead body is released, it should be received and the relatives should be requested to collect the dead body.

If they do not accept the dead body, the dead body should be disposed of as per his religious beliefs and as per his expressed wish made before dying, if available.

Possessions belonging to the deceased

If the resident dies under natural conditions, the superintendent should take possession of his belongings and prepare a list of them which should be attested by two witnesses. The head thereafter should keep them in safe custody.

If the diseased has left gold ornaments, they should be examined by appraisers approved by the Court and their weight and quality should be appraised. A certificate should be obtained from the appraiser and thereafter the gold ornaments should be sealed in the presence of witnesses and kept in safety.

Details of the items of gold ornaments and money should be entered in the Security Register.

The legal heirs of the diseased have the right to receive the articles belonging to the diseased. For this, they should give a petition to the head of the institution along with the certificate of succession. The head of the institution could if convinced that the application and certificate of succession are in order, return the articles to the heirs. If any controversy arises out of this, things could be settled as per decision of the Director of SJ.

The properties of a person who dies under unnatural death should be handled only after getting legal opinion on it.

The safety and security of the property of the diseased who died under unnatural conditions are to be ensured by the head of the institution.

X REVIEWS AND MEETINGS

Periodical review of performance is an important aspect of an institution's healthy life. Review helps to find out whether the objectives and programmes of the institution have been successfully implemented and if not what are the lacunae in it and how could they be removed so that the institution will be able to proceed on its original path. In an OAH, different programmes are being planned and are in the process of implementation. Assessment of the individual Care Plan and assessment of the institution assume great importance in this context.

Of these, the foremost is the Care Plan for inmates. Each individual on entry into an OAH will have a care plan prepared for him by the competent authorities and on the basis of which his behavior and actions will be judged and his progress in the institution will be assessed. Every three months, this care plan should be reviewed. This should be done in a meeting of the head of the institution with the Medical Officer, Social Worker, Counselor and other care providers.

The progress in the implementation of the care plan, the changes effected by the Plan on the individual and shortfalls in the Plan if any and the method of rectifying them will be the subject matter of enquiry.

The Care Plan should be reviewed annually in the month of April/May. This should be done by the Managing Committee which should examine every care plan and assess the progress. The Managing Committee has the responsibility to revise the care plans if it finds this necessary.

Reviews of the Institution

Review of the institution is done at four levels – at the institutional level, at the District level, at the Regional level and at the State level. These reviews have to be done at prescribed times. The review should assess the progress of the institution, the problems faced, the solutions evolved and the overall performance of the institution. Through these reviews the higher authorities could exercise better control of the institution and point out the handicaps

and see that the institution takes corrective measures. The head of the institution could use the reports for improvement of the institution.

Monthly Progress Report

The institution prepares this report which should contain the activities and services incorporating statistical data. This is basic to the district level and other meetings as the data on this is fed into these meetings.

In preparing the monthly report, the following points should be taken into account.

The report should be factual and should not contain any false or misleading information. All columns in the Report should be filled. There should not be contradictions in the report

The report should take into account the previous month's report and if any changes have been suggested in that report, they should be incorporated in the report in the remarks column.

The report should be sent to the Dt. Office on the second working day of every month itself so that it could be used by the Dt. Office along with other reports for its meeting to be held on the 4th day of the month.

The District Office coordinates all the reports received from the different institutions and prepares a consolidated report and sends it to the Regional and state committees.

Monthly review meeting at the institutional level

This meeting is held on the second working day of the month under the head of the institution and is attended by all the service providers and representatives of inmates.

There should be a previously prepared agenda. The progress report and reports of previous months will be presented at the meeting as these are necessary for discussion and review.

In reviewing the progress report of the previous month, the reports of the earlier months also will be necessary as it is on the basis of these reports that assessment about the previous month's report is evaluated. Actually, the

is a scrutiny of the progress attained over the previous month. If it is found that in providing services or in implementing programmes, inadequacies are found, measures should be suggested for correcting them and the method of implementing these measures also should be provided.

This review is an occasion for service providers to evaluate their own achievements and measures needed to improve them if found necessary.

The meeting should plan for the current month and discuss this in detail.

The minutes of the meeting should be prepared promptly.

District level review meeting

This meeting is attended by heads of SJ institutions in the district and is not confined to the OAHs alone. This meeting would enable the members to get an opportunity to meet other heads engaged in different activities and to find out the areas of mutual interest and common action.

Regional level meeting

These meetings will be held every 6 months and the progress attained by the different institutions will be discussed in the meeting. The Regional Assistant Director will preside. It will be attended by the Dt.SJ Officers and heads of institutions and probation officers. The meeting should assess the reports of the different institutions and coordinate them after review. The meeting will review the performance in the last six months on the basis of the reports. The Regional Assistant Director (RAD) should review the progress and give instructions to the different heads on how to improve performance. Instructions will be given to those who fall in achievement.

Annual review Meeting

In this meeting held under the chairmanship of the Director of SJ, with the Dt. SJ Officers, RADs and heads of welfare institutions. The meeting is intended to understand the working of welfare institutions and assess their performance and discuss the difficulties faced by them and their demands and

requirements. This meeting will enable the SJ Director to understand the state of the art in the different districts and institutions and give instructions to the officers concerned for appropriate action/evolve remedies in case of poor performance. The minutes of this meeting will be sent to all Dt. SJ Officers

and RADs and superintendents of welfare institutions in the state which will enable them to (1) understand what is going on elsewhere in the state, and

(2) compare their institution with others and fill up the gaps that may be required to improve their status.

Review of Performance

It is very important that periodic performance and appraisal review of the institution is conducted. This will have several advantages. It will reveal what is its performance level, better than or worse off than previous year. It will tell about special programmes and their effect. It will enable future action depending on the findings of the appraisals and the weakness in implementation of projects. It will enable the institution to be vigilant on the basis of the performance – more vigilant if performance is poor.

Evaluation of Care Plan

review and appraisal of Care Plan. Appraisal should be made every three months, of every resident's care plan. This should be done in a meeting of residents under the chair of the head of the institution and in the presence of the Social Worker, Counselor, Medical Officer and other care providers. The services given under the care plan, the improvements/impact on the user and reasons for failure if any for any impact are the subject matter of the impact assessment. Reasons for poor performance and measures to overcome them also should be suggested. If necessary, the care plan should be modified.

Besides the Quarterly (three months) meetings, care plans of the residents should be assessed in the annual meeting of the Managing Committee being held in April/May every year. The opinion of the committee should be recorded in the report of this committee.

Annual Report

This will consist of the state of the art of the institution and activities conducted during the previous year with statistics.

The following items are to be included in the Annual Report

- Basic facts about the institution, Basic services provided by the institution Rehabilitation activities, Health activities, Sanitation activities
- Report of the special activities, hosting special meetings, events, etc with photographs
- Programme for mental health of inmates public support/contribution
- Meetings of Managing committee and important recommendations,

- VIPs who visited the institution in the year
- Inspections made , defects identified and corrective steps taken.
- Important transactions and deals, purchases, etc.
- Number of inmates every month
- Those who left
- Those admitted with details
- Positive and negative contributions
- Details of the caregivers
- Trainings received by caregivers
- Commendable services by them
- Income and expenditure separately from state government and Local government
- Audited statement of income and expenditure of the expenses of the Managing Committee
- Social audit report, findings and recommendations
- Other important pieces of information
- This report is to be submitted to the District Social Justice Office, Regional Asst Director and Director of Social Justice Dept. More copies should be kept for further/future reference.

Social Audit

The programmes of the institution should be subject to social audit. Managing Committee should take initiative. In its March/April meeting, it should select a social audit agency for this work. The work should be done in May. Activities of the organization in general and that for the previous year should be audited . The information from the audit report should be discussed and necessary modification in the working of the institution in the light of the findings of the Committee should be implemented.

Quarterly Meetings

This is a meeting of the institution under the chairmanship of the Dt. SJ Officer. It will be attended by the Medical Officer, Social Worker, Counselor, other care givers and representatives of the residents. The meeting will

- Examine the applications received for admission and approve those which have been accepted after proper scrutiny;
- Examine the Care Plans and give approval
- Evaluate the performance of the institution in the past quarter

- Examine other matters relating to the institution and take decisions on them
- Interview the inmates, take their opinions and petitions if any and instruct the Superintendent to take appropriate action on them
- Examine the plan of work for the next three months and take decision on it
- Take decision on all other matters relevant to the running of the institution.

Welfare Committee

There should be a Welfare Committee for every home, consisting of two representatives of the Managing Committee, 2 residents' representatives, the Chairman/President of the Municipalities/Grama Panchayats where it is located, the District SJ Officer and two respectable persons of the locality (one to be a woman). This committee will advise and assist the Home on policy and other matters that the home may need to formulate from time to time. In particular, this committee shall look into the wellbeing of the residents with special reference to their physical, social, psychological and spiritual wellbeing from the rights and quality of life perspective and help to formulate appropriate policies and plans of action and also to implement them. The Committee should meet once in 6 months or at shorter time as required.

Managing Committee

The day-to-day affairs of the Home shall be managed by a Managing Committee established by the state government in accordance with the orders issued for this purpose.

Composition

Dt. Collector /District Panchayat President - Chairperson

Dt SJ officer/Chairperson of Welfare Standing Committee - Vice Chairperson

Members

Head of Block Panchayat

President/Chairperson of local Panchayat/Municipality

Ward Member of the local Panchayat/Municipality

Asst Executive Engineer

Officer from Child Development Centre

2 Social Workers (One to be a woman)

2 Experts in the ageing field (one to be a woman)

Superintendent of the Home - Convener

Meetings of the MC may be convened once in 3 months or at shorter periods as per need.

Responsibilities of Managing Committee

- ✓ MC should maintain joint account in the names of the Chairman and Vice Chairman in the nearest nationalized bank.
- ✓ It is the responsibility of the MC to give instructions to the concerned officials to make the working of the institution efficient.
- ✓ The MC should take up the supervision of construction and repair work of the institution, drinking water distribution, power distribution, arrangements for maintaining hygiene and comforts for the residents.
- ✓ The MC can call for any documents available with the Superintendent for its scrutiny. The MC can collect funds from the public for the use of the institution. A record of the money collected in this way should be kept by the Convener. The fund so collected could be used by the Committee for meeting the day today activities of the institution, buying furniture, vessels and instruments/equipments, improving basic facilities and maintenance expenditure with the prior sanction of the DSJ.
- ✓ The MC can appoint workers on daily wages for a maximum period of one month at a time.
- ✓ The Convener should submit income-expenditure accounts of the money spent during the previous month to the DSJ Officer within 5 days of the coming month.
- ✓ The MC should establish contact with the kin of the residents and work for maintaining cordial relationship with them.
- ✓ MC should take leadership in helping residents to have counseling, health check up and matters that will keep the residents in good health.
- ✓ MC should give directions in organizing family reunion, picnic, excursions, etc among the residents.
- ✓ MC should take steps to improve the basic facilities in the institution.
- ✓ MC should hold regular meetings and assess the activities and programme of the institution periodically and ensure that the institution is functioning efficiently.

- ✓ Before the meeting, members of the committee should inspect the premises and meet the residents to hear their petitions and complaints.
- ✓ MC should give instructions to resolve the problems of the residents.
- ✓ The Chairman should open the complaint Box and examine the complaints and suggest solutions for them. If necessary, he should meet the complainants in person and collect additional information on his complaint.
- ✓ MC should take decision on the price to be charged on the sponsored food.
- ✓ MC should examine hygiene of the institution, environment and individual hygiene of the residents and suggest measures if inadequacies exist.
- ✓ Appoint a sub committee for selection of books that shall be bought for the institution's library and approve the list of books prepared by the sub committee.
- ✓ Check the activity schedule prepared for keeping the residents engaged and make necessary recommendations on it.
- ✓ Check the calendar of events for different celebrations in the institution and approve them.
- ✓ Help to gain maximum public cooperation for these celebrations.
- ✓ Assess the care plans of residents at the end of every calendar year.
- ✓ Select appropriate agency for social audit, examine the report submitted by it, prepare reply on the social audit and submit it to the SJ Officer with its recommendations
- ✓ Make the services of voluntary organizations available to the institution.
- ✓ Procure public cooperation for making the institution more efficient.

Preparation of Annual Report

Two reports are to be prepared at the end of the financial year; one for the whole Department at the State level and another for the particular institution concerned.

Details of the institutional report are given below:

The report should be prepared before the end of April 30 and submitted to the following officials.

Dt. SJ Officer

Regional Assistant Director (RAD)
Director of SJ.

The Report should contain the following:

- Basic information about the institution
- Different services rendered by the institution
- Rehabilitation activities
- Health related activities
- Hygiene related activities
- Celebration of special events, days, etc. with photographs
- Programmes for mental happiness/pleasure of residents
- Public cooperation received
- Meetings of the Managing Committee and its important decisions
- Important persons visited
- Inspections made during the year, defects/inadequacies pointed out and corrective measures taken
- Important items purchased (other than things of daily use)
- Interventions in society made by the institution
- Number of residents on rolls month-wise during the period
- Those relieved during the period with details
- Details of the employees during the period and their period of service
- Training received by the employees
- Their distinguished services if any
- Income and expenditure statement in detail
- Audited report of expenses of the Managing Committee
- Social Audit Report, findings, recommendations
- Other important events and items of information

Social Audit

A social audit should be conducted to ascertain the services rendered for residents and the rehabilitation plan to find out the extent to which they have been beneficial to the residents.

This is the responsibility of the Managing Committee. The Committee should take appropriate decision on this at its meeting held in March/April. It should identify an appropriate agency to do the work.

The social audit should be done in May

The social audit should examine the institution's performance in the previous year in general and the reported year in detail.

The recommendations of the social audit report should be implemented by the organization and the steps taken should be reported to the authorities.

Inspection

Inspection is an essential part of the working of any organization. It will enable superior office to ensure that the organization is proceeding on targeted lines. It will bring out lapses that could be corrected promptly. It will make the workers more alert in their duties. It will give assurance of good performance of the institution to the inmates. It will give authorities insights to plan for the future.

There are several mechanisms for effecting this.

The Inspection Register is a book intended for registering the observations made by the Inspecting Officer at the time of inspecting the Institution. It has columns for recording the findings and opinions/remarks of the Inspecting Officer. It will also contain action taken on the previous reports and the remarks of the officer on any penal measures that may be warranted.

Competent agencies for Inspection

- Heads of District Panchayats
- District level, regional and state level officers of the Dept.
- Chairman of Management Committee
- District Administration
- Other agencies authorized to conduct the inspection.

Things to be taken into account by inspecting officers.

- When inspection is done after proper planning, all activities should be closely and properly examined and all major registers will have to be checked.
- If mistakes/lapses are found out, the superintendent should be told about them and asked to rectify them within a time framework and report them to the authorities.
- If willful neglect or ignoring of orders/instruction is noted, disciplinary action should be taken.

- Suggestions if any should be recorded in the Inspection Report and action taken on previous lapses should be recorded.
- It is better to do the inspection during day time.
- Night inspection should be avoided, especially inspection of institutions. If inspection has to be conducted at night, the presence of two officers of the dept or two prominent individuals of the locality (women in the case of organizations with women inmates) should be present
- The time of entry into office and exit from it and the points seen during inspection should be recorded in the Inspection Register.
- Before starting inspection, the report of previous inspection, progress report, assessment report, etc should be examined and inspection should be conducted on that basis.
- Inspection should not cause any inconvenience to the residents.
- Along with inspection of the registers, opinion of the residents about the organization also should be ascertained through their representatives or through individuals who come forward.
- When examining the complaints about the institution, the petitioners should be called for meeting and only after hearing them should the inspection be conducted.
- When hearing complaints from residents, first a statement from the complainant should be obtained. Only after convincing oneself that there is prima facie ground on the part of the petitioner should a decision be taken.
- The inspecting officer should not accuse/blame/insult or talk or behave in an insulting manner about the head of the office or other staff members in the presence of the residents. If they have to be admonished, this should be done in private.
- When the inspecting team enters the dormitories for inspection, the presence of its officers should be ensured.

Visitors' Book

This is a book for visitors to record their views and impressions on the institution during their visit. It should be an attractive and durable book and should be kept at a place which is available easily.

Visit of dignitaries

People's representatives, artists, writers and other VIPs could be invited and introduced to the residents. Residents should be given an opportunity to meet and talk to them but this should be done only in the presence of the head of the institution. The news on such items should be made available to the Press.

XI REGISTERS AND OTHER DOCUMENTS TO BE MAINTAINED BY THE OFFICE

The institution should maintain all documents that are necessarily to be kept by a government office (General Registers) plus other additional documents.

The General Registers are the following

- Cash book
- Acquittance Register/Roll
- Salary Bill Register
- Contingency Bill Register
- Permanent Advance Register
- Establishment Register
- Attendance Register
- Casual Leave Register
- Security Register
- Stationery and Printing Form Registers
- Special Advance Register
- Stock Register
- Distribution Register
- Dispatch cum Stamp Account Register
- Local Delivery Book

The Additional Registers are the following

Application Register.

This consists of records of applications for admission, directives, orders, serialized for every year.

Security Register

This is a register containing records of valuables received for safe custody from inmates.

Admission Register

This is a register of those who have received admission in the institution.

General Stock Register

All items bought by the institution – food materials, clothes, vessels, medicines, etc have to be entered in this register.

Instruments Stock Register

Instruments/equipment bought for use of the institution should be entered in this register.

Free Food Register

This is a book that registers food items given free by individuals and organization.

Library Stock Register

For recording books and other materials received free or paid, The register should contains books and periodicals separately.

Book Issue Register

For entering books/periodicals borrowed by inmates.

Register of Visitors

This document will register the names with details of visitors who come to the institution to visit inmates.

Telephone Register

Calls of those residents who use office phone for calling relatives will be recorded in this Register.

Movement Register

For recording movement of residents.

Property Register

Details of land and building owned by the institution.

Inspection register

Recording the report of superior officers who visit the institution

Minutes books for monthly review meetings, managing committee, quarterly meetings

Other records to be maintained.

1. History File of Residents

This should contain all details about the resident except medical history
In particular, it should contain application for admission, interview letter and order giving admission.

Social Investigation report of the resident.

Details provided by the applicant at the time of admission.

Statement giving leave applied for and granted.

Photo of the resident.

Other important records relating to the resident.

2. Medical Records File

Details of treatment given to the resident have to be kept separately.

Medical Examination Report at the time of admission.

Disability certificate issued by mental or physical doctor.

All reports of medical examinations.

Prescriptions given by the doctor.

Other medical records.

3. Care Plan and Summary Note

There will be a care plan for every resident. These are to be kept by the social worker. They should be conveniently stored for easy reference and recall.

Other Related Registers

1. Medical Records File for Residents
2. Medicine Stock Register (Department Fund)
3. Medicine Stock Register (Management Committee)
4. Medicine Stock Register (Sponsorship)
5. Health Records (As described in the Manual)
6. Food Stock Register (Dept. Fund)
7. Food Stock Register (Management Committee)
8. General Stock Register (Dept. Fund)
9. General Stock Register (Management Committee)
10. General Stock Register (Sponsorship)

11. Instruments and Machinery (Dept. Fund)
12. Instruments and Machinery (Management Committee)
13. Instruments and Machinery (Sponsorship)]
14. Minutes Books (Management Committee)
15. Minutes Books (Residents Committee)
16. Minutes Books (Mess Committee)
17. Minutes Books (Institutional level Committee)
18. Register of receipts (Management Committee)

Instructions regarding maintenance of Registers

The Registers should have good quality paper and binding which will make them durable.

Recording should be done immediately after the event.

There should not be overwriting or corrections.

When a new book has to be used, its volume number, starting date should be recorded on the last page of the old register and should be signed by the Superintendent with dated signature.

XII RIGHTS OF PARENTS & GRANDPARENTS UNDER STATE LAW

Where the aged have children or relatives, particularly those who are holding his or her property, it is important for the Home to ensure that the aged realize their rights, and have access to income from that property. Such income is entirely that of the resident, and under his or her control where the aged is of sound mind. In cases, where the person is mentally challenged, the Management Committee should set up a system to ensure that the funds are used for the best interests of the resident and are accounted for properly.

Every indigent senior citizen must be supported in exercising her or his wishes. Regular legal aid must be made available to them through arrangements with KELSA. In this connection, section 4 of Act provides that a senior citizen or parent unable to maintain himself/herself may make an application for maintenance to the Maintenance Tribunal. Such applications are to be filed in the case of parent or grandparent against one or more of his children and in the case of childless senior citizen against the relative who under law would inherit his property. The application is to be filed in form No. 'A' appended to the Rules. The Tribunal may also initiate proceedings for maintenance suo moto. On receipt of the application the same has to be referred to Conciliation Officer who has to hold meetings with the two parties. Within one month of receipt of the reference the Conciliation officer shall return the papers received by him with report of settlement formula if any arrived by him or with a report of the steps taken by him for a settlement. The maximum amount that the opposite party may be ordered to pay is presently fixed as Rs 10,000/- (Rupees ten thousand only).

The financial or other resources of the resident must be safeguarded. When staff of the Home handles any such resources, signed records and receipts should be maintained. Registers must be maintained meticulously in this regard.

Every resident should be supported to prepare a will if he or she requests such service. Arrangements should be made with DLSA to provide such needed support. No member of the staff of the Home can be made a beneficiary. If the resident so wishes, the Government may be made a beneficiary. This should be done in the presence of the Superintendent and two other impartial and independent witnesses. Such a will must be registered with the help of Home staff.

Monitoring & Evaluation

The Home must maintain full details of all Residents within the Home as stated earlier. Monthly reports must be submitted by the DSJ Officer, District-level ICDS Cell Officer, and District Probation Officer.

Feedback from Residents

Residents (and their relatives) should be periodically asked to provide feedback on the basic principles of service provision. These will include questions about their safety, the effectiveness of the service provision, whether it is caring, and whether the services are overall responsive to their needs as well as on the management and governance of the Home. A sample questionnaire will be developed for this purpose. Implementing the questionnaire will be the joint responsibility of the DSJ Officer, District-level ICDS Cell Officer, and District Probation Officer. The questionnaire should be implemented every quarter and the reports should be reported directly to the Director of Social Justice, with a copy to the Management Committee. Periodical evaluations and social audit will be the responsibility of the Social Justice Department.

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