

Social Care Facilities Management Benchmarking (SCfmB): Individual Accommodation for Residential Care Home for the Elderly (RCHfE) in Malaysia and United Kingdom

Individual Accommodation for Residential Care Home for the Elderly (RCHfE)

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Abstract— Care Home for the Elderly (CHfE) provides accommodation, meals, personal care and, in some cases, nursing care for elderly or disabled people or people who cannot manage themselves at home because of poor health condition. Meanwhile, service users are the elderly who live and being provided with residential care services or nursing care and they are accommodated by a care home service provider either by public or private. In the United Kingdom, National Minimum Standards for Care Homes (CHNMS) are a set of standards which all care homes must meet in order to operate and be registered as a care home. In this particular CHNMS, there is a section exclusively defines Individual Accommodation (IA) requirements for the elderly service users living at the CHfE across the UK. It cannot be denied that IA designed in CHfE should be able to function as a space that can accommodate the elderly to live independently as convenient as a home like living atmosphere. In CHNMS, there are four standards should be complied with by registered CHfE service providers in the UK known as Standard 22: Adaptations and Equipment; Standard 23: Space Requirements; Standard 24: Furniture and Fittings and Standard 25: Heating and Lighting. Therefore, this research is trying to benchmark IA provided at the Residential Care Home for the Elderly (RCHfE) in Malaysia with the RCHfE provided in the United Kingdom. In order to achieve this objective three (3) Rumah Seri Kenangan are chosen as a case study research. Visual Method is chosen as one of the case study methods for this study.

Keywords— Care Homes for the Elderly, Benchmarking, Individual Accommodation, Elderly.

I. Social Care Services

As the world growth rapidly in development and technologies, the demand for social care service is also increasing. Social care is services that deliver [1] help and support for people either personally or practically to enabling them to live as independent life as they can. Sulaiman [2] explained that social care does not only provide medical care,

it includes countless of social care services intertwine with health services in providing nursing visits. It is so called a social work, as well as a place for protection and support services to protect people in need considered at risk, elderly or poverty.

Basically Social Care Services is a range of services on helping people to live their lives comfortably, predominantly for those who require a certain degree of extra practical and physical help. Based on [3] Care Centre Act 1993 [ACT 506], care services are include supervision and recovery, and care centre means as a residential care homes or daily care homes. In Malaysia Department of Social Welfare 2010 [10] has the right and obligation to provide a committed quality of services with friendly and based on core integrity which is; protection, rehabilitation, prevention, development and integrated that the target 7 categories of Social Care Service User as following;

- (1) Children care
- (2) People with disabilities
- (3) **Elderly People**
- (4) Destitute People
- (5) Family care (Domestic violence)
- (6) Volunteering organization/ societies
- (7) Disaster victims

II. Care Home for the Elderly (CHfE) : Malaysia

Malaysia is growing demographically. The world population will keep increasing and soon will encounter population fluctuate from 7 billion on 2011 to 8 billion people in the spring 2024 [4]. The same pattern of population increment will also be happening in Malaysia in Social Care sector, the elderly population increment is obvious. According to

Department of Social Welfare [3] and Sulaiman [2] the official and formal intuition of care services home in Malaysia is under supervision of Ministry of Women, Family and Community and it can categorize into 3 type of institutional cares provider which is;

- **Residential Care Home for the Elderly(RCHfE)**
- Nursing Care Home for the Elderly (nCHfE)
- Day Care Centre (DCC)

All of these three (3) institutional care are managed by the Department of Social Welfare, (*Jabatan Kebajikan Masyarakat,JKM*) and Residential Care Home for the Elderly is known as Seri Kenangan Home (SKH). Altogether There are nine (9) of SKH in Malaysia which provides accomodations, care, treatment, guidance and other basic services particularly for the elderly people aged 60 years an above .

Table 1: Seri Kenangan Homes (SKH)

Seri Kenangan Home (RSK)	State
(1) <i>RSK Johor Bahru</i>	<i>Johor</i>
(2) <i>RSK Cheng</i>	<i>Melaka</i>
(3) RSK Seremban	Negeri Sembilan
(4) <i>RSK Cheras</i>	<i>Selangor</i>
(5) RSK Taiping	Perak
(6) RSK Tanjung Rambutan	Perak
(7) RSK Bedong	Kedah
(8) RSK Kangar	Perlis
(9) RSK Taman Kemumin	Kelantan

Sources : Department of Social Welfare [10]

In order to compare the United Kingdom NMS with Malaysia’s practice at RCHfE, three (3) SKH are chosen based on the visual method as one of the case studies.

iii. National Minimum Standard (NMS): Care Home Regulation

Standard can be clarified and defined clearly as an approved way of doing something and making decision [12]. Standard covers a wide range of topic, from construction, health and safety as well as management practices. According to principal of standardisation [13], a standard exist principally to provide a reliable and dependable basis on which common expectation can be shared regarding specific characteristics of a product, service or process. In addition, the standard will fill a gap in what is available in the market to better inform those who in the industry who may be charged with the procurement of facilities management and this standard will act as a guide in doing so [6].

For governing RCHfE practices in the UK, a standards document named National Minimum Standard (NMS) are published by the Secretary of State for Health in accordance with section 23 of the Care Standar Act 2000 (CSA). NMS is a set of document containing a statement applicable to all care homes in United Kingdom. As NMS acts as a minimum core standards [2] in the UK, it is needed to meet the services users needs and their welfare, particularly social inclusion of the elderly people who lived a in care home. Further more, the NMS is focusing [5] on achievable outcomes for service user,

as well as the impact of personal and individual facilities and services of the care homes in the UK. The structure and approach in the standard of NMS are grouped into seven (7) elements as bellow;

- (1) Choice of Home
- (2) Health and personal care
- (3) Daily life and social activities
- (4) Complaints and protection
- (5) **Environment**
- (6) Staffing
- (7) Management and Administration

The researcher has selected the (5) Environment as guideline in proposing the new benchmarking scheme for the Individual Accommodation for Residential Care Home for the Elderly (IACHfE) in Malaysia.

A. Environment and ageing

A good quality of life begins from a good healthcare practices [8] as well as good environment. As people turn into senior age, they are likely to be live in a place that helps them to move and do their normal activities. Service User (SU) needs special care, comfortable place to be live in a homelike atmosphere. People with a high needs of assistant generally want to stay in their home [9], because of they were normally using home furniture and with their usual arrangement of house fittings. However some of the SU need special designed buildings [9], and it is assential to design a good environment and comfortablle environment and made it for the [5] people who able to live how they want and enable to deliver the care home and the services.

iv. Individual Accommodation

A. Standard 22 : Adaptation and Equipment

Standard 22 in NMS emphasises on Adaptation And Equipment. It is stresses that SU should have specialist equipment to maximize their independent. People with a high level of visual impairment will require particular design feature to help them negotiate with the environment [5]. The element of Standard 22 can be reffered as in **Table 2** below;

Table 2 : Standard 22

Adaptation And Equipment
Service User their have access to all space (communal and private space)
Care Home : Provide grab rails and other aids in corridor, bathroom, toilet, communal space and where necessary.
Aids, hoists and assisted toilet and bath are installed which are capable of meeting the assessed needs of SU.
Doorways into communal area, SU rooms, bathing and toilet facilities and other spaces to which wheelchair user have access
Facilities, including communication aids (loop system), and sign are provided to assist the need of SU.
Storage are provided for aids and equipment, including wheelchair.
Call system provided with an accessible alarm facility in every room.

National Minimum Standard (2006) [5]

B. Standard 23 : Space Requirement

A homelike atmosphere is measured as a family scale environment. People with high level of disabilities impairment, require particular room design features to help them negotiate with the environment especially spaces. Hence, in the UK, SU needs personal room to suit their basic needs. The suggested and minimum requirement in NMS highlighted design and space requirement as shown in **Table 3** below;

Table 3 : Standard 23

Space Requirement
Minimum 12sqm of usable space for single room.
Single room accommodating wheelchair have at least 16sqm exclude en-suite.
Room dimension & layout ensure there is no room (space) on either side of the bed
Shared room : not more than (2) SU are using the same room
When the shared room is vacant : SU may choose any other room
Shared room : at least 16sqm excluding en-suite

National Minimum Standard (2006) [5]

C. Standard 24 : Furniture and Fittings

Standard 24 emphasises that SU should live in a save, and comfortable room with their own possession around. The furniture and layout design for the SU is very important, so that the system would work easily and accessible for them [11]. It has been identified that in Standard 24 all the furniture and fitting for SU should suit the protection and security as in **Table 4** below;

Table 4 : Standard 24

Furniture and Fittings
The home provides private accommodation for each SU which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.
Furnishing for individual room (minimum) : <ul style="list-style-type: none"> • Bed • Curtains or blinds (window) • Mirror • Overhead and bedside lighting • Comfortable seating for 2 people • Drawer and enclosed hanging clothes (wardrobe) • A table to seat and a bedside table • Wash-hand basin
Adjustable beds are provided (for SU receiving nursing care)
Room carpeted or equivalent
Doors : <ul style="list-style-type: none"> • Fitted with locks suited to SU
SU is provided with keys
Each of SU has lockable space for medication , money and valuable and its provided with keys
Screening is provided in double room.

National Minimum Standard (2006) [5]

D. Standard 25 : Heating and Lighting

To meet the [5] relevant Environmental Health and Safety (EHS) requirement in RCH/E, there are (4) four elements of EHS should be taken into account there are lighting, heating and ventilation and water supply. In Malaysia, heating services may not be necessary because of the climate itself, but the other elements are very important for care home services and accommodation. Heating, lighting and water supply standards are shown in **Table 5** below;

Table 5 : Standard 24

Heating and Lighting
The heating, lighting, water supply and ventilation of SU accommodation meet the relevant environmental health and safety requirements and the needs of individual SU.
Rooms : individually & naturally ventilated with window conforming to recognized standard
Window : height of the window enables the service user to see out of it when seated or in bed
Room are centrally heated and heating may be controlled by SU
Pipe work and radiators are guarded or have guaranteed low temperature surfaces
Lighting in meet recognized standard (lux 150) include table lamp lighting
Emergency lighting throughout the home.
Water is temperatures.

National Minimum Standard (2006) [5]

v. Facilities Management Benchmarking

A. What is FM?

As the FM in enormously expand into the current industry, Sulaiman [2] indicated that FM will be in higher demand in industry as country developed. The researcher has review several definition of FM, referring the best quote as the following below;

- The International Facility Management Association (IFMA) [18] recognises FM as profession that encompasses multiple activities to ensure functionality of the built environment by integrating people, place, process and technology. IFMA added that FM is a practice of coordinating the physical workplace with the people and work of the organization, architecture and the behavioral and engineering.
- As shown in Fig. 1, FM is an integrated of a wide spectrum of organizational core business and support services devoted to the coordination of people , property, business process and technology in achieving sustainable Facilities Management best practice excellence [14]. As well as BIFM [7] adopts that FM is an integration of processes within an organisation to maintain and develop the agreed services which support and improve the effectiveness of its primary activities”.

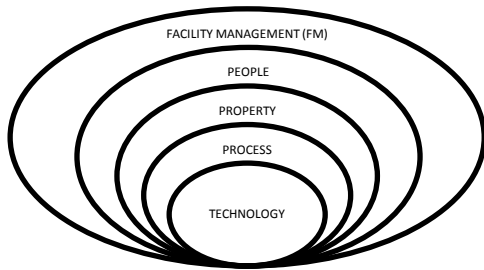


Fig. 1. The Concept of Facilities Management (Sulaiman,2013) [14]

B. What is Benchmarking?

Bogan and Callahan define benchmarking is a process in searching the best practice, ideas of innovation, and procedure of effective operating to lead to superior performance [15]. The most effective way to interpret benchmarking in literature is, a benchmarking should be recognised or predictable as a medium for improvement and innovation, Sulaiman [2] said integrating between FM and benchmarking can beneficially deliver the best value and best practice to the SU in RECH/E in Malaysia. The idea of benchmarking is to identify the best existing performance of best practice that contributes to the performance improvements [15]. As well as Camp said [16], benchmarking is the search for the best industry practice that will lead to the exceptional organization performance. This is In line with the ambitious of Department of Social Welfare [10], (*Jabatan Kebajikan Masyarakat, JKM*) that tries to incarnate standard of care services in order to establish the formal standards of practicing the RCH/E, it is no doubt that benchmarking is the best way to measure and identify the current available practices in RCH/E from developed country such as United Kingdom [17]. Indeed the possibility of transferring the best practice [2] in RCH/E from UK to Malaysia is higher, and she suggested that it would be beneficial to Malaysia society particularly the elderly at large.

VI. Application in Case Study Methodology

There are three (3) research methods identified for this study. First is Visual Method , Document Analysis and Interview. In order to conduct visual analysis, (12) pictures from both countries will be selected as a sample. Document Analysis will also be conducted in order to evaluate standards in Individual Accommodation being applied in RCH/E in Malaysia to be compared with NMS in UK. Seeing physical appearance and fixtures, and making measurement are very important for the researcher to make the benchmarking process succeed, therefore the researcher has to visit, three (3) Rumah Seri Kenangan as the research settings. These (3) methods will triangulate the data in this reasearch. For interview it will involve strategies at The Ministry of Women Family and Community Development MWF_nCD consist of the directors of the three RSK chosen. The process of method application is shown in **Figure 2**;

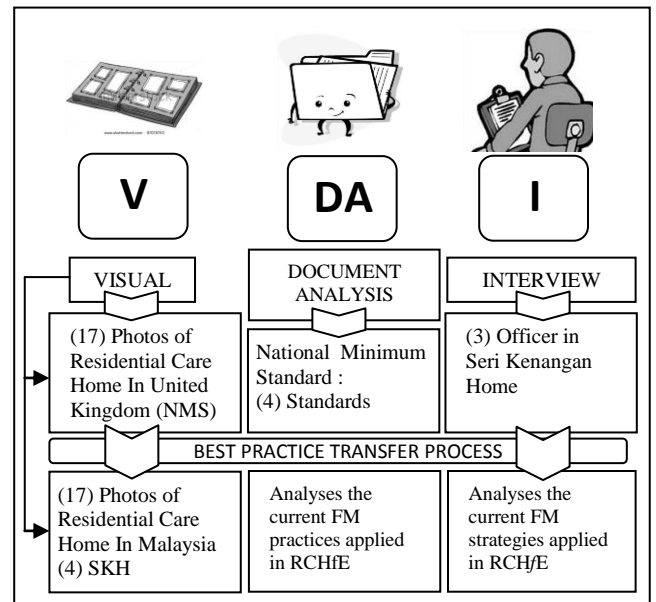


Fig 2. Methodology Application (Sources : Researcher, 2013)

In summary it can be concluded the process of this research is shown in **Figure 3** below;

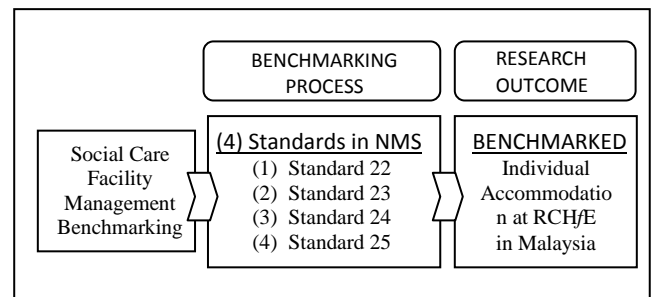


Fig 3. Process of Research (Sources : Researcher, 2013)

VII. Conclusion

The expected research outcome from this research is to conduct Social Care Facilities Management Benchmarking (SCfmB) exclusively for Individual Accommodation for Residential Care Home for the Elderly (RCH/E). From that, a conceptual idea can be turned into a valid Theoretical Model for Malaysia RCH/E. The Elderly who live in the existing RCH/E are the client that receive benefits in this research. Outcome from this research could help the elderly, JKM and provider in care home to form the most suitable concept and design at RCH/E in Malaysia. It will suggest an integrated Benchmarked Theoretical Model (BTM) in RCH/E Malaysia by conducting the internally measurement based on the NMS in United Kingdom. From the perspective of healthcare, security, structure and approach in NMS will produce the BTM that could be the guideline for the government, provider and developer, as well as scholars and researcher in Malaysia.

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