

ANNUAL REPORT

Financial Year 2024/2025

1 April 2024 - 31 March 2025





Fu Hui Link, Levels 6 to 10 19 Compassvale Walk, S(544644)



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1 Annual Report – for Financial Year ended 31 March 2025

1.1 ORGANISATION PROFILE

1.1.1 About Us

GRACE LODGE was registered as a society on 19 December 1988 and under the Charities Act on 6 March 1990.

Charity Registration Number : 0720

Unique Entity Number : UEN S88SS0120C

IPC Status : IPC No.: IPC 000336 | 01 September 2024 – 31 August 2027

Governing Instrument : Constitution

Registered Address : 105 Punggol Road, Singapore 546636

Place of Operation : 19 Compassvale Walk, Singapore 544644

Banker : United Overseas Bank Limited

Standard Chartered Bank (Singapore) Limited

Auditor : Robert Yam & Co PAC

Honorary Legal Advisor : Ms Lim May Poh, Mabel

Honorary Medical Advisor : Dr. Ee Chye Hua

1.1.2 Grace Lodge Board

GRACE LODGE (GL) board members make significant contributions to our charitable cause, with their selfless dedication

The pioneer board members are, moreover, important exemplars for the other board members.

They have been offering invaluable assistance to Grace Lodge since its establishment, being strong pillars of support who command respect and trust.

Grace Lodge Board for the term from 1 October 2024 to 30 September 2028 was elected at the Annual General Meeting held on 21 September 2024.

Grace Lodge board members are not remunerated for their services to the Board, as their appointments are honorary.

No.	Name	Position Held	Year of Appointment	Occupation	Position in GL's Affiliated Charities	Board Meetings Attended from Apr 2024 to Mar 2025
1	Venerable Kuan Yan, BBM	President	Co-Founder, succeeded Founder, Late Venerable Yen Pei as President since 1997	Buddhist Leader, Voluntary Social Worker	President SBWS, FHBCC	3/3
2	Mr Wee Cho Tat, Charles	Vice President	Board member since 2013	Assistant Director Employed	Not Applicable	3/3
3	Mr Toh Seng Poh	Honorary Secretary	Pioneer Board member since establishment	Retired Formerly Director of ERA Realty	Honorary Secretary - FHBCC	3/3
4	MsTan Li Peng, Dawn	Honorary Assistant Secretary	Board member since 2024	Senior Manager Employed	Not Applicable	1/3
5	Mr Yeo Yam How	Honorary Treasurer	Board member since 2014	Retired Formerly Executive Director of Metro Pte Ltd	Not Applicable	3/3
6	Ms Lim May Poh, Mabe l	Honorary Assistant Tre asurer	Board member since 2018	Lawyer Employed	Assistant Secretary - FHBCC	3/3
7	Mdm Lim Watt	Committee Member	Board member since 2006	Finance Executive Employed	Not Applicable	3/3
8	Mr Sim Tzek Hui, Ryan	Committee Member	Board member since 2024	Project Director Employed	Not Applicable	2/3
9	Mr Tan Ming Teck, Robin	Committee Member	Board member since 2024	Director Employed	Not Applicable	2/3
10	Ms Ang Jing Xin, Stephanie	Committee Member	Board member since 2024	Human Resource Executive, Employed	Not Applicable	2/3

SBWS: Singapore Buddhist Welfare Services; FHBCC: Fu Hui Buddhist Cultural Centre

Board's Declaration:

- I. None of the board members are related to one another.
- II. None of the board members are remunerated for their services to the board.
- III. Only three of GL's board members are also serving on SBWS board or board of FHBCC (SBWS' affiliate).
- IV. Grace Lodge and Fu Hui Buddhist Cultural Centre are the only charities/organisations affiliated to SBWS.



1.1.3 Board Committees

No.	BOARD COMMITTEES	COMMITTEE MEMBERS	
		Mr Wee Cho Tat, Chairperson	
1	Finance, Audit and Risk Committee	Ms Tan Li Peng, Member	
		Mr Yeo Yam How, Member	
		Ms Lim May Poh, Chairperson	
	Programmes, Services and Fund-Raising Committee	Mr Sim Tzek Hui, Member	
2		Mr Tan Ming Teck, Member	
		Mr Toh Seng Poh, Member	
		Mdm Ng Bee Nah, Chairperson	
3	Human Resource and Data Protection Committee	Venerable Kuan Yan, Member	
		Ms Ang Jing Xin, Member	

1.1.4 Key Management Personnel

No.	Name	e Position			
1	Mr Ranjit Singh	Director of Nursing	August 2010		
2	Ms Christina Ng	Deputy Director of Nursing	March 2021		
3	Ms Lucy Lim	Director of Human Resources	February 2023		
4	Mr Qian Zhi Jiang	Senior Operations cum Facilities Manager	March 2019		

1.1.5 Related Entity

Entity	UEN No.
Singapore Buddhist Welfare Services	S81SS0060H





1.1.6 Vision and Mission Statements





1.2 CORPORATE GOVERNANCE - POLICIES

As an Institution of a Public Character (IPC) and a registered charity, Grace Lodge believes that strong corporate governance is in its best interests and it is committed to the established standards of corporate governance in Singapore.

Grace Lodge is guided by a set of corporate governance guidelines, based on best practices in the corporate and voluntary sectors.

1.2.1 Policies

CONFLICT OF INTEREST POLICY

As an IPC, the nursing home's policy is to preserve its integrity and transparency, promote public trust and confidence in the nursing home, comply with the code of governance guidelines, institute and observe measures to prevent actual, potential or perceived conflicts of interest that can affect the integrity, fairness and accountability of the nursing home, as well as ensure that its staff and volunteers all act in the best interests of the nursing home to achieve its vision as defined above.

Grace Lodge adopts a policy of declaration by board members, staff and volunteers with personal interests that may affect the integrity, fairness and accountability of Grace Lodge.

The Conflict of Interest Policy includes standard operating procedures in handling disclosure of a conflict of interest and how to address a situation when a conflict of interest arises. Staff are required to sign a declaration to acknowledge the Conflict of Interest Policy.

PERSONAL DATA PROTECTION POLICY

Grace Lodge is committed to act responsibly under the Personal Data Protection Act (PDPA) to protect the personal data of individuals under Grace Lodge's custody.

The purpose of the policy is to define and implement the procedures and guidelines on protection of personal data of individuals, in compliance with the PDPA regulations.

This policy governs the collection, use, disclosure and protection of personal data of individuals. It also allows individuals to exercise their rights to access, correct or withdraw their data.

HUMAN RESOURCE POLICY

Grace Lodge ensures fairness and consistency in its human resource practices, through compliance with legislation requirements and updates to its Human Resource Policy.

This policy provides clear and structured guidelines for its human resource practices.

VOLUNTEER MANAGEMENT POLICY

Grace Lodge has a Volunteer Management Policy to support volunteers in discharging their roles safely, take care of their development and well-being, as well as appreciate and recognise their contributions.



FINANCE AND FUNDING POLICY

The nursing home is funded by the government and public donations. Grace Lodge also collects fees from paying cases. Such fees are based on the individual families' financial situations. All families are means-tested to determine their respective abilities to pay. The Ministry of Health provides subsidies based on per capita incomes of the families, with subsidies ranging from 0% to 75% of the norm cost as specified by the Ministry.

RESERVES POLICY

Our reserves position as at the financial year ended 31st March 2025:

	Current Year	Previous Year	% Increase/ (Decrease)
Unrestricted Funds (Reserves)			
- General Funds	9,532,631	8,268,668	15%
Restricted Funds			
- Financial Assistance Scheme	21,700	-	NA
- Medifund account	26,195	1,375,849	(98%)
- Community Silver Trust Fund	169,818	342,009	(50%)
Total Funds ¹	9,750,344	9,986,526	(2%)
Ratio of Reserves ² to Annual Operating Expenditure ³	0.72	0.65	10%

The reserves that we have set aside provide financial stability and the means for the development of our principal activity. The current level of reserves at 9.53 million is adequate to fund 0.72 year of annual operating expenditure. However, the reserves include the fixed assets of \$616,525 which are required for the continued operations of our organisation. Adjusting for such fixed assets and depreciation (non-cash outlay) at operating expenditure, on a cash basis, the figure would be reduced to 0.68 year. We intend to grow our reserves to a ratio of of 1.0, to be used for nursing home and welfare activities.

The Management regularly reviews the amount of reserves that are required, to ensure that they are adequate to fulfil our continuing obligations.

¹ Total funds include unrestricted, restricted, designated and endowment funds.

Unrestricted Funds

³ Expenses on Charitable Activities, as well as Operating and Administration Expenses.



1.2.2 Governance Evaluation Checklist

S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.
	Principle 1: The charity serves its mission	and act	nieves its objec	ctives
1	Clearly state the charitable purposes (For example, vision and mission, objectives, use of resources, activities, and so on) and include the objectives in the charity's governing instrument. Publish the stated charitable purposes on platforms (For example, Charity Portal, website, social media channels, and so on) that can be easily accessed by the public.	1.1	YES	
2	Develop and implement strategic plans to achieve the stated charitable purposes.	1.2	YES	
3	Have the Board review the charity's strategic plans regularly to ensure that the charity is achieving its charitable purposes, and monitor, evaluate and report the outcome and impact of its activities.	1.3	YES	
4	Document the plan for building the capacity and capability of the charity and ensure that the Board monitors the progress of this plan. "Capacity" refers to a charity's infrastructure and operational resources while "capability" refers to its expertise, skills and knowledge.	1.4	YES	
	Principle 2: The charity has an effective Bo	oard and	l Management.	
5	The Board and Management are collectively responsible for achieving the charity's charitable purposes. The roles and responsibilities of the Board and Management should be clear and distinct.	2.1	YES	
6	The Board and Management should be inducted and undergo training, where necessary, and their performance reviewed regularly to ensure their effectiveness.	2.2	YES	
7	Document the terms of reference for the Board and each of its committees. The Board should have committees (or designated Board member(s)) to oversee the following areas*, where relevant to the charity: a. Audit b. Finance * Other areas include Programmes and Services, Fund-raising, Appointment/	2.3	YES	



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.
8	Ensure the Board is diverse and of an appropriate size, and has a good mix of skills, knowledge, and experience. All Board members should exercise independent judgement and act in the best interest of the charity.	2.4	YES	
9	Develop proper processes for leadership renewal. This includes establishing a term limit for each Board member. All Board members must submit themselves for re-nomination and reappointment, at least once every three years.	2.5	YES	
10	Develop proper processes for leadership renewal. This includes establishing a term limit for the Treasurer (or equivalent position). For Treasurer (or equivalent position) only: a. The maximum term limit for the Treasurer (or equivalent position like a Finance Committee Chairman, or key person on the Board responsible for overseeing the finances of the charity) should be four consecutive years. If there is no Board member who oversee the finances, the Chairman will take on the role. i. After meeting the maximum term limit for the Treasurer, a Board member's reappointment to the position of Treasurer (or an equivalent position may be considered after at least a two-year break. ii. Should the Treasurer leave the position for less than two years, and when he/she is being re-appointed, the Treasurer's years of service would continue from the time he/she stepped down as Treasurer.	2.6	YES	
11	Ensure the Board has suitable qualifications and experience, understands its duties clearly, and performs well. a. No staff should chair the Board and staff should not comprise more than one-third of the Board.	2.7	YES	
12	Ensure the Management has suitable qualifications and experience, understands its duties clearly, and performs well. a. Staff must provide the Board with complete and timely information and should not vote or participate in the Board's decision-making.	2.8	YES	



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.		
13	The term limit for all Board members should be set at 10 consecutive years or less. Reappointment to the Board can be considered after at least a two-year break. For all Board members: a. Should the Board member leave the Board for less than two years, and when he/she is being re-appointed, the Board member's years of service would continue from the time he/she left the Board. b. Should the charity consider it necessary to retain a particular Board member (with or without office bearers' positions) beyond the maximum term limit of 10 consecutive years, the extension should be deliberated and approved at the general meeting where the Board member is being re-appointed or re-elected to serve for the charity's term of service. (For example, a charity with a two-year term of service would conduct its election once every two years at its general meeting). c. The charity should disclose the reasons for retaining any Board member who has served on the Board for more than 10 consecutive years, as well as its succession plan, in its annual report.	2.9a 2.9b 2.9c	Partial Compliance	We have been actively keeping a lookout for and interviewing new candidates for renewal of the Board, but suitable candidates who share our cause and can commit their time are hard to find.		
14	For Treasurer (or equivalent position) only: d. A Board member holding the Treasurer position (or equivalent position like a Finance Committee Chairman or key person on the Board responsible for overseeing the finances of the charity) must step down from the Treasurer or equivalent position after a maximum of four consecutive years. i. The Board member may continue to serve in other positions on the Board (except the Assistant Treasurer position or equivalent), not beyond the overall term limit of 10 consecutive years, unless the extension was deliberated and approved at the general meeting – refer to 2.9 b.	2. 9d	YES			
	Principle 3: The charity acts responsibly, fairly and with integrity.					
15	Conduct appropriate background checks on the members of the Board and Management to ensure they are suited to work at the charity.	3.1	YES			



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.
16	Document the processes for the Board and Management to declare actual or potential conflicts of interest, and the measures to deal with these conflicts of interest when they arise. a. A Board member with a conflict of interest in the matter(s) discussed should recuse himself/herself from the meeting and should not vote or take part in the decision-making during the meeting.	3.2	YES	
17	Ensure that no Board member is involved in setting his/her own remuneration directly or indirectly.	3.3	YES	
18	Ensure that no staff is involved in setting his/her own remuneration directly or indirectly.	3.3	YES	
19	Establish a Code of Conduct that reflects the charity's values and ethics and ensure that the Code of Conduct is applied appropriately.	3.4	YES	
20	Take into consideration the ESG factors when conducting the charity's activities.	3.5	YES	
	Principle 4: The charity is well-managed as	nd plans	for the future	
21	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives. a. Ensure the Board approves the annual budget for the charity's plans and regularly reviews and monitors its income and expenditures (For example, financial assistance, matching grants, donations by board members to the charity, funding, staff costs and so on).	4.1a	YES	
22	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives. b. Implement appropriate internal controls to manage and monitor the charity's funds and resources. This includes key processes such as: i. Revenue and receipting policies and procedures; ii. Procurement and payment policies and procedures; and iii. System for the delegation of authority and limits of approval.	4.1b	YES	



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.		
23	Seek the Board's approval for any loans, donations, grants, or financial assistance provided by the charity which are not part of the core charitable programmes listed in its policy. (For example, loans to employees/subsidiaries, grants or financial assistance to business entities).	4.2	YES			
24	Regularly identify and review the key risks that the charity is exposed to and refer to the charity's processes to manage these risks.	4.3	Partial Compliance	In Progress		
25	Set internal policies for the charity on the following areas and regularly review them: a. Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT); b. Board strategies, functions, and responsibilities; c. Employment practices; d. Volunteer management; e. Finances; f. Information Technology (IT) including data privacy management and cyber-security; g. Investment (obtain advice from qualified professional advisors if this is deemed necessary by the Board); h. Service or quality standards; and i. Other key areas such as fund-raising and data protection.	4.4	YES			
26	The charity's audit committee or equivalent should be confident that the charity's operational policies and procedures (including IT processes) are effective in managing the key risks of the charity.	4.5	YES			
27	The charity should also measure the impact of its activities, review external risk factors and their likelihood of occurrence, and respond to key risks for the sustainability of the charity.	4.6	YES			
	Principle 5: The charity is accountable and transparent.					
28	Disclose or submit the necessary documents (such as Annual Report, Financial Statements, GEC, and so on) in accordance with the requirements of the Charities Act, its Regulations, and other frameworks (For example, Charity Transparency Framework and so on).	5.1	YES			



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.
29	Generally, Board members should not receive remuneration for their services to the Board. Where the charity's governing instrument expressly permits remuneration or benefits to the Board members for their services, the charity should provide reasons for allowing remuneration or benefits and disclose in its annual report the exact remuneration and benefits received by each Board member.	5.2	YES	
30	The charity should disclose the following in its annual report: a. Number of Board meetings in the year; and b. Each Board member's attendance.	5.3	YES	
31	The charity should disclose in its annual report the total annual remuneration (including any remuneration received in the charity's subsidiaries) for each of its three highest-paid staff, who each receives remuneration exceeding \$100,000, in incremental bands of \$100,000. Should any of the three highest-paid staff serve on the Board of the charity, this should also be disclosed. If none of its staff receives more than \$100,000 in annual remuneration each, the charity should disclose this fact.	5.4	YES	
32	The charity should disclose in its annual report the number of paid staff who are close members of the family of the Executive Head or Board members, and whose remuneration exceeds \$50,000 during the year. The annual remuneration of such staff should be listed in incremental bands of \$100,000. If none of its staff is a close member of the family of the Executive Head or Board members and receives more than \$50,000 in annual remuneration, the charity should disclose this fact.	5.5	YES	
33	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. Record relevant discussions, dissenting views and decisions in the minutes of general and Board meetings. Circulate the minutes of these meetings to the Board as soon as practicable.	5.6a	YES	



S/N	Call for Action	Code ID	Did the charity put this principle into action?	If you have indicated "No" or 'Partial Compliance", please explain.	
34	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. The Board meetings should have an appropriate quorum of at least half of the Board, if a quorum is not stated in the charity's governing instrument.	5.6b	YES		
35	Implement a whistle-blowing policy for any person to raise concerns about possible wrongdoings within the charity and ensure such concerns are independently investigated and follow-up action taken as appropriate.	5.7	Partial Compliance	whistle-blowing reports received via emails, policy documentation in progress	
Principle 6: The charity communicates actively to instil public confidence.					
36	Develop and implement strategies for regular communication with the charity's stakeholders and the public (For example, focus on the charity's branding and overall message, raise awareness of its cause to maintain or increase public support, show appreciation to supporters, and so on).	6.1	YES		
37	Listen to the views of the charity's stakeholders and the public and respond constructively.	6.2	YES		
38	Implement a media communication policy to help the Board and Management build positive relationships with the media and the public.	6.3	YES		



1.3 CORPORATE GOVERNANCE - STAFFING

1.3.1 Staff Strength

- 1) There were **161** staff members as at 31 March 2025.
- 2) Total staff costs and emoluments for FY 2025 was \$\$7,460,123.
- 3) Employees are recruited locally and from abroad. Foreign nursing staff underwent training, which ensures they are equipped with the skills needed to look after the residents.
- 4) The key management personnel are responsible for planning, directing and monitoring the activities of the nursing home.
- 5) Number of staff members in the respective remuneration bands:

Position	Remuneration Band	No. of Staff
Vov Managament	Above \$\$200,000	1
Key Management	S\$100,001 and below S\$200,000	2
A dustin / A maille m. / Ni. mains n/	Above \$\$100,000	3
Admin/Ancillary/Nursing/	\$\$50,001 - \$\$100,000	24
Support Care	\$\$50,000 and below	131

- 6) None of the 3 highest paid staff serves as a governing board member of Grace Lodge.
- 7) There is no paid staff who is a close family member of the Executive Head or a Board Member and who receives more than \$50,000 during the year.





1.3.2 Staff Profile

Residents are treated with compassion and respect by our team, which comprises diverse medical, nursing and support professionals with different skillsets and work experience.

	STAFF ON PAYROLL		
	LOCAL	FOREIGN	TOTAL
Nursing and Support Care Staff	20 0/ 12	, chiaren	
Director of Nursing	1	-	1
Deputy Director of Nursing	1	-	1
Nurse Managers / Assistant Nurse Managers	3	-	3
Senior Staff Nurses / Staff Nurses	6	12	18
Senior Enrolled Nurses / Enrolled Nurses	5	6	11
Nursing Aides	-	39	39
Therapy Assistants	3	12	15
Healthcare Assistants	1	58	59
Total No. of Nursing and Support Care Staff	20	127	147
Admin and Ancillary Staff			
Director of Human Resource	1	-	1
Senior Operations cum Facilities Manager	1	-	1
Senior Facilities cum Operations Executive	1	-	1
Medical Social Workers	2	-	2
Finance Executives	3	-	3
Human Resource Executives	2	-	2
Administrative Assistants	2	-	2
Drivers	2	-	2
Total No. of Admin and Ancillary Staff	14	-	14
TOTAL STAFFING	34	127	161

SPECIALIST SERVICES							
SPECIALIST	SERVICE PROVIDER	FREQUENCY OF SERVICES					
Consultant - Geriatrician	1	Once a month					
Psycho-Geriatrician	1	Twice a month					
Medical Officer	1	Twice a week					
Speech Therapist	1	Twice a month					
Occupational Therapist	1	Thrice a week					
Physiotherapist	1	Thrice a week					
Dietician	1	Once every 2 months					
Pharmacist	1	Weekly					
Total No. of Specialists	8						



1.3.3 Staff Development

At Grace Lodge, we believe in continually investing in the growth of our healthcare professionals. From April 2024 to March 2025, our CARE staff took part in comprehensive training programmes designed to strengthen both their knowledge and skills.

These programmes focused on:

- keeping staff up to date with current healthcare practices;
- enhancing role-specific competencies;
- supporting professional development;
- preparing staff to adapt to changing responsibilities.

All training was aligned with the standards stipulated by the Ministry of Health, ensuring regulatory compliance, ethical practice, and high-quality care.

These efforts directly contribute to better safety, improved outcomes and greater satisfaction for our residents.

Training courses for our nurses included:

- 1) ITE Skills Certificate in Healthcare (Home Care) Training;
- 2) Prevention of Elder Abuse;
- 3) DEXIE Training;
- 4) ECG Training;
- 5) InterRAI System Training;
- 6) OHEP Dental Training;
- 7) BCLS-AED and CPR-AED Training (external);
- 8) Clinical Preceptorship Course (external).





ITE Skills Certificate in Healthcare (Home Care) Training

Grace Lodge is an Approved Training Centre for the ITE Skills Certificate in Healthcare (Home Care) Training. We proudly conduct in-house training programs for our dedicated Care staff, including Nursing Aides and Health Care Assistants.

Through this comprehensive training, participants acquire essential knowledge and skills in:

- basic healthcare and home care principles;
- assisting with daily living activities, such as feeding and bed-making;
- providing personal grooming and hygiene services;
- safe transfer and mobility techniques for elderly patients in a nursing home setting.



Selected staff who attended and completed the ITE Skills Certificate in Healthcare (Home Care) Training

Training in Prevention of Elder Abuse







DEXIE Training

In October 2024, Grace Lodge took a significant step towards enhancing residents' engagement by introducing DEXIE, a humanoid robot and digital therapeutic platform developed by DEX-Lab, into our activity programme. This cutting-edge integration of robotics and engagement therapy has brought a new level of stimulation and interactivity to our residents—especially those who were previously passive or withdrawn.

Through personalised and interactive sessions, DEXIE has helped to foster improvement in moods, cognitive functions and social interaction. Many residents have become more active participants in daily activities, demonstrating better emotional responsiveness and communication.

The successful implementation of DEXIE underscores Grace Lodge's commitment to embracing forward-thinking solutions that improve the quality of life and holistic wellbeing of our residents.









Staff training on the use of DEXIE



ECG Training

In October 2024, Grace Lodge further strengthened its clinical care capabilities by investing in a new Electrocardiogram (ECG) machine and conducting comprehensive training for nursing staff. This initiative aimed to enhance real-time cardiac monitoring, as well as ensure timely detection and management of heart-related conditions.

The hands-on training equipped our nurses with essential skills in ECG application and interpretation, empowering them to respond promptly to cardiac concerns and improve the quality of our nursing care.

This advancement reflects our continued commitment to clinical excellence, professional development of our healthcare team, and the delivery of responsive care tailored to the evolving needs of our residents.









InterRAI System Training

In December 2024, a total of 19 nursing and allied health staff at Grace Lodge completed their training in the International Resident Assessment Instrument (InterRAI). This standardised tool enables comprehensive, data-driven assessments to guide individualised care planning, goal setting, and outcome evaluation.

Staff reported increased confidence in performing holistic assessments and strengthened interdisciplinary collaboration. By embedding InterRAI into our care processes, Grace Lodge has not only enhanced regulatory compliance, but also deepened our commitment to delivering high-quality care tailored to each resident's unique needs.





OHEP Dental Training

Recognising the vital link between oral health and overall systemic wellbeing, Grace Lodge partnered with the National Dental Centre in October 2024, to roll out the Oral Health Education Programme (OHEP). This programme equipped nursing staff with up-to-date knowledge and practical skills to manage common, geriatric, oral health conditions effectively.

The training also underscored the role of proper oral hygiene in preventing serious complications such as pneumonia. Since its implementation, staff have adopted the improved daily oral care practices, reinforcing our preventive healthcare approach and contributing to better, overall health outcomes for our residents.







ITE Attachment Program

Grace Lodge hosted three groups of nursing students from the Institute of Technical Education (ITE), who were on clinical attachment in May, August, and September 2024, with 3, 10 and 11 students respectively.

The attachment provided valuable hands-on experience in eldercare and allowed students to learn alongside our dedicated team of nurses.

Through mentorship and guided practice, Grace Lodge remains committed to supporting nursing education and inspiring the next generation of healthcare professionals.











1.4 PROGRAMMES AND ACTIVITIES

1.4.1 Our Professional Services

Grace Lodge has a team of dedicated professionals, nurses, allied health staff and support staff, who provide comprehensive services to our residents. Residents are also supported with access to quality facilities, as well as medical care around the clock.

- 1) Grace Lodge services include:
 - medical care,
 - occupational therapy,
 - physiotherapy,
 - speech therapy.
- 2) Specialist services under the Integrated Framework include:
 - geriatric care,
 - psycho-geriatric care,
 - speech therapy,
 - pharmaceutical services,
 - dietetic services,
 - podiatrist services.





1.4.2 Admission to the Nursing Home

Applications for admission of subsidised residents are made by referrals through the Agency for Integrated Care (AIC), followed by review and approval by Grace Lodge Management, after careful consideration of the clinical conditions of the applicants.

Grace Lodge follows the admission criteria set by the Ministry of Health and AIC.

Admission Criteria:

- 1) an elderly, sick person with (a) medical condition(s) such as stroke, diabetes mellitus and/or other chronic sickness(es);
- 2) a patient requiring long-term daily nursing care, such as tube feeding, pain relief, wound dressing;
- 3) a patient with no caregiver or the caregiver is unable to provide the nursing care required;
- 4) a patient with any of the following medical conditions: dementia, psychiatric illness (stable), MRSA infection (colonised);
- 5) a patient with special nursing needs, such as:
 - urinary catheter care;
 - colostomy care;
 - nasogastric / gastrostomy feeding;
 - insulin injections.

Pre-admission counselling is conducted by a multidisciplinary team with the family of the elderly prior to admission, during which our policies and procedures are made clear.

The family members are assured of quality care for the elderly in Grace Lodge and encouraged to provide feedback to the Management if they find any gaps in the provision of care.

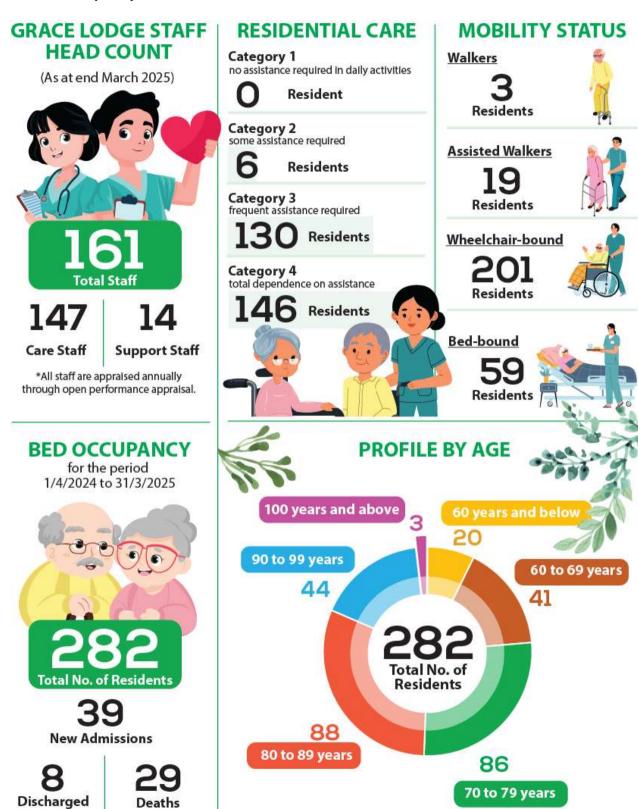
Pre-Admission and Financial Counselling with Family Members







1.4.3 Occupancy





DEMENTIA WARD (FEMALE)

The Dementia Ward located on Level 6 is geared towards serving the needs of residents with dementia. Through constant training and practice, our specially selected staff have come to understand and excel in caring for residents with dementia.

- 1) Maximum capacity of 36 beds, with 15 single bedrooms for individuals and 21 beds in an open-concept, general ward layout.
- 2) Criteria for admission:
 - female;
 - mild to moderate dementia;
 - continent;
 - ambulant.
- 3) Number of residents as at 31 March 2025: 36 females.



GENERAL NURSING HOME WARDS (FEMALE AND MALE)

- Grace Lodge is a dedicated care facility serving a diverse community. With a total resident population of 282 as of 31 March 2025, we strive to provide the highest level of care and support to all residents.
- 2) In January 2025, we reached our highest resident count of 283 residents, reflecting the growing trust and confidence that families and individuals have placed in our facility.
- 3) We recognise the diversity of socioeconomic backgrounds in our community and strive to make our services financially accessible to everyone, regardless of income level. To achieve this, we offer subsidies to a significant number of our residents, to alleviate financial stress on their families.
- 4) Wards 6, 7 and 8 are for female residents. These wards are designed with their unique requirements in mind, ensuring a safe and warm space where residents receive personalised care. Similarly, Wards 9 and 10 are designed for male residents.



1.4.4 Volunteer Services

At Grace Lodge, our volunteers play a vital role in enriching the lives of our residents. With warmth and dedication, they commit their time and energy to support both the social and physical well-being of our residents.

The scope of volunteer service at Grace Lodge includes:

- assisting with simple chores in the nursing home;
- organising activities and festive celebrations;
- providing hair-cutting services;
- arranging and accompanying residents on outings.

Monthly Haircutting Sessions by Volunteers

Volunteers came to provide free haircutting for our residents every month.





Befriending Service

Befrienders visited our residents regularly.









1.4.5 Celebrations and Special Activities

Highlights

- 1) Visits by children from PCF Sparkletots Preschools with activities, games, singing and dancing;
- 2) Chinese New Year Celebration;
- 3) Nurses' Day Celebration;
- 4) Celebration of Myanmar New Year for our staff from Myanmar;
- 5) National Day Celebration;
- 6) Christmas Celebration;
- 7) Residents' Birthday Celebration.

At Grace Lodge, we strive to create more than just a sanctuary of care—we build a haven of happiness where our residents can enjoy a fulfilling life enriched with joy, laughter, and meaningful moments. Each day is thoughtfully planned with a variety of activities that promote connection and vitality. From engaging games that foster social interaction and new friendships, to lively performances that bring the spirit of theatre and music into our nursing home, every experience is designed to uplift and inspire. Our goal is to nurture a warm, inclusive environment where every resident feels valued, connected, and truly at home.

Visits by Children from PCF Sparkletots Preschools











2024 Nurses' Day Celebration









2024 National Day Celebration







At our vibrant nursing home, we create an atmosphere filled with joy, laughter and unforgettable moments for our cherished residents, through an array of engaging activities and events, such as lively games that foster camaraderie and captivating performances that transport everyone to a world of theatrical delight.

2024 Mid-Autumn Festival Celebration









2024 Christmas Celebration











2025 Chinese New Year Celebration

During the Chinese New Year period, our residents enjoyed a festive lunch sponsored by kind-hearted donors at Green Delights vegetarian café. The celebration was filled with warmth, gratitude, and joyful moments shared among residents and staff.







Outings for Residents









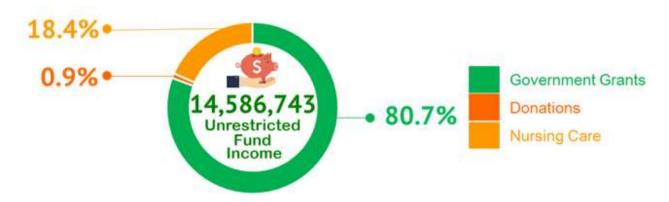




1.5 REVIEW OF THE YEAR

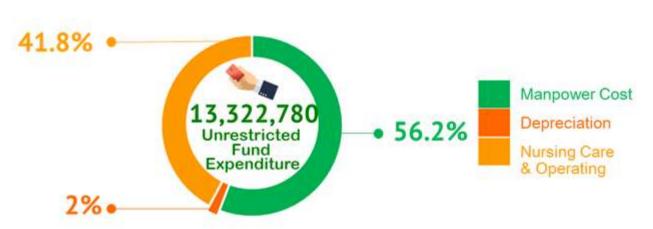
1.5.1 Summary of Financial Performance (1 April 2024 – 31 March 2025)

INCOME



Donations to Grace Lodge were budgeted at \$100K, considering the market situation and inflation pressure on donors. There was no specific fund-raising plan.

EXPENDITURE



Grace Lodge budgeted to incur \$101,421 (Governance Costs), \$295,946 (Expenditure for Charitable Activities) and \$12,656,110 (Administrative and Overhead Costs).



1.5.2 National Youth Achievement Award 2024

In May 2024, Grace Lodge had the privilege of supporting ITE Nursing students in their participation in the National Youth Achievement Award (NYAA) programme. Their project focused on promoting sustainability within the long-term care setting, by reviewing the use of paper hand towels after handwashing.

Balancing environmental consciousness with strict infection-control standards, the students worked closely with our staff to explore practical ways of reducing paper waste without compromising hygiene. This collaborative initiative not only raised awareness about environmental responsibility, but also nurtured a spirit of innovation and sustainable thinking in eldercare. It was a meaningful experience for both our residents and team.



1.5.3 Nurses' Merit Awards 2024

We congratulate our staff, Ms. Faradillah Bin Hamdan, who was a recipient of the Ministry of Health Nurses' Merit Award 2024. This prestigious award recognises her unwavering dedication, clinical excellence, and compassionate care.

Ms. Faradillah's commitment reflects the core values that we uphold at Grace Lodge—professional integrity, empathy and service from the heart. Her achievement is not only a personal milestone, but also a testament to the strength, resilience and excellence of our entire nursing team. Her example continues to inspire and uplift our care community.







1.6 MOVING FORWARD

In the Year Ahead 2025 - 2026

1) Dementia Ward

We shall continue to provide high-quality, purpose-driven programmes for our residents living with dementia. These initiatives are designed to promote cognitive stimulation, emotional well-being, and dignity in care.

2) Enhancing collaboration with Sengkang General Hospital (SKH)

Our partnership with SKH has deepened, with a strong focus on advancing care for residents nearing end-of-life. Key developments include:

- staff training in **Advance Care Planning (ACP)** to align our care with residents' values and wishes;
- increased use of **tele-consultations** to reduce unnecessary hospital admissions;
- ongoing support from a Senior Medical Consultant from SKH, ensuring continuity of expert care.

3) Improving Manpower Quantity and Quality

We remain committed to building a skilled and resilient care team through:

- recruitment of more local staff;
- continual professional development and upskilling;
- ward rotation to enhance adaptability and cross-functional support;
- staff retention through recognition, promotions and incentives;
- fostering teamwork and staff morale through supportive leadership and engagement.

4) Improving the Quality of Life (QOL) for our elderly residents

Our residents' well-being remains at the heart of everything we do. In 2025, we introduced a range of activities and services which we shall continue to improve:

- enhanced care services and family engagement;
- monthly community meetings and current affairs discussion;
- regular "Meet the Family" sessions to strengthen bonds;
- improved meal quality and dining experience;
- enriched community engagement, including visits by musicians, choir groups, corporate volunteers, as well as outings to parks, places of worship and heritage sites.

5) Prevention and Control of Infections

We shall continue to uphold rigorous infection-control standards, to safeguard the health of our residents and staff, through:

• comprehensive training in infection-control and proper use of Personal Protective Equipment (PPE);



- enhanced personal and environmental hygiene protocols;
- maintaining a robust PPE stockpile;
- proactive compliance with MOH/AIC advisories;
- vaccinations for staff and residents;
- careful visitor management and contact-tracing readiness;
- vigilance against infections at all times.

6) Commitment to Continual Improvement

We actively seek feedback and remain committed to identifying opportunities for improvement in all aspects of our operations. This forward-looking mindset ensures that we continue to grow and evolve in our service for our residents.



