

For discussion  
on 5 September 2005

## **LEGCO PANEL ON WELFARE SERVICES**

### **Residential Care Services for the Elderly**

#### **PURPOSE**

This paper briefs Members on the 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 residential care homes for the elderly (RCHEs).

#### **EXISTING PROFILE OF RESIDENTIAL CARE SERVICES**

2. RCHEs in Hong Kong are run by both the private sector and non-government organisations (NGOs). As at 31 July 2005, there are 744 RCHEs.<sup>1</sup> 578 of them are run by private operators. 166 are run by NGOs. Altogether, they are providing 72 259 RCHE places, equivalent to about 9% of the 842 000 elderly population aged 65 or above in Hong Kong. At present, about 56 200 elders are staying in RCHEs.

3. Of the 72 259 RCHE places, 26 982 (37%) are subsidized places. There are three different types of subsidized places, namely those in

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<sup>1</sup> There are various types of RCHEs, including self-care hostels (S/Cs), homes for the aged (H/As), care and attention (C&A) homes and nursing homes (NHs). To enhance long-term care element in subsidised residential care services, we have recently launched a conversion exercise to upgrade S/C hostel places and H/A places into C&A places providing continuum of care.

subvented RCHEs run by NGOs, those in purpose-built RCHEs run by NGOs or private operators, and those in private RCHEs participating in the “Enhanced Bought Place Scheme” (EBPS). In addition to the 26 982 subsidised places, there are at present about 22 000 elders making use of the Comprehensive Social Security Assistance (CSSA) payment to live in non-EBPS places in private RCHEs.

4. To ensure that public resources are targeted at elders most in need, access to subsidized long-term care (LTC) services, including subsidized RCHE places, is subject to physical assessments under the Standardised Care Need Assessment Mechanism (SCNAM). Subsidized LTC services are currently not means-tested.

5. We have increased the overall supply of subsidized RCHE places from about 17 000 in 1997-98 to about 27 000 in 2004-05, representing an increase of almost 60%. There are at present about 21 600 elders on the Central Waiting List (CWL) waiting for various types of subsidised residential care services. The overall average waiting time for a subsidized C&A place is about 22 months. The waiting time for an EBPS place in a private home is about 10 months.

6. It should be noted that, as pre-application physical assessment under the SCNAM was only introduced in November 2003, not all elders currently on the CWL have undergone the required assessment. The eligibility of some of them for subsidized LTC services is therefore yet to be assessed and confirmed. In addition, some of the elders on the CWL are staying in private RCHEs while waiting for subsidized RCHE places. Some of those staying at home while waiting for subsidized RCHE places are also receiving subsidised community support and care services.

## **MONITORING MECHANISM**

7. The quality of RCHEs directly affects the quality of life of elders staying in RCHEs. The Government is committed to enhancing the quality of RCHEs and ensuring that their services meet the licensing requirements. We do this through a three-pronged approach, namely licensing control, capacity building, and monitoring and enforcement.

### ***Licensing control***

8. The Residential Care Homes (Elderly Persons) Ordinance, Cap 459 (the Ordinance), which came into full operation in June 1996, provides for the regulation of RCHEs through a licensing system administered by the Director of Social Welfare. The licensing requirements cover aspects such as health, sanitation, staffing, safety, location, design, structure, equipment, fire precautions and space. All RCHEs are now under licensing control.

9. In addition to licensing control, subvented RCHEs are required to meet various output requirements, essential service requirements (including staffing requirements) and service quality requirements (as expressed in 16 service quality standards) as set out by SWD in the funding and service agreements. EBPS homes are required to meet staffing and spacing requirements which are higher than licensing standards.

### ***Capacity building***

10. Helping RCHEs build capability, competence and responsibility is one of the most effective and direct ways to ensure that elderly residents in RCHEs receive proper care. In this regard, SWD has set out a list of requirements in the Code of Practice for Residential Care Homes (Elderly Persons) and guidelines on topical issues for RCHEs to follow. The guidelines cover key aspects relating to the quality of care for elderly residing in RCHEs, including food quality, meal arrangements, good practices in handling food brought to elderly residents from outside, feeding techniques for elders with swallowing problems, bathing skills and arrangements, manpower requirements, and nursing and personal care. SWD will add on new requirements and update the Code from time to time as appropriate.

11. Together with the Department of Health (DH), SWD helps RCHEs meet licensing requirements through the provision of direct advice, training, and education.

### ***Monitoring and enforcement***

12. The Licensing Office of Residential Care Homes for the Elderly (LORCHE)<sup>2</sup> conducts inspections to RCHEs. All these are unannounced inspections. The average frequency of regular and unannounced inspections for each RCHE is six times a year. In addition to these inspections, when there is a complaint against an RCHE, LORCHE will conduct inspections (on and above regular ones) to the RCHE concerned immediately.

13. To facilitate monitoring, RCHEs are 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 will examine these records during inspections. If problems or irregularities are detected, LORCHE will require the RCHEs to make necessary rectifications. Advisory or warning letters will be issued and prosecution actions will be taken as appropriate.

14. Operational experience shows that most of the RCHEs are receptive to advice and would rectify irregularities promptly. From 1996 to now, LORCHE has successfully prosecuted 38 cases involving RCHEs breaching the licensing requirements. In 2004, LORCHE revoked the licence of a private RCHE.

15. RCHEs which have subsidised places are subject to service quality monitoring in accordance with the terms and conditions of the funding and services agreements, in addition to the regular and complaint-oriented inspections.

### ***Community monitoring***

16. To enhance the community's inputs in monitoring the service quality of RCHEs, SWD launched the "Service Quality Group" scheme on a trial basis in Kowloon City and Central and Western district in April 2004 for a period of two years. Contract homes and EBPS homes in the two districts which have volunteered to participate in the Scheme are visited by

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<sup>2</sup> LORCHE is a multi-disciplinary office set up in SWD. It comprises four professional inspectorate teams, namely Fire Safety, Building Safety, Health and Care and Social Work.

members of the Service Quality Group comprising community leaders and District Council members once every six months. Like JP visits, members of the Service Quality Group give suggestions and advice on areas of improvements to the RCHEs concerned after each visit, and SWD will follow up with the RCHEs. SWD will evaluate the effectiveness of the Scheme shortly, with a view to deciding on the way forward.

### ***Complaint mechanism***

17. Overseas experience is that effective monitoring depends not just on the licensing body and the operators. It is important that elders, their family members or carers also take an active part. The public feedback/complaint mechanism is therefore an important pillar of LORCHE's monitoring system.

18. LORCHE has been receiving about 240 complaints against RCHEs per year since 2001. Most of the complaints came from the family members/relatives of elders staying in RCHEs, and were mainly about the quality of care in RCHEs. SWD handles each and every complaint seriously. The Department's follow-up actions do not just stop at conducting inspections and supervising the RCHEs concerned to carry out remedial actions to its satisfaction. Rather, SWD let the entire RCHE sector learn from individual incidents, by issuing guidelines on topical issues afterwards.

### **MAJOR ON-GOING INITIATIVES**

19. We are mindful that the quality of care in RCHEs, in particular private RCHEs, is a cause of concern to the public. In this regard, SWD, DH and the Hospital Authority (HA) have, in consultation with the Elderly Commission and the Health, Welfare and Food Bureau, implemented various measures over the years to enhance the quality of care of RCHEs. Major initiatives include:

- (a) SWD has set up an inter-departmental and multi-disciplinary Task Group on Health and Care Services of RCHEs (the Task Group) in 2001 to review the health and care services of RCHEs and develop guidelines/reference materials on specific health and care

issues for RCHEs to follow. The Task Group takes into account the recommendations from other parties, including the recommendations of the Coroner's Court on specific incidents, in drawing up guidelines on specific issues of concern;

- (b) DH's Visiting Health Teams have joined hands with LORCHE to assess the infection control capability and training needs of RCHEs. Also, LORCHE would refer RCHEs identified to have problems in care skills and know-how during inspections to DH for on-the-spot training;
- (c) HA's Community Geriatric Assessment Teams (CGAT) and the Visiting Medical Officers (VMOs) under the VMO/CGAT Collaboration Scheme<sup>3</sup> are visiting RCHEs regularly to provide medical care to the elderly residents;
- (d) with effect from November 2003, each RCHE is required to designate an Infection Control Officer to coordinate matters related to the prevention and handling of infectious diseases in RCHEs. A one-off grant was given to RCHEs upon request to enhance their infection control facilities;
- (e) the Skills Upgrading Scheme (SUS) administered by the Education and Manpower Bureau has included elderly care under its portfolio. There are now SUS-funded training courses tailor-made for RCHE staff. About 400 of these training classes were run in 2004 and 2005;
- (f) SWD supported the initiative of the Hong Kong Association of Gerontology (HKAG) to launch a pilot project between 2002 and 2004 to develop an accreditation scheme for RCHEs with funding support from the Lotteries Fund; and
- (g) SWD has furnished information on how to select RCHEs in its website, and has published leaflets on this.

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<sup>3</sup> HA started the VMO/CGAT Collaboration Scheme in October 2003. The Scheme recruits private doctors as VMOs to provide on-site medical consultations to RCHEs on a part-time basis.

## **NEW INITIATIVES**

20. To further improve the quality of elderly residential services, SWD is pursuing the following new initiatives:

- (a) strengthen the manpower and training of LORCHE to prepare them for new challenges ahead, and enhance LORCHE's complaint handling capability;
- (b) step up inspections and enforcement against RCHEs in breach of licensing requirements;
- (c) promulgate a revised Code of Practice in October 2005, which will provide for enhanced requirements/standards on many aspects. Among other things, the revised Code of Practice will advise RCHEs to strengthen their medical support for elderly residents by arranging registered medical practitioners to visit their residents preferably at the frequency of one or two times every fortnight, and when necessary;
- (d) enhance the awareness of RCHE residents and their family members on the complaint channels. In this regard, SWD has recently stepped up publicizing the RCHE complaint hotlines by requiring all RCHEs to display the hotlines, together with their in-house complaint channels, in a prominent location in their premises; and
- (e) review the existing monitoring workflow to see whether efficiency can be enhanced, e.g. making improvements to the reporting and keeping of records by RCHEs.

## **BACKGROUND**

21. Elderly surveys have indicated that the majority of the elders are physically healthy and capable of self-care. For these elders, we encourage and facilitate them to lead an active and healthy life. For elders who need LTC and require Government assistance, we provide them with subsidised LTC services along the principles of "ageing in place" and

“continuum of care”. We have taken a two-pronged approach in providing LTC services for the elderly. For elders who can be adequately taken care of at their living places, we provide them with a wide range of subsidized home-based community care services, centre-based day care services and carer support services. In line with the international trend on the development of elderly services, we target subsidized residential care services to elders who have LTC needs and cannot be adequately taken care of at home, and put emphasis on the promotion of elderly ageing in the community with the support of their familiar social network and suitable home care services.

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