

**Legislative Council
Panel on Welfare Services Meeting on 14 May 2001**

Progress Report on Home Care and Meal Services

PURPOSE

The purpose of this report is to update members on the progress of the home care and meal services provided by contracted operators.

BACKGROUND

2. As part of the Government's initiative to strengthen home and community care services to enable elders to continue to live at home, the home help service was reviewed in 1999. The traditional home help service has been re-engineered into home care and meal service to enable service operators to deploy their resources more flexibly.

3. Tendering of home care service among NGOs was launched in July 1999. Nine home care service contracts were awarded to eight NGOs with a total output requirement of two million weighted units¹, including 40% on personal and nursing care service, for a contract period of 40 months from December 1999 to March 2003. These service contracts are paid on a fixed sum according to the accepted bid provided that the minimum output requirements are met.

4. Two open tendering exercises for meal service were launched in August 1999 and December 1999. Nine contracts were awarded to six NGOs, one private company and one NGO-and-commercial company alliance to provide meal service from February and June 2000 respectively up to March 2003. The contracted meal service is paid on a per capita cost provided for in the accepted bid.

5. Both home care and meal contracts were awarded using a weighted scoring system with due emphasis on quality (60% to quality and 40% to

1 Different types of service rendered by home care teams require different amount of time and effort, so each of them carry different weighting. Each service type is hence measured in terms of weighted units. Such weighted units are adopted in the service contract for quantifying the output indicators.

price). Overall, the total contract sum is about 80% of the cost based on the conventional subvention mode.

CONTRACT MANAGEMENT

6. The Contract Management Unit (CMU) of the Social Welfare Department (SWD) is responsible for overseeing and monitoring the performance of services contracted out to ensure quality. The Unit has established comprehensive procedures and tools to monitor the compliance of contract terms and conditions in meeting the performance standards as required. The monitoring mechanism includes:

- a. conducting random audits and regular reviews to ensure the operators' compliance with the contract requirements in terms of quality management system and human resource planning as set out in the Service Specification;
- b. assessing service outputs through scrutinizing the monthly reports submitted by the contractors. The report contains statistical information concerning the total number of weighted units home care operators achieved and the total number of meals delivered. It also contains relevant training programmes provided to staff, and information on feedback and complaints received from user. A sample of the report is at Annex 1;
- c. examining the monthly reports certified by qualified dietitians on the adequacy of the meals provided;
- d. collecting feedback and handling complaints from users and other relevant parties;
and
- e. conducting user satisfaction survey on an annual basis.

7. For meal service, the Food and Environmental Hygiene Department (FEHD) also conducts regular but unannounced inspections on the hygiene for the production and preparation of food. Where there is any finding of concern, the Department will inform CMU who will take necessary action to ensure contract compliance.

8. Regular meetings with home care and meal operators are conducted on a quarterly basis to discuss issues of common concern, share good practices among operators for mutual learning and identify ways to improve the service performance.

9. In case of an operator not complying with contract requirements, CMU will require the operator concerned to develop an action plan to address the identified issue(s) and a period of notice will be given to the operator to take corrective action. If the operator fails to rectify any non-compliance issues within the given period, CMU will consider suspending the payment or terminating the contract. Operators have so far been able to take appropriate action and to make continuous service improvements.

ACHIEVEMENTS UNDER THE CONTRACTED MODE

I. Service Performance

10. In terms of service performance, the conventional home help teams are governed by a Funding and Service Agreement which requires compliance with certain Service Quality Standards. These are however general standards governing the process of service delivery, rather than specific standards in relation to the service rendered to users. For the contracted services throughout the year, CMU has conducted regular service reviews and approximately 35 random audits on home care and meal services. Operators as a whole were able to meet the service requirements and rectify issues of concerns. Initial assessment of the service performance indicates the following:

- a. Operators were able to employ a flexible staffing and operational system to deliver the service smoothly.
- b. With better nursing and allied health support secured through closer collaboration, partnership and network with local medical/health/para-medical sector, home care operators were able to provide more comprehensive personal and nursing care.

- c. Relevant training programmes were provided to enhance the confidence and competency of home care and meal service staff. As reported by operators, a total of 453 staff training programmes were organized for 3,980 participants as at end of December 2000 on areas such as knowledge about common diseases among elders, skills in providing personal care and simple nursing care, case management, food production, hygiene, and communication skills.
- d. Individual care plans were regularly reviewed with user/carer involvement to ensure user's needs were suitably met.
- e. User-oriented service was provided and continuous service improvements were made through regular collection and handling of user feedback.
- f. Kitchen hygiene for the preparation of meal was ensured through unannounced inspection by FEHD on a regular basis. There was no significant matter of concern being reported by FEHD in relation to food and hygiene irregularities.
- g. Meal service operators have menus verified by qualified dietitian on monthly basis to ensure healthy diets.
- h. Meal service operators made additional effort to provide a variety of choices to meet users' expectation.
- i. Value-added services like extended service hours, holiday services, achievement of extra weighted units, use of volunteers, groups/social activities etc. were provided.

II. Service Output

11. The traditional home help service consists of domestic care and meal service. The Funding and Service Agreement governing the home help service requires a minimum of 20,000 weighted units per team per annum. This compares with a minimum of 24,000 weighted units per team per annum on home care service covered by the current contract. As quality is of prime importance for the provision of the service, the contract also requires

operators to comply with a list of standards as set out in the Service Specification.

12. Moreover, during the first 13 months of provision of home care service, the total number of weighted units delivered by operators in the nine service units is 818,164, which is 25.9% above the required minimum output. The total weighted units for personal and nursing care is 297,176 which is 5.7% above the minimum requirement.

13. For meal service, the total number of home meals and centre meals delivered as at the end of December 2000 is 386,077, which is 13% above the estimated volume.

III. Cost

14. The contracting out of home care and meal service has achieved 20% savings in cost when compared with the provision of similar services under the conventional mode. Savings achieved has been channelled back to develop and provide services to meet other welfare needs.

CUSTOMER SATISFACTION SURVEY

15. SWD had commissioned an external agency to conduct a customer satisfaction survey on home care and meal service. The survey involved face-to-face interviews of 1,036 (36.7%) of service users conducted in August to September 2000. This covered 29.5% of the total number of home care users, 53.4% of the total number of meal service users, and 42.9% of the total of both home care and meal service users. In relation to service performance standards, Members may wish to note the view of a staff in one of the NGO service providers as contained in the extract from the NGO's Newsletter at [Annex 2](#) (Chinese version only).

16. A 5-point score was applied to measure the satisfaction level of users. The result of findings indicated that most users gave favourable response to the service they received. The overall satisfactory score is 4. Key findings are summarized as follows:

a. Users of Home care service

- 90.4% of users were satisfied with the overall home care service. 8.1% rated average and 1.4% expressed dissatisfaction.
- 88.5% of users were satisfied with staff attitude as a whole. This included courtesy, appearance, willingness to provide service, punctuality, serious working attitude, work efficiency, understanding of users' needs, and service quality. 10.4% rated average and only 1.1% were not satisfied.
- 82.3% were satisfied with staff's work competency which included aspects on working skills and professional knowledge. 9.2% rated average and only 0.9% expressed dissatisfaction.

b. Users of Meal service

- 77.9% of users were satisfied with the overall meal service. 19.3% rated average and 1.8% expressed dissatisfaction.
- 79.8% were satisfied with the food quality, 18.6% rated average and 1.5% were dissatisfied. Food quality included elements such as quantity, hygiene, temperature and freshness of the food, variety of dishes and tastes.
- 88.3% expressed positive comments regarding staff attitude, 11.3% rated average and none expressed dissatisfaction. This covered courtesy, appearance, understanding of users' needs and punctuality.

c. Users of both home care and meal service

- 89.4% were satisfied with the suitability of service, 8.4% rated it average and 2.3% were not satisfied. This indicator reflected the operator's ability to provide appropriate services to meet the users' needs.

- 96.6% were satisfied with the reliability of the service, 2.6% rated this aspect average, and 0.8% were dissatisfied. This indicator reflected the operator's ability to maintain consistency of quality service.
- 89.4% were satisfied with the arrangements made by operators and regarded the service received as flexible, 6.8% rated these aspects average, and 3.7% regarded the service as not flexible. Flexibility of service was measured by how well the operators had performed in response to sudden requests for service.
- 91.8% regarded information provided being accessible to them, 7.2% considered it average, and only 0.9% was not satisfied. This indicator measured the convenience for users to contact operators for enquiries or complaints, and the level of responses from operators.

ON-GOING SERVICE MONITORING

17. Operators had been informed of the result of the customer satisfaction survey. Individual operators were required to submit to CMU improvement plans to address issues of concern raised by users. CMU would follow-up on the implementation of these action plans.

18. Information collected through the monitoring mechanism and findings of customer satisfaction survey described above indicate that operators of both home care and meal services have been delivering the services at a satisfactory level since their inception. Nevertheless, CMU will continue to ensure that operators will provide quality service on an on-going basis throughout the contract period, through rigorous monitoring. For instance, CMU is currently conducting a year-end service review with individual operators to identify good practices as well areas requiring further improvements, with a view to fostering continual service improvements.

WAY FORWARD

19. To ensure satisfactory service provision, SWD will continue to apply close service performance monitoring on home care and meal services.

20. SWD's policy objective is to encourage and enable elders and the disabled to continue to live at home as long as possible. We have carried out successful pilot projects of enhancing the home help service by re-engineering the home help service into home care and meal services in 1999 and by introducing the more integrated Enhanced Home and Community Care Service in 2001. Nonetheless, the current arrangements, mode of operation and services provided by the existing 139 home help teams are not sufficiently flexible and updated to meet the current needs of the elders and the disabled.

21. As there is a constant demand for home-based personal and nursing care services to meet the changing needs of frail elders, SWD will work in consultation with stakeholders to:

- a. identify the most cost-effective way to upgrade and strengthen existing home help service delivered under the conventional mode;
- b. apply a similar monitoring system to that of the home care and meal services to enable continuous service improvements to meet the needs and expectation of service users.

22. Members are invited to note the progress of home care and meal services.

Social Welfare Department

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