

立法會
Legislative Council

LC Paper No. CB(2)86/05-06
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seen by the Administration)

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Panel on Welfare Services

**Minutes of special meeting
held on Monday, 5 September 2005 at 10:45 am
in the Chamber of the Legislative Council Building**

- Members present** : Hon CHAN Yuen-han, JP (Chairman)
Dr Hon Fernando CHEUNG Chiu-hung (Deputy Chairman)
Hon James TIEN Pei-chun, GBS, JP
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon LI Fung-ying, BBS, JP
Hon Albert CHAN Wai-yip
Hon Frederick FUNG Kin-kee, JP
- Members absent** : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon TAM Yiu-chung, GBS, JP
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon Albert Jinghan CHENG
- Public Officers attending** : Ms Salina YAN
Deputy Secretary for Health, Welfare and Food
(Elderly Services and Social Security)
- Mr Eugene FUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 1

Mr Paul TANG, JP
Director of Social Welfare

Mrs YUK KWOK Lai-sum
Ag. Assistant Director of Social Welfare (Elderly)/
Chief Social Work Officer (Licensing)
Social Welfare Department

Mr LAM Ka-tai
Ag. Assistant Director of Social Welfare (Elderly)/
Chief Social Work Officer (Elderly) 2
Social Welfare Department

**Deputations
by invitation**

: The Hong Kong Association of the Private Homes for the Elderly

Ms WENG Lien-fen
Chairman

Mr CHAN Chi-yuk
Secretary General

Hong Kong Private Nursing Home Owners Association

Ms Irene LUK
Chairman

Mr Thomas KWONG
Director

Hong Kong Association of Gerontology

Dr LEUNG Man-fuk
President

Mrs Victoria KWOK
Honorary Secretary

Hong Kong Psychogeriatric Association

Dr LI Siu-wah
Council Member

Hong Kong Social Workers Association

Ms LAW Suk-kwan
Board of Director

Society for Community Organization

Miss FOK Tin-man
Community Organizer

Ms MOK Kwan-hei
Elderly Representative

Community Care and Nursing Home Workers General Union

Ms CHUNG Wai-ling
Chairperson

Ms LAM Ying-hing
Organizing Secretary

The Hong Kong Council of Social Service

Mr TIK Chi-yuen
Chairman, Specialized Committee on Elderly Service

Miss CHEUNG Lai-wah
Officer, Elderly Service Development

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Miss Lolita SHEK
Senior Council Secretary (2) 7

Miss Maggie CHIU
Legislative Assistant (2) 4

Prior to inviting deputations to give views on elderly residential services, the Chairman informed members that a joint meeting with the Panel on Home

Affairs would be held on the morning of 9 September 2005 to discuss rice distribution activities and related issues.

I. Residential care services for the elderly

(LC Paper Nos. CB(2)2499/04-05(01) to (06) and CB(2)2518/04-05(01) to (02))

Views of deputations

The Hong Kong Association of the Private Homes for the Elderly

2. Mr CHAN Chi-yuk presented the views of the Association as detailed in its submission (LC Paper No. CB(2)2499/04-05(04)). In particular, the Association proposed the following measures to better help private residential care homes for the elderly (RCHEs) to develop and sustain their operation -

- (a) family members of elderly Comprehensive Social Security Assistance (CSSA) recipients should be allowed to provide financial assistance to these elders for admission to private RCHEs charging fees higher than their CSSA payments, so as to help raise the service quality of private homes;
- (b) a long-term and clear policy on long term care services for the elderly should be formulated so as to enable private operators to make better planning on their delivery of services. In the spirit of greater private/public collaboration in the provision of medical and health services advocated by the Administration, similar stance should be applied to the provision of elderly residential services;
- (c) to address the shortage of suitable RCHE premises, measures, such as setting aside more land for the construction of RCHEs in town planning, relaxing the usage of quality single story factory buildings to convert for operating RCHEs and making available vacant Government properties for rental by home operators, should be actively pursued by the Administration; and
- (d) to address the manpower shortage of RCHEs, the Administration should allow operators of Enhanced Bought Place Scheme (EBPS) homes to employ staff from outside Hong Kong and step up training of care and nursing staff.

Hong Kong Private Nursing Home Owners Association

3. Ms Irene LUK made the following points -
- (a) although the Lands Department had since February 2001 expressly disallowed prohibition of RCHE in the Deed of Mutual Covenant (DMC) for new residential developments where commercial uses were normally permitted in the lowest three floors, some private home operators still met obstacle from operating RCHEs in these buildings. It was hoped that actions could be taken by the Administration to address this problem;
 - (b) subsidised RCHEs should refrain from admitting elders who were already residing in private RCHEs. To continue to do otherwise would not only disrupt the lives of the elders who had already settled in their new environment, it also took away the business from private homes which was unfair;
 - (c) operators of EBPS homes should be allowed to employ care and nursing staff from outside Hong Kong; and
 - (d) the existing policy of not applying any means test for admission to RCHEs should cease, so as to ensure that public resources were used in a fair and prudent manner.

Hong Kong Psychogeriatric Association

4. Dr LI Siu-wah commended the great improvements made to the elderly residential services in Hong Kong in the past decade. However, Dr LI hoped that more could be done in terms of resources and training to improve the long term care services for elders suffering from dementia.

Hong Kong Association of Gerontology

5. Dr LEUNG Man-yuk introduced the Association's submission (LC Paper No. CB(2)2499/04-05(03)) which set out the implementation of the accreditation system for RCHEs in Hong Kong since March 2005 and the various measures to be taken by the Association to take the system forward so that elders and their families could have more information to facilitate their choice of RCHEs.

Hong Kong Social Workers Association (HKSWA)

6. Ms LAW Suk-kwan introduced the HKSWA's submission (LC Paper No. CB(2)2499/04-05(05)) which proposed the following measures to prevent the

Action

occurrence of elder abuse in RCHEs -

- (a) relevant legislation should be amended to enable the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) to make public reports of its surprise inspections on RCHEs with regard to compliance of licensing requirements;
- (b) LORCHE should step up monitoring of RCHEs, say, by conducting surprise visits during late evening and early morning and increasing penalties for repeated non-compliance with licensing requirements, such as revoking licences;
- (c) EBPS homes should be encouraged to set up independent management committees with membership from family members of the elders and outside interested groups/individuals;
- (d) case manager service for frail elders living in private homes and who had no one to fend for their interests should be implemented and on a pilot basis in selected districts as a start; and
- (e) consideration should be given to the introduction of a long term service subsidy for the elderly, the payment of which should be made by SWD to the organisations providing the care services so as to ensure that the services delivered were up to standard. In the long run, a policy which could safeguard the livelihood of every citizen in their old age should be put in place.

Society for Community Organization (SOCO)

7. Miss FOK Tin-man presented the views of SOCO as detailed in its submission (LC Paper No. CB(2)2499/04-05(06)). In particular, SOCO urged the Administration to take the following actions -

- (a) more resources should be allocated for the provision of subsidised RCHEs, so as to shorten the waiting time for these homes and having regard to the varied service quality of private RCHEs; and
- (b) care needs of the elderly should not be the only criterion for providing subsidised residential care services. Other factors, such as the psychological condition of the elderly and their living condition, should also be recognised.

8. Ms MOK Kwan-hei relayed the maltreatment she had received and

witnessed in the RCHE she was staying, such as elders having to wait without clothes and in the presence of elders of the opposite sex for their turn to take a bath. Ms MOK said that such practice was largely due to inadequate manpower, as one staff had to look after 40 elders.

Community Care and Nursing Home Workers General Union

9. Ms CHUNG Wai-ling made the following points -

- (a) inadequate care to elders was due to the heavy workload of RCHE staff. This situation not only happened in private homes, and also in subsidised ones. Under the lump sum grant funding arrangement, staff of subvented homes were made to take up additional work and injuries at work had been on the rise as a result. These staff also had to divert a lot of time to filling out various types of reports required under the Funding and Service Agreement entered with SWD, which should be spent on caring for the elderly;
- (b) LORCHE did not have adequate staff to effectively monitor the service quality of RCHEs, as evidenced by the fact that LORCHE often only took action on an RCHE after it received complaints against the home;
- (c) LORCHE should also monitor the service quality of services contracted out by subsidised RCHEs; and
- (d) home operators should be encouraged to release their staff to attend training classes on elderly care during office hours, as most staff were too tired to attend these classes after a long working day.

10. Miss LAM Ying-hing also said that the main reasons why home operators saw the need to employ RCHE staff from outside Hong Kong were because the salaries of RCHE staff were too low and their working hours too long.

Hong Kong Council of Social Service (HKCSS)

11. Mr TIK Chi-yuen presented HKCSS' submission (LC Paper No. CB(2)2499/04-05(04)) which called upon the Administration to take the following actions to ensure the service quality of RCHEs -

- (a) in the course of hammering out financing of health care services, the Administration should also work out that for long term nursing care;
- (b) more work should be done by the Administration to ensure the

service quality of RCHEs, such as raising the standards of licensing requirements which at present were merely meeting the minimum standards, encouraging RCHEs to hold regular meetings with family members of the elders to exchange views on how best to improve services, etc.;

- (c) requiring elders who wished to be admitted to private RCHEs to also undergo needs assessment tests, as in the case of their counterparts applying for subsidised RCHEs, to ensure that public funds were used in an effective manner since close to 90% of RCHE residents at present were supported by public assistance;
- (d) RCHEs which did not hold a licence to run nursing homes should not be allowed to provide care services at the nursing home level;
- (e) arrangements should be made for volunteer groups to visit those RCHEs residents who had very few or no family members;
- (f) more public education should be carried out by the Administration to raise people's awareness of the importance of safeguarding the well-being of elders; and
- (g) a case manager approach should be adopted to see that RCHE residents were getting proper care and treatment. Not only could such an approach provide safeguard for those frail elders who had no relatives to rely on for assistance and support, it could also help to better involve family members of RCHE residents in seeing that their elders were receiving quality care.

The Administration's response

12. Acting Assistant Director of Social Welfare (Elderly) (Atg ADSW(Elderly)) introduced, with the aid of power point, the Administration's paper (LC Paper No. CB(2)2499/04-05(01)) which set out residential care services for the elderly in Hong Kong provided in the welfare sector, the current monitoring mechanism and further measures to enhance the quality of RCHEs.

13. Director of Social Welfare (DSW) supplemented as follows -

- (a) the introduction of the standardised care needs assessment tests for the elderly was part of the Government policy in providing support for the elderly based on the principles of "ageing in place" and "continuum of care" which was in line with the international trend. For those assessed to be capable of being taken care of at their living

places, the Government encouraged and facilitated them to age in the community through various enhanced community and home-based care services;

- (b) although the waiting time for subvented homes averaged about two to three years, the waiting time for EBPS homes, albeit privately run but also subsidised by the Government, only averaged about nine to 10 months;
- (c) there was no question that LORCHE only acted on complaints received against RCHEs in enforcing the licensing requirements, as unannounced inspections were regularly conducted by LORCHE. To ensure the high service quality of RCHEs, joint efforts among LORCHE, home operators and users and their family members were required; and
- (d) LORCHE would be happy to follow up on any complaints against RCHEs if concrete information was provided.

Discussion

14. Mr LEE Cheuk-yan expressed concern that despite the efforts made by the Administration to regulate RCHEs through a licensing system, cases of maltreatment of residents, some of which were tantamount to abuse, still occurred. In the light of this, Mr LEE asked how RCHEs were monitored, having regard to the fact that only 38 cases involving RCHEs breaching the licensing requirements had been successfully prosecuted by LORCHE since 1996. As the delivery of residential care services for the elderly was labour intensive, Mr LEE said that it was of paramount importance that the staff ratio and hours of work for all types of RCHEs were set at an acceptable standards. However, this was not the case, as evidenced by the Code of Practice for RCHEs issued by SWD.

15. In respect of hours of work, Mr LEE Cheuk-yan pointed out that under the Code, all types of RCHEs were only required to have a minimum of two shifts of workers serving in the home. This meant that each staff could be required to work for up to 12 hours, as the number of working hours could be agreed upon in the contract of employment between the employer and the employee. Mr LEE advised that in the Administration's answer to a supplementary question raised by him at the Council meeting on 29 June 2005 on the average working hours of various types of staff in RCHEs, it was revealed that the average working hours of each health worker, care worker and ancillary worker was around 11.5 hours per day.

16. DSW responded as follows -

- (a) the Code of Practice for RCHEs was compiled in consultation with the RCHE sector, the aim of which was to ensure that residents received services of acceptable standards that were of benefit to them physically, emotionally and socially;
- (b) to facilitate monitoring, RCHEs were required to establish and maintain a comprehensive system of records, including residents' health record, log book of daily happenings and records of accidents and deaths. LORCHE inspectors would examine these records during inspections. If problems or irregularities were detected, LORCHE would require the RCHEs to make necessary rectifications. Advisory or warning letters would be issued and prosecution actions would be taken as appropriate;
- (c) all inspections to RCHEs conducted by LORCHE were unannounced. In addition to these inspections, when there was a complaint against an RCHE, LORCHE would conduct inspections to the RCHE concerned immediately;
- (d) during inspections, apart from examining the records and interviewing staff, LORCHE inspectors would also interview family members of the residents, where possible, in the absence of RCHE staff;
- (e) although the number of successful prosecution cases against non-compliant RCHEs only totalled 38 from 1996 to now as opposed to an average of 240 complaints received each year for the past several years, it did not mean that LORCHE was reluctant to take prosecution actions against an RCHE which breached the licensing requirements. The reasons for issuing advisory or warning letters as a first step were twofold. First, taking prosecution actions would take some time to achieve results. Second, operational experience showed that most of the RCHEs were receptive to advice and would soon rectify irregularities after the issue of advisory or warning letters;
- (f) to revoke a licence of an RCHE would only be taken as the last resort, having regard to the adverse impact on the residents thereat;
- (g) LORCHE would closely monitor the operation and management of those RCHEs which had previously breached the licensing requirements to see that no further violation would occur;

- (h) RCHEs were required to meet the staffing ratio, as set out in the concerned Ordinance and Regulation, amongst the licensing requirements. Training of health workers would continue to be provided by training institutes and relevant bodies. Together with the Department of Health (DH), SWD also helped RCHEs to raise the quality of caring services, such as the principles to be observed in applying physical restraint, through the provision of direct advice and training which could be given at the RCHEs; and
- (i) of the about 240 complaints received each year, only 25% of them were substantiated.

17. Deputy Secretary for Health, Welfare and Food (Elderly Services and Social Security) (DSHWF(ES&SS)) supplemented as follows -

- (a) the Administration attached great importance to ensuring that the dignity and privacy of RCHE residents were respected;
- (b) despite fiscal constraints in the past several years, the number of subsidised RCHE places had been increased from about 17 000 in 1998-99 to about 27 000 in 2004-05;
- (c) to increase the supply of quality RCHE premises, the Government would continue to build, or provide incentives in the form of premium concession to private developers, to build RCHE premises. In addition, the Government would continue to open up Government supplied purpose-built RCHE premises at nominal rent for competitive bidding by both non-governmental organisations and the private sector;
- (d) a two-pronged approach was adopted in providing long term care services for the elderly. For elders who could be adequately taken care of at their living places, a wide range of subsidised home-based community care services, centre-based day care services and carer support services had been provided to elders. In line with the international trend on the development of elderly services, subsidised residential care services were targeted at those elders who had long term care needs and could not be adequately taken care of at home and emphasis was put on the promotion of active ageing in the community with the support of their familiar social network and suitable home care services;
- (e) the existing non means-tested subsidised elderly residential care services needed to be reviewed, so that public money could be used

on elders most in need for subsidised residential care services. The Administration had previously sought the Panel's initial views on 12 May 2003 on the adoption of a "money follow the user" concept under the proposed Fee Assistance Scheme (FAS). Panel members generally supported the proposal. The Administration was presently studying the feasibility and desirability of FAS as a possible financing model for residential care of frail elders. It was the Administration's plan to revert to members on this and other issues raised at that meeting in the fourth quarter of this year;

- (f) having consulted the Nursing Council of Hong Kong, a welfare-oriented Enrolled Nurse (EN) training course would be organised, with priority accorded to serving welfare workers, health workers and personal care workers at RCHEs to address the present shortage of nurses at RCHEs; and
- (g) the Elderly Commission (EC) would examine issues with regard to long term care services for the elderly in the coming year.

18. Ms LI Fung-ying asked whether, and if so, what additional guidelines had been given to RCHEs in their preparation of meals for elders, in view of the streptococcus suis found in pork and the cancer-causing malachite green found in freshwater fish recently. Ms LI further sought more information on the inspections conducted by LORCHE to RCHEs.

19. Atg ADSW(Elderly) advised that there was a detailed chapter on nutrition and diet in the Code of Practice for RCHEs which set out, among others, how food should be prepared and served. Such a chapter was prepared in consultation with the Hospital Authority and DH, and accepted by the RCHE sector. Atg ADSW(Elderly) considered it not likely or possible that home operators would buy food from illegal sources, having regard to the stringent monitoring by the Food and Environmental Hygiene Department (FEHD) and other Government departments concerned against sale of illegal food. Moreover, LORCHE inspectors would ask to have sight of the records of food purchases to see where the food was bought. DSW supplemented that SWD would follow the advice of FEHD and alert RCHEs if necessary on major food problems. DSW further pointed out that under the Code of Practice, operators were required to observe all health warnings issued by other Government departments. Ms LI Fung-ying expressed dissatisfaction with such handling by SWD, and urged it to be reviewed.

20. As regards inspections to RCHEs, DSW advised that the average frequency of regular and unannounced inspections for each RCHE was six times a year. In addition to these inspections, where there was a complaint against an

RCHE, LORCHE staff would conduct inspections (on and above regular ones) to the RCHE concerned immediately. DSW further advised that each inspection to an RCHE would normally take a few hours or longer depending on the size of the home. During inspections, LORCHE staff would ask to have sight of the various records required to be kept by the homes, such as log book of daily happenings and records of accidents and deaths and residents' health record. LORCHE staff would also inspect whether the homes met the space, staffing ratio, building and fire safety and hygiene conditions. Opportunity would also be taken to interview family members of residents where possible to hear their views on the homes. Guardians/guarantors involved in the important matters of handling home admission of residents and their discharge/care plan/fee payment etc. were also encouraged to give their views on the operation and management of the RCHEs concerned. Apart from LORCHE, DH also carried out regular visits to RCHEs to see whether the infection control guidelines set out in the Code of Practice were closely observed.

21. Mr Fred LI said that although the Code of Practice for RCHEs was very detailed and covered every aspect of the operation and management of these homes, the Code appeared to lack deterrent effect having regard to the fact that only 38 cases had been successfully prosecuted by LORCHE and that only one private RCHE had its licence revoked since 1996. Mr LI expressed doubt whether interviewing family members/relatives of residents to find out if there was any maltreatment of residents was useful. As their family members were put under the care of RCHEs, many people were reluctant to lodge complaints against the homes concerned for fear of putting their elders at risk of being mistreated. Mr LI further said that the existing penalty system for RCHEs was too extreme in that either warnings were issued or a non-compliant RCHE could have its licence revoked. A better approach might be to provide financial rewards to those RCHEs which consistently met or exceeded all the licensing requirements or giving recognition, along the lines of the Michelin stars, to those RCHEs providing quality services. Noting that only eight out of the 578 private homes had joined the accreditation system for RCHEs, Mr LI expressed concern why this was the case.

22. DSW responded that if family members of RCHE did not wish to make their complaints lodged with LORCHE known by the homes concerned, they could always ring up LORCHE's complaint hotline which RCHEs were required to put up in a prominent place of the home premises. Moreover, all complaints were kept strictly confidential by LORCHE. DSW further said that the case of making elders wait in line to take a bath without clothes had been followed up by LORCHE. As the home concerned was an EBPS home, one way to penalise it was to reduce the number of bought places.

23. Regarding the low take-up rate of private RCHEs to the accreditation

system for RCHEs, Dr LEUNG Man-yuk said that this was not surprising as the system was only launched in March 2005. Plan was underway to step up promotion and publicity work to boost the participation of RCHEs in the accreditation system.

24. Dr YEUNG Sum asked whether, and if so, how many new subsidised RCHE places would come on stream in the next few years, so as to shorten the average waiting time for a subsidised care and attention place which currently stood at about 22 months. Dr YEUNG expressed support for assigning a case manager to each elder resident who had no relatives, and sought the Administration's view on the viability of this proposal.

25. DSHWF(ES&SS) responded that she could not provide an answer at this stage as to whether, and if so, how many new subsidised RCHE places would come on stream in the next financial year. DSHWF(ES&SS) however pointed out that the Health, Welfare and Food Bureau (HWFB) had all along been bidding new resources from the central government to create more subsidised RCHE places, as evidenced by the increase of these places from about 17 000 in 1998-99 to about 27 000 in 2004-05. The Administration would continue on its course to create more RCHE premises in new public housing estates. DSHWF(ES&SS) further said that the supply of RCHEs and infirmary places in Hong Kong, i.e. about 90 places per 1 000 elders aged 65 or above, was in fact very high compared with many overseas places. Apart from providing subsidised RCHE places for elders in need, DSHWF(ES&SS) reiterated that the Administration would continue to enhance subsidised home-based community care services to better enable elders with personal and nursing care needs to age in the community with the support of their familiar social network and suitable home care services. DSHWF(ES&SS) also said that elders waiting for admission to subsidised RCHE places would not be left without support, as they could receive subsidised home-based community care services in the meantime.

26. On the proposal of assigning a case manager to each RCHE resident who had no relatives, DSW said that there was no need for such. This was because under the Mental Health Ordinance a guardian could be assigned to an elder who had no relative to oversee the latter's care needs and financial arrangements. Such a guardian could either be a relative of the elder or a social worker appointed by SWD if the elder concerned had no relative. Social workers in the Integrated Family Service Centres would also provide assistance to other needs raised by RCHE residents where appropriate.

27. Dr Fernando CHEUNG said that the recent cases of maltreatment of RCHE residents, such as making them to bath collectively, feeding them with leftover food, beating them, subjecting them to physical restraints for no good reason, failing to turn the bodies of those who were bedridden and leaving them

with wet diapers for a prolonged period, as revealed by the media, were unacceptable. In the light of this, Dr CHEUNG urged SWD to step up efforts on combating and penalising non-compliant RCHEs. Dr CHEUNG pointed out that although the new initiatives set out in paragraph 20 of the Administration's paper to further improve the quality of elderly residential care services were well-intentioned, they nevertheless were vague. In view of the many problems existing in the present provision of long term care services for the elderly, such as shortage of RCHE staff and financing, Dr CHEUNG urged the Administration to expeditiously review and come up with a blueprint on the way forward. In so doing, the RCHE sector and the public should be involved.

28. DSW responded that the cases reported by the media recently only concerned a handful of RCHEs. Moreover, not all the alleged cases were found to be substantiated after being investigated by LORCHE. For those which were found to be the case, the homes concerned had immediately made rectifications. DSW reiterated that prosecution actions would be taken if no remedial actions by the non-compliant RCHEs were made to the satisfaction of LORCHE. If the homes concerned were EBPS homes, consideration could be given to ceasing to purchase places from these homes or reducing the number of bought places. DSW further said that the new initiatives to further improve the quality of elderly residential care services were not vague. For instance, it was SWD's plan to strengthen the manpower of LORCHE to enhance LORCHE's complaint handling capability and enforcement actions against RCHEs in breach of licensing requirements, although the exact figure could not be announced at this stage.

29. Mr Albert CHAN asked whether, and if so, what support and assistances could be given to RCHEs, particularly the private ones, to enable them to improve their quality of care to the elderly, given that over 90% of RCHE residents were CSSA recipients. Mr CHAN further requested HWFB to ensure that RCHE premises met the land use requirement and/or DMC before issuing the licence, in order to avoid the home being served with an injunction restraining its operation.

30. DSHWF(ES&SS) responded that in helping private RCHEs to improve their quality of care to the elderly, some 6 000 places from private RCHE homes were purchased by the Government. The government subsidy for one bought place was between some \$5,000 and \$6,000, which was higher than the CSSA payments received by the elderly. DSHWF(ES&SS) further said that the proposed FAS for the elderly, if implemented, could provide more incentives for private RCHEs to further improve their quality of care to the elderly.

31. As regards the operation of RCHE in premises subject to land use requirement and/or DMC, DSHWF(ES&SS) advised that the Lands Department,

on the advice of EC, had since February 2001 expressly disallowed prohibition of RCHE in the DMC for new residential developments where commercial uses are normally permitted in the lowest three floors. In respect of the issue of resolving land use requirement before the issuance of a RCHE licence, departments concerned were looking at the issue.

32. The Chairman said that the measures taken by the Administration to ensure the service quality of RCHEs could not fully address the views/concerns raised by members and deputations. For instance, despite the implementation of standard employment contract for non-skilled workers of contractors of Government contract services which required the contractors to set out clearly the monthly wages, working hours, method of wage payment etc, in the employment contract, the Code of Practice for RCHEs still allowed all types of RCHEs to have a minimum of two shifts of workers serving in the home, i.e. staff could be made to work for up to 12 hours, which was unreasonable. If RCHE staff had to work a 12-hour shift, it was questionable how these staff could find time to attend the training courses to upgrade themselves. In order to make long term care services sustainable in the long run, the Administration should actively consider the viability of introducing a pension scheme or a social insurance scheme to safeguard the livelihood of every citizen in their old age. In the light of the complexity of the subject matter, the Chairman suggested that the Panel should form a subcommittee to study the issue in detail in the next legislative session.

33. Mr LEE Cheuk-yan asked why the Administration did not apply the standard employment contract for non-skilled workers of contractors of Government contract services to EBPS homes.

34. DSHWF(ES&SS) responded that according to the Treasury, the standard employment contract for non-skilled workers of contractors of Government contract services was not applicable to EBPS homes for the following reasons. First, registered nurses, enrolled nurses, health workers and care workers in RCHEs were not considered non-skilled workers. Second, the standard employment contract for non-skilled workers of contractors of Government contract services only applied to tenders invited on or after 6 May 2004 whereas the latest round of purchasing places from private RCHEs was implemented in April 2003. DSHWF(ES&SS) further said that the Administration would be happy to discuss with members on developing a comprehensive policy on long term services for the elderly in detail. In fact, the Administration was currently exchanging views with HKCSS on the same matter.

35. Referring to the discussion between the Administration and HKCSS on developing a comprehensive policy on long term care services for the elderly, Dr Fernando CHEUNG asked whether such discussion would involve other operators and concern groups and whether there was a timetable for completion.

Dr CHEUNG hoped that a more formal and transparent mechanism on developing such could be put in place. Dr CHEUNG further said that given the uncaring attitude of the Administration towards the care received by RCHE residents, he asked whether consideration could be given to allowing unannounced visits to RCHEs by outside concern groups.

36. DSHWF(ES&SS) responded that it was the Administration's plan to work out the workplan on developing a comprehensive policy on long term care services for the elderly with the recently re-constituted EC shortly. DSHWF(ES&SS) further said that she disagreed that the Administration was uncaring about the conditions of RCHE residents for the justifications already given at the meeting. DSW supplemented that he himself had attended the unannounced visits to RCHEs and he was satisfied that inspections were done comprehensively. Where there were irregularities detected, operators generally took actions to rectify them immediately. DSW added that SWD would be happy to arrange a visit to RCHEs for members if they so wished.

37. Mr CHAN Chi-yuk said that it was a fact that the standards of private RCHEs varied greatly. However, the number of poorly-run private homes was in the minority. In view of the rising public expectations on RCHEs, the Administration could either let the market force drive out the poorly-run homes or step up monitoring. Mr CHAN further said that it was not common for home operators to buy poor quality food, as food only made up a very small percentage of their operating costs.

38. Dr LEUNG Man-yuk and Dr LI Siu-wah expressed support for the Panel to set up a dedicated committee to study the long term care services for the elderly. Dr LI further said that as the mannerism and behaviour of RCHE residents could also reflect how they were treated by the homes, consideration could be given to including relevant experts on this to serve on the LORCHE inspection team.

39. Ms Irene LUK said that through the efforts of SWD, the services standards of private RCHEs had improved greatly over the past years. Ms LUK further said that it was unfair to say that SWD had not done enough, as it was not possible for home operators to meet the rising public expectations on RCHEs with the low fees charged.

40. Miss FOK Tin-man hoped that in the drawing up of a blueprint on the provision of long term care services for the elderly, due regard should be given to the growing ageing population.

Conclusion

41. The Chairman said that she would raise in the next legislative session for the Panel to set up a subcommittee to study long term care services for the elderly.

42. There being no other business, the meeting ended at 1:05 pm.

Council Business Division 2
Legislative Council Secretariat
18 October 2005