

**THE CONCEPT AND CONTEXT OF SOCIAL CARE FACILITIES MANAGEMENT AUDIT
(SCFMA) AT THE RESIDENTIAL CARE HOME FOR THE ELDERLY (RCH/E) IN
MALAYSIA**

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Abstract. Residential Care Home for the Elderly (RCH/E) serves as an important institutional care place for the elderly aged 60 and above. It acts as an alternative living arrangement, primarily for the elderly who need a safe and homely long-term residential based environment with 24-hour care available. RCH/E provides lodging, meal services and assistance with daily living activities for the elderly people. The absence of common standards regarding the establishment and running of RCH/E in Malaysia sets a wide degree of difference between the qualities of care provided by the care homes. Reports reveal that RCH/E in Malaysia deliver poor quality of healthcare services and facilities and it is yet to achieve the level of satisfactory. Therefore, the best way to secure the RCH/E in Malaysia from future liability is to implement an effective Facilities Management Audit (FMA) program. FMA provides an appraisal of the organization's management system. It offers RCH/E in Malaysia with the opportunities to pin-point the areas where there are short-falls in service and to develop an environment for continuous improvement in the quality of healthcare service for the elderly people. However, up to this moment, there are still no FMA being conducted to audit the standards delivered at the public RCH/E in Malaysia. Hence, this paper seeks to discuss about the Social Care Facilities Management (SCFM) in context and the FMA being practiced at the RCH/E in Malaysia. The research methods are identified to be participant's observation, interviews and Delphi method.

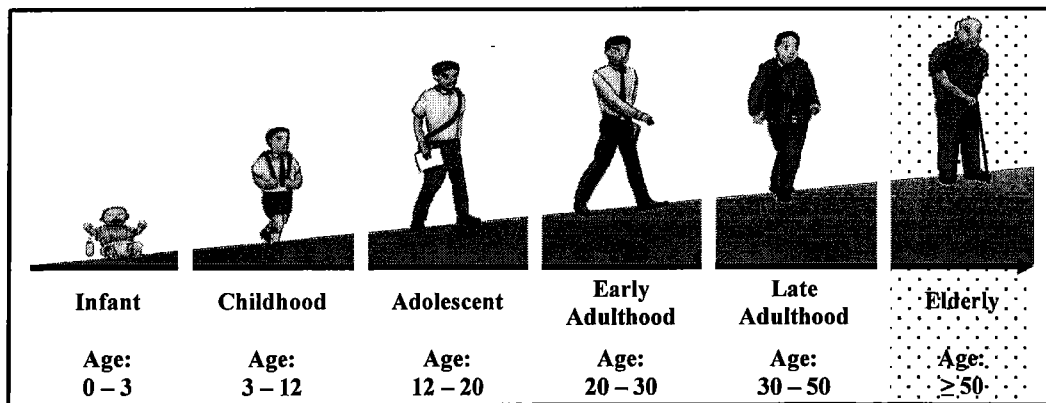
Keyword: Residential Care Home for the Elderly (RCH/E), Facilities Management Audit (FMA)

THE ELDERLY AND LIVING ARRANGEMENT IN MALAYSIA

Human Life Cycle

In the human life cycle, individual age increased parallel with the passage of time. The growth and development of human begins at birth and ends at death. **Figure 1** shows that each individual will go through a life process from infant to childhood, adolescent, adulthood and then elderly (Armstrong, 2008; Meek, 2011; Rowbottom & Spicer, 2013).

During an entire lifetime, individuals have needs that must be met.



(Source: Researcher's study, 2013)

Figure 1: Human Life Cycle

Who is Elderly?

Generally, increasing age is often associated with the changes of physical appearance. When we referred to the word 'elderly', the first picture that appears in our mind is the changes of physical appearance, i.e. gray hair, skin thinning, wrinkled skin and hunchbacked (Perlini *et al.*, 2001; Jemain, Mohamad & Mohamed, 2001; McNamara, 2010).

The tag elderly is generally given to a person who is between 58 – 65 years old and has superannuated from active service (Rajagopal, 2010). 'Elderly' is a very subjective term and somewhat ambiguous. There are several definitions founded regarding on the term 'elderly'.

Table 1 explained the various definitions on the term 'elderly'.

Table 1: Definitions of Elderly

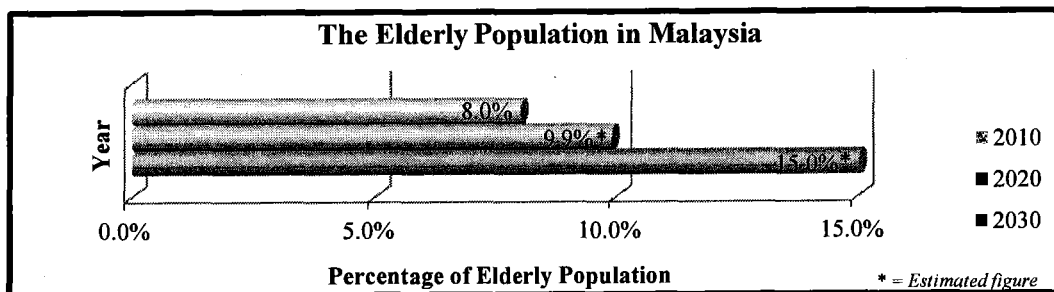
World Health Organization (2005; 2013)	Elderly age is often associated with the age at which one can begin to receive pension benefits. The start of old age or elderly in the Western societies is considered to be the same as the retirement age, which is between 60 to 65 years old.
Roebuck (1979)	Back in Britain at 1875, the Friendly Societies Act has enacted the definition of elderly as “any age after 50”, yet pension schemes mostly used age 60 or 65 years for eligibility.
Selvaratnam <i>et. al</i> (2008), Sanmargaraja (2012)	World Assembly on Aging in Vienna in year 1982 acknowledges elderly are those who aged 60 years old and above.
Department of Welfare Malaysia (2012)	With reference to the statement at the World Assembly on Aging in Vienna (year 1982), Malaysia claims that elderly is aged 60 years old and above.
Public Service Department of Malaysia (2013)	National Policy of Senior Citizen Malaysia acknowledges elderly to be people who aged 60 years old and above.

In Malaysia, there is no specific provision of law defining the term of elderly. The common use on the age at which a person becomes old is assumed to be equivalence with the biological age. This resolution has been accepted by the academicians and related parties for research reports and forums.

The Elderly in Malaysia

Malaysia is growing old. It is expected that Malaysia will hit the status of an ageing nation in a decade. Census assumed that those aged 60 years old and above will make up of 15% of the total population by year 2030 (Ajang, 2012; Tugong, 2012; Gun, 2012).

Malaysia’s population as of today is not predominantly elderly. However, census shows that the number of elderly has been increasing since the last decade. **Figure 2** explains the current and estimated elderly population in Malaysia.



(Source: Researcher’s study, 2013)

Figure 2: The Elderly Population in Malaysia

Presently, the total elderly population in Malaysia is approximately 2.4 million people (8.0%) and this number is expected to reach 3.2 million people (9.9%) by year 2020 (Ajang, 2012; Gun, 2012; Sanmargaraja, 2012). The increasing number of elderly population in Malaysia shows a clear indication that demographic ageing is taking shape in our country. Thus, it is necessary for the nation to prepare in advance, especially in upgrading and providing adequate facilities, infrastructure and healthcare for the elderly in Malaysia.

The Living Arrangements of Elderly in Malaysia

Malaysians, with the typical Asian culture, have a long tradition of filial piety for the elderly parent. It is the children's responsibilities to take care of their elderly parent by providing good and better health care supports. However, this culture seems to be fading by years (Malaysian Institute of Economic Research, 2006; Rengasamy, 2008; Sulaiman, 2011).

Census shows that reliance of elderly on the welfare institutions such as Residential Care Home for the Elderly (RCH/E) is increasing by years (Nasser & Doumit, 2011; Wan Ahmad, Ismail & Che Mamat, 2003). It is expected that RCH/E in Malaysia will be the first choice of the elderly as their alternative living arrangement in the coming decades. **Table 2** summarized the factors affecting future living arrangement of the elderly people in Malaysia to reside in the RCH/E.

Table 2: Factors Affecting Future Living Arrangement of Elderly People in Malaysia towards Residential Care Home for the Elderly (RCH/E)

Declining extended family	Filial piety is being supplanted Western values
Increasing scenario of nuclear family	Housing is not all suitable and unable for the elderly
Decreasing family size	Institutional care becoming normal
Increasing longevity	Increasing number of elderly living alone in rural/ urban
Declining birth rate	Increasing demand for RCH/E
Migration of working adults	Government and national policies
Increasing of unmarried population	Increasing number of destitute elderly
Increasing of female labour participations	Recognizing a need; identifying & evaluating arrangement
Increasing dual income sources	Reducing traditional values and familism
Increasing number of divorces	Chronic disabilities require professional care and
Lesser time for carrying out care duty	institutionalization

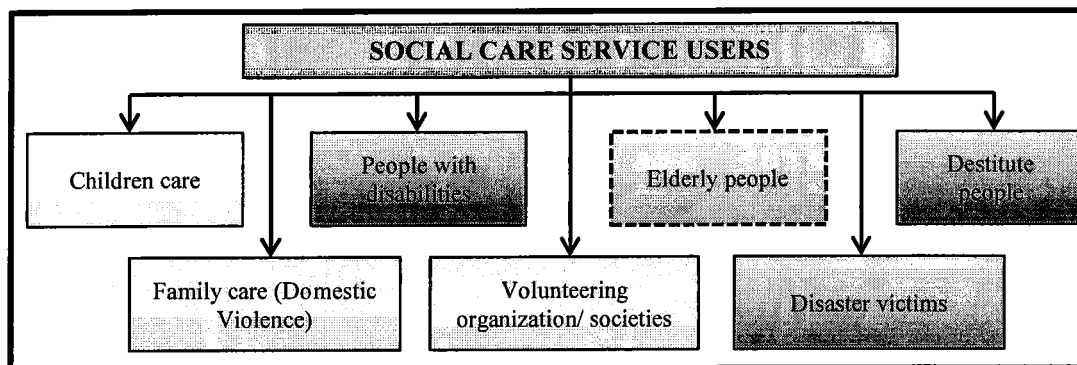
(Source: Sulaiman, 2011)

THE STRUCTURE OF RESIDENTIAL CARE HOME FOR THE ELDERLY (RCH/E) IN MALAYSIA

Definition and Context of Social Care Service

Social care services are the subset of the healthcare sector. In the United Kingdom, according to National Health Services (NHS) (2013), social care services aims to help people who are in need of support due to illness, disability and old age. Social care is a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs (Share & Lalor, 2009). In another word, social care services are important as it covers a wide range of services and activities generally provided by the local authority to help disabled, elderly and other vulnerable people to live independently and actively (Sulaiman, 2011). Social care services are available to everyone, regardless of age, gender and background.

In Malaysia, the Department of Social Welfare (DSW) (2010) has identified the social care service users into 7 categories, as the following:



(Source: Researcher's study, 2013)

Figure 3: Classifications of Social Care Service Users in Malaysia

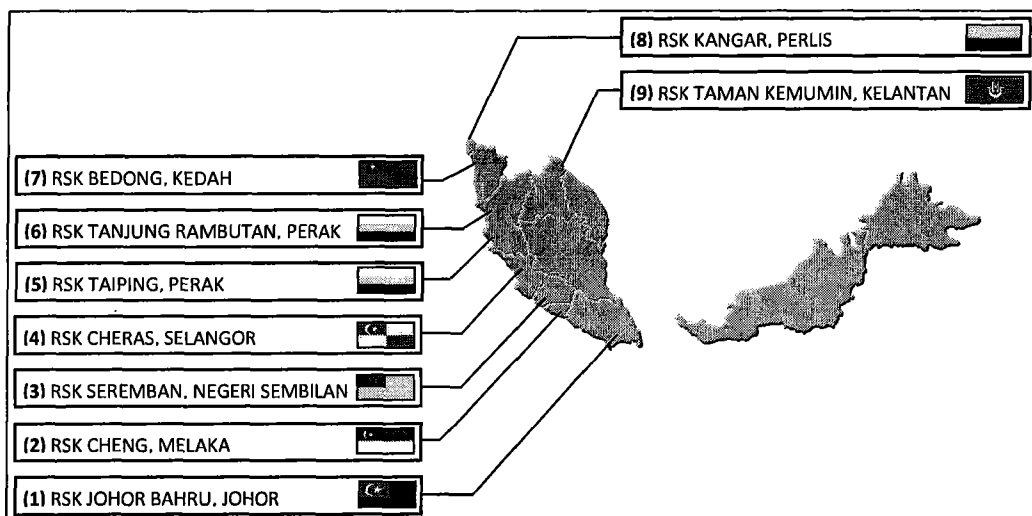
The Structure of Care Homes for the Elderly in (CH/E) Malaysia

In Malaysia, the provision of Care Home for the Elderly (CH/E) is supervised by the Department of Social Welfare (DSW), under the purview of Ministry of Women, Family and Community Development (MWFC) (Department of Social Welfare Malaysia, 2010; Portal

IKlik, 2013b). The Department is in charged to govern the operation of any CH/Es in Malaysia provided by the government, private sector and non-governmental organizations (NGOs) (Sulaiman, 2011). According to Sulaiman (2011), the formal institutional care homes in Malaysia are categorized into 3 types of institutional cares, which is:

- (1) Residential Care Home for the Elderly (RCH/E);
- (2) Nursing Care Home for the Elderly (nCH/E); and
- (3) Day Care Centre (DCC).

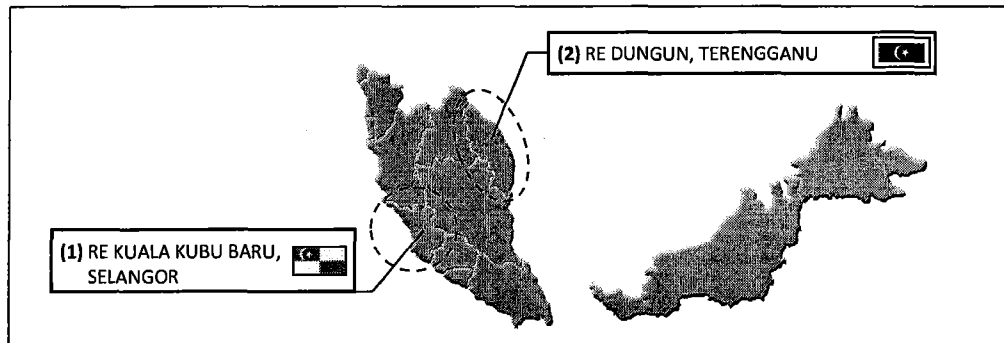
Presently, there are nine **Public Residential Care Home for the Elderly (PbRCH/E)** in Malaysia, which is under the supervision of DSW Malaysia. The PbRCH/Es are known as *Seri Kenangan Homes (Rumah Seri Kenangan, RSK)*. RSK is the publicly funded social care homes for the elderly (Chen, Ngoh & Harith, 2012). It provides care, shelter, treatment, guidance and counseling, work rehabilitation, physiotherapy services, prayer facilities and recreation for the poor elderly aged 60 years old and above, for the sake of their well-being and quality of life (Department of Social Welfare Malaysia, 2009). **Figure 4** shows the location of RSK in Malaysia.



(Source: Researcher's study, 2013)

Figure 4: Location of Seri Kenangan Homes (RSK) in Malaysia

Apart from PbrCH/E, DSW Malaysia also allocated two **Nursing Care Home for the Elderly (nCH/E)**, namely Ehsan Homes (*Rumah Ehsan*, RE) at Selangor and Terengganu each respectively. The purpose of introducing RE is to provide a comfortable and tranquil surrounding, care, treatment and shelter to the sick elderly people. RE aims to help those destitute patients that are in needs of non-intensive treatment. **Figure 5** shows the location of RE in Malaysia.



(Source: Researcher's study, 2013)

Figure 5: Location of Ehsan Homes (RE) in Malaysia

Besides that, DSW Malaysia has also provided the **Day Care Centre (DCC)** for the elderly in Malaysia. The DCC is named as Senior Citizen Activity Centre (*Pusat Aktiviti Warga Emas*, PAWE). The Ministry of Women, Family and Community Development (MWFCD) has collaborated with the Non-Governmental Organizations (NGOs) in managing the DCC in Malaysia. **Table 3** shows the location of PAWE available in Malaysia.

Table 3: Location of Senior Citizen Activity Centre (PAWE) in Malaysia

Johor	Senior Citizen Activity Centre Kluang
	Senior Citizen Activity Centre Muar
Kedah	Senior Citizen Activity Centre Kulim
	Senior Citizen Activity Centre Sungai Petani
Kelantan	Senior Citizen Activity Centre Kemumin
Kuala Lumpur	Senior Citizen Activity Centre Cheras Baru
	Senior Citizen Activity Centre Seri Damansara
Melaka	Senior Citizen Activity Centre Alor Gajah
	Senior Citizen Activity Centre Bukit Baru
Negeri Sembilan	Senior Citizen Activity Centre Seremban

(Source: Department of Social Welfare Malaysia, 2013)

Table 3 (continue): Location of Senior Citizen Activity Centre (PAWE) in Malaysia

Pahang	Senior Citizen Activity Centre Bentong
	Senior Citizen Activity Centre Kuantan
	Senior Citizen Activity Centre Pekan
	Senior Citizen Activity Centre Raub
Perak	Senior Citizen Activity Centre Tanjung Malim
Sabah	Senior Citizen Activity Centre Sandakan
Sarawak	Senior Citizen Activity Centre Miri
Selangor	Senior Citizen Activity Centre Jenjarom
	Senior Citizen Activity Centre Sabak Bernam
Terengganu	Senior Citizen Activity Centre Besut
	Senior Citizen Activity Centre Dungun
	Senior Citizen Activity Centre Marang Bukit Payong

(Source: Department of Social Welfare Malaysia, 2013)

FACILITIES MANAGEMENT (FM)

What is FM?

In the past, FM has been classified to have poor relationship with the real estate, architecture, engineering and construction professions as it was seen to be old-fashioned sense of care-taking, cleaning, repairs and maintenance. However, FM nowadays not only covers real estate management, financial management, change management, human resources management, health and safety, contract management, but also in additional to building and engineering services maintenance, domestic services and utilities supplies (Kamaruzzaman & Ahmad Zawawi, 2010). Today, FM activities has been showing significant growth throughout worldwide which impacts in a diverse and highly competitive marketplace of FM contractors, FM teams, FM suppliers, FM consultants and professional FM institutions (Tay & Ooi, 2001; Nutt; 1999).

In recent years, there are numerous definitions of FM being referred (Alexander, 1999; Nutt, 1999; Pitt & Tucker, 2008; Tay & Ooi, 2001). Unfortunately, FM paradigm in the last decade was inclined towards defining FM as a significant value adding elements rather than merely coordinating of non-core and physical property related activities to an organization (Mohd. Noor & Pitt, 2010). The researcher has summarized the various definitions given by previous individuals and organizations in searching for a common meaning of FM.

Among the several definitions of Facilities Management (FM) being identified are as follows, in **Table 4**.

Table 4: Summarized Definitions on Facilities Management (FM)

Becker (1990)	FM is the discipline responsible for coordinating all efforts related to planning, designing and managing buildings and their systems, equipment and furniture to enhance the organization's ability to compete successfully in a rapidly changing world.
Chotipanich (2004)	The support function coordinating physical resources and workplace, and support services to user and process of works to support the core business of the organization.
Cotts (1999)	FM is a practice of coordinating the physical workplace with the people and work of the organization; integrates the principles of business administration, architecture and the behavioral and engineering sciences.
Then (1999)	FM is a hybrid management discipline that combines people, property and process management expertise to provide vital services in support of the organization.
Amaratunga (2001)	FM creates an environment that is conducive to carrying out the organization's primary operations, taking an integrated view of the service infrastructure, and using this to deliver customer satisfaction and value for money through support for enhancement of the core business.
Tay & Ooi (2001)	FM is the integrated management of the workplace to enhance the performance of the organization.
Barett & Baldry (2003)	FM is an integrated approach to maintain, improve and adapt the buildings of an organization in order to create an environment that strongly supports the primary objectives of that organization. Barrett (1995) provides a more robust FM definition but restricts the FM paradigm to buildings, while neglecting the diverse nature of the FM nature.
Mudrak, Wagenberg & Wubben (2004)	FM is the management of premises and services required to accommodate and support core business activities of the client organization, while constantly adding value to the stakeholders.
US Legal Definitions (2005)	FM is the integration of business administration, architecture, and the behavioral and engineering sciences. In the most basic terms, facility management encompasses all activities related to keeping a complex operating. Facilities include grocery stores, auto shops, sports complexes, jails, office buildings, hospitals, hotels, retail establishments, and all other revenue-generating or government institutions.
Bernard Williams Associates (2006)	FM covers not just land and buildings (which are considered as premises), but other support services established as well as infrastructures such as telecommunications, equipment, furniture, security, childcare, catering, stationery, transport and satellite work environments. Premise and support service that are available in an organization with the facilitating information and communication technology are claimed to be the two important elements of the definition.
European Committee for Standardization (2006)	FM is the integration of processes within an organization to maintain and develop the agreed services which support and improve the effectiveness of its primary activities.
Pitt & Tucker (2008)	The integration and alignment of the non-core services, including those relating to premises, required to operate and maintain a business to fully support the core objectives of the organization.
Royal Institution of Chartered Surveyors (2009)	A discipline that improves and supports the productivity of an organization by delivering all needed appropriate services, infrastructures, etc. that are needed to achieve business objectives.

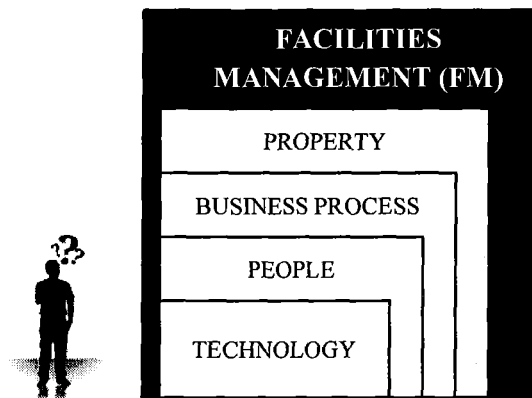
(Source: Researcher's study, 2013)

Table 4 (continue): Summarized Definitions on Facilities Management (FM)

BIFM (2010) & British Standard Institution (2007) (known as BS EN15221-1: 2006)	Facilities management is the integration of processes within an organization to maintain and develop the agreed services which support and improve the effectiveness of its primary activities.
Kamaruzzaman & Ahmad Zawawi (2010)	FM is a balance between technical, managerial and business acumen that may be related to operational, tactical and strategic decision-making processes.
Global Facilities Management Association (2012)	The basic concept of FM is to provide integrated management on a strategic and tactical level to coordinate the provision of the agreed support services (facility services).
International Facility Management Association (IFMA)	FM is a profession that encompasses multiple activities to ensure functionality of the built environment by integrating people, place, process and technology (IFMA, 2013a).
	FM is a practice of coordinating the physical workplace with the people and work of the organization; integrates the principles of business administration, architecture and the behavioral and engineering (IFMA, 2013b).
Facility Management Association of Australia (2012)	FM involves guiding and managing the operations and maintenance of buildings, precincts and community infrastructure on behalf of property owners.
Sulaiman (2013)	FM is an integrated of a wide spectrum of organizational core business and support service devoted to the coordination of people, property, business process and technology in achieving sustainable facilities management best practice excellence.

(Source: Researcher's study, 2013)

Based on the summarized definitions above, it can be concluded that the important terms such as support services, core business; integration between people, place, process and technology are used to define FM. Hence, it can be concluded that FM is an integrated of a wide spectrum of organizational core business and support service devoted to the coordination of people, property, business process and technology in achieving sustainable facilities management best practice excellence (Sulaiman, 2013). The concepts of FM are illustrated as the below, **Figure 6**.



(Source: Sulaiman, 2013)

Figure 6: The Concepts of Facilities Management (FM)

FACILITIES MANAGEMENT AUDIT AND STANDARDS

What is Standards?

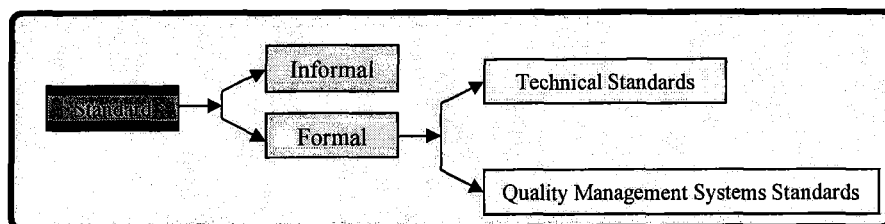
Oxford Dictionaries (2013) defines “*standard*” as a required or agreed level of quality or attainment; where it is used as a measure, norm, or model in comparative evaluations. There are many definitions given in regard to the term “standard”. Generally, a standard is identified to be a set of rules for ensuring quality (European Telecommunications Standards Institute, 2012). The definitions of standard are further elaborated as the following:

- (1) ETSI added that standard could be described in general as being 'definitions and specifications for products and processes requiring repeated use'. It is a technical specification approved by a recognized standardization body for repeated or continuous application. Standards are certainly a set of rules for ensuring quality (European Telecommunications Standards Institute, 2012).
- (2) According to ISO/IEC Guide 2:1996 and ISO/IEC Directives, Part 2: 2001, a standard is a document established by consensus and approved by a recognized body that provides for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given

context (International Standard Organization/ International Electrotechnical Commission, 2001).

- (3) British Standards Institution (2013a) recognizes standard as an agreed way of doing something, where it could be about making a product, managing a process, delivering a service or supplying materials.
- (4) Business Dictionary (2013) therefore acknowledges the term of “standard” as:
 - (a) A written definition, limit, or rule, approved and monitored for compliance by an authoritative agency or professional or recognized body as a minimum acceptable benchmark. Standards may be classified as government or statutory agency standards and specifications enforced by law;
 - (b) A proprietary standard developed by a firm or organization and placed in public domain to encourage their widespread use; and
 - (c) Technical specifications contained in a document that lays characteristics of a product such as levels of quality, performance, safety, or dimensions. Standards may include or deal exclusively with terminology, symbols, testing and methods, packaging, or labeling requirements as they apply to a product.

Standards are developed through a long process of sharing knowledge and discussion with the professionals at roundtable. It is practically used to help organizations to improve their performance, reduce risk and to be more sustainable (British Standards Institution, 2013b). Generally, standards can be classified into two categories, as in **Figure 7** below:



(Source: British Standards Institution, 2005)

Figure 7: The Category of Standards

- (1) **Informal Standards;** Can be something as simple as a company having guidelines on how staff members should answer telephone calls or a trade association having a code of practices for its members. A good example was done in Chevron, where the Chevron Best Practice Resource Map became sort of a collector's item around the company which can be referred as an official guideline and easily available to the employees (Derr, 1999);
- (2) **Formal Standards;** Can be publicly available, published documents that are established by a broad consensus of industry experts and representatives of government; business; research, test and certification organizations; academia; consumer interest groups; and trade unions. It will be amended when new processes, services or products are developed or when societal or commercial needs shift. Formal standards fall into two main categories. Technical Standards detail specifications that businesses can use to shape their products or services so they can fit market or regulatory needs. Quality Management System Standards (QMS) established recognized best practice for the way a process should be managed.

Unfortunately, Malaysia does not have a common standard for the establishment and management for the CH/E for the time being. Therefore, it results to see a wide degree of difference between the qualities of care provided by the institutions (Taye, 2012). The CH/Es in Malaysia are bonded with two Rules, which is, Destitute Person's Act 1977 (Act 183) [Reprint 2001] and Care Centre Act 1993 (Act 506) & Regulations.

In order to protect the health and safety of the public and environment, laws and regulations are often being reviewed periodically and enacted (Lim, Sulaiman, Baldry, 2013). According to Jones (2005), compliance with standards is the most suitable and reliable solution of ensuring a business meets with its regulatory obligations when an organization is not legally obliged to introduce standards. However, due to the absence of common standard

for the establishment and running of CH/E in Malaysia, the researcher has referred to the National Minimum Standard (NMS) for CH/Es in United Kingdom as a parameter for the auditing process. The NMS for *Care Homes for Older People: Care Homes Regulations* forms the basis to determine whether such care homes meet the needs, and secure the welfare and social inclusion, of the people who live there (Department of Health, 2003). The parameter of the NMS is based on 7 elements, as the following:

Table 5: National Minimum Standards (NMS) for Care Homes for the Older People in the United Kingdom

NATIONAL MINIMUM STANDARDS FOR CARE HOMES FOR THE OLDER PEOPLE IN THE UK	
ELEMENT 1: CHOICE OF HOME	
(1)	Clear statement of purpose, setting out its aims, objectives, services and offers;
(2)	Need assessment;
(3)	Opportunity to come and be visited;
(4)	Informed and have the right to make choices and decision;
(5)	Helping with intermediate care to maximize their independence; and
(6)	Written contract.
ELEMENT 2: HEALTH AND PERSONAL CARE	
(1)	Care needs are fully met (treatment, psychological health, physical exercises, nutrition, etc.);
(2)	Care home has clear policies and procedures about how they ensure that residents last day spent in comfort and dignity;
(3)	Care staffs have been trained and accredited and have basic knowledge of how handling medicine;
(4)	Elderly are assured that at time of death the care will treat them and their family with care, sensitive and respect;
(5)	Records are kept of all medicines received, administered, and leaving the home or disposed;
(6)	Health, personal and social needs are set out in individual care plan;
(7)	Elderly feel that they are treated with respect and their right to privacy is upheld;
(8)	Palliative care, advice and counseling are provided;
(9)	Elderly have easy access to telephone in private, received un-open email, wear their own clothes etc.;
(10)	Elderly should be encouraged to express their wishes about what they want to happen when death approaches;
(11)	Elderly are responsible for their own medicine and control by carer.
ELEMENT 3: DAILY LIFE AND SOCIAL ACTIVITIES	
(1)	Lifestyle experienced matched the elderly expectations, preferences and interests;
(2)	Opportunity to maintain contact with family, friends and representatives;
(3)	Receive wholesome and appealing full meals each day with a balanced diet;
(4)	Therapeutic diets are provided/ religious/ cultural dietary needs; and
(5)	Helped to exercise choice and control over their lives.
ELEMENT 4: COMPLAINT AND PROTECTION	
(1)	Elderly are protected from abuse;
(2)	Elderly confident that their complaints will be listened, recorded, taken seriously and acted upon; and
(3)	Elderly legal rights are protected.

(Source: Department of Health, 2003)

Table 5 (continue): National Minimum Standards (NMS) for Care Homes for the Older People in the United Kingdom

NATIONAL MINIMUM STANDARDS FOR CARE HOMES FOR THE OLDER PEOPLE IN THE UK	
ELEMENT 5: ENVIRONMENT	
(1)	Access to safe and comfortable indoor communal facilities which provide a variety of facilities;
(2)	Have outdoor space for the elderly;
(3)	Elderly live in a safe and well maintained environment;
(4)	The home is clean, pleasant and hygienic,
(5)	Live in safe, comfortable bedrooms with their own possessions around them,
(6)	Sufficient, close to lounge and dining area etc.;
(7)	Own rooms to suit their needs; and
(8)	Have specialist equipment they require to maximize their independence.
ELEMENT 6: STAFFING	
(1)	Elderly live in a home which is run and managed by a person who is fit to be in charge, familiar with the condition/ diseases of the elderly etc.;
(2)	Needs are met by the numbers and skill mix of staff/ carer at any time during night and day;
(3)	Elderly are safe in hands at all times with the trained and registered staff on a certified training programme;
(4)	Staff/ carer are trained and competent to do their jobs; and
(5)	The elderly cases are supported and protected by the home's recruitment.
ELEMENT 7: MANAGEMENT AND ADMINISTRATION	
(1)	Home is run and managed by a person who is fit to be in charged, familiar with the condition/ diseases;
(2)	All accidents, injuries and incidents of illness or communicable disease are recorded and reported;
(3)	Safe working practices (fire, first aid, food hygiene, infection control etc.);
(4)	Manager ensures the health and safety of the elderly and staff;
(5)	Manager ensures homes comply with relevant legislation;
(6)	Manager ensures risk assessments are carried out for all safe working practices, topics and assessments are recorded;
(7)	Elderly benefit with ethos, leadership and management approach of the home;
(8)	The home is run in the best interest of the elderly;
(9)	The elderly are safeguarded by the accounting and financial procedures of the home;
(10)	The health, safety and welfare of the elderly are promoted and protected;
(11)	Elderly rights and best interests are safeguarded by home record keeping policies and procedures;
(12)	Staff are appropriately supervised through employment policies and procedures adopted by the home;
(13)	Manager provides a written statement of policy, organization and arrangements for maintaining safe working practices; and
(14)	The elderly financial interests are managed by their own except where they state they do not wish to or lack of capability.

(Source: Department of Health, 2003)

The NMS are specifically designed to ensure that care provision is fit for purpose and meets the assessed needs of people using social care services (Department of Health, 2009). Sulaiman (2011) added that “*minimum standards*” aims to determine the minimum requirement of formal practice and NMS are identified to be the core standards to be complied with. NMS are not enforced with laws but the inspectorates will consider it when assessing whether the service providers are meeting with the regulations. Thus, it is important for the providers to obey the NMS while running the care homes.

What is Audit?

The need for maintenance or upgrade becomes much clearer when the organization identify the current condition of the facility within the organization. Gilbert (1999) suggests that the best way to secure the organization from future liability is to carry out an effective auditing program periodically. As facility information is important for planning, facility condition assessments should utilize proper methodology and institutional practices should be able to assume deferred maintenance needs (Rose, 2007).

The term “audit” comes from the Latin word, means ‘hearing’. Audit can be explained as an examination of records or accounts to check the accuracy. It is an adjustment of accounts; an examined and verified account; and a thorough evaluation (American Heritage Dictionary, 2013). The researcher has summarized the various definitions of audit as the following, in **Table 6**.

Table 6: Summarized Definitions on Audit

Thomas & Henke (1989)	Auditing is a process in which one person verifies the assertions of another.
Carmichael <i>et. al</i> (1996)	Auditing is an independent investigation of some particular activity.
Porter, Simon & Hatherly (2003)	A systematic process of objectively obtaining and evaluating evidence regarding assertions about economic actions and events to ascertain the degree of correspondence between those assertions and established criteria and communicating the results to interested users.
Russell (2005)	Audit examines products, processes and systems with respect to predetermined standards.
Hall & Dearmun (2009)	Audit compares what a service does with what it should be doing and then seeks to identify and implement changes in order to improve practice. It culminates in a written audit report.
Columbia University (2013)	Audit evaluates the adequacy of the internal control structure and general controls established through policies and procedures.
Ryerson University (2013)	Audit is a formal examination and verification of the activities of an organizational unit, system, function or other aspect of the organization's operations.

(Source: Researcher's study, 2013)

From the perspective of healthcare, The National Institute for Health and Clinical Excellence and Commission for Health Improvement (2002) have acknowledged “Service Audit” as *a quality improvement process that seeks to improve patient care and outcomes*

through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery

Types of Audit

According to Gan (2005) and Porter, Simon, Hatherly (2003), audit can be categorized into three different types, as the following:

- (1) Financial Statement Audit; covers the balance sheet, income statement, statement of changes in shareholders' equity, statement of cash flow and accounting policies and notes to the accounts. It is implemented to provide a true and fair view of the entity's financial position and performance, and comply with relevant statutory.
- (2) Compliance Audit; aims to determine whether the rules and policies governing the organizations set by some authority have been adhered to. It is conducted by competent and experienced professionals who are appointed by, and report to, the authority which set the procedures or regulations in place.
- (3) Operational Audit; determines the efficient and effective use of resources employed in an entity. It is initiated to pin-point the weaknesses and to recommend improvements.

Gan (2005) added that there is still another type of audit, i.e. Forensic audit. Forensic audit is implemented with the objective to identify fraud. It may be conducted to investigate and detect business or employee fraud, business disputes among shareholders or for criminal investigations.

Facilities Management Audit and Its Advantages

A management audit provides an appraisal of the organization's management system. According to Ali & Wan Mohamad (2009), the outcome of the audit offers management the opportunities and chances to appraise the overall progress being made and to seek improvements for increased efficiency and more effective utilization of available resources. Furthermore, the factual outcomes obtained from the assessment of audit aims to help the management to identify and examine whether that part of the system examined:

- (1) Assists the company to achieve its overall objectives in an efficient manner;
- (2) Ousts (Remove and replace) the company at risk through failure, inadequacy or poor implementation;
- (3) Effectively implemented and fully understood by the people involved
- (4) Potentially for improvement and/ or simplification;
- (5) Meets the requirements of standards where there are applicable
- (6) Applicable of achieving the intended results or level of control required.

The benefits and objectives of an audit are derived as the following, in Table 7:

Table 7: The Benefits and Objectives of an Audit

<ol style="list-style-type: none">(1) Provide input for management decisions to prevent or rectify problems and costs;(2) Keep management informed of actual and potential risks;(3) Identify areas of opportunity for continual improvements;(4) Assess personnel training effectiveness and equipment capability;(5) Provide visible management support of the quality, environment and safety programs;(6) Ensure ongoing compliance and conformity to regulations and standards;(7) Determine system and process effectiveness;(8) Identify system and process inefficiencies;(9) Demonstrates thorough and resilient management;(10) Improves the quality and quantity of information;(11) Improves communication and motivation;(12) Links risk to objectives and strategies;(13) Determine if the system design is adequate to achieve business objectives;(14) Identify performance weakness and strengths;(15) Verify process responsiveness to customers and business needs;
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(Source: Russell, 2005; National Council for Voluntary Organizations, 2013; Hall & Dearmun, 2009; Kaiser, 1997)

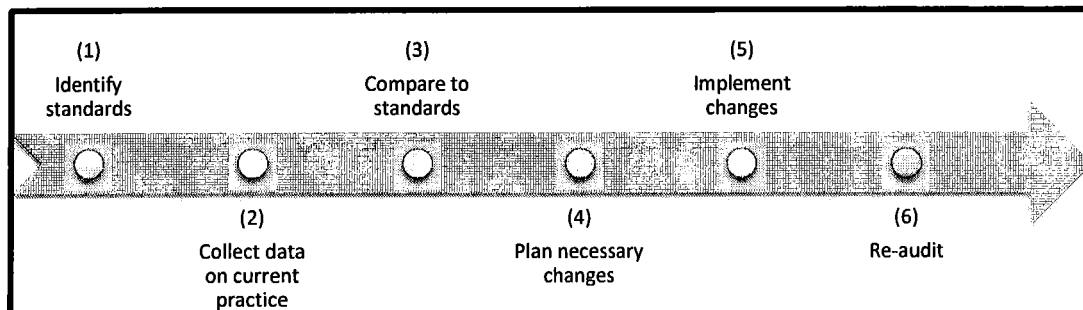
Table 7 (continue): The Benefits and Objectives of an Audit

<p>(16) Routinely collected data can be used to offer a way of obtaining information quickly and at a relatively low cost to address potentially important and very topical practice-focused issues;</p> <p>(17) Audit methods have high face validity;</p> <p>(18) The routine involvement of staff in an audit provides them with an opportunity to learn about service evaluation which is able to encourage them to think critically about their practice and how it might be improved;</p> <p>(19) Audit is simple to undertake where it can be easily repeated to monitor change over time;</p> <p>(20) The findings and results can be presented in the form of accessible charts and tables;</p> <p>(21) Increasing the awareness of the maintenance contribution;</p> <p>(22) Pin-pointing areas where there are short-falls in the service;</p> <p>(23) Measuring the completeness and integration of the policies;</p> <p>(24) Highlighting the practices to be introduced or requiring changes;</p> <p>(25) Gaining involvement in setting and monitoring maintenance targets; and Developing an environment for continuous improvement in quality of the service.</p>
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(Source: Russell, 2005; National Council for Voluntary Organizations, 2013; Hall & Dearmun, 2009; Kaiser, 1997)

The Process of Auditing

Basically, the process of auditing can be divided into several stages, i.e. planning, organizing, forming the team, conducting the audit, reporting, preparing an action plan and following up.



(Source: Lim, Sulaiman & Baldry, 2013)

Figure 8: Process of Audit

CONCLUSION

The absence of common standards regarding the establishment and management of CH/Es in Malaysia makes the healthcare services vulnerable to the elderly. With reference to the NMS for Care Homes for the Older People in United Kingdom, it is expected that the researcher can derive an integrated Social Care Facilities Management Audit for the Residential Care Home for the Elderly in Malaysia.

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