

Registered Nurses Working in Special-Care Homes

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Introduction

Registered Nurses (RN) have a professional accountability to provide safe, competent and ethical care for the well-being of the public. This resource supports the professional practice of registrants of the College of Registered Nurses of Saskatchewan (CRNS) by providing additional guidance for RNs when working in a special-care home (SCH).

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for Registered Nurse practice in Saskatchewan. This resource, related to RNs working in a SCH setting, draws on the obligations of practicing registrants to adhere and to uphold the current *Registered Nurse Practice Standards*, *Registered Nurse Entry-Level Competencies* and *CRNS Code Conduct*. RNs have the responsibility and obligation to be aware of, to understand and to adhere to registered nursing practice expectations when practicing nursing in any setting in Saskatchewan.

Special-Care Homes

In Saskatchewan, the term *special-care home* or SCH refers to a nursing home or other facility designated by the government and operated by the Saskatchewan Health Authority (SHA), or by a provider who has a contract with the SHA (an affiliate). It is important to distinguish SCHs from personal care homes (PCHs). PCHs are privately owned and operated businesses that are licensed under *The Personal Care Homes Act* and monitored by the Ministry of Health (Government of Saskatchewan, 2024).

SCHs provide long-term care and/or short stay care in a home that strives to provide residents with family centred care in a home-like setting (Government of Saskatchewan, 2026a). Other services provided by SCHs include respite care, day programs, convalescent and palliative care services. SCHs employ various care providers including RNs, Nurse Practitioners, Registered

Psychiatric Nurses, Licensed Practical Nurses, Unregulated Care Providers and other health care professionals to meet the care needs of residents.

24-Hour Nursing Care

RNs are an integral part of the interprofessional health care team and are well-positioned to provide and coordinate care to achieve optimal client health outcomes in their practice setting.

The *Program Guidelines for Special-care Homes* sets the minimum standard of care that SCHs are expected to meet and are intended to ensure the provision of quality care that meets the assessed care needs of the residents (Government of Saskatchewan, 2026). The *Special-care Home Regulations* stipulates that:

- (1) The care of the guests is to be carried out by or under the direction of a registered nurse or registered psychiatric nurse and supervision by the guest's personal physician or a nurse practitioner.
- (2) Every home shall employ at least one full-time registered nurse or registered psychiatric nurse.
- (3) Nursing care by a registered nurse or a registered psychiatric nurse shall be provided on a 24-hour basis.

In addition to these requirements, homes shall:

- a. demonstrate that quality outcomes, quality of care needs and the quality of life needs of residents are considered priority when staffing;
- b. stipulate that nursing care is provided by an RN or Registered Psychiatric Nurse (RPN) on a 24-hour basis. This is interpreted to be a minimum of eight (8) hours a day, five (5) days per week on-site with an RN/RPN on call when not in the home;
- c. ensure that Continuing Care Assistant (CCA) are under the supervision of a professional nurse;
- d. direct that individuals newly hired to work in the CCA role that have not yet completed an SHA recognized training program, must do so within two (2) years of initial employment. In the interim, they must have the skills to perform the job requirements;
- e. incorporate a process to determine the safest and most effective staffing mix of health care providers to meet the needs of the residents; and,
- f. include a plan to change staffing mix as required based on residents needs, the evaluation process and/or the competence of the staff. (Government of Saskatchewan, 2026, p. 85).

RNs are expected to comply with relevant federal/provincial legislation, CRNS Practice Standards, Entry-Level Competencies, Code of Conduct and other CRNS documents and employer policies.

Registered Nurse Specialty Practices Model

The Registered Nurse Specialty Practices Model (RNSP) provides a framework for RNs working in SCHs to optimize their practice and provide the best possible outcome for clients. The RNSP model provides a framework for nursing activities that are beyond entry-level competencies and are in the best interest of the client (CRNS, 2026).

The *Program Guidelines for Special-care Homes* in conjunction with the *Registered Nurse Specialty Practices Guideline* supports and facilitates the optimization of the RN scope of practice in SCHs through evidence-informed practice, best practice guidelines, appropriate resource allocation and policies.

The *Program Guidelines for Special-care Homes* recognizes RNSPs and Clinical Protocols, stipulating that they are developed and implemented in accordance with criteria developed by the CRNS (i.e., *Registered Nurse Specialty Practices Guideline*) and follow principles set out in the *Program Guidelines for Special-care Homes* (Government of Saskatchewan, 2026a, p. 88).

Leadership

Employers and practice settings support RNs to meet their professional and ethical obligations to minimize risk and maximize the safety, well-being and dignity of persons receiving care. Leadership can support RNs in providing safe, competent and ethical care by, but not limited to:

- adhering to the current Saskatchewan Ministry of Health *Program Guidelines for Special-care Homes* standards and recommendations and *The Special-care Home Regulations*; and,
- developing, implementing and evaluating policies and procedures that are effective in supporting appropriate models of care, a collaborative practice environment and an adequate staff mix of health care providers.

Empowering Nurse Leadership

In every practice setting, RNs can advocate for and support solution-based approaches for the facilitation of patient-centered care. This includes, and is not limited to:

- “Providing and supporting leadership in nursing for optimal coordination and provision of care” (CRNS, 2026, p. 6).
- RNs objectively arrange/coordinate care, based on health-related needs (CRNS, 2026a) report any error, near miss, unsafe behavior, unethical conduct or system issue to relevant individuals including employers and/or regulatory colleges, whether or not harm has occurred (CRNS, 2026).
- Demonstrating effective collaborative practice, including communication, problem-solving strategies, decision-making and conflict resolution (CRNS, 2026b).

CRNS *Resolving Professional Practice Issues: A Toolkit for Registered Nurses* may help support work towards the resolution of professional practice issues.

Conclusion

This resource provides information to support the application of the standards and competencies for RNs working in a SCH. The provision of 24-hour nursing care coupled with optimizing the RN scope of practice is a proactive approach to support optimal client care outcomes. Leadership and employers can work towards the establishment and maintenance of care models, policies and practice environments that empower RNs to contribute to the provision of safe, evidence-informed and competent care for clients in Saskatchewan.

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