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LEGCO PANEL ON WELFARE SERVICES

Subcommittee on Elderly Services

Residential care services for the elderly

Purpose

This paper briefs Members on the existing profile of residential care services for the elderly, including the demand for and supply of subsidised residential care places for the elderly and the regulatory regime for residential care homes for the elderly (RCHEs)

Existing Profile of Residential Care Services

An overview

2. RCHEs in Hong Kong are run by both the private sector and non-governmental organisations (NGOs). As at end-October 2007, there were 772 RCHEs.[1] Of these, 583 were run by private operators and 189 by NGOs. Altogether, they were providing 71 879 RCHE places, equivalent to about 8.2 % of the 874 000 elderly population aged 65 or above in Hong Kong. At present, about 57 500 elders are staying in RCHEs.

[1] The figure has included all types of residential care places for the elderly, including self-care hostel (S/C) places, home for the aged (H/A) places, care and attention (C&A) places and nursing home (NH) places. To enhance the long-term care element in subsidised residential care services, we have launched a conversion exercise in 2005 to upgrade S/C hostel places, H/A places and some C&A places not providing continuum of care into C&A places providing continuum of care.

Types of subsidised residential care places

3. Of the 71 879 residential care places for the elderly, 25 829 (35.9%) are subsidised places. There are three different types of subsidised places, namely those in subvented RCHEs run by NGOs (18 693 places), those in purpose-built premises run by NGOs or private operators on a contract basis (745 places), and those in private RCHEs participating in the "Enhanced Bought Place Scheme" (EBPS) (6 391 places).

Demand for subsidised residential care places

4. Subsidised residential care places are in huge demand. Since November 2003, access to subsidised residential care places is subject to care need assessments under the Standardised Care Need Assessment Mechanism (SCNAM). There is, however, no means-test for subsidised residential care places.

5. As at end-October 2007, there were about 23 634 elders on the Central Waiting List (CWL) waiting for various types of subsidised residential care places. Altogether 17 340 were waiting for subsidised C&A places, and 6 294 for subsidised NH places. The overall average waiting time for a subsidised C&A place is about 21 months (the waiting time for a subsidised EBPS C&A place in a private RCHE is about 10 months. The waiting time for a subsidised C&A place in a subvented /contract RCHE is about 32 months). The average waiting time for a subsidised NH place is about 42 months.

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

Provision of additional subsidised residential care places

7. We have increased the overall supply of subsidised residential care places from about 16 000 in 1997 to about 26 000 in 2007, representing an increase of about 60%.

8. The Social Welfare Department (SWD) has been increasing the supply of subsidised residential care places through the following means:

(a) since 2001, SWD has been offering purpose-built RCHE premises for open bidding. Subsidised and self-financing residential care places are provided in these contract homes. As at end-October 2007, 12 contracts have been awarded, including two contracts to private operators and 10 contracts to NGOs. Of the 12 contract homes, nine have come into operation, providing 745 subsidised residential care places (455 are C&A places providing continuum of care and 290 are NH places); and

(b) since 1989, SWD has been purchasing places from private RCHEs. As at end-October 2007, there were 6 391 EBPS places in 131 private RCHEs. An additional 531 EBPS places were/will be purchased in 2007-08.

9. The objectives for awarding the service contracts of contract homes through tendering are to allocate public resources in a fair and transparent manner, enhance the quality of elderly services through healthy competition, and enhance the cost effectiveness of these services. In the Director of Audit's Report No. 38 on residential services for the elderly published in 2002, the Director of Audit recommended that the Administration should review the cost-effectiveness of providing residential care places and consider contracting out subsidised residential care services through open tender where practicable, with a view to reducing the operating costs of subvented RCHEs.

10. Contract homes are conducive to promoting the development of quality self-financing residential care and day care places for the elderly. Contract homes are required to provide a specific number of non-subsidised residential care places in addition to the prescribed subsidised residential care places. Some contract homes also provide subsidised day care places. Therefore, there will be an increase in the supply of quality non-subsidised residential care places and, where appropriate, subsidised day care places when Government puts purpose-built premises to tender.

11. Purchasing places from private RCHEs helps enhance the quality of private RCHEs. EBPS places have to meet higher licensing requirements in terms of the bed spacing and manpower provision. When SWD purchases a certain percentage of the total number of residential care places in a private RCHE, the RCHE has to apply the EBPS requirements to all the remaining non-EBPS residential care places. EBPS has proven to be an effective incentive for private RCHEs to enhance service standards and quality.

Upgrading existing subsidised residential care places

12. Apart from increasing the supply of subsidised residential care places, SWD has been upgrading the level of care of subsidised residential care places through converting the S/C hostel and H/A places which do not have long-term care (LTC) elements, and some of the C&A places not providing continuum of care, into C&A places providing continuum of care up to NH level.

13. To enhance the quality of life of medically stable infirm elders and further the principle of "continuum of care", we are planning to upgrade some of the existing residential care places in subvented RCHEs to provide infirmary care. We will brief the Panel on Welfare Services on the proposal in the second quarter of 2008.

Long term planning of residential care services

14. Faced with an ageing population, increasing continuously the supply of subsidised residential care places alone will not be sufficient to meet the wide range of growing needs. We will continue to facilitate elders to "age in the community". Also, we will continue to promote shared responsibility of individuals, their families and the society in meeting the needs of elders, and encourage a balanced mix of public and private elderly care services to widen the choices for quality self-financing and private residential care places providing differential services. In consultation with the Elderly Commission (EC), we will consider the long-term planning of elderly services with a view to responding to the challenges of an ever increasing demand.

Monitoring of RCHEs

15. 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

16. The Residential Care Homes (Elderly Persons) Ordinance, Cap 459 (the Ordinance) and its subsidiary legislation, which came into full operation in June 1996, provide 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 have to obtain a licence.

17. 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. Contract homes have to comply with the output and service requirements stipulated in the service contracts.

EBPS homes are required to meet staffing and spacing requirements which are higher than licensing standards, and to implement 16 service quality standards.

18. Contract homes and self-financing RCHEs which have NH places as well as subvented NHs have to be registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). The Department of Health (DH) is the registration authority of NHs.

Capacity building

19. 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 drug storage and management, infection control, 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.

20. 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 EC and the Labour and Welfare Bureau (LWB) (and the then Health, Welfare and Food Bureau), implemented various measures over the years to enhance the quality of care of RCHEs. Major initiatives include:

(a) developing guidelines/reference materials on specific health and care issues for RCHEs to follow, taking 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. For example, to address public concern about drug handling in RCHEs, SWD and DH had worked out the drug management

manual for RCHEs and organized talks in early 2007 on proper drug management to RCHEs in collaboration with the pharmacist associations;

(b) since August 2003, DH's Visiting Health Teams have joined hands with SWD's Licensing Office of Residential Care Homes for the Elderly (LORCHE)[2] 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[3] 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) in order to improve the quality of Health Workers (HWs), the curriculum of the Health Worker Training Course (HWTC) was revamped in April 2006 in light of the latest revision of the Code of Practice for Residential Care Homes (Elderly Persons) and in response to the enhanced work skills required on HWs in RCHEs. The improvement areas include raising the entry requirement from F.3 to F.5, strengthening the course content and lengthening the total training hours;

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[2] 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.

[3] 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.

(f) the Skills Upgrading Scheme (SUS) administered by LWB has included elderly care under its portfolio. There are now SUS-funded training courses tailor-made for RCHE staff. From 2005 up to the end of 2007, over 200 classes were run for 4,000 RCHE staff of different grades; and

(g) SWD has furnished information on how to select RCHEs in its website and has published leaflets on this.

21. To alleviate the shortage of nurses in the welfare sector, SWD, with the assistance of HA, launched two classes of a two-year full-time training programme in 2006 to train Enrolled Nurses for the welfare sector. The third class has commenced in December 2007. Two more classes will be launched in 2008 and 2009. These five classes will together provide a total of 550 training places. Tuition fees are subsidised by the Government. Graduates are required to work in the sector for at least two years after graduation.

Monitoring and enforcement

22. The LORCHE conducts inspections on RCHEs. All these are unannounced inspections. The average frequency of regular and unannounced inspections for each RCHE is seven 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. Besides meeting the licensing requirements, subvented homes and contract homes are also subject to the monitoring of the Subventions Branch and Contract Management Section of SWD respectively. Homes registered under Cap. 165 as mentioned in paragraph 18 above are also subject to the monitoring of DH.

23. 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.

24. 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 50 RCHEs involving 55 offences under the Ordinance and its subsidiary legislation.

25. With effect from 15 December 2005, SWD has introduced a new arrangement whereby it will make public on its website information about RCHEs successfully prosecuted under the Ordinance and/or its subsidiary legislation on or after that date.

Complaint mechanism

26. 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 SWD's monitoring systems.

27. LORCHE has been receiving about 260 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. 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 helps the entire RCHE sector learn from individual incidents, by issuing guidelines on topical issues afterwards.

Labour and Welfare Bureau
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