

Funding and Service Agreement¹

Nursing Homes

I Service Definition

Introduction

Nursing Homes provide residential care, meals, personal care, regular basic medical and nursing care, and social support for the elderly persons who suffer from poor health or physical/ mental disabilities with deficiency in activities of daily living but mentally suitable for communal living.

Nursing Homes aim to provide residential care to the elderly persons who, as a result of deterioration in their health condition, cannot be adequately cared for in Care-and-Attention (C&A) Homes and yet do not require the intensive medical and nursing care provided in infirmaries.

Each nursing home reserves places for “Emergency Placement” (i.e. urgent temporary care and accommodation).

Purpose and objectives

The objectives of residential care services for the elderly are:

- to provide residential care and facilities with regular basic medical and nursing care for those who, for health, social and other reasons, are unable to live at home;
- to maintain the health of the elderly persons as far as possible, and assist them with their varying personal care needs and daily living activities; and
- to meet the social and recreational needs of the residents and promote interpersonal relationship among residents in the homes.

Nature of service

The service is to be operated in compliance with “Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, Cap.165” and its subsidiary Regulations.

¹ This Funding and Service Agreement is a sample document for reference only

The following services are provided to residents within Nursing Homes:

- (i) accommodation within shared rooms;
- (ii) provision of at least 3 meals a day plus snacks;
- (iii) staff on duty 24 hours per day;
- (iv) provision of basic medical care services on a regular basis;
- (v) provision of nursing care;
- (vi) provision of social work services such as assessment, counselling, referrals, organising activities, etc.;
- (vii) provision of personal care services;
- (viii) provision of rehabilitative services, including therapeutic exercise and treatment and services provided by speech therapist, on either a group or individual basis, to maintain or improve the functioning of residents; and
- (ix) activities organised on a regular basis to meet the social and recreational needs of residents, to encourage residents to pursue their own interests and to maintain contact with the community and families.

Target group

The target group is elderly persons who require medical, nursing, rehabilitative and personal care in daily living activities and are unable to live at home, and as a result of deterioration in their health condition, cannot be adequately cared for in Care-and-Attention (C&A) Homes and yet do not require the intensive medical and nursing care provided in infirmaries.

Eligibility criteria

To be eligible for admission to a Nursing Home, an applicant should be:

- normally 65 years of age or over²;
- satisfying at least one of the following conditions, but who would not require a higher level of care than would be needed in either of the two conditions –
 - (i) with a medical condition which is stabilised but which still requires regular basic medical and nursing care; or
 - (ii) with chronic disability who, in order to move around, requires, with or without a walking aid or wheelchair, one person to assist him/her but who is in any event not totally chairbound; and
- who is mentally suitable for communal living and does not have persistent tendency to violence, self-destruction/ self-injury or disruptive behavior.

² Persons aged between 60 and 64 can apply if there is a proven need for nursing home care.

Priority cases

Priority will be accorded to those with low income, lack of family support and/or living in poor housing conditions.

II Performance Standards

The Service Operator shall meet the following performance standards:

Outputs

Output Standard	Output Indicator	Agreed Level
1.	Enrolment rate (i.e. all subvented places, including organisation (agency) and SWD quotas but excluding emergency places) within one year	95%
2.	Rate of formulation of individual care plan within one year	90% of the residents within one month and the rest within 3 months after admission
3.	Rate of individual care plans reviewed within one year	90%
4.	Number of sessions attended by speech therapist in a year for the purpose of assessment/ treatment/ staff training (<i>with effect from 1 October 2018</i>)	88 (preferably on a weekly basis)

Outcomes

Outcome Standard	Outcome indicator	Agreed Level
1.	Rate of residents / carers* satisfied with speech therapy service provided by speech therapist in a year ³ (with effect from 1 October 2018)	75%

* For those residents with difficulty in communication, carers' views should be sought.

Essential service requirements

- All services to comply with administrative guidelines such as the Guide for Referrals for Admission to Residential Care Homes for the Elderly; and
- Staffing requirement includes registered social worker, qualified medical practitioner, nurse, speech therapist and other professional therapist including physiotherapist and occupational therapist. For professional services provided by therapist (including speech therapist, physiotherapist and occupational therapist), the Service Operator may hire services from qualified professionals or concerned organisations.

Quality

The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operator

SWD will undertake the duties set out in the General Obligations of SWD to Service Operators as specified in the FSA Generic Sections.

In addition, SWD will meet the following service-specific standard of performance.

³ It refers to the outcome of questionnaire conducted by the Service Operator to collect views from residents/ carers (for those residents with difficulty in communication) on speech therapy service including assessment/treatment provided by speech therapist.

The actual performance of the Department in relation to these obligations is expected to affect the ability of the Service Operator to meet its own required standards of performance.

- To provide an appropriate referral from the Long Term Care Services Delivery System (LDS) Office within 5 working days of written notification of a vacancy, provided that a referral ready for admission is in hand. Should such a referral not be in hand, SWD will negotiate with the service operator as per Manual of Procedures on Registration and Allocation of Long Term Care Services and Guide for Referrals for Admission to Residential Care Homes for the Elderly.

IV Basis of Subvention

The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

Funding

An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social worker, qualified nurse, care worker, speech therapist and other professional therapist including physiotherapist and/or occupational therapist, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of services and recognised fee income, if any. Rent and rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures, as well as the relevant Guidance Notes for specific services. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the services beyond the approved funding.

Payment arrangement, internal control and financial reporting requirements

Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/ NGO Head/ Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

V Other References

Apart from this FSA, the Service Operator should also comply with the requirements/ commitments set out in the Service Specification concerned (where applicable), and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.