Funding and Service Agreements[1]

Long Stay Care Home

I Service Definition

Introduction

Long Stay Care Homes (LSCH) provide long term residential care and active maintenance services to discharged chronic mental patients to enable them with the necessary abilities to progress to more integrated living in the community with support services.

Purpose and objectives

The prime objective of LSCH is to encourage the discharged chronic mental patients to succeed in the areas in which they have the ability to progress and to assist them to achieve the following aims as far as possible :

- to maintain mental stability
- to effect change in attitude from dependency to assuming more responsibility
- to develop psychomotor, social and communication skills
- to develop healthy hobbies and positive use of leisure time

Nature of service

The services provided by LSCH include :

(a) accommodation and meals

(b) nursing care and intensive personal care including assistance with activities of daily living

(c) maintenance programmes on basic living skills

(d) therapeutic exercise and treatment to maintain or improve the functioning of the residents

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

(e) development and training of life skills such as
  i) social and communication skills
  ii) domestic skills
  iii) work skills
  iv) group living skills
  v) positive use of leisure time

(f) regular activities to meet their social and recreational needs, and to enable them to maintain contact with their families and the community

Target group

Discharged chronic mental patients aged 15 or above.

Eligibility criteria

To be eligible for a place in LSCH, an applicant should be :

- in controlled medical and mental conditions and not requiring intensive psychiatric treatment or nursing care

- unlikely to be able to lead an independent living in the community due to high dependence in residential care; exceedingly withdrawn personality resulting from mental illness; dementia; mental impairment with poor psychomotor, social and communication skills; and comorbid mental handicap or other comorbid disabilities

- destitute or with unfavourable home environment

- free from significant violent behaviour in the past five years, infectious disease, persistent alcohol or drug abuse and unlikely to manifest dangerous behavioural disorder

- assessed by a pre-discharged case conference of the referring hospital under the Hospital Authority and referred via the Central Referral System for Rehabilitation Services (CRSRehab) operated by SWD

II Performance Standards

The service operators will meet the following performance standards :

Outputs

Output Standard	Output Indicator	Agreed Level
1	Average enrolment rate within one year	98%
2	Rate of achieving individual plan within one year	95%

(Notes and Definition attached at Annex of this Agreement)

Essential service requirements

(a) staff on shift duty to provide 24 hours service per day

(b) provision of sufficient and varied meal appropriate to the age and health of the residents

(c) provision of rehabilitation programmes for the enhancement of residents' quality of life

(d) staffing should include registered social worker with recognised degree in social work; qualified nurse and professional therapists, e.g. physiotherapist/ occupational therapist are the essential staff of the service

Quality

Service operators will meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operators

The SWD will undertake the duties set out in the General Obligations of SWD to service operators.

In addition, the SWD will meet the following service-specific standards of performance. The actual performance of the department in relation to these obligations is expected to affect the ability of the service operator to meet its required standard of performance.

- to provide an appropriate referral from the Central Referral System for Rehabilitation Services (CRSRehab) within **28 days** of written notification of vacancy, provided that a referral with updated and complete information is in hand. Should a referral not be in hand, SWD will negotiate with the service operator as appropriate.

IV Basis of Subvention

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

The service unit is required to comply with the rules on the use of the social welfare subventions in accordance with the latest Lump Sum Grant Manual and circular letters in force issued by the SWD on subvention policies and procedures.

Notes and Definitions

1. **Enrolment** refers to the total number of enrolled persons as at the end of each month.

2. **Average enrolment rate**

$$= \frac{\text{Sum of month end enrolment of the 12 months} \div 12}{\text{Capacity}} \times 100\%$$

3. **Individual plan** refers to the plan conducted by the LSCH to meet individual resident's needs. The plan should include objectives, specific goals, process for service delivery, programme content and time frames for achieving or reviewing goals. An **annual** individual plan should be set for each resident excluding those who stay in the LSCH for less than 9 months. These individual plans should form the basis of regular case reviews which should be conducted at least annually for each resident. Achieving individual plans refers to individual plans being completed.

4. **Rate of achieving individual plans =**

$$\frac{\text{No. of plans completed during the period } ^{1}}{\text{Total no. of plans required during the period } ^{2}} \times 100\%$$

1 = Total no. of plans completed (excluding those residents with less than 9 months' stay) in a financial year.
2 = Total no. of plans (excluding those residents with less than 9 months' stay) worked out in a financial year.