

**The Chinese University of Hong Kong  
The Nethersole School of Nursing  
CADENZA Training Programme**

**CTP 005: Community and Residential Care for  
Older People**

**Web-based Course for  
Professional Social and Health Care Workers**

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香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust

**Chapter 9**

**Enhanced quality living in residential  
care:**

**Addressing physical, psychosocial and  
environmental perspectives**

# Course outline

- Expectations of residential homes with good quality
- Enhance quality living in residential homes in view of different aspects:
  - Physical aspect
  - Psychosocial aspect
  - Environmental aspect
- Conclusion

# Everybody has his/her own dream house

**SAFE**

**NEAR  
THE SEA**

**SPACIOUS**

**NEAR  
FRIENDS  
AND  
RELATIVE  
S**

**CALM AND  
PEACEFUL**

- Everyone wants to enjoy a calm and peaceful life especially when one gets old.
- For some of the older people, residential care homes are their “homes” for the rest of their lives.
- Making the right choice of residential homes can definitely improve their quality of living.

- In a study conducted by Lee and Lo (2005), 843 residents living in either care and attention homes or home for the aged were being interviewed.
- When asked about their choice of residential homes, the top ten criteria were as follows:



- Located near their offspring's premises. (21.5%)
- Well-mannered staff (21.4%)
- A hygienic environment (19.2%)
- Food of good quality (17.7%)
- Sufficient facilities to meet residents' distinctive needs (17.1%)



- Easily accessible by public transportation (15.8%)
- Good nursing care (13.9)
- Affordable monthly fee (11.1%)
- Community facilities in nearby area (9.4%)
- Confidence in the service provider's overall quality of service (9.0%)

(Lee & Lo, 2005)



In summary, the study showed that when older people in Hong Kong choose residential care homes, they emphasized very much on maintaining close proximity with their own families and with good inter-relationships with the Home.



- However, the quality of Residential Care Homes for the Elderly (RCHEs) varies greatly, especially in the private ones.
- A number of incidents have occurred in RCHEs in recent years, such as medication errors, missing residents, falls, infectious disease outbreaks, inappropriate restraints, etc.

- Choosing a RCHE that offers good quality care is not an easy task.
- One cannot select a RCHE just by looking at the superficial layout of the home.
- Quality cannot be measured by eyeball assessment.



# Enhance Quality Care in RCHE in various aspects

- Physical
- Psychosocial
- Environmental



# Physical Aspect

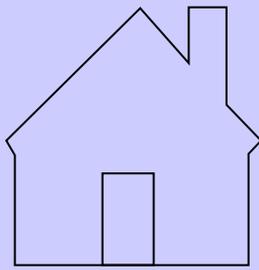
- Personal hygiene and skin care
- Restraint free
- Prevention of infection
- Use of medication



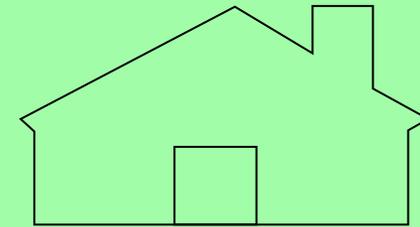
# Personal hygiene

- The maintenance of personal hygiene is the basic requirement of geriatric care in RCHE.
- Simply bathing or changing an older person's napkin does not constitute quality care.



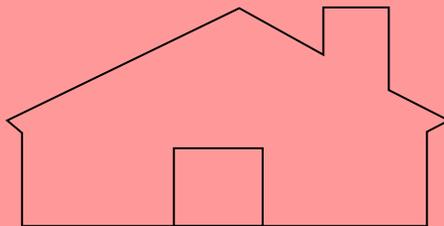


**Is there a choice of time for bathing?**

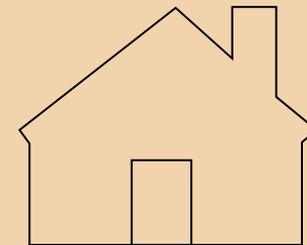


**Is the performance of basic care acceptable to the elderly?**

**JUST THINK**



**Is the procedure performed with sufficient privacy?**



**Do the staff respect the elderly during the procedure?**

- It is the human right to have privacy during bath or changing napkin, but in some of the RCHEs, these two nursing procedures are just treated by the staff as tasks only.
- In order to speed up the tasks, the older people may be waiting in queue for bathing every morning with the bathroom door opened all through the procedure. Or
- Changing napkins without using screens to provide privacy.



- Some nursing staff may be too busy to change napkins or change the older person's position at regular intervals, leading to skin abrasions or even skin breakdown.

- In Hong Kong, the residents and the relatives seldom raised up complaints for skin breakdown, but pressure ulcers may result in anaemia, or septicaemia and even death.
- To protect the residents, the government had stated in the **Code of Practice** for residential care homes concerning personal care.

# Code of Practice for residential care homes (elderly persons)

## According to the SWD 11.5 Personal Care

- Personal care schedule must be provided including bathing, hair washing, hair cutting, shaving, nail cutting, changing of clothes.

SWD,2005

# Code of practice for residential care homes (elderly persons)

## 11.5.2

- Dignity and privacy should be respected.
- Staff should use partitions such as screen or curtain during delivery of personal care services, including bathing, changing of clothes and diapers, toileting.

SWD,2005

- However, it is hard to monitor the quality of basic nursing care.
- It may be difficult to count the frequency of position turning or napkin changing, but the skin condition of the resident is a good indication of care that directly reflects upon the home management and the quality of nursing care provided.



# Restraints

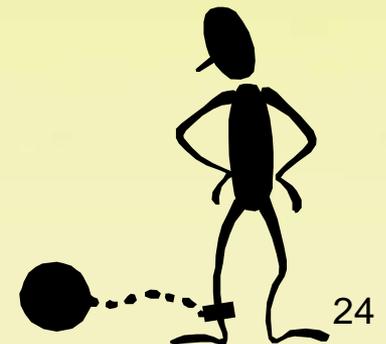
Another serious issue that directly affects the quality of life in RCHE is the use of restrainer. Improper use may cause harm to the elderly's physical aspect as well as the psychological well-being.

- They are often used on residents with frequent falls, disturbing behaviours, wandering or frequent self-removal of devices such as nasogastric tubes, oxygen tubes, etc.

# Misconception of physical restraints

- Sometimes, relatives or the RCHE staff mistakenly believe that restraints can ensure safety as they limit the elderly person's mobility.
- Some RCHE owners may fear liability if a resident is not restrained.
- Some may use them in place of adequate staff.

The National Consumer Voice for Quality Long-Term Care (2007).



In Hong Kong, physical restraint is also governed by the **Code of Practice**.

## **11.6 General Principles of Least Restraint**

11.6.1 Physical restraint refers to the use of purpose-made devices to limit a resident's movement to minimize harm himself / herself and/or other residents.

11.6.4 The decision to use physical restraint is made only after all other alternatives have been exhausted. Physical restraints should only be considered as the last resort

11.6.5 The homes may consider it necessary to apply physical restraints to limit the resident's movement for the following reasons :

- to prevent the resident from injuring himself/herself or others;
- to prevent the resident from falling; and/or
- to prevent the resident from removing medical treatment equipment, urinary bags, urinary drainage catheters, feeding tubes, napkins or clothes.

# Poor Outcomes of Restraints

Improper or inappropriate use of physical restraints may lead to :

- Serious injuries, such as bruises, cuts, strangulation and suffocation.
- Changes in body systems such as poor circulation, constipation, pressure sores, depression or death.
- Changes in quality of life such as reduced social contact, withdrawal, loss of autonomy, loss of mobility.

The National Consumer Voice for Quality Long-Term Care (2007)

# How about other countries

## Federal Law and Regulations

- The Nursing Home Reform Act of 1987 (ORBA'87) states the resident has the right to be free from physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.
- It also requires the provision of:
  - quality of care
  - assessment and care planning
  - residents be treated in such a manner and environment to enhance quality of life.

The National Consumer Voice for Quality Long-Term Care (2007).

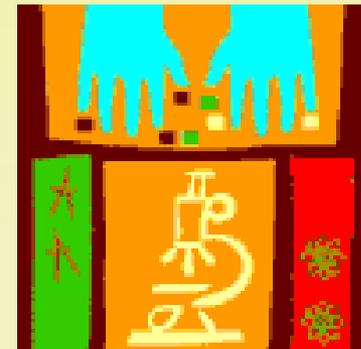
- To improve the quality of life of the older people in residential homes concerning physical restraints, the followings are necessary :
  - Training of nursing staff in the proper use of restraints
  - Close monitoring, especially on the physical aspect of the residents using restraints.
  - Regular review of the condition of the older people and use alternative means of physical restraints if possible.

- Most important of all, **positive attitudes** of the staff and **strong reasons** for applications of restraints are two essential elements that should be considered first before restraining the residents.



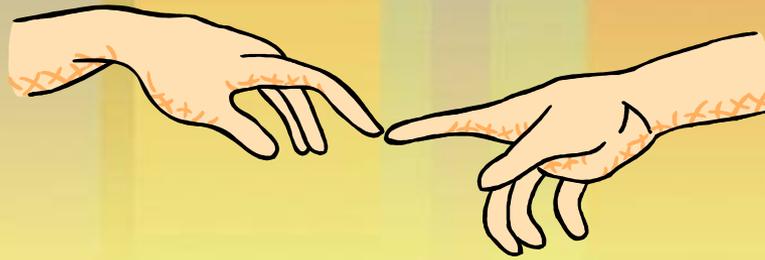
# Infection Control

Despite the introduction of numbers of infection control guidelines by Department of Health, Social Welfare Department, Centre for Health Protection and Hospital Authority, there are still outbreaks happened in different kinds of RCHEs affecting the physical health of the residents.



- Common infectious disease outbreaks in RCHEs in recent years include:
  - Influenza
  - Scabies
  - Noroviral infection





- RCHEs are more vulnerable to outbreak of communicable disease because they can easily be transmitted through close person to person contact.
- The source of infection may be the working staff, the visitors or the new residents e.g. those just discharged from hospitals.

Elderly Health Services (2004).



Preferably, all RCHEs should have a nurse as the infection control officer (I.C.O.) to coordinate and oversee all matters related to infection control, either in prevention, surveillance or in case of outbreaks. Increasingly, health care workers (with 3 months of training on care services) are responsible for infection control care in private aged homes and their competence is questioned.



# The Government Influenza Vaccination Programme (GIVP)

- To minimize the spread of influenza, the Government has been providing free vaccinations to all older people living in residential care homes in Hong Kong since 1998.
- The programme has all along been well received, with a coverage rate of 93% in 2006.
- More than 60 000 older people living in 770-plus residential care homes received free influenza vaccination in the year of 2008.

## To prevent the spread of infectious disease in RCHEs, it is important to have

- Early detection and close monitoring of suspected cases.
- Reporting mechanism, surveillance and proper management in case of outbreaks
- Updating the infection control knowledge of the staff regularly, with the principles of standard precautions and transmission-based precautions.
- Observation and maintenance of personal, environmental and food hygiene
- Personally :
  - Exercise regularly
  - Well balanced diet
  - Rest well

# Medication management in RCHEs

- Proper medication management is very important in RCHE.
- From June 2005 to March 2006, there were 51 suspected drug induced hypoglycemic cases were referred to the Hospital Authority Toxicology Reference Laboratory, 23 of them were detected to have the presence of oral hypoglycemic agent (OHA), and 9 out of the 23, were due to medication administration errors in RCHEs.

(Ching et al., 2006)

**Who should be responsible for these medication errors in RCHES?**

- Caregivers in RCHEs should take the greatest responsibility for the medication administration.
- To improve the quality standards of drug management in RCHEs, the homes should facilitate drug supervision.
- However, caregivers in RCHEs may not have sufficient training for drug supervision and administration and this may endanger the residents.

# Code of Practice for Residential Care Homes (elderly persons)

## 11.3 Drug Storage and Management

- “All medicine and drugs shall be kept in a secure place.
- It should be clearly labelled and kept in a safe and locked place, and administered properly by a nurse or health worker.
- Health care staff must follow the prescriptions and advice of registered medical practitioners, and should not dispense any medicine to residents on their own opinion and/or diagnosis.”

SWD, 2005

- There is an urgent need for intense training for healthcare workers in RCHEs.
- The Visiting Health Team from the Department of Health and the Community Geriatric Assessment Team from the Hospital Authority should make regular inspection visits and provide educational programmes to ensure compliance and update the drug knowledge of caring staff.

(Chan, 2006).

# Visiting Community Pharmacists Project

- A Visiting Community Pharmacists Project at aged homes was launched in 2006 in Hong Kong West Cluster to promote drug safety and quality drug management systems.
- The pharmacists also reviewed medications and drug records to ensure drug compliance.
- Such programmes have a direct, positive effect on better drug management in RCHEs.

- Important quality issues in RCHEs do not only affect the physical aspect of residents, a poor standard of quality is a great predisposing factor leading to depression among people in residential care settings.

(Mann et al., 2000).

# Psychosocial Aspect

- A healthy psychosocial state for residents of RCHEs is as important as physical health and includes:
  - residents' residual cognitive power
  - feeling of security and self-worth
  - sense of autonomy
  - quest for love and empathy

- In the Code of Practice for residential care homes (elderly services) 2005, three important areas are being addressed to promote the psychosocial well beings of the residents.
  - 15.2 Programmes and Activities
  - 15.3 Homely Atmosphere
  - 15.4 Adjustment to Home Life

# Programmes and Activities

Programmes and activities can be organized in groups or individually, within or outside residential care to enhance their mental and psychosocial well-being as well as meaningful social interaction among residents are encouraged.

- In many RCHEs, regular recreational activities are held by the home staff or by voluntary groups to meet the needs of the residents and integrate them into the surrounding community.
- Activities can be arranged in different ways and sometimes relatives are also invited, for instance holding a birthday party.

# Recreational programmes

- Ø Recreational programmes in RCHE Should be displayed on a notice board.
- Ø Group activities to arouse social interaction among residents.
- Ø Newspaper reading is a popular activity and alleviates feelings of isolation from the outside world.
- Ø Volunteers are invited to perform programmes or activities e.g., magic show

# Homely Atmosphere

In **Code of practice** for residential care homes (elderly people) 2005

- Home managers should try to make the home less institutionalized so as to cultivate a homely feeling.
- They should also promote interpersonal relationship and mutual trust among residents
- Protect individual privacy
- Home design, staff attitude and programmes/activities are important attributing factors to good social care.

- In many RCHEs in Hong Kong, there are still many rigid routines that residents need to obey, such as time for bath, time for breakfast, time for rest.
- Routines are necessary for the smooth running of the homes but they should not restrict the freedom of the residents to accommodate the working schedule of the staff.

- Living in a residential home does not mean being controlled by others, with no autonomy.
- Therefore, home routines should be as flexible as possible (without affecting the work of the staff and other residents' living habits) to improve the quality of living and give the residents dignity.

- To emphasise the uniqueness of each resident, individual spaces should be provided for residents to place personal belongings reflecting their past lives and accomplishments, etc.
- These personal touches serve to enrich their social environment and broaden their lives.
- It also help residents to recognise the uniqueness of each individual.

(Coon & Mace, 1996).

# Adjustment to Home Life

- Residents should be helped to adapt to the new living environment and the routines of the home to minimise the shock of relocation.
- An individual care plan should be drawn up for each resident and reviewed regularly.
- Counselling should be provided by a social worker.

# Environmental Aspect

- Residents may spend the rest of their lives in RCHE. To promote physical and psychosocial well being, RCHE should be planned and designed like a real home for them.
- The design of a residential home should take into account the characteristics of older people.

# Environmental Aspect

- It should be safe, comfortable and home-like, with minimal barriers to mobility.
- Residents should have privacy and autonomy. Home design should encourage independence and yet allow staff to perform their duties unimpeded.

- Usually, older people have many personal items from their past life they wish to bring along to the residential home.
- Too many rules and regulations may restrict residents' freedom to decorate their own areas, but too much freedom may endanger their personal safety. Home staff and residents need to compromise to obtain a balance.



- Mozley et al., 2004 stated that in order to allow the residents to be happier, and give them more choice and autonomy, the staff should accept the degree of risk and take preventative steps to ensure a safer physical environment.
- The Centre for Policy on Ageing Home Life (1984) considered “responsible risk-taking” one of a number of concepts that formed the basis for good residential care practice.

In **Code of Practice** for Residential Homes (Elderly Persons), the emphasis is on the structural aspects of the homes, such as the width of corridors, fire exits, etc.

As far as improving the quality of care for the residents, these are just the basic requirements.

- According to the National Resource Centre on Supportive Housing and Home Modification, the emphasis is to shape housing design to help the older people to adapt to the changing needs across the life span.
- The Life-span design enables the residents to counteract age related declines in physical and cognitive abilities.

- To encourage the older people to carry on the activities of daily living and to promote quality of life in the RCHE, some special points are noted:

- Privacy
  - A small living area on each floor to allow the residents to stay with their friends and relatives. Each area should have one lockable drawer for private belongings.
  
- Choices
  - Residents can bring their own furniture if so desired and if the furniture is appropriate to RCHE.
  
- Lighting
  - Better distribution of light, with control of glare.
  - Use of contrast, figures, patterns, colour and illumination to compensate for visual losses.

- Avoid age stigmatisation
  - The products used by the elderly should not be stigmatised as ‘old-style’.
  - The assistive devices should be non-medical in design, as far as safety concerns allow.
  - For example, avoid black or dull colours, use a colourful walking aid instead.
  
- Flexible design
  - It is suggested that ‘availability’ and ‘innovation’ in products are two key factors that make a difference in quality of life for residents
  - Housing and products for daily living designed for ease of use positively affect residents’ behaviour and self-esteem.
  - For example, a rollator that turns into a shopping trolley is an example of an innovative product for older people.

- Although some of the recommendations may not be practical for Hong Kong, at least the concept of enabling residents to live in a home-like environment is essential and important.

# How to select a suitable old age home

- The below websites offer some tips to evaluate a RCHE from the environmental aspect.

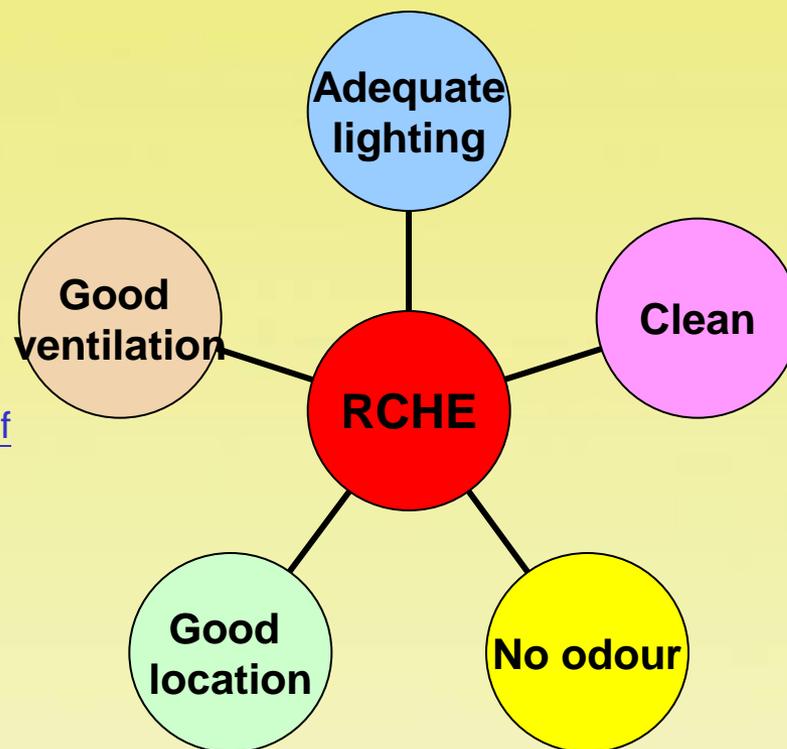
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SWD [http://www.swd.gov.hk/doc/elderly/booklet\\_2\\_.pdf](http://www.swd.gov.hk/doc/elderly/booklet_2_.pdf)

SH Ho Centre for gerontology and geriatrics, CUHK.:

*Residential Care Services in Hong Kong.*

<http://healthyageing.sphpc.cuhk.edu.hk/main.htm>



# Other factor that enhanced quality

Multi-disciplinary professional staff to provide quality service:

- Specialist doctor, family doctor
- Physiotherapist
- Occupational therapist
- Nurse
- Social worker

# Conclusion

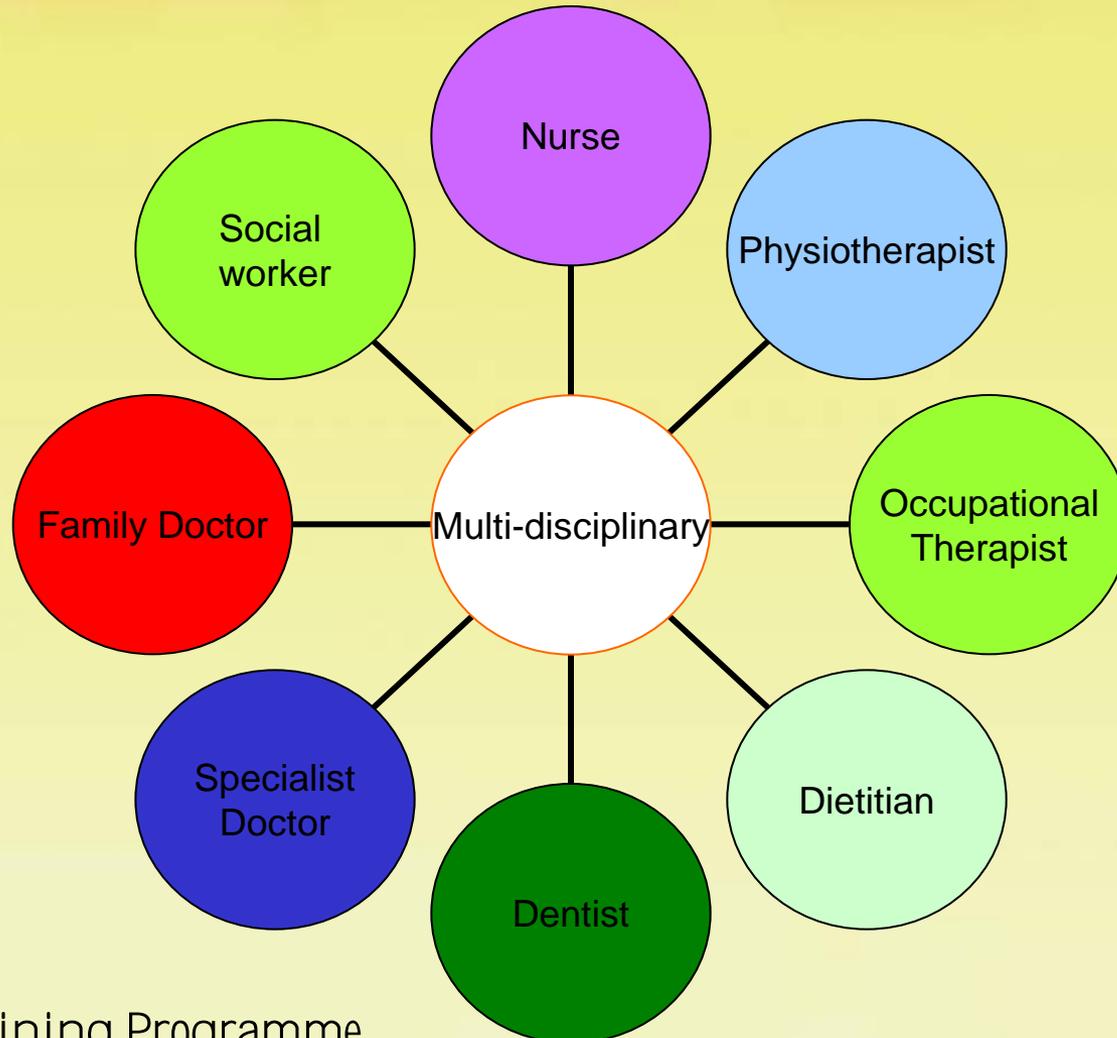
- Residential care service is expensive to the elderly, their family and also the society.
- Although most of the older people preferred to remain in their own homes, however, the increase in frailty and the increase in caring demand, may result in institutional care.

- To find a good quality residential care home, it is necessary to assess the three different aspects: physical, psychosocial and environmental aspects.
- The Residential Care Homes (Elderly Persons) Ordinance emphasises the licensing requirements in terms of hardware components, such as space, structure, fire-fighting facilities and safety precautions.

- To improve quality standards, resources should be allocated for training frontline RCHE staff in the correct techniques of caring for older people and improving moral.
- ‘Skills Upgrading Scheme’ for health care workers should become an ongoing training strategy.
- Those in management should be innovative in mind and in action and willing to challenge current thinking on routine work in RCHE and overall design of the whole RCHE system.

- The collaboration between the Department of Health, Hospital Authority and Social Welfare Department should lead to inspections of RCHEs at regular intervals to monitor the standard of care.
- The ultimate goal is to provide good quality of life for the residents so that they may live happily and with dignity in the RCHE for the rest of their lives.

# Apply Multi-disciplinary approach to enhance quality of care



# Reference

Chan, T.Y.K. (2006). Prevention of medication error and unintentional drug poisoning in the elderly. *Hong Kong Medical Journal*, 12(5), 332-333.

Centre for Health Protection. (2008). Retrieved from [http://sc.info.gov.hk/gb/www.chp.gov.hk/text/view\\_content.asp?lang=en&info\\_id=10808](http://sc.info.gov.hk/gb/www.chp.gov.hk/text/view_content.asp?lang=en&info_id=10808)

Ching, C.K., Lai, C.K., Ponn, W.T., Lui, M.C., Lam, Y.H., Shek, C.C., Ma, T.W.L., Chan, A.Y.W. (2006). Drug-induced hypoglycemia-new insight into an old problem. *Hong Kong Medical Journal*, 12(5)5, 334-338.

Social Welfare Department. (2005). *Code of Practice for residential homes (elderly persons)*. Retrieved from [http://www.swd.gov.hk/doc/elderly/Code%20of%20Practice%202005%20\(Chi\)\(DPF\).doc](http://www.swd.gov.hk/doc/elderly/Code%20of%20Practice%202005%20(Chi)(DPF).doc)

# Reference

Coon D. Mace N. (1996). *Quality of life in long-term care*. U.S.A.: The Haworth press.

Elderly Health Services. (2004). *Guideline on Prevention of Communicable disease in Residential Care Homes for the Elderly* (2nd Ed.). Hong Kong: Department of Health.

Lee, J.J. & Lo, S.C. (2005). Tung Wah Groups of Hospitals. *Research on Residential Care Service Needs of the Elders*. Hong Kong : the Chinese University of Hong Kong.

Legislative Council Press Release. (2008) *LCQ10: Prevention and control of communicable diseases in residential care homes for elderly*. Retrieved from <http://www.info.gov.hk/gia/general/200803/05/P200803050215.htm>

Mann, A.H., Schneider, J., Mozley, C.G., Levin, E., Blizard, R., Netten, A., Kharicha, K., Egelstaff, R., Abbey, A., Todd, C. (2000). Depression and the response of residential homes to physical health needs. *International Journal of Geriatric Psychiatry*, 15(12), 1105-1112.

# Reference

Mozley, C. et al (2004) *Towards Quality Care. Outcomes for Older People in Care Homes*. UK: University of Manchester.

National Resource Centre on Supportive Housing and Home Modification. Retrieved from <http://www.homemods.org/library/life-span/summary.html>

SH Ho Centre for gerontology and geriatrics, CUHK. (2010). *Residential Care Services in Hong Kong*. Retrieved from <http://healthyageing.sphpc.cuhk.edu.hk/main.htm>

Social Welfare Department. (2012). *Residential Care Services for the elderly*. Retrieved from [http://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_elderly/sub\\_residentia/index.html](http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/index.html)

The National Consumer Voice for Quality Long-Term Care (2007) *Expect and Promote Excellence in Nursing Homes: Physical restraint free care. Consumer Information Sheet*. U.S.A. : California Healthcare Foundation.

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