

For information
on 15 April 2019

Legislative Council Panel on Welfare Services

Strengthening the Monitoring of Residential Care Homes for the Elderly and Residential Care Homes for Persons with Disabilities and Enhancing their Service Quality

Purpose

This paper reports to the Panel on the progress and recommendations of the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes (the Working Group), which was set up by the Social Welfare Department (SWD) to review the codes of practice and ordinances for residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities (RCHDs), as well as the measures implemented to strengthen the monitoring of RCHEs and RCHDs and enhance their service quality after the creation of a supernumerary post of Assistant Director of Social Welfare which was approved by the Finance Committee of the Legislative Council (LegCo) on 21 April 2017.

Background

2. The Government sought approval from the LegCo Finance Committee on 21 April 2017 for the creation of a time-limited supernumerary post¹ of Assistant Director of Social Welfare (D2) in the SWD, with the post title of Assistant Director (Licensing and Regulation). SWD immediately established the new Licensing and Regulation Branch (LRB) in May 2017 and the Working Group in June 2017.

3. The LRB is led by the newly created Assistant Director (Licensing and Regulation) specifically responsible for the licensing/registration and monitoring matters of RCHEs, RCHDs, child care centres and drug dependent persons treatment and rehabilitation centres, as well as the preparation for setting up the Working Group. On the other hand, the Working Group is chaired by the Director of Social Welfare (DSW), and comprises LegCo Members and other

¹ The post was created on a time-limited basis from the date of approval by the LegCo Finance Committee up to 31 March 2021.

members from non-governmental organisations (NGOs) and the private sector operating RCHEs and RCHDs, the Elderly Commission and the Rehabilitation Advisory Committee, academics, service users / carers, independent members and representatives from the Hong Kong Council of Social Service and the Labour and Welfare Bureau (LWB). The Working Group is responsible for reviewing in detail the existing Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Persons with Disabilities) Ordinance, the Code of Practice for RCHEs and the Code of Practice for RCHDs, with a view to exploring areas for improvement and feasible measures, and making concrete amendment proposals.

4. During the vetting of the proposal of creating the post of Assistant Director (Licensing and Regulation) by the LegCo Finance Committee, the Government pledged to provide a mid-term evaluation report to LegCo two years after the creation of the post. On the other hand, the Working Group has so far conducted 18 meetings (including 11 Working Group meetings and seven focus group discussions) to examine various key aspects in depth. The Working Group Secretariat is now preparing a report.

Measures to Strengthen the Monitoring and Enhance the Service Quality of Residential Care Homes (RCHs)

5. As at end-December 2018, there were altogether 735 RCHEs in the territory (including 120 subvented homes, 31 contract homes, 36 self-financing homes and 548 private homes), providing a total of about 73 000 places; while there were 315 RCHDs in total (including 233 subvented homes, 17 self-financing homes and 65 private RCHDs), providing a total of about 17 000 places.

6. The Chief Executive announced, in the 2016, 2017 and 2018 Policy Addresses, various measures to strengthen the monitoring of RCHEs and RCHDs and enhance their service quality. Having consolidated past experience and taken into account the views of various sectors, the SWD has formulated and has been implementing a series of enhancement measures on an on-going basis, mainly covering six areas with over 20 measures as follows –

(A) Strengthen monitoring and law enforcement

- (1) Strengthen inspection strategy and inspection back-up
- (2) Strengthen the handling and follow-up of complaints
- (3) Step up law enforcement actions
- (4) Formulate and review guidelines on care-related matters

- (5) Expedite the rectification works of RCHDs

(B) Increase transparency

- (1) Set up the SWD Elderly Information Website
- (2) Set up the SWD Information Website for RCHDs
- (3) Make public the conviction and warning records of RCHs

(C) Comprehensively strengthen training and promote professionalism

- (1) Formulate Qualifications Framework(QF)-recognised training programmes to promote professionalism of the service
- (2) Launch the Training Subsidy Scheme for the Staff of RCHs
- (3) Provide continuous on-job training
- (4) Implement extra training programmes to increase care staff and nursing manpower

(D) Strengthen care service directly for the residents

- (1) Provide Visiting Medical Practitioner Service for RCHs
- (2) Launch a Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly
- (3) Launch a Pilot Scheme on Professional Outreaching Teams for Private RCHDs
- (4) Provide outreach speech therapy service for needy residents in contract and self-financing RCHEs
- (5) Provide speech therapy service to needy residents in subvented RCHEs
- (6) Provide speech therapy service for Hostels for Moderately Mentally Handicapped Persons (HMMHs), Hostels for Severely Mentally Handicapped Persons (HSMHs), Hostels for Severely Physically Handicapped Persons with Mental Handicap (HSPH/MHs) and Care and Attention Homes for Severely Disabled Persons (C&A/SDs)
- (7) Provide supplements to support the care of frail residents

(E) Striving to upgrade the quality of RCHs

- (1) Launch the Quality Improvement Project (QIP) for RCHs
- (2) Upgrade the quality of RCHs through the bought place schemes
- (3) Implement the Service Quality Group (SQG) Scheme of RCHs in all districts over the territory
- (4) Launch an Accreditation Subsidy Scheme for Private RCHEs

(F) Other related measures to enhance service quality

- (1) Innovation and Technology Fund for Application in Elderly and Rehabilitation Care
- (2) Pilot Scheme on Residential Care Service Voucher for the Elderly
- (3) Increase the manpower for subvented RCHDs

Details and work progress of each of the above measures are set out at the [Annex](#).

Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes

7. To increase transparency and for the public to keep abreast of the work progress of the Working Group, the agenda, papers and minutes of the Working Group meetings have been uploaded onto the SWD's website.

8. The Working Group has examined various key aspects in depth, reviewed the contents of the Code of Practice for RCHEs and the Code of Practice for RCHDs, and has also made specific recommendations on each area such as the classification of RCHs, enhancing the statutory staffing requirements of RCHs, upward adjustment of the statutory minimum area of floor space per resident, strengthening the accountability of licensees of RCHs, introducing a home manager registration system, introducing a renewal requirement in respect of registered health workers, raising penalties and including offences relating to health care service, etc. These are set out in the following paragraphs.

(a) Classification of RCHs

9. At present, RCHEs and RCHDs are classified into three types, i.e. "high care level", "medium care level" and "low care level" homes. For a home serving residents in need of low care level, medium care level and/or high care level concurrently, it can only be classified as either a medium care level or high

care level home irrespective of the number of residents in need of low care level service. However, for an RCH taking residents in need of medium care level and high care level concurrently, it will be classified as a high care level home if more than half of the residents are in need of high care level service. The Working Group considers that the classification of homes should remain simple to avoid disrupting the existing operation of the sector, and it should also enhance the protection of residents requiring high level of care. Therefore, the Working Group recommends the following amendments to the Code of Practice for RCHs and the Code of Practice for RCHDs –

Recommendation 1

To maintain the existing classification of the types of RCHs, i.e. high care level, medium care level and low care level

Recommendation 2

To revise the ratio of residents of different care levels for classifying mixed homes – for a home that takes residents in need of medium care level and high care level services, it will be classified as a high care level home when 30% or more of its residents are in need of high care level service

(b) Statutory Staffing Requirements for RCHs

10. At present, the operator of an RCH shall, according to the particular type of home (high care level, medium care level or low care level) as required under the Residential Care Homes (Elderly Persons) Regulation and the Residential Care Homes (Persons with Disabilities) Regulation, employ persons as home managers, ancillary workers, care workers, health workers and nurses, who shall be on duty at the specified periods based on the number of residents.

11. To enhance the statutory staffing requirements for RCHs with different care levels, the Working Group suggests that the following key considerations should be taken into account –

- ✧ the staffing requirements of RCHs should be determined according to the level of care and care needs of the residents;
- ✧ the existing requirement on the types and number of staff on duty in specified periods for all homes should be improved having regard to the different modes of daily operation and the rest hours of residents in different homes (especially for different kinds of RCHDs), thereby optimising the use of manpower resources;

- ✧ there should be nurses on duty in high care level homes to ensure that frail residents in these homes who are in need of nursing care in their daily living receive the appropriate health care service; there is also a need to extend the duty hours of health workers or nurses and raising the manning ratio of care workers to residents;
- ✧ a more flexible staffing requirement on nurses may be formulated for small scale homes in view of the constraints of their operation; and
- ✧ it is necessary to give practical considerations of the impact on RCHs arising from the enhanced statutory staffing requirements and upward adjustment of manning ratio, in view of the current shortage of manpower.

12. Based on the above key considerations, the Working Group makes the following recommendations on enhancing the statutory staffing requirements in respect of high care level, medium care level and low care level homes –

Recommendation 3

To allow high care level, medium care level and low care level homes to set their core service hours based on the actual needs and rest hours of the residents with prior approval of SWD, for a more efficient use of manpower resources

Recommendation 4

To require at least one nurse on duty for eight hours every day in the day time for high care level homes, and that at least one health worker on duty in the home concerned for the same period (the health worker may be substituted by another nurse on duty)

Recommendation 5

To upgrade the statutory staffing requirements in respect of high care level and medium care level homes

High Care Level Homes

- ✧ the manning ratio of care workers to residents 1:20 should be extended from the existing eight hours to 10 hours during day time;
- ✧ the manning ratio of care workers to residents should be improved from 1:60 to 1:40 during night time and overnight duty periods (14 hours in total); and
- ✧ the duty hours of a health worker or nurse should be increased

from 11 hours to 13 hours every day.

Medium Care Level Homes

- ✧ **the manning ratio of care workers to residents should be improved from 1:40 to 1:30; and**
- ✧ **there must be at least one staff on duty and another staff stand by at an RCHD during night time and overnight periods, irrespective of the number of places.**

(c) Statutory Minimum Area of Floor Space per Resident in RCHs

13. Currently, the minimum area of floor space per resident² required for RCHEs and RCHDs is 6.5m². The Working Group agrees that the statutory minimum area of floor space per resident of RCHs should be increased, and suggests that the following principles and key considerations should be taken into account –

- ✧ in determining the level of increase, the basic needs of residents (especially those who are frail and in need of high level of care) should be the key consideration, including the provision of hospital/nursing beds with adjustable height, a distance of not less than one metre between beds and bedside lockers/wardrobes, with space on both sides of the beds for the convenience of taking care of frail residents. Besides, sufficient space is also required for maneuvering wheelchairs if the residents of the room are wheelchair users;
- ✧ it is suggested that there should be flexibility for RCHs on the use of space in bedrooms owing to limitations on the layout of individual premises (including subvented and private homes), and it is therefore not necessary to prescribe specific requirements in detail in the legislation or codes of practice;
- ✧ RCHs ought to implement other feasible measures to strengthen infection control if they are not able to meet the requirement of maintaining a distance of one metre between beds owing to limitations of layout;

² In determining the area of floor space per resident, the area of any open space, podium, garden, staff dormitory, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, and any space occupied by machinery for any lift, air-conditioning system or similar service provided for the building shall be deducted.

- ✧ apart from bedrooms, the basic facilities of an RCH should include living/dining area, toilet/bathroom/shower area, kitchen, laundry, office and isolation room/facilities. The functional facilities of RCHs may vary according to the needs of different service targets, while some facilities may serve multi-purposes; and
- ✧ considerations should be given to the actual operational conditions of RCHs, as well as the impact brought by the upward adjustment of the statutory minimum floor area per resident on the sector and the existing residents of the homes.

14. Based on the above key considerations and pursuant to in-depth discussions at various meetings, the Working Group makes the following recommendations in regard to increasing the statutory minimum floor area per resident in high care level, medium care level and low care level homes –

Recommendation 6

To adjust upward the statutory minimum area of floor space per resident of high care level homes (including RCHEs and RCHDs) from the existing 6.5 m² to 9.5 m²

Recommendation 7

To adjust upward the statutory minimum area of floor space per resident of medium care level and low care level homes (including RCHEs and RCHDs) from the existing 6.5 m² to 8 m²

Recommendation 8

To provide for a transitional arrangement for implementing the enhanced requirement of statutory minimum floor area per resident in phases

High Care Level Homes

- ✧ **to determine a commencement date for implementing the new area requirement – RCHEs and RCHDs to be established on new premises for which licence applications are made on or after that date shall comply with the new requirement of statutory minimum area of floor space, i.e. 9.5 m²; and**
- ✧ **to allow existing homes (i.e. homes that exist prior to the commencement of the new area requirement) to comply with the new statutory minimum area of floor space per residents (i.e. 9.5m²) by reducing places gradually in phases within an eight-**

year grace period (with effect from the commencement of the new area requirement); and they should reach a minimum of not less than 8m² of floor space per residents within the first four years of the grace period, thereby improving the living space of existing residents earlier.

Medium and Low Care Level Homes

- ✧ **to determine a commencement date for implementing the new area requirement – RCHEs and RCHDs to be established on new premises for which licence applications are made on or after that date ought to comply with the new requirement of statutory minimum area of floor space, i.e. 8m²; and**
- ✧ **to allow existing homes (i.e. RCHs that exist prior to the commencement of the new area requirement) to comply with the new statutory minimum area of floor space per residents (i.e. 8m²) by reducing places gradually in phases within an eight-year grace period (with effect from the commencement of the new area requirement).**

15. The Government will closely monitor the progress of implementing the new requirement on the statutory area of floor space per resident, and undertakes, on completion of the eight-year grace period, to exploring the possibility of whether the area of floor space per resident for medium care level and low care level homes can be further adjusted upward. The review may be conducted earlier if the target of the area of floor space per resident, i.e. 8m², is met in less than eight years.

(d) Requirements on Licensees of RCHs

16. Under the current statutory framework, the SWD issues licences or certificates of exemption (CoEs) to operators of RCHEs and RCHDs in different modes of operation (including body corporate, sole proprietorship or partnership). At present, approximately 90% of the licensees of RCHEs in the territory are body corporates, as are approximately 97% of RCHD licensees; while the remaining licensees are either partners or sole proprietors.

17. The Working Group recognises the need to strengthen the accountability of the licensee of an RCH, and it is necessary at the same time to consider the feasibility in respect of law enforcement as well as its impact on the governance of the sector (including NGOs operating RCHEs and RCHDs). In considering how to ensure the home operators assume the necessary responsibility in the

operation and management of an RCH, and to ascertain the licensee possesses the ability to take on the authority and responsibility in operating an RCH, the Working Group agrees to the following key considerations –

- ✧ it is necessary to set out in the legislation in future the specific conditions to determine whether the applicant for a licence is a “fit and proper person” to operate an RCH, regardless of whether the applicant is a “natural person”, “partnership” or “body corporate”;
- ✧ in considering whether the applicant for a home licence is “a fit and proper person”, it must be required simultaneously that he or she employ a “fit and proper person” to take up the post of a home manager;
- ✧ in determining whether the home manager is a “fit and proper person”, it is necessary to consider his/her professional qualifications or experience and abilities of operating an RCH; and
- ✧ in determining the statutory requirements of a home licensee and home manager, a discretionary clause should be included to confer DSW with powers to consider giving discretions on special cases and process such applications.

18. Based on the above key considerations and having taken into account the current actual circumstances of operating RCHs, the Working Group makes the following recommendations to strengthen the accountability of licensees of RCHs

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Recommendation 9

To continue accepting a licence application from a “natural person”, “partnership” or “body corporate”

Recommendation 10

The licensee of an RCH should be a “fit and proper person” to operate the RCH

(The specific conditions of a “fit and proper person” includes –

- ✧ **whether the person has been convicted for contravening the relevant Ordinances in regard to RCHs;**
- ✧ **whether the person has seriously contravened any conditions under the home licence;**
- ✧ **whether the person has been convicted of offences involving fraud or dishonesty, or convicted of indictable offences;**

- ✧ **whether the person whose application for the issue or renewal of a licence has been refused under the relevant Ordinances in regard to RCHs; and**
- ✧ **whether the person is an individual of an undischarged bankrupt or a body corporate in liquidation or a director of a body corporate that is the subject of a winding-up order.)**

Recommendation 11

To require the licence applicant to authorise one of the directors or an officer of the organisation/company to be a “designated responsible person” if the licence applicant is a partnership or body corporate

(e) Home Manager Registration System

19. At present, the operator of an RCH shall, according to the types of RCH it belongs to and the requirements under section 11 of the Residential Care Homes (Elderly Persons) Regulation and the Residential Care Homes (Persons with Disabilities) Regulation, to employ persons to be home managers, ancillary workers, care workers, health workers and nurses. There is no requirement under the existing regulations pertaining to entry qualifications or training in respect of home managers who is responsible for the daily management and operation of an RCH, and there is no registration system. The Working Group recommends that in future home managers should have successfully completed the Training Course for Home Managers at Level 4 under the QF. Simultaneously, the Working Group makes the following recommendations to strengthen the accountability of a home manager –

Recommendation 12

To require the licensee to employ a “fit and proper person” to take up the post of a home manager

(The specific conditions of a “fit and proper person” includes –

- ✧ **a registered home manager or a person holding a valid “Permitted Home Manager Certificate”;**
- ✧ **without any criminal conviction record of sexual offences;**
- ✧ **without any conviction record of committing any offences involving fraud or dishonesty, or indictable offences;**
- ✧ **without being convicted for contravening the relevant Ordinances in regard to RCHs; and**
- ✧ **a person, if he/she possesses professional or designated qualifications by means of registration, whose professional or designated qualifications have not been cancelled for breaching**

the relevant requirements.)

Recommendation 13

To introduce a home manager registration system, renewal mechanism and the requirement for continuous learning in order to enhance the accountability of home managers

Recommendation 14

To provide for a transitional arrangement to allow home managers who are working in RCHEs and RCHDs to continue carrying the post of a home manager as a “Permitted Home Manager” when the new requirements take effect

(f) Health Worker Registration System

20. The qualifications for registration³ as a health worker are stipulated in the current Residential Care Homes (Elderly Persons) Regulation and the Residential Care Homes (Persons with Disabilities) Regulation, but there is no requirement for renewal and continuous learning. In order to meet the evolving service needs and to enhance the service quality of RCHs, the Working Group considers that the SWD should formulate a mechanism to require health workers to undergo renewal procedures prior to expiration of registration. If a registered health worker has not worked in RCHs for a long period of time, he/she must enrol in training courses and submit relevant documents when making an application for renewal so as to ensure that registered health workers continue complying with the relevant requirements. For this, the Working Group makes the following recommendation –

Recommendation 15

To introduce the requirement of renewal and continuous learning on the qualifications for registration as a health worker

³ Under section 4 of the Residential Care Homes (Elderly Persons) Regulation, a person who (a) has completed a course of training approved by DSW in writing either generally or in any particular case; or (b) by reason of the person’s education, training, professional experience and skill in health work, DSW is satisfied that the person is a suitable person to be registered as a health worker, shall be qualified to be registered as a health worker for the purposes of employment at an RCHE; under section 4 of the Residential Care Homes (Persons with Disabilities) Regulation, a person who meets either of the following requirements is qualified to be registered as a health worker for the purposes of employment at an RCHD – (a) the person has completed a course of training approved by DSW in writing either generally or in any particular case; or (b) by reason of the person’s education, training, professional experience and skill in health work, DSW is satisfied that the person is a suitable person to be registered as a health worker.

(g) Age of the Residents

21. According to the Residential Care Homes (Elderly Persons) Ordinance, an RCHE means any premises at which more than five persons who have attained the age of 60 years are habitually received for the purposes of care while resident therein. According to the Residential Care Homes (Persons with Disabilities) Ordinance, an RCHD means any premises at which more than five persons with disabilities, who have attained the age of six years, are habitually received for the purpose of residential accommodation with the provision of care. The Working Group considers that it would not be necessary to make any change to the existing stipulation of age, but there is a need to promote the awareness of RCHs to give special attention to the welfare of residents who are children with disabilities, and therefore makes the following recommendations –

Recommendation 16

To maintain the current stipulation of the age of residents in respect of RCHEs and RCHDs

Recommendation 17

To strengthen the regulation of RCHDs in taking care of children with disabilities

(h) Offence and Penalties

22. As stipulated in the Residential Care Homes (Elderly Persons) Ordinance and Residential Care Homes (Persons with disabilities) Ordinance, any person operating an RCHE or RCHD must obtain a valid licence or CoE, and to operate, keep, manage or otherwise has control of the RCH in compliance with the relevant requirements. Any person commits an offence if any of those Ordinances or Regulations are contravened. Having examined the relevant legislation, the Working Group considers that the prevailing level of penalties are not particularly lenient, but the court sentences against non-compliant homes lacked a deterrent effect. In light of the proposed amendments to the statutory requirements for the licensees and home managers to enhance their responsibilities, as well as the need to safeguard frail elders or persons with disabilities who are residing in the homes and are not able to protect themselves, the Working Group makes the following recommendations –

Recommendation 18

To raise penalties to strengthen the deterrent effect

Recommendation 19

To include offences relating to health care service (including drug

management, use of restraints and protection of privacy)

Way Forward

23. The Working Group Secretariat is preparing a Working Group report which will be submitted to LWB for consideration in due course. The Government will study the report and consult stakeholders on the specific recommendations on amendments. After ascertaining the various amendment proposals, the Government will proceed with the drafting of the amendment bill, and commence the legislative process. The SWD will also pursue the revision of codes of practice and implement the relevant enhancement measures at the same time.

Advice Sought

24. Members are invited to note the content of this paper.

**Labour and Welfare Bureau
Social Welfare Department
April 2019**

Measures Implemented by the SWD on an Ongoing Basis to Strengthen the Monitoring and Enhance the Service Quality of RCHEs and RCHDs

The Government attaches great importance to the quality of residential care services for the elderly and persons with disabilities. The SWD has implemented various measures covering different aspects on an ongoing basis to strengthen the monitoring of RCHs and enhance their service quality. Details are as follows –

(A) Strengthen monitoring and law enforcement

- (1) Strengthen inspection strategy and inspection back-up
 - (a) Upon seeking approval from the LegCo Finance Committee on 21 April 2017 for the creation of a supernumerary post of Assistant Director of Social Welfare, the SWD set up a dedicated LRB on 2 May 2017.
 - (b) A dedicated team is set up by the SWD under the LRB to formulate strategies and action plans specifically for monitoring RCHs with serious irregularities or poor track records, and to impose sanctions and take prosecution actions against non-compliant homes.
 - (c) On top of the normal inspection mechanism, the dedicated team will, having regard to the nature and items of non-compliance of individual homes, formulate individualised, concrete and targeted strategies and action plans. These include strategically conducting surprise inspections through a small team approach or by a multi-disciplinary inspectorate team. Having regard to the irregularities of individual homes identified, the dedicated team will conduct surprise inspections flexibly at different times during office and non-office hours to closely monitor whether the homes have continuously complied with existing regulations and taken timely remedial measures.
 - (d) Starting from February 2017, the SWD has employed retired disciplined service officers in contract terms to assist inspectors of the licensing offices in conducting inspections at RCHs, investigating suspected cases of non-compliance, collecting evidence and taking prosecution actions.

(2) Strengthen the handling and follow-up of complaints

- (a) The inspectorate teams of the licensing offices of the SWD will follow up on each complaint case, including making contact with the complainants, conducting on-site investigation at the homes, interviewing with residents and their family members, enquiring with the home staff and collecting relevant information, etc.
- (b) If the homes are found to have contravened the requirements during investigations, depending on the nature and severity of the non-compliance, the SWD will issue written advice, warnings or directions to the homes on the remedial measures to be taken, and step up inspections and monitoring of these homes to ensure that improvement measures are implemented by them as required.
- (c) If the homes persistently fail to make improvements, the SWD will consider instigating prosecution actions under the relevant legislation.

(3) Step up law enforcement actions

- (a) Comprehensively revamp the criteria and arrangements for issuing warnings

The SWD has comprehensively revamped the criteria and arrangements for issuing warnings to RCHEs and RCHDs with a view to upholding an open and binding monitoring system. Briefing sessions were organised on 17 and 19 January 2018 for the operators, home managers and staff of RCHs to explain to them the licensing requirements and the regulatory measures that they must comply, and brief them on the related arrangements for publishing warning records of RCHs [see paragraph (B)(3) below].

- (b) Consider the licence applicant's track record of operation

The SWD has adopted a more stringent mechanism to ensure that an applicant for home licence is a fit and proper person to operate or take part in the management of a home. The SWD, when deciding whether to issue a licence, will consider whether the licence applicant has a record of his/her licence in respect of another home being revoked, or his/her application for renewal of licence being refused due to serious non-compliance or poor track record of performance, etc.

(c) Require RCHs to submit staff records regularly

The SWD issued a letter to all RCHEs and RCHDs in December 2016, requiring all homes to strictly follow the requirement for submission of a “Staff List” to the SWD once every three months. The list shall cover all staff (including relief staff) employed to perform work at the homes whose employment contracts with the homes are still in effect. Moreover, the homes are also required to submit a “Staff Duty Roster” to the SWD regularly in order to enhance monitoring of staffing arrangements and duty attendance of the homes.

(d) Require RCHs to install closed-circuit television (CCTV) at public areas of the homes

The SWD has discussed concrete arrangements with the sector and individual homes through different means. Subject to compliance with the Guidance on CCTV Surveillance and Use of Drones issued by the Office of Privacy Commissioner for Personal Data, homes are required to install CCTV systems in public areas designated for residents’ daily activities, interview rooms, etc., so as to facilitate the viewing of CCTV footage as and when required for collecting information, step up supervision of the daily operation of the homes by the management staff and investigation by the licensing offices.

(e) Encourage RCHDs to conduct “Sexual Conviction Record Check”

The SWD issued a letter in April 2017 requesting RCHDs to actively consider applying the “Sexual Conviction Record Check” to home managers as well as home staff who are new recruits or whose employment is renewed. In May 2017, representatives of the Security Bureau and the Hong Kong Police Force were invited to brief private RCHD operators on the procedures of the implementation of the checking scheme.

(4) Formulate and review guidelines on care-related matters

(a) The SWD issues circular memoranda and care-related guidelines to homes from time to time, covering subjects including the handling of drugs, bathing skills, proper use of restraints, care and nursing arrangements for residents with special care needs, prevention and handling of suspected cases of abuse or sexual harassment of residents, etc.

(b) The SWD has collaborated with the Department of Health (DH) and the Hospital Authority (HA) to review the “Guide on Drug Management in RCHEs” and published the “Guide on Drug

Management in Residential Care Homes 2018” at end-August 2018 which is applicable to RCHEs and RCHDs.

- (c) Moreover, the SWD organises workshops for home staff regularly with a view to strengthening their work ethics as well as enhancing the quality of care service.

(5) Expedite the rectification works of RCHDs

- (a) The SWD has implemented various facilitating measures to encourage and assist RCHDs operating with CoEs to expedite the implementation of necessary rectification works, so that all RCHDs will meet the licensing requirements by end-2019. Such measures include –
 - (i) providing these homes with subsidy under the Lotteries Fund (LF) to carry out improvement works;
 - (ii) implementing the LF-funded Financial Assistance Scheme (FAS) for Private RCHDs to increase the subsidy to 90% of the recognised cost of the improvement works;
 - (iii) streamlining the workflow of engaging authorised persons for the provision of technical support;
 - (iv) preparing document templates to expedite the application process and vetting procedure of the LF;
 - (v) speeding up and simplifying the application and implementation procedure of the LF; and
 - (vi) providing additional technical support for RCHDs having difficulties in taking forward rectification works.
- (b) The SWD has expedited the processing of applications for the FAS for Private RCHDs and continues to discuss with RCHDs on plans to expedite the improvement works; and
- (c) The SWD will continue to maintain close liaison with the NGOs operating RCHDs and follow up closely on the progress of the improvement works.

(B) Increase transparency

(1) Set up the SWD Elderly Information Website

The SWD completed and launched the SWD Elderly Information Website (www.elderlyinfo.swd.gov.hk) on 13 February 2017, offering one-stop information on the services of over 700 RCHEs throughout the territory for increasing transparency. The website provides search and compare functions that can be used easily, and also information on services, fees, licences, staffing, facilities, service performance (including records of conviction and warning), accreditation and participation in the SQG Scheme, etc., of RCHEs.

(2) Set up the SWD Information Website for RCHDs

The SWD Information Website for RCHDs was launched on 18 October 2018 (www.rchdinfo.swd.gov.hk) to facilitate public access to the information on the services of over 310 RCHDs throughout the territory for increasing transparency of residential care services. The website provides search functions as well as information on all RCHDs in respect of their licences/CoEs, services, fees, staffing, facilities, service performance (including records of conviction and warning) and whether they have participated in the SQG Scheme, etc., so as to facilitate the public to access to the information of individual homes.

(3) Make public the conviction and warning records of RCHs

The conviction records of non-compliance of RCHEs and RCHDs with the relevant ordinances or regulations of RCHs have all along been uploaded onto the SWD's website and kept for 24 months. In order to enhance the transparency of the monitoring system of RCHs, the SWD has begun uploading warning records of non-compliant homes onto the SWD's website and the SWD Elderly Information Website (applicable to RCHEs) or the SWD Information Website for RCHDs (applicable to RCHDs) since 1 April 2018, kept the information there for 12 months. The relevant measure is applicable to warning notices or directions for remedial measures issued by the SWD on or after the above-mentioned effective date, i.e. 1 April 2018.

(C) Comprehensively strengthen training and promote professionalism

- (1) Formulate QF-recognised training programmes to promote professionalism of the service
- (a) In order to promote professionalism of residential care service, the SWD has all along been collaborating with the relevant organisations, including the QF Secretariat and the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ), and consulting the sector through the Elderly Care Service Industry Training Advisory Committee, to formulate recognised training programmes for different types of staff under the QF¹ to enhance the skills and service quality of home staff in caring for elders and person with disabilities.
- (b) At present, any person who intends to apply for registration as a health worker must complete a training course approved by DSW that is applicable to RCHEs and/or RCHDs. The SWD in August 2017 revamped the contents and accreditation requirements for the Health Worker Training Course (HWTC), which was developed into a course based on the Specification of Competency Standards (SCS) at QF Level 3. All training institutes providing HWTCs must be accredited by the HKCAAVQ (except for courses provided by self-accrediting training colleges/institutions) as a pre-requisite for the SWD's approval for organising HWTCs. As at end-December 2018, a total of 27 training institutes were approved to organise 44 HWTCs that were applicable to RCHEs and/or RCHDs.
- (c) From December 2016 onward, care workers who have attained Recognition of Prior Learning under the QF are accepted by the SWD for meeting the requirements of private RCHEs under the Enhanced Bought Place Scheme (EBPS)² and contract homes. The SWD also introduced the Certificate in Progression Training for Care Workers programme in October 2017 to encourage those care workers who are working in RCHEs or RCHDs with Form Three academic qualification and working experience but have yet to complete Form Five, to complete this bridging course to meet the qualification for enrolment in HWTC, thereby providing a vocational pathway for and encourage practitioners who intend to continue their career development in the sector to pursue continuous learning.

¹ The Government launched QF in 2008 to provide a platform to encourage and facilitate lifelong learning, with a view to enhancing the capability and competitiveness of the workforce in Hong Kong. QF is a seven-level hierarchy covering qualifications in the academic, vocational and continuing education sectors.

² When issuing service agreements in respect of subsidised places, the SWD will require homes participating in the EBPS for Private RCHEs and the Bought Place Scheme for Private RCHDs to ensure that not less than 75% of the care workers employed have received relevant training. For contract homes, they shall even

(2) Launch the Training Subsidy Scheme for the Staff of RCHs

To enhance the service quality of RCHs on an ongoing basis, the SWD launched a five-year scheme in phases starting from the first quarter of 2019 to provide full subsidies for home managers, health workers and care workers of all RCHEs and RCHDs in the territory to enrol in QF-recognised training courses, involving a total expenditure of about \$69 million. The entire scheme will benefit the staff of more than 1 000 RCHEs and RCHDs. Details of the training courses are as follows –

(a) Training Courses for Home Managers

The SWD, in collaboration with the relevant organisations (including the QF Secretariat and the HKCAAVQ), have jointly formulated the SCS-based Training Courses for Home Managers (A) and (B). The certificates of the above-mentioned training courses are pitched at QF Level 4, specifically catering for home managers with professional qualifications [Course (A)] or without professional qualifications [Course (B)], thereby providing a foundation for professional development of the home managers. The training courses cover various units of competency including the application of the relevant ordinances and codes of practice, formulation and implementation of the Service Quality Standards, managing daily operation and designing staff duty roster, managing human resources, providing quality customer service, implementing guidelines for a safe environment, handling complaints, accidents or incidents of injuries, etc.

(b) Advanced Training for Health Workers

The certificate for Advanced Training for Health Workers is pitched at QF Level 3 specifically catering for registered health workers to further enhance their knowledge and skills in respect of health care. The training courses cover various units of competency including the formulation and supervision of individual basic care plan, handling accidents and providing psychological first aid, making risk assessment on pressure sores, drug management and specialised nursing procedures, etc.

maintain not less than 90% of care workers who have received relevant training.

(c) Training Course for Care Workers

The certificate for Training Course for Care Workers is pitched at QF Level 2 for care workers to strengthen their knowledge and skills for providing daily personal care. The training courses cover various units of competency including the formulation and supervision of individual basic care plan, assisting residents in handling personal hygiene and daily living, prevention of pressure sores, providing oral and podiatric care, measuring vital signs, applying correct lifting and transfer means, understanding and preventing abuse, etc.

(3) Provide continuous on-job training

(a) The SWD has been collaborating with the DH over the past years to organise training programmes for the staff of RCHEs to enhance their knowledge and skills for taking care of the elderly on an ongoing basis. Topics include drug safety, infection control, fall prevention, dementia care, prevention of elder abuse, handling accidents and managing work stress, etc.

(b) For RCHDs, the SWD collaborated with the DH and relevant professionals to organise training programmes for home staff. Topics include infection control, management of psychotropic drugs and understanding the social, recreational and developmental needs of persons with disabilities, etc. Infection control officers and relevant staff of RCHDs were briefed on matters relating to infection control, principles of handling psychotropic drugs and health care issues.

(4) Implement extra training programmes to increase care staff and nursing manpower

(a) Navigation Scheme for Young Persons in Care Services (Navigation Scheme)

The Government has earmarked about \$147 million to launch the Navigation Scheme in July 2015, providing a total of 1 000 training places in several years starting from 2015-16 to encourage young people to join the elderly and rehabilitation care services. As at end-December 2018, a total of 1 018 trainees were recruited under the Navigation Scheme. To encourage more young people to join the care services in the social welfare sector, the Government will continue with the operation of the Navigation Scheme, providing a total of 1 200 additional training places in the coming years, enhancing the scheme, with a view to assisting the caring field of the social welfare sector to attract young people.

(b) Enrolled Nurse Training Courses

To alleviate the shortage of nurses in the welfare sector, the SWD, in collaboration with HA, has run 14 classes of a two-year training programme for Enrolled Nurse (General) / Enrolled Nurse (Psychiatric) for the welfare sector from 2006 to 2016, providing a total of about 1 800 training places, involving a total expenditure of about \$116.6 million. Among the graduates of these 14 classes, over 90 per cent have joined the social welfare sector after graduation. The SWD has also commissioned The Open University of Hong Kong to provide 920 training places in four consecutive years from 2017-18, with the first two classes having commenced in September 2017 and September 2018. The training programme is fully subsidised by the SWD while the trainees are required to sign an undertaking to work in the welfare sector for two consecutive years after graduation from the programme.

(D) Strengthen care service directly for the residents

(1) Provide Visiting Medical Practitioner Service (VMPS) for RCHs

- (a) Subvented RCHEs and RCHDs are all along subsidised by the SWD for providing visiting medical practitioner service to the residents for conducting basic physical examination and treatment.
- (b) Starting from October 2018, the SWD has launched the VMPS for the residents of all RCHEs and RCHDs in the whole territory, so as to take proactive measures against seasonal influenza and other episodic illness and improve their general health and reduce their reliance on the public healthcare system. Apart from engaging NGOs to arrange VMPS for private and self-financing RCHEs and RCHDs, the SWD also increased the subsidies for subvented RCHEs and RCHDs to strengthen the service provision, involving an additional expenditure of about \$238 million per year.

(2) Launch a Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE)

The SWD launched a four-year pilot scheme in the first quarter of 2019 by setting up district-based professional teams, comprising social workers, physiotherapists and occupational therapists, etc., to provide outreach service for the residents of private RCHEs, so as to support their social and rehabilitation needs. The Government has also allocated additional resources to include speech therapists in the professional teams to provide speech therapy service for elders in need.

(3) Launch a Pilot Scheme on Professional Outreaching Team for Private RCHDs

The SWD launched a four-year pilot scheme in the first quarter of 2019 by setting up district-based professional teams, comprising social workers, physiotherapists and occupational therapists, etc., to provide outreach service for the residents of all private RCHDs in the whole territory, so as to support their social and rehabilitation needs.

(4) Provide outreach speech therapy service for needy residents in contract homes and self-financing homes

The Government has allocated additional resources to include speech therapists in the MOSTE as mentioned above, to provide speech therapy service for elders in need. Apart from the residents of private RCHEs, the new outreach speech therapy service will also be extended to needy residents / service users of contract homes (including the day care units attached to them) and self-financing homes.

(5) Provide speech therapy service to needy residents of subvented RCHEs

From October 2018 onwards, the SWD has allocated additional resources to NGOs to provide speech therapy service for needy residents / service users of subvented RCHEs, subvented Day Care Centres for the Elderly / Day Care Units for the Elderly and Integrated Home Care Service (Frail Cases).

(6) Provide speech therapy service for HMMHs, HSMHs, HSPH/MHs and C&A/SDs

From end-2018 onwards, the SWD has allocated additional resources to NGOs for employing speech therapists to provide speech therapy service for HMMHs, HSMHs, HSPH/MHs and C&A/SDs, to strengthen the care and support for ageing service users.

(7) Provide supplements to support the care of frail residents

(a) Dementia Supplement (DS)

- (i) DS is to provide additional support for elders with dementia residing in subvented RCHEs and RCHDs, as well as private RCHEs participating in the EBPS. With the DS allocation, RCHEs and RCHDs may employ additional professional staff, including occupational therapists, nurses and social workers, etc. or purchase related professional services.
- (ii) In 2018-19, the Government released a total sum of \$324.3 million under the DS for residential care service, including \$315.4 million for 260 eligible RCHEs and \$8.9 million for 22 eligible RCHDs with a total of 6 200 beneficiaries. In 2018-19, the annual allocation for each eligible case was \$51,919 in the year.

(b) Infirmity Care Supplement (ICS)

- (i) ICS is an additional resource to support frail elders living in subvented RCHEs and RCHDs and private RCHEs participating in the EBPS, who have been medically assessed by the Community Geriatric Assessment Teams of the HA to be in need of infirmity care. ICS shall be used as an allowance on existing staff (including physiotherapists, occupational therapists, nurses, health workers, care workers and workman) or for the employment of qualified staff including the purchase of professional services.
- (ii) In 2018-19, the Government released a total of \$136.5 million under the ICS, including \$127.3 million for 127 eligible RCHEs and \$9.2 million for nine RCHDs, with a total of 1 600 beneficiaries. In 2018-19, the annual allocation for each eligible case was \$86,531 in the year.

(E) Striving to upgrade the quality of RCHs

(1) Launch the QIP for RCHs

(a) QIP for RCHEs

The SWD has commissioned the Hong Kong Association of Gerontology to launch a two-year QIP for RCHEs in November 2016, by providing classroom training and on-site coaching to the operators,

home managers and staff of RCHEs, so as to improve their daily operation and enhance the quality of management. The project was implemented in six cycles with more than 600 RCHEs participating in the project, including self-financing RCHEs, contract homes and all private RCHEs in the whole territory. The RCHE management and staff generally consider that the project help them review their usual work processes and facilities of the homes, etc., in order to enhance their service quality.

(b) QIP for RCHDs

(i) From July 2016 to April 2018, the SWD commissioned the Hong Kong Productivity Council to implement the Management Training and Consultation Project for RCHDs by organising various training courses and workshops on management and staff supervision for the operators and home managers, and to provide professional consultation on the management of individual homes. Totally, more than 100 RCHDs had participated in this project.

(ii) In order to focus on private RCHDs and further assist them in upgrading the quality of management through training and service consultation, the SWD has commissioned the Caritas Institute of High Education to launch a 18-month QIP in late 2017 to help the operators and home managers implement the 16 Service Quality Standards which include requiring the homes to set out clearly their staffing structure, home management, fees, service details, etc., and formulate a fair, just and open mechanism for handling complaints, so as to promote the development of a framework to enhance their accountability and transparency for the continuous service improvement of private RCHDs. Currently, all of the 65 private RCHDs in the territory have participated in the project.

(2) Upgrade the quality of RCHs through the bought place schemes (BPS)

(a) EBPS for Private RCHEs

(i) The SWD launched the EBPS in 1998 with an objective to upgrade the service standards of private RCHEs through enhanced requirements in terms of staffing ratio and floor area per resident. The EBPS also helps provide more subsidised places so as to reduce the elders' waiting time for subsidised C&A places.

- (ii) One of the main features of the EBPS is that once the RCHE participates in the scheme, the entire RCHE (including non-subsidised places) must fulfill the same enhanced standard (e.g. staffing and area of floor space requirements), thereby effectively encouraging private RCHEs to enhance their service quality. As at end-December 2018, there were a total of 139 private RCHEs participating in the EBPS, providing 7 974 subsidised places in total, including 5 797 EA1³ places and 2 177 EA2⁴ places. With effect from October 2018, the monthly purchase prices for each EA1 place (including the monthly fee charge of the elder resident) are \$13,287 (urban area) and \$12,703 (New Territories) while the monthly purchase prices for each EA2 place are \$10,632 (urban area) and \$10,142 (New Territories).
- (iii) From 2016-17 onwards, the Government has successively upgraded EA2 places under the EBPS to 1 200 EA1 places with a view to increasing the supply of subsidised places of a relatively higher quality.
- (iv) The Chief Executive announced in the 2018 Policy Address that the Government would purchase an additional 5 000 EA1 places under the EBPS in the next five years to increase the supply of subsidised residential care places for the elderly and enhance the overall service quality of private RCHEs, involving a recurrent expenditure of \$810 million. From 2019-20, the Government also allocated an additional sum of \$217 million for implementing the following enhancement measures –
- the amount of subsidy for EA1 and EA2 places under the EBPS would be increased from 2019-20 onwards for the participating private RCHEs to strengthen the care and support for the elders thereby upgrading the service quality. The new amount of subsidy would be applicable to all of the existing EA1 and EA2 places purchased under the EBPS, and the additional 5 000 EA1 places to be purchased; and
 - the purchase prices under the EBPS are currently categorised into urban area and the New Territories with a higher purchase price in urban area. In view of the rental adjustment of private properties in all districts in recent years, the Government would provide a standard amount of subsidy based on the category of places (i.e. EA1 or EA2)

³ The area per resident of EA1 RCHEs is 9.5m².

⁴ The area per resident of EA2 RCHEs is 8m².

from 2019-20 onwards, regardless of the district where the home is situated. This new measure would be applicable to all of the existing EA1 and EA2 places purchased under the EBPS, and the additional 5 000 EA1 places to be purchased.

(b) BPS for RCHDs

- (i) The SWD launched a 4-year pilot BPS for Private RCHDs in October 2010 to encourage private RCHDs to upgrade their service standards, to increase the supply of subsidised places thereby shortening the waiting time for the service, and to help the market develop more service options. The pilot BPS was regularised in 2014-15, and the number of bought places in each private home has been increased from 55% to 70% of its recognised capacity. As at end-December 2018, there were 10 private RCHDs participating in the BPS⁵, providing a total of 600 places. Starting from October 2018, the monthly purchase prices for each bought place (including the monthly fee charge of the resident) are \$10,552 (urban area) and \$10,125 (New Territories).
- (ii) In order to further enhance and upgrade the service quality of RCHDs, the SWD set up two new BPS categories in 2018-19, i.e. high care level (category 1) (BH1)⁶ and moderate care level (BM)⁷, so as to address the different care needs of different service users. The monthly purchase prices for BH1 and BM are \$12,785 and \$9,514 respectively. The existing 600 subsidised places of the BPS participating homes would be classified as high care level (category 2) (BH2) corresponding to the new bought place categories. The SWD would upgrade the BH2 places to BH1 through enhancement measures gradually. The SWD also planned to purchase 100 BH1 places and 260 BM places in 2018-19. The final number of purchased places would depend on whether the eligible private RCHDs participating in the exercise are able to meet the BPS requirements and conditions, and provide the designated number of places.

(3) Implement the SQG Scheme in all districts over the territory

The SWD has been progressively implementing the pilot scheme on SQG for RCHEs in some of the RCHEs since 2004. Members of the SQG,

⁵ Currently the area per resident of BPS for RCHDs is 8m².

⁶ The area per resident for BH1 is 9.5m².

⁷ The area per resident for BM is 8m².

comprising members of the local community, healthcare personnel or other professionals, representatives of local concern groups, etc., give suggestions on the facilities and service of the homes through home visits and collect views from the residents, their relatives and staff. Starting from April 2016, the SQG Scheme has been extended to all districts in the territory, covering all types of RCHEs and all licensed RCHDs. In March 2017, the SQG Scheme was further extended to cover all RCHDs issued with CoEs. The SWD has started a new term of the SQG Scheme for 2018-2020 from October 2018 to September 2020, with a total of 246 RCHEs and 38 RCHDs joining the scheme.

(4) Launch an Accreditation Subsidy Scheme for Private RCHEs

The SWD will launch a five-year scheme in the second quarter of 2019 to provide full subsidies for private RCHEs to join accreditation scheme(s) recognised by the Hong Kong Accreditation Service, involving over 500 RCHEs and an expenditure of about \$52 million. The scheme aims at encouraging private RCHEs to improve their service quality on a continuous basis and join independent accreditation schemes for an objective assessment of their services by certification bodies.

(F) Other Related Measures to Enhance Service Quality

(1) Innovation and Technology Fund for Application in Elderly and Rehabilitation Care

The Government has allocated \$1 billion for setting up the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care (I&T Fund) to subsidise eligible elderly and rehabilitation service units to try out and procure/rent technology products, so as to improve the lives of service users as well as reduce the burden and stress on care staff and carers. Eligible elderly and rehabilitation units may apply for the I&T Fund to procure or rent technology products, or try out newly invented technology products. The I&T Fund was launched in December 2018 and open for applications from organisations.

(2) Pilot Scheme on Residential Care Service Voucher for the Elderly

The Government continues to implement the Pilot Scheme on Residential Care Service Voucher for the Elderly by adopting a “money-following-the-user” approach with a view to offering elderly persons in need of residential care service with an additional choice and provide an incentive for RCHEs to improve their services. A total of 3 000 vouchers would be issued in phases within a period of three years from 2017 to 2019. With effect from October 2018, the monthly value of each voucher is \$13,287. As at end-

December 2018, there were 103 recognised service providers joining the Pilot Scheme of which 75 private homes were existing EA1 homes under the EBPS. Moreover, the SWD has commissioned a consulting team to assist in conducting an evaluation which is expected to be completed in mid-2019.

(3) Increase the manpower for subvented RCHDs

The Government has been increasing resources and the manpower for subvented RCHDs on an ongoing basis in recent years, including increasing the manpower of the care staff of Long Stay Care Homes for ex-mentally ill persons and strengthening the allied health service for HMMHs in 2015-16, in order to provide care and support for ageing service users, as well as providing health workers in supported hostels to strengthen their health care service in 2018-19.