



Social documentary shines a spotlight on life in a nursing home

Cameras follow TV host & caregiver Anita Kapoor as she spends two weeks in a nursing home; stay throws up questions on care dilemmas like protection versus personal autonomy, and efficiency versus dignity

Lien Foundation calls for feedback on a draft Consumer Charter which articulates a more evolved philosophy of nursing home care that Singaporeans can aspire to in the years to come

18 January 2017

1. A documentary being released today offers rare glimpses into the day-to-day realities of nursing home life in Singapore. It follows TV host and caregiver Anita Kapoor who volunteered to spend two weeks as a resident at the Salvation Army's Peacehaven Nursing Home.
2. To enable her to gain realistic insights into what frail, old residents go through every day, Ms Kapoor was treated like someone who cannot walk, has difficulty swallowing, is incontinent and has mild dementia. She moved around in a wheelchair, slept in a six-bed ward, was woken up at the crack of dawn and wore adult diapers for a week. To find out what it was like to have severe dementia and a high fall risk like some residents, she was tied to her bed for a few nights - with the help of a "body jacket".
3. The raw and intimate 70-minute documentary, titled **Anita's Nursing Home Stay**, was commissioned by the Lien Foundation as part of its efforts to raise awareness and spark collective conversations on ways to improve the quality of life in nursing homes. It can be viewed at www.nursinghomes.sg.
4. The Foundation has also initiated a Consumer Charter which puts forward suggestions for a new philosophy of care that Singaporeans can aspire to in order to transcend the rigours of routine and give residents greater dignity, autonomy and

privacy than what they are used to today. Around 12,000 residents live in Singapore's 70-odd nursing homes and their numbers are expected to rise. Several new nursing homes have been built in recent years and another 5,000 beds will come onstream by 2020.

5. "This documentary is a visual commentary on the experiences of our protagonist and tries to make Singaporeans aware of what goes on within the walls of a nursing homes," said Lien Foundation's Programme Director, Mr Gabriel Lim. "We hope that together with the Charter, it will spark deeper deliberations on what needs to change in our nursing homes. "
6. On why Peacehaven is involved in the film project, Mdm Low Mui Lang, Executive Director of The Salvation Army Peacehaven Nursing Home said, "We are always striving to serve our residents better. This documentary project allows us to have [another](#) perspective of the nursing home experience from the eyes of a 'user'. Although Anita is not a typical nursing home resident with dementia, some of her observations from her stay underscore the complex questions we face in nursing homes today. Like, certain support aids have to be used in order to protect the resident's wellbeing, and it's always a delicate balance between the need for safety and the downsides of over-protection."
7. She added, "Through this exercise, we hope to educate the public on the reality of the care provided in nursing homes today in the light of financial and manpower [constraints](#). When there's better understanding, we can develop a common set of expectations, responsibilities and aspirations for our journey towards [higher](#) standards of care - a goal Peacehaven is always committed to."
8. Sharing her experience, Ms Kapoor observed, "We're too system and logic-oriented and don't pay much heed to the heart." During her stay, she was struck by how everything is decided for the residents, eroding individual dignity.
9. "I feel care has been whittled down to a regimented schedule that is not necessarily in the best interests of the residents or for that matter the professional caregivers. Residents are existing, not living; staff are too bogged down by routine. We need to

pause to ask our elderly what they want, what their feelings are. We need to stop treating the elderly and eldercare simply as beds and bodies. This, at the end of the day, is about people."

Life in a nursing home

10. Despite being filmed in one of Singapore's better-run homes, the documentary highlights several areas that nursing homes could improve, starting with the physical environment, which continues to be over-medicalised.

11. With its rows of beds, ubiquitous wheelchairs and utter lack of privacy for residents, the nursing home resembles a hospital, rather than a home. Ms Kapoor struggles with the loss of privacy and personal space as she trades in the comfort of her own room at home for communal dormitory-style accommodation. Barring a small bedside cabinet, she has no space to store her personal belongings. "There's no privacy, there is nowhere to hang your clothes, there is nowhere to put your pictures, there's nowhere to be you," she said.

12. A common refrain that Ms Kapoor heard whenever a resident stood up, was a staff member asking, "Hey, where are you going? Where are you going?" Ms Kapoor added, "Because it's natural and I take that first as good instincts on the part of the staff here ...They always know where everyone is, but at the same time it diminishes your instincts and diminishes your response. It's a hard, hard thing right ...?"

13. While her stay is temporary, many residents live on in nursing homes for years. Some do so not because of heavy nursing needs, but because they lack the social support to be cared for at home. In fact, one study of six homes¹ showed that 15 per cent of residents lived at the homes for a decade or more and nearly half stayed for between three and nine years.

Protection vs personal autonomy

14. Despite continued improvements and many new nursing homes being built, some nursing home practices – such as the use of restraints, albeit as a last resort – are still stuck in the past.

¹ Tiong, W. W., Yap, P., Koh, G. C., Fong, N. P., & Luo, N. (2013). Prevalence and risk factors of depression in the elderly nursing home residents in Singapore. *Aging & Mental Health*

15. Restraints, or “body jackets”, are primarily used to prevent confused residents from falling off their beds. In countries like Australia, simple alternatives to tying down residents - such as lowering the height of beds, thereby reducing fall risk of - have been used for years. Having beds with adjustable heights, for instance, could remove the need for physical restraints.
16. As someone who was supposed to have a high risk of falls, Ms Kapoor had to wear the body jacket – to keep her safe. She also had to wear large mittens – which are designed to prevent residents from scratching or pulling out their feeding tubes.
17. In the United States, nursing home residents have a legal right to be “free from restraints”. As Dr Philip Yap observed in the report, ‘Safe but Soulless’, denying a person the chance to walk can frustrate and prompt difficult behaviour. “There is too much emphasis on safety to prevent falls, so the quality of life, wellbeing and autonomy of the resident are significantly compromised.” Ms Kapoor’s swing of emotions between acceptance and frustration when she wears the body jacket and mittens reflects this quandary.
18. Indeed, how to achieve the difficult and delicate balance between care, efficiency and respect remains one of the biggest challenges nursing homes face today. Ms Kapoor observed how daily routines of bathing, feeding and cleaning up were run efficiently. Goals and schedules had to be met. Even though several residents refused their food, they were still fed.

Charter for change

19. The Foundation has also drafted a Consumer Charter that articulates a more evolved philosophy of care that residents can hope to get in the years to come. At the same time, it also suggests the rights and responsibilities of residents. Most public hospitals in Singapore have their own charters, but these are virtually unheard of in the nursing home sector.

20. The draft Charter articulates aspirations in six key areas:

- **Privacy**
 - Residents should have a home-like environment with more personal space for residents instead of dormitory living in a hospital-like environment
- **Independence**
 - Residents should decide on their own care and living preferences as long as their cognitive & physical abilities allow; and also care for themselves. Physical restraints should be the absolute last resort.
- **Dignity and individual preferences**
 - Residents should be respected as individuals and be able to pursue their own interests
- **Accountability**
 - Residents should have a clear dispute resolution process
- **Transparency**
 - Nursing home fees and charges to be published online
- **Personal responsibility**
 - Residents and families must accept personal responsibility for their own actions and choice

Getting Involved

21. The Foundation is seeking public feedback on the draft Consumer Charter and hopes it can further discussions on a common set of rights, responsibilities and care goals so that one day, as Ms Kapoor puts it, nursing home residents, despite “whatever state they are in, can live fully right to the very end.”

22. The public are invited to view the documentary, share their eldercare experiences and comment on the Charter at www.nursinghomes.sg

Annex A: Consumer Charter

Annex B: Glossary of common supporting aids in nursing homes

Download high-resolution excerpts of Anita’s Nursing Home Stay at <http://tinyurl.com/LienFoundationANHS>

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About Lien Foundation www.lienfoundation.org

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation. It supports innovative models of eldercare, advocate better care for the dying and greater attention on dementia care.

Since 2005, the Foundation has harnessed IT for capacity building and enhanced the quality of care in healthcare nonprofits like hospices and nursing homes. In 2010, the Foundation commissioned the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care. It has published research that unveiled the views of doctors and thought leaders on what would improve end-of-life care in Singapore.

To advocate better nursing home care in Singapore, the Lien Foundation commissioned “The Economics of Nursing Home” study which modelled cost implications of moving Singapore towards a habilitative nursing home model for enhanced wellbeing and greater privacy. It also released an in-depth report “Safe But Soulless: Nursing Homes Need a New Narrative”, featuring the voices of 50 nursing home and aged care experts, that revealed why Singapore’s nursing homes need a new narrative.

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ANNEX A

CONSUMER CHARTER

In Singapore, where family has long been seen as the first line of support in caring for the elderly, sending a loved one to a nursing home is still shrouded in stigma. Residents are largely clean, fed and physically safe. But in keeping with the philosophy that these homes should be places of dire need, rather than choice, residents' wishes and preferences have seldom been spoken about.

Once he or she moves in, a resident's individuality is often eroded by conformity and the dreary rigour of routine. This must change.

Here is a charter advocating a more evolved philosophy of care that Singaporeans can hope to attain – where debilitation and dependence need not rob a person of dignity and purpose, of the passions, privileges and autonomy that make him or her human.

Safeguard privacy

1. Nursing home residents should live in a home-like environment where they can personalise their living areas and have privacy when they need it.
2. Married residents should be given the choice to have their own room with adjacent beds, should both spouses live in the same facility.

Preserve independence

3. As far as their cognitive and physical abilities allow, residents – rather than those who pay for their care – should make decisions on their care and living preferences. With the help of regular therapy, residents should be enabled to regain the ability for self-care, where possible, instead of expecting to be attended to night and day.
4. Restraints, physical or otherwise, should be an absolute last resort. Residents should not be made to use wheelchairs and diapers or be tube fed for the convenience of care staff or to increase work efficiency. Should any of these be required for clinical reasons, every effort must be made to wean residents off wherever and whenever possible.

Respect dignity & individual preferences

5. Residents must be respected as people rather than merely patients and have their individual needs and preferences taken into account. This should extend to their cultural and religious practices, languages they speak and preferred daily schedule, including their meals, care plans and activities.
6. Instead of being clustered in large groups for generic activities, residents should be empowered to form interest groups with other residents and take part in activities that interest them personally, following the example of co-curricular activities in school.
7. Residents or their families should be given a choice to be involved in the day-to-day running of the homes, including planning meals and activities.

Encourage accountability

8. Residents or their families should be able to raise issues that bother them and have access to a clear dispute-resolution process. Whistle-blowers should be protected. There should also be legal safeguards to prevent residents from being involuntarily discharged during the investigation process.

Support transparency

9. All nursing home fees, including those of consumables, should be published online. Any hikes should be communicated clearly to residents in advance and updated on the website promptly.

Urge personal responsibility

10. Residents or their families must accept personal responsibility for their own actions and choices, especially if they value personal autonomy over safety and face an increased risk of mishaps and accidents. They should also be considerate of the needs of fellow residents and staff and should not harass or abuse them.

Annex B – Supporting aids

	Item	Purpose	For whom and when are they used
1.	Mittens	To prevent injury and harm to self, such as scratching of the skin, faecal smearing or pulling out naso-gastric tube.	For residents with impaired cognition or those with poor insight in own personal safety. Used as a last resort.
2.	Body jacket and restraints	To prevent falls.	For residents with fall-risk. Restraints are only initiated as a last resort when other less restrictive strategies have been unsuccessful. Their use is regularly reviewed and discontinued when no longer necessary.
3.	Wheelchair	To allow residents to socialise and interact with others. The good sitting posture also allows for lung expansion and for feeding.	For residents with lower limb weakness.
4.	Shower trolley	To maintain hygiene and wellbeing of residents.	For residents with poor sitting tolerance and sitting balance, who cannot stay in a balanced sitting position. At The Salvation Army Peacehaven Nursing Home, shower trolleys are only used on five per cent of the residents who are most dependent.
5.	Diaper	To maintain the dignity of residents with incontinence.	For residents who are incontinent of urine and faeces. As much as possible, diaper use is minimised.

6.	Functional Food	<p>To provide residents with nutrient-dense food that assists with optimising nutrition intake with smaller volume of food.</p> <p>The blended, pudding-like consistency is also suitable for residents with dysphagia (difficulty swallowing) and reduces the risk of food going into the windpipe.</p>	<p>For residents with a suboptimal intake on soft diet and oral nutritional supplements, unintentional weight loss on soft diet despite consuming full share meals, a refusal to eat or limited food acceptance on a soft diet.</p>
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