

Licensing of Residential Care Homes and Nursing Homes: Application Overview



Contact information for Care Home Licensing:

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Purpose

This overview outlines the steps required to apply for a new license to operate a residential care home or nursing home (care homes). A care home is a facility that provides room, board and personal care to two or more unrelated persons who are seniors and/or have a disability.

Legislation

The Residential Care Homes and Nursing Homes Act 1999 (the Act) is the principle legislation with respect to the licensing of care homes. The Act is supported by the Residential Care Homes and Nursing Homes Regulations 2001 (the Regulations) & the Code of Practice for Care Homes 2018 V.1.1 (The Code). A care home is not authorized to operate until they receive a Residential Care Home or Nursing Home license issued by the Ministry of Health.

All Applicants must be aware of and meet their obligations under other relevant legislation, in addition to the Care Home license requirements. This overview refers to some components of the other legislated requirements but is not a guide for such. Additional legislation that must be complied with to open a care home, include:

- The Bermuda Building Code
- The Public Health Act
- The Occupational Health and Safety Act
- The Fire Safety Act

Regulatory Authority

Ageing & Disability Services (ADS) is the lead agency for care home licensing under the oversight of the Chief Medical Officer (CMO), as delegated by the Minister of Health. ADS coordinates the Elder Care Team which includes representation from:

- Occupational and Physiotherapy, Department of Health
- Nutrition Services, Department of Health
- Environmental Health, Department of Health
- Nursing, Office of the Chief Medical Office
- Bermuda Fire Services

The Elder Care Team is responsible for conducting inspections and making recommendations to the CMO for initial registration and re-registration of care homes.

Requirements for a Care Home License

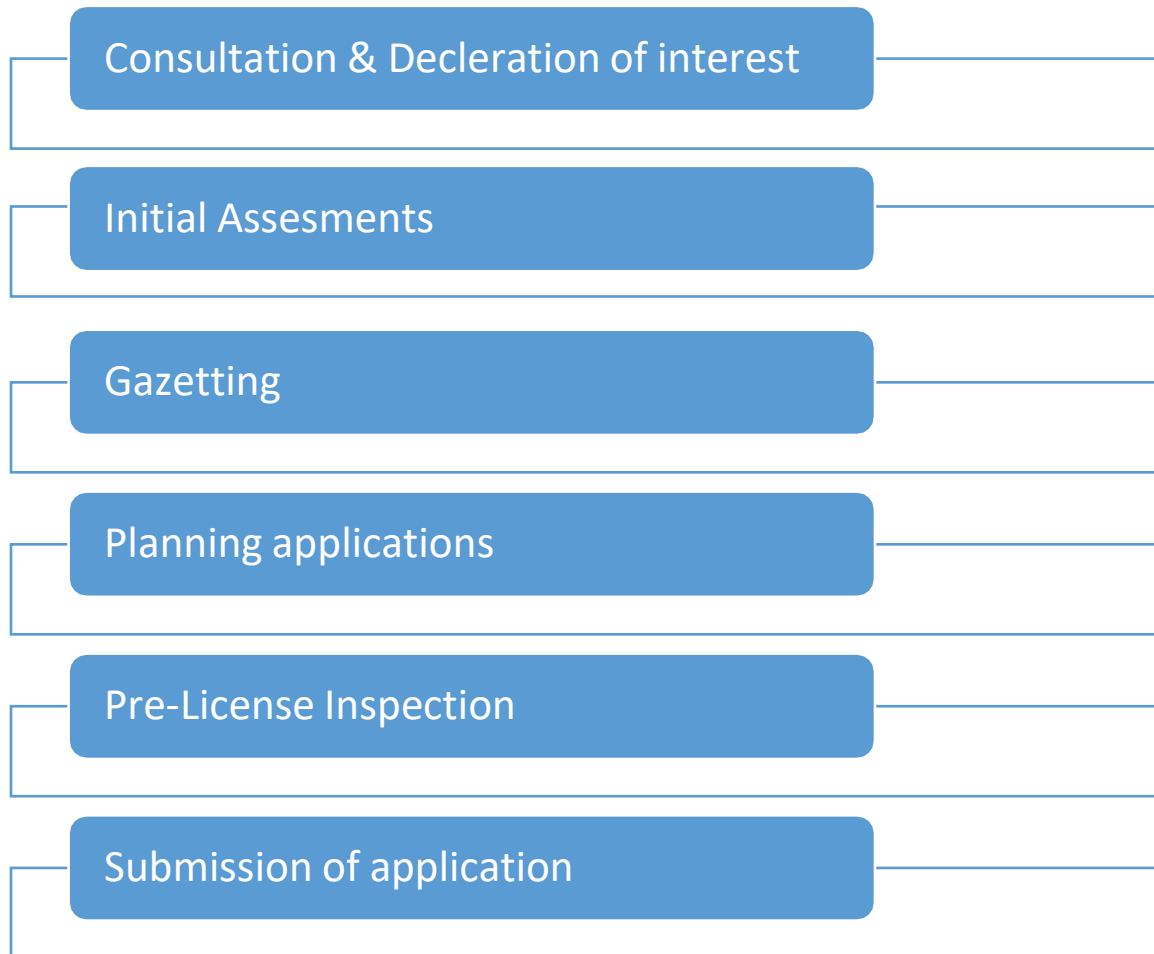
The Applicant is the proposed owner of the care home which may include individuals, Boards or Trusts.

Overall an Applicant must meet the following requirements to receive a care home license:

- the Applicant is a fit and proper person to operate a home;
- the building proposed to be used is fit for use as such a home;
- the Applicant is able to provide the facilities, equipment and staff to operate such a home;
- There are no objections to the proposed registration, or any objections have been rectified.

Ongoing communication with Bermuda Health Council is advised throughout the steps outlined in the next section and is necessary when changes to building design or care model concepts are made.

Licensing Process Overview



Application Process:

Applications will not be processed without all information required and requested in each step outlined below.

1. Consultation and Declaration of Interest

A consultation is the necessary first step to identify requirements for a care home license. This consultation will take place over email or phone. This consultation will take place within 2 business days of the applicant's initial request for information. The purpose is to help ensure a viable proposal is being developed for application and prior to making financial commitments through the renting or developing of property.

At this point the following documents are given to the applicant:

- Declaration of interest form
- Fire service self-assessment
- Self-check-list
- Code of practice
- Licensing of a care home application process
- Residential care home nursing act
- Residential care home nursing regulations

The application process for a care home license cannot proceed until a proposed building is identified using the declaration of interest.

2. Initial Assessments

Following the submission of the Declaration of Interest, The following assessments must occur before proceeding through the Planning permit and Building permit process. Environmental health will follow up with a property inspection. This inspection will determine if the proposed property is a viable facility for a Care home. The report produced by environmental health team will highlight any areas of concern on the property that need to be addressed before giving a license.

Once the report is received by the Bermuda Health council the appropriate body will contact the applicant within 7 business days to discuss the results of the report and determine next steps.

3. Gazetting

Gazette for Objections- the Bermuda Health Council must Gazette the name of the Applicant, proposed name of care home, address and number of care recipients (residents and day care attendees). Persons have 7 days from date of publication to send objections in writing to the Bermuda Health Council.

Note- this does not replace any Gazetting required by Department of Planning.

NOTE- AT THIS STAGE APPLICANTS SHOULD HAVE BEGUN DEVELOPING THE DOCUMENTATION REQUIRED UNDER STEP 6 TO ENSURE BUILDING DESIGN ALIGNS AND SUPPORTS THE BUSINESS AND CARE MODEL FOR THE CARE HOME.

4. Planning applications (Department of Planning)

a. Planning permit

The Department of Planning authorizes approval of the concept and use of the building in the proposed location. These applications must be:

- Submitted directly to Planning and
- Include findings from 3.1 and 3.2 in their submission.

The ECT may be required to provide additional consultation to planning regarding the application.

b. Building permit

The Department of Planning receives all building permit applications. These applications must be reviewed by the Elder Care Team and Bermuda Fire Services.

Note: Construction or remodeling may commence only after the issuance of a building permit.

5. Submission of Application:

The following information must be submitted to the Long term Care facility regulations officer:

a. Operator information:

- Resume
- Self-Declaration of any other business interests and any history of bankruptcy
- Criminal record check
- Business plan with financial projection statements

b. Operation information:

- Statement of Purpose – see Code of Practice s.22
- Service Guide - see Code of Practice s.3.3
- Service Contracts - see Code of Practice s.4.2
- Draft Job Descriptions, terms and conditions of employment – see Code of Practice s.19.8
- Staff Orientation plan - see Code of Practice s.19.15
- Draft Policies and Procedures – see Code of Practice s.25

6. Pre- Licensing Inspection

The Elder Care Team conducts a final inspection to ensure the facility is structured and outfitted in compliance with the legislation and any specific requirements stipulated during steps 3 and 4 by the Elder Care Team.

7. Application Decision:

A License can be denied or issued with or without conditions. Reasons for refusal and conditions must be provided to the Applicant.

Approval to issue a license to a care home cannot be obtained without an Occupancy Certificate from the Department of Planning.

Self- Declaration for Operator of a Care Home

The Operator is the owner of a residential care home or nursing home (herein called care home). The care home license is issued to the Operator as they have ultimate responsibility over the operation of the home. In accordance with the Residential Care Homes Act 1999 and the Code of Practice, the following self-declaration must be submitted by the Operator as part of their fit and proper determination by the regulatory authority.

If the Operator of the home is a Board or Trust, a declaration must be submitted for each member.

A. Indicate if any of the below are applicable, whether under the laws of Bermuda or any other jurisdiction in the past 5 years. If you answer yes to any of the following questions provide an explanation on a separate sheet of paper and submit with this declaration.

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Subject of, or convicted in any regulatory, civil, or other action or proceeding? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. Subject of bankruptcy or receivership proceedings? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. Subject of a court judgment or writ, or failed to satisfy a judgment or writ? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. Refused or had suspended or cancelled a business license or registration? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

B. Indicate any potential conflict in interest in relation to owning and operating a care home:

C. By signing this form I, the Operator, agree:

1. The information is true and accurate to the best of my knowledge. I understand that false statements may result in the denial or removal of my registration.
2. To notify the Bermuda Health Council of any changes to the information provided in this form.
3. For the Bermuda Health Council to contact relevant persons (including but not limited to regulatory and government entities) to verify the information provided in this application.

Signature of Operator: _____ Date: _____

Print Name: _____