
Standards

For Scheduled Nursing Homes



**Department of Health
Hong Kong SAR, China**

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Contents

	Page
<i>Preface</i>	5
<i>Interpretation of Terms</i>	6
Chapter 1 <i>Application for Exemption of Nursing Home</i>	8
1.1 The Applicant	8
1.2 The Facility	8
Chapter 2 <i>Organisation and Administration of a Facility</i>	10
2.1 Overview	10
2.2 General Requirements	10
2.3 Board of Directors	10
2.4 Appointment of Person-in-charge	11
Chapter 3 <i>Accommodation and Equipment</i>	13
3.1 Overview	13
3.2 Accommodation	13
3.3 Equipment and Devices	14
Chapter 4 <i>Human Resource Management</i>	15
4.1 Overview	15
4.2 General Requirements	15
4.3 Nursing Staff	16
4.4 Supporting Care Staff	17
4.5 Staff Development and Education	17
Chapter 5 <i>Quality Management of Services</i>	18
5.1 Overview	18
5.2 Quality Management	18
5.3 Quality Assurance Committee	18

Chapter 6	<i>Policies and Procedures</i>	20
6.1	Overview	20
6.2	General Requirements.....	20
Chapter 7	<i>Rights of Residents</i>	22
7.1	Overview	22
7.2	General Requirements.....	22
7.3	Charges	23
7.4	Handling of Complaints	23
Chapter 8	<i>Care of Residents</i>	25
8.1	Overview	25
8.2	Care of Resident in General.....	25
8.3	Care of the Critically Ill Residents.....	26
8.4	Care of Residents who require Palliative Care.....	27
8.5	Care of Residents who require Physical Restraint	27
8.6	Care of Residents with Mental Problems or Violent Behaviour.....	28
Chapter 9	<i>Risk Management</i>	29
9.1	Overview	29
9.2	General Requirements.....	29
9.3	Fire Safety.....	30
9.4	Health and Safety of Staff	31
9.5	Infection Control.....	31
Chapter 10	<i>Resident Record</i>	33
10.1	Overview	33
10.2	General Requirements.....	33
10.3	Storage and Destruction of Records	34
Chapter 11	<i>Medicine Management Service</i>	35
11.1	General Requirements.....	35
11.2	Storage of Medicines.....	36
11.3	Dispensing and Administration of Medicines	37

Chapter 12	<i>Physiotherapy / Occupational Therapy Service</i>	39
12.1	Staffing	39
12.2	Facilities and Equipment	39
12.3	Other Requirements	39
Chapter 13	<i>Housekeeping and Supporting Services</i>	41
13.1	Overview	41
13.2	Housekeeping Service	41
13.3	Catering Service	42
13.4	Linen and Laundry Services	42
13.5	Clinical and Chemical Waste Management	43
13.6	Storage and Supply of Medical Gases	44
13.7	Mortuary Services	45
13.8	Sterile Supplies Services	45
Chapter 14	<i>Information to be submitted to Director of Health</i>	47
14.1	General Requirements	47
Appendix	49

Preface

The Private Healthcare Facilities Ordinance (the Ordinance) was published in the Gazette on 30 November 2018. The Hospital, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) will be repealed. The Ordinance will provide for the transfer of nursing homes for the elderly to be regulated under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459).

Nursing homes for the elderly which are now dually registered under Cap. 165 and Cap. 459 will be solely regulated under Cap. 459 after the commencement of the Ordinance. To facilitate smooth transition, nursing home for the elderly which was not registered under Cap. 459 is listed in Schedule 10 of the Ordinance as “scheduled nursing home”. When the Ordinance commences, the registered person in relation to a scheduled nursing home who has applied for but has not been granted a licence under Cap 459, or the Residential Care Homes (Persons with Disabilities) Ordinance (Cap 613) or the Ordinance, may apply to the Director of Health for an exemption under the Ordinance.

DH has prepared the Standards for Scheduled Nursing Homes with reference to the existing regulatory standards set out in the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes. This document sets out the regulatory standards for scheduled nursing homes, with a view to enhancing service quality and patient safety. It includes regulatory standards on accommodation, equipment, staffing and support services.

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Interpretation of Terms

The following provides the interpretation of terms under the Standards –

“Applicant”	means a registered person in relation to a scheduled nursing home applying for an exemption of nursing home.
“Board of Directors”	means a board of directors of the operator, must at least include one lay member.
“Care Staff”	means a care worker, health worker and nurse but does not include person-in-charge or nurse-in-charge.
“Facility”	means a scheduled nursing home granted an exemption under section 127(4)(a) of the Ordinance.
“Operator”	means the applicant who has been granted an exemption in respect of a facility. The operator would be held responsible for any legal matters pertaining to the running of the facility. The directors of the operator assume the responsibilities of the operator as stipulated in this Standard.
“Medical Practitioner”	means a medical practitioner registered under the Medical Registration Ordinance (Cap 161).
“Nurse”	means a registered nurse or an enrolled nurse registered and enrolled, respectively, under the Nurses Registration Ordinance (Cap 164).

“Nursing Staff”	means registered nurses and enrolled nurses registered and enrolled, respectively, under the Nurses Registration Ordinance (Cap 164) and who provide nursing care to residents in the facility.
“Occupational Therapist”	means an occupational therapist registered under the Supplementary Medical Professions Ordinance (Cap 359).
“Person-in-charge”	means a person who manages and is in full charge of the day-to-day operation of the facility.
“Physiotherapist”	means a physiotherapist registered under the Supplementary Medical Professions Ordinance (Cap 359).
“Registered Nurse”	means a nurse registered under the Nurses Registration Ordinance (Cap 164).
“Resident”	means any person who resides in the facility
“Reportable Event”	means an event stipulated in clause 14.1.2 of this Standard
“Services”	include those provided directly by employees of the facility, or indirectly through services that have been contracted out or run through a separate business contract at location of the registered address.
“Supporting Care Staff”	includes but not limited to healthcare assistants, personal care workers, physiotherapy assistants and occupational therapy assistants who provide direct patient care under the supervision of nursing or other health professional staff.
“Scheduled Nursing Home”	means a nursing home listed in Schedule 10 of the Ordinance for which a certification of registration is valid as at 1 April 2017.

Chapter 1 Application for Exemption of Nursing Home

1.1 The Applicant

1.1.1 The registered person in relation to a scheduled nursing home may apply for an exemption of nursing home if the person has applied for, but has not been granted, any of the following in relation to all, or a part, of the registered premises:

- (i) a licence under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)
- (ii) a licence under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613)
- (iii) a licence for a private healthcare facility under the Private Healthcare Facilities Ordinance

1.1.2 In the application, the fitness of the applicant to carry on the management and the fitness of the facility is being considered.

1.1.3 The directors of the applicant or trustees of a corporation are of integrity and good character and physically and mentally fit to supervise the operation of the facility.

1.1.4 An application for an exemption must be:

- (i) made by a specified form within the period specified by the Director of Health; and
- (ii) provided information and documents specified by the Director of Health

1.2 The Facility

1.2.1 A facility is considered fit if the accommodation, staffing, equipment and facilities are appropriate for the services to be provided. These include the availability of supporting services in the facility. Examples of supporting services are dispensing services, catering services, laundry services and maintenance

services.

- 1.2.2 It is the responsibility of the applicant to approach the Lands Department and the Planning Department as appropriate to ascertain whether use of the premises for operation of facility is in compliance with relevant Ordinances and Regulations of Planning Department. Clearance with the Lands Department and other relevant government departments on the land use, lease conditions, building and fire services provisions, etc., should be made before submission of application for exemption of nursing home to the Director of Health. Examples of the relevant government departments and Ordinances are listed in Appendix.
- 1.2.3 The operator ensures that the Laws of Hong Kong are adhered to during daily operation, and comply with the Director of Health's instructions and advice at all times.
- 1.2.4 The operator submits a written application to the Director of Health for any change in management, services or alteration works of the facility and obtains approval before commencing such change(s) by taking reference from the latest version of relevant guidance notes published by the Department of Health.
- 1.2.5 The operator who wishes to close down the facility notifies the Director of Health at least 30 days before closure of the facility.

Chapter 2 *Organisation and Administration of a Facility*

2.1 Overview

The organisation of a facility is crucial to the smooth administration of services in a facility. It is pertinent that the operator takes an active role in monitoring the performance of the facility in addition to decision-making.

2.2 General Requirements

2.2.1 There is a statement of philosophy and objectives which describes the nature and purpose of the work of the facility.

2.2.2 There is an organisational structure which includes all categories of staff. The structure also delineates the channels of communication, lines of authority and responsibility.

2.2.3 The operator is responsible for –

- (i) ensuring the facility's compliance with a condition of the exemption, standards and a direction
- (ii) setting up and enforcing rules, policies and procedures relating to the quality of care for, and the safety of, residents in the facility, and for the operation of the facility

2.3 Board of Directors

2.3.1 The operator of the facility is wholly responsible for the operation of the facility. The operator forms a Board of Directors to oversee the management of the facility. The Board comprises at least one lay member.

2.3.2 The Board of Directors is responsible for –

- (i) the development and application of the statement of philosophy and objectives, making sure that all major decision-makers within the facility operate accordingly

- (ii) the overall coordination and evaluation of activities within the facility
- (iii) the development of policies to facilitate operation of the facility
- (iv) overseeing the financial management of the facility
- (v) ensuring the facility's adherence to the Laws of Hong Kong

2.3.3 Meetings are held at regular intervals, at least quarterly interval, by the Board to review the performance of the facility.

2.3.4 Members of the Board pay regular visits to the facility at intervals not less than six months to monitor the performance of the person-in-charge and the management of the facility. Such visits are documented.

2.4 Appointment of Person-in-charge

2.4.1 The operator appoints a person-in-charge to take charge of the day-to-day operation.

2.4.2 The operator appoints a person to deputise the person-in-charge in the latter's absence from duties. The qualifications and experience of the deputising person is appropriate to supervise the operation of the facility.

2.4.3 If there is a change of the person-in-charge, the operator, before the expiry of 14 days after the change occurred notifies the Director of Health in writing of the change and the qualifications, training and experience of the person-in-charge appointed, or to be appointed, in replacement.

2.4.4 The person-in-charge –

- (i) is of integrity and good character
- (ii) is physically and mentally fit to operate the facility
- (iii) possesses the qualifications, skills and experience necessary to manage the facility

- 2.4.5 On appointment of a person-in-charge, the operator provides him/her a letter of appointment specifying his/her duties as the person-in-charge.
- 2.4.6 The person-in-charge manages the facility with care, competence and skills taking into account of the size of the facility and the needs of the residents.
- 2.4.7 The person-in-charge equips himself/herself with updated knowledge in the management of the facility.

Chapter 3 *Accommodation and Equipment*

3.1 Overview

The design and condition of the facility is able to meet the purpose of the facility and the needs of residents. All equipment used in the facility is used as intended for its purpose, in good working order and properly maintained.

3.2 Accommodation

- 3.2.1 The physical design, size and layout of the facility are appropriate for the safe and effective delivery of services.
- 3.2.2 There are adequate spacing between beds to allow transfer of residents on stretchers.
- 3.2.3 Lighting, temperature, humidity, ventilation and noise level are appropriate to the facilities being used.
- 3.2.4 The premises are kept clean and hygienic.
- 3.2.5 The premises are kept in a good state of repair.
- 3.2.6 There are adequate hand washing and sanitary facilities for residents.
- 3.2.7 There are facilities to provide for privacy of residents, where necessary (for example, screens).
- 3.2.8 Aids to facilitate the movement of the disabled (for examples, lifts and ramps) are available where appropriate.

3.2.9 Mechanism exists that all residential care buildings and physical facilities are periodically inspected. This periodic inspection is documented and helps the management to develop a plan to reduce evident risks and provides a safe and secure physical environment of care.

3.3 Equipment and Devices

3.3.1 Equipment is to be installed and serviced according to the manufacturer's recommendation. Equipment is not be modified unless the advice of the manufacturer or professional advice has been sought and no risk has been identified. Such advice is documented. All equipment conforms to current health and safety regulations. There is a planned maintenance and replacement programme.

3.3.2 All equipment is stored properly and rotated in use where appropriate to ensure that at the time of use they are in optimum condition.

3.3.3 Written procedures are drawn up for use and for maintenance of different types of equipment.

3.3.4 Equipment, device and apparatus intended for single use are not be reused.

3.3.5 Staff have completed training in the safe and proper use of the equipment, device and apparatus for nursing and caring of residents.

Chapter 4 *Human Resource Management*

4.1 Overview

The skills, competence and attitude of the care providers are key factors in determining the quality of care that residents will receive. It is the responsibility of the operator to ensure that the staff or personnel who provide care and services in the facility, are appropriately skilled, qualified and competent to do so.

4.2 General Requirements

4.2.1 There is at all times an appropriate number of suitably qualified and experienced persons employed by the facility on duty, taking into account the number and needs of residents and types of services provided.

4.2.2 The operator of the facility ensures:-

- (i) at least 1 registered nurse being on duty in the facility at any time
- (ii) at least 1 member of the care staff for every 3 (or less than 3) beds in the facility
- (iii) at least 1 nurse among every 3 (or less than 3) members of care staff

4.2.3 Each person in the employment of the facility, including person engages by the facility through a third party –

- (i) is suitably qualified
- (ii) receives appropriate training and supervision
- (iii) receives induction programme/training
- (iv) is regularly appraised on his/her performance
- (v) is conversant with policies and procedures relevant to his/her duties
- (vi) is encouraged to undertake continuous professional development in his/her field of work

- 4.2.4 Written and dated job description for different ranks and grades of staff are available. A clearly defined organisation chart is available so that the staff are aware of their responsibilities to facilitate team work.
- 4.2.5 The registration status of the employee is checked on a regular basis.
- 4.2.6 A record is kept for each employee with the following details –
- (i) name and identifier of the person
 - (ii) details of his / her position and duties
 - (iii) date of employment and change in working locations
 - (iv) details of professional qualifications and valid registration with relevant professional regulatory bodies
 - (v) record and/or valid certificates of all training and educational activities
- 4.2.7 All professional staff are required to abide by relevant codes of professional practice.
- 4.2.8 A record of duty roster is kept.
- 4.2.9 All staff wear staff badges with name and post to identify themselves to residents, family members and visitors.

4.3 Nursing Staff

- 4.3.1 The operator appoints an overall nurse-in-charge who is a registered nurse with experience in nursing administration.
- 4.3.2 In the absence of the nurse-in-charge, another registered nurse is authorized to act for him/her.
- 4.3.3 A registered nurse who has been trained in the practice of elderly care is available at all times as the duty nurse-in-charge. In the absence of the duty nurse-in-charge, another registered nurse who has received relevant training is authorized to act for him/her.

- 4.3.4 There is a routine relieving mechanism and an emergency staff mobilisation plan in place to ensure adequate nursing manpower at all times and whenever necessary.

4.4 Supporting Care Staff

- 4.4.1 All supporting care staff have undergone training and being assessed to be competent.
- 4.4.2 They work under the supervision of nursing or other health professional staff.
- 4.4.3 Policies and procedures that are relevant to their areas of work are presented in a form that they can understand.

4.5 Staff Development and Education

- 4.5.1 There is a job orientation programme to introduce new staff to the relevant aspects of the service. The programme aims to prepare them for their roles and responsibilities. This includes –
- (i) information about the philosophy and objectives of the facility
 - (ii) information about the relationship between each discipline and the total organisation of the facility
 - (iii) duties and functions, lines of authority, areas of responsibility and methods of obtaining appropriate resources
 - (iv) methods that will be used to evaluate the service as well as the performance of staff
- 4.5.2 Opportunities are provided for staff to receive on-the-job training, in-service education and continuing education where appropriate.
- 4.5.3 Current operation manuals and protocols are easily accessible and available to staff for their reference.

Chapter 5 *Quality Management of Services*

5.1 Overview

It is of paramount importance that services provided in the facility are of quality and appropriate to the needs of residents. Residents receive appropriate assessment and care. Quality assurance is an objective and systematic monitoring and evaluation of the services provided. It provides the facility a basis for improvement of its service.

5.2 Quality Management

5.2.1 The management adopts an attitude and an orientation that permeate the facility to strive for excellence and continuous improvement to meet the expectations of the internal and external customers. Staff accept responsibility for the quality of their work, and achieve genuine commitment and active involvement from the management.

5.2.2 The management must plan to improve its performance in a systematic, coordinated and continuous manner. The approach to improving performance is described by the management in order to tie in with the vision, mission, finance, day-to-day operations and culture of the facility.

5.2.3 Managing for quality is performed by the use of the concepts of quality planning, quality control and quality improvement.

5.3 Quality Assurance Committee

5.3.1 There is a Quality Assurance Committee to prescribe standards of care and service.

- 5.3.2 The Quality Assurance Committee is to consist of a chairperson and a number of other members. At least one of them is a registered medical practitioner or a registered nurse and has received training in conducting quality assurance activities.
- 5.3.3 The Quality Assurance Committee implements a system for reviewing the quality of services at appropriate intervals. Such review may take the form of internal audit or external accreditation programmes.
- 5.3.4 Quality improvement plans for the facility are developed after taking in views and suggestions from front-line staff. The plans are prioritised by the Quality Assurance Committee for implementation.
- 5.3.5 The Quality Assurance Committee examines reports of reviews conducted on the quality of the services. Reports on reviews or quality assurance activities are made available for the inspection by the Director of Health.
- 5.3.6 The quality improvement and resident safety programme is organisation-wide. Successful improvements are documented and circulated to all staff.
- 5.3.7 The Quality Assurance Committee follows up on findings of reviews or programmes to assure that effective corrective actions have been taken, including policy revisions, procedural changes, educational activities and follow-up on recommendations.

Chapter 6 *Policies and Procedures*

6.1 Overview

Policies provide the framework within which activities are to be carried out within the facility. There are general policies covering items such as resident rights, ethics, health and safety. There are also specific procedures provide clear directives as to the scope of service, the responsibilities and activities of staff.

6.2 General Requirements

6.2.1 Policies and procedures are –

- (i) clearly set out in an understandable language
- (ii) documented in a policy manual readily accessible to staff
- (iii) drawn up on the basis of adequate information and in consultation with relevant professionals
- (iv) feasible of being implemented
- (v) in compliance with guidelines/codes/regulations/standards issued by professional bodies and the Government
- (vi) not in conflict with relevant legislations

6.2.2 Policies and procedures are developed in the following areas –

- (i) admission policy for residents
- (ii) staff management
- (iii) resident care
- (iv) resident safety
- (v) risk assessment
- (vi) handling of information
- (vii) residents' rights
- (viii) complaints handling
- (ix) charges
- (x) quality assurance activities

- 6.2.3 There is a central register of policies and procedures that includes the title, issue date and review date.
- 6.2.4 There is a mechanism to ensure staff are conversant with relevant procedures. Measures may include circulation of procedure manuals to staff concerned at regular intervals.
- 6.2.5 Evaluation is carried out regularly on the practice against the procedures to ensure effective implementation.
- 6.2.6 Policies and procedures are reviewed at intervals not more than three years and revised as necessary to reflect the current scientific knowledge of services.

Chapter 7 *Rights of Residents*

7.1 Overview

Residents have the right to be cared with dignity. All services are to be delivered without discrimination with respect to the age, sex, religion, ethnicity and disability of the resident. They have a right to be informed of the care planned for them. There is a system to address their complaints.

7.2 General Requirements

7.2.1 There are written policies and procedures to protect the following rights of the residents –

- (i) the right to obtain information on one's own condition and progress
- (ii) the right to obtain information necessary to give informed consent to any care modalities
- (iii) the right to refuse services and care after being explained of the consequences
- (iv) the right to confidentiality in all communications and records related to one's own care
- (v) the right to refuse experimentation or participation in teaching programmes
- (vi) the right to know the fees and charges prior to consultation and any care modalities
- (vii) at admission, staff is instructed to respond to / answer resident or his/her family member's enquiry about the expected charges for the use of services or facilities; in parallel, mechanism exists that residents are kept informed of the updated charges of care at suitable intervals
- (viii) The right to examine and receive explanation on one's bill
- (ix) the right to obtain a copy of the resident record from the facility and the attending medical practitioner after paying respective processing charges

(x) the right to be informed of any public health measures taken in the facility and to take appropriate measures to protect their health

7.2.2 There are appropriate facilities to ensure privacy and to meet the special needs of residents.

7.2.3 The residents have a right to know the name and rank of the staff providing services. Staff wear badges with name and post title to identify themselves. The badge is visible to the residents and relatives.

7.2.4 There are appropriate measures to protect residents' personal belongings from theft or loss and also measures to protect residents from assault by visitors, other residents, and staff.

7.3 Charges

7.3.1 A schedule of charges is prepared and available for reference at the reception and where appropriate.

7.3.2 The schedule of charges is updated when there is a change in the charges.

7.3.3 The resident is informed of the charges of service where practicable.

7.4 Handling of Complaints

7.4.1 A mechanism is in place for handling complaints made by a resident or a person representing the resident.

7.4.2 The mechanism consists of procedures for receiving, investigating and responding to complaints. A time frame is set for staff to provide initial response to complaints, for example, 10 working days.

- 7.4.3 A notice on the channels for receiving complaints is posted up for residents' and their family members' information at the reception counter and where appropriate.
- 7.4.4 A staff is assigned as the client relation officer to handle complaints.
- 7.4.5 A record of the details of the complaints received, investigation findings and actions taken is kept.
- 7.4.6 If the case requires, an improvement measure, whether general or specific to the complaint, is implemented.
- 7.4.7 The complainant is informed of the findings of the investigation and any improvement measure and if the case requires, of any follow-up action taken or to be taken.
- 7.4.8 Staff and related personnel regularly receive training on customer service improvement, such as mediation skills.

Chapter 8 *Care of Residents*

8.1 Overview

Residents with certain clinical conditions warrant special attention. It is essential for the operator to identify the type of conditions that warrants special attention; and to plan and monitor the services accordingly.

8.2 Care of Resident in General

- 8.2.1 There is a medical practitioner-in-charge of the care of each resident. Health inspection or medical consultation or follow up treatment to each resident is undertaken by the medical practitioner at least once every two weeks and when necessary.
- 8.2.2 The medical practitioner is responsible for coordinating medical services to be provided to the resident.
- 8.2.3 In a facility not providing 24-hour resident medical practitioner coverage, the resident and their family members must be informed of the arrangement of medical services of the facility before admission.
- 8.2.4 A registered nurse who has been trained in the practice of elderly care is available at all times as the duty nurse in-charge to supervise nursing care of the services.
- 8.2.5 There is adequate support from physiotherapist and/or occupational therapist when needed, as determined by the medical practitioner-in-charge according to individual residents' condition.
- 8.2.6 Staff have a basic understanding of the needs of the elderly.

- 8.2.7 Assessments and/or procedures performed are documented in the resident record and readily available to those responsible for the resident's care.
- 8.2.8 Residents and their family members are informed about the outcomes of care including unanticipated outcomes.
- 8.2.9 Guidelines are developed for -
- (i) feeding the elderly especially for those with swallowing difficulty
 - (ii) restraining for the elderly who are likely to fall or cause injury to self or others
 - (iii) skin care, oral and dental hygiene of each resident
 - (iv) early detection of abnormal behaviour or condition
 - (v) care of bedridden residents
 - (vi) care of demented residents
 - (vii) care of incontinent residents
 - (viii) insertion and care of indwelling catheter
 - (ix) consumption of Chinese Medicine

8.3 Care of the Critically Ill Residents

- 8.3.1 Facilities have at least one medical or nursing staff who has received training in resuscitation on duty at all times in the facility and readily available to provide resuscitation.
- 8.3.2 The staff who need to provide resuscitation has updated training on a regular basis, with resuscitation drills carried out regularly. The facility conducts audit on the skills to assess the competence of staff concerned.
- 8.3.3 Oxygen supply, suction equipment, and emergency trolleys with defibrillators are made available where necessary.
- 8.3.4 Resuscitation equipment is made easily accessible and staff is aware of its location.

8.3.5 Resuscitation equipment is checked and restocked to ensure all equipment remains in good working order at all times. Checks are documented with the staff's signature.

8.3.6 Written policies and procedures are prepared in relation to resuscitation of residents.

8.4 Care of Residents who require Palliative Care

8.4.1 The multi-professional team is commensurate with the service being provided.

8.4.2 All team members are trained in the assessment of palliative care needs across the dimensions of physical, psychological, social, religious and cultural needs.

8.4.3 All team members have received training and updating in communication skills and the breaking of bad news.

8.4.4 Resuscitation policies are in place and information is available for residents and their carers. Health professionals with thorough understanding of the resuscitation policy and its application are on duty at all times in the facility and are available to make resuscitation decision.

8.5 Care of Residents who require Physical Restraint

8.5.1 Use of restraints is discouraged and is only used as the last resort to prevent resident from injuring himself/herself or others or to prevent the resident from falling.

8.5.2 Restraints are applied by a nursing staff in consultation with a medical practitioner who has assessed the suitability of using restraints, the type and the maximum duration. The need is documented in the resident record.

- 8.5.3 Where restraints are to be used, the informed consent of the resident or his/her family member or other authorized representative is obtained.
- 8.5.4 Written policies and procedures are developed on the use of restraints to ensure the proper use of restraints.
- 8.5.5 The restraints allow a resident to breathe freely. Minimal movement of body and limbs is permitted.
- 8.5.6 The condition of the resident (including the circulation and skin integrity) is checked on a regular basis to ensure that the resident is safe from the risk of strangulation. There is a record to document such checking.

8.6 Care of Residents with Mental Problems or Violent Behaviour

- 8.6.1 There are policies and procedures to –
- (i) assess the resident's inclination to violence and self-harm
 - (ii) assess the quality, safety, appropriateness and security of the service facilities to prevent the resident harming himself/herself or other person
 - (iii) provide training to enable staff to manage such resident
 - (iv) communicate the resident's condition to staff who are taking care of the resident
 - (v) manage a disturbed resident
 - (vi) prescribe the use of restraints, rapid sedation and emergency medication where applicable
 - (vii) report of incidents or self-harm
- 8.6.2 The attending medical practitioner carries out an examination on the mental condition of the resident suspected to have suicidal tendency and take appropriate action. Staff need to monitor the condition of the resident and increase vigilance where appropriate.

Chapter 9 Risk Management

9.1 Overview

Risk is present in the physical environment, equipment, chemicals, drugs or hazardous substances being used. Residents are also at risk when unsafe practices are carried out. Managing risks is an integral part in the management of a facility. The objective is to ensure that the accommodation, the systems of work and practices are safe. There is also greater awareness of danger and preparedness to deal with emergencies through identification, analysis, assessment, minimisation and monitoring of risk.

9.2 General Requirements

9.2.1 There is a comprehensive written risk management policy and supporting procedures, covering the following –

- (i) the assessment of risks throughout the facility
- (ii) the identification, analysing and learning from adverse health events or near misses
- (iii) the arrangement for responding to emergencies, for example, fire evacuation, cessation of water and electricity supply

9.2.2 There is a person appointed to coordinate risk assessment and promulgate information on risk identifications and solutions.

9.2.3 In the management of a serious and significant incident, there are –

- (i) a designated senior staff to co-ordinate the immediate response to the incident
- (ii) alert procedures to deploy staff in response to an incident
- (iii) procedures to communicate the nature of the incident to the senior staff, family of the resident, regulatory authorities and media as appropriate (risk communications)

- (iv) investigation and audit after the incident
- (v) implementation of recommendations to prevent future occurrence

9.2.4 The person-in-charge notifies the Director of Health on the occurrence of reportable events as stipulated in Clause 14.1.2 of this Standard in the facility.

9.2.5 There is an on-going process for identifying and reducing unanticipated significant incidents and safety risks to residents and staff.

9.3 Fire Safety

9.3.1 Advice is sought from the Fire Services Department (FSD) or agencies approved by FSD on the measures on fire safety.

9.3.2 Adequate precautions against the risks of fire are taken.

9.3.3 Procedures are drawn up on fire precaution and contingency plans in case of fire. These procedures are reviewed at intervals not exceeding 24 months.

9.3.4 The use of fire-resistant materials for mattresses and upholstered furniture are in line with standards prescribed by the FSD.

9.3.5 Procedures to be followed in the event of fire are displayed in conspicuous places in the premises.

9.3.6 Fire evacuation exercise is conducted at regular intervals. Records of the drills are made available for inspection.

9.3.7 The fire and smoke safety plans including systems related to early detection and suppression are subject to regular testing and results are documented.

9.4 Health and Safety of Staff

- 9.4.1 The facility complies with the Occupational Safety and Health Ordinance (Cap 509) to safeguard the health and safety of staff.
- 9.4.2 A record on accidents to staff is kept.

9.5 Infection Control

- 9.5.1 There is a designated nursing staff to deal with infection acquired or brought into the facility, monitors the incidence and trends of infections among residents and staff as well as infection control activities.
- 9.5.2 The designated nursing staff has received training in infection control.
- 9.5.3 The designated nursing staff also provides advice in relation to the following issues –
 - (i) early stage planning relating to the building services and purchase of equipment
 - (ii) contracting-out process for services which have implications for infection control, for example, laundry, housekeeping, waste disposal, catering, sterile supplies and maintenance of ventilation system
- 9.5.4 Written policies, procedures and guidance for the prevention and control of infection are developed, including the following, wherever is relevant to the facility –
 - (i) standard and transmission based infection control precautions
 - (ii) hand hygiene procedures and facilities
 - (iii) safe handling and disposal of clinical and chemical wastes
 - (iv) management of nasogastric tubes and indwelling catheters
 - (v) decontamination and reprocessing of re-usable devices

- (vi) notification of suspected outbreak of infectious disease to the Centre for Health Protection of Department of Health and management of the outbreaks
- (vii) isolation of residents suffering or suspected to be suffering from infectious diseases
- (viii) prevention of occupational exposure to blood borne viruses and other infections through barrier precaution or vaccination
- (ix) injection safety and management of needle-prick injury
- (x) management of spills or accidents with infectious substances
- (xi) equipment cleaning, disinfection and sterilisation
- (xii) management of laundry and linen
- (xiii) operation of catering services
- (xiv) identify environmental infection risk during demolition, construction and renovation works
- (xv) indications and use of personal protective equipment under different infection risks

9.5.5 The designated nursing staff undertakes on-going activities and surveillance to detect outbreaks of infectious diseases.

9.5.6 Independently ventilated rooms are available for isolation of residents with infections spread by airborne route.

9.5.7 The designated nursing staff is tasked to monitor, organise and implement infection control practice.

9.5.8 The designated nursing staff involves in training of staff on all aspects of infection prevention.

9.5.9 There is a mechanism to integrate infection control practice with the facility's overall programme for quality improvement and resident safety.

9.5.10 The designated nursing staff keeps abreast of the situation of infectious diseases in the community and implement appropriate infection control measures.

Chapter 10 *Resident Record*

10.1 Overview

A comprehensive resident record is maintained for each resident. The record is a contemporaneous record of all care and services provided by all health professionals. It enables the residential care team to provide continuing care to the residents.

10.2 General Requirements

10.2.1 All resident records are accurate, sufficiently detailed, legible, current, complete and organised to enable –

- (i) all medical practitioners, nurses, allied health professionals and care workers responsible for the resident to provide continuing care to the resident
- (ii) the retrieval of information required for review and quality assurance activities

10.2.2 The resident's name in full and resident number/alternative identifier are displayed conspicuously on the record sheet for easy identification. The record of the resident comprises the following but not limited to –

- (i) notes of all medical practitioners, nurses, allied health professionals and care workers, who have attended the resident in the facility, for example, admission notes, consultation notes and progress notes
- (ii) prescription order form
- (iii) observation charts and fluid balance charts
- (iv) drug charts and history of allergy
- (v) consent forms
- (vi) referral letters
- (vii) nursing care plans
- (viii) any significant incident, including injuries to the resident
- (ix) discharge summary

- 10.2.3 Notes of health professionals are signed with their name and rank marked.
- 10.2.4 All entries in the resident records are dated. The time is entered where appropriate. It bears the signature of the service provider. The signature is recognisable or traceable. A specimen of signature is kept. Alternatively, the signature is accompanied by the name of the signatory. Incorrect entry or error made is crossed out and corrected where appropriate with the date and signature of the correcting officer.
- 10.2.5 Where the resident record is in an electronic format, there is a mechanism to provide an audit trail on any amendments made on the record.
- 10.2.6 The management regularly audits the content and completeness of resident records.

10.3 Storage and Destruction of Records

- 10.3.1 A policy is set to retain resident records for a certain period of time. The period depends on the nature of the record and the likelihood of legal proceedings. The administration should consult its legal advisor on how long should specific types of records be stored.
- 10.3.2 The record of the resident is kept in a confidential manner. All records are kept in a secure place to prevent access by unauthorized persons, damage or loss. Security measures and policies are in place for the safe handling and transmission of electronic information containing residents' data including, among others, electronic mails or those stored on removable media.
- 10.3.3 Destruction of records including electronic records or images containing residents' data is undertaken in a secure manner.

Chapter 11 *Medicine Management Service*

11.1 General Requirements

- 11.1.1 A registered nurse is appointed to take overall charge of the medicine administration and management for the residents' medicines.
- 11.1.2 A registered pharmacist or a registered medical practitioner is appointed to supervise the dispensing and take overall charge of the dispensing service.
- 11.1.3 There are written procedures for the procurement, recording, handling, safe keeping, safe administration, disposal and recall of medicines. All medications used are registered drugs in Hong Kong.
- 11.1.4 The handling and supply of medicines is in accordance with the requirements of prevailing legislations.
- 11.1.5 There is clear labelling of medicines in storage with expiry dates.
- 11.1.6 There is a system to monitor the accuracy of dispensing and administration of medicines. Dispensing and administration records are kept and available for inspection. Medication errors or near miss incidents are documented and reported to the responsible medical practitioner, registered nurse in-charge or pharmacist through a process and time frame defined by the management.
- 11.1.7 Reportable events related to dispensing or administration of medicines are reported to the Department of Health in accordance with relevant requirements.

- 11.1.8 There is a policy setting out whether the resident can bring in medicine for personal use. If this is allowed, the facility informs the resident / family of the resident of the responsibility to inform the attending doctor. If this is not permitted, this policy is relayed to the resident and family of the resident before the admission of the resident. Consent form is signed.
- 11.1.9 In accordance with the Pharmacy and Poisons Ordinance (Cap. 138) and their Regulations, Poisons procured are regularly checked and documented by a registered pharmacist or medical practitioner.
- 11.1.10 Working surfaces where medicines are dispensed or prepared are clean, smooth, washable and impervious to dirt and moisture.

11.2 Storage of Medicines

- 11.2.1 Medicines are kept in safe custody, including those in current use. Where locked cabinets are used, there is a written procedure for the handover of keys at changes of shifts and for safekeeping of spare keys.
- 11.2.2 Dangerous drugs are stored in a lockable cupboard and checked at least monthly with record by a registered nurse appointed by medical in charge for the purpose.
- 11.2.3 Storage of medicines is in accordance with manufacturer's recommendations. Suitable equipment, which are kept and maintained in good working order, are available for storage of medicines requiring special storage conditions (e.g. medicines requiring cold chain).
- 11.2.4 Medicines for external and internal use are kept separately.
- 11.2.5 There is a system to check expiry dates of medicines and disinfectants whether these are kept in the store or refrigerator, put on standby or for emergency use.

- 11.2.6 Where there is a cold chain requirement for maintaining the efficacy of medicines, there is a system to monitor and record the temperature of the transport and storage facilities. For example, there are written policies and procedures on storage and handling of vaccines by taking reference from the “Module on Immunisation” under the “Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings” promulgated by the Primary Care Office of the Department of Health.
- 11.2.7 There are written policy and procedures covering the management of cold chain breach and the control of access to drug storage.

11.3 Dispensing and Administration of Medicines

- 11.3.1 Medicines are dispensed in accordance with a prescription given by a registered medical practitioner and under the supervision of a registered pharmacist or a registered medical practitioner.
- 11.3.2 Medicines are administered by a registered or enrolled nurse and clearly labelled for administration.
- 11.3.3 Drugs packed in unit dose containers are administered immediately after the drugs have been removed from the containers.
- 11.3.4 A medication record is kept for each resident, the entries is signed by the person who administers and showing -
- (i) the name and identifier of the resident
 - (ii) the name, dose, route of administration of medicine
 - (iii) the frequency and time for administering each dose
 - (iv) the date of prescription
 - (v) any known medicine hypersensitivity or allergies
- 11.3.5 The medicine for resuscitation is easily accessible to staff. The packaging facilitates the process of resuscitation.

- 11.3.6 Where medicines are received against a prescription for a named resident, they are administered to that particular resident and are not be used for other residents. When medicines are no longer required by the named resident, they are properly handled and disposed of.
- 11.3.7 Maintenance of the supplies of medicines is performed by a registered pharmacist or a registered medical practitioner.
- 11.3.8 Medicines dispensed for use by residents outside the facility are clearly labelled with the name of the medicine, directions and precautions for use as well as complying with prevailing legislations.
- 11.3.9 A register is maintained on the particulars of the patients receiving pharmaceutical products that are derived from human sources. Examples are plasma and its derivatives.

Chapter 12 *Physiotherapy / Occupational Therapy Service*

12.1 Staffing

- 12.1.1 A physiotherapist / an occupational therapist is assigned to take overall charge of the physiotherapy / occupational therapy service respectively.
- 12.1.2 The physiotherapists / occupational therapists provide supervision on assistants and other supportive personnel.

12.2 Facilities and Equipment

- 12.2.1 There are sufficient equipment and supplies appropriate to the needs and the services offered.
- 12.2.2 Adequate space is provided for storing equipment and supplies.
- 12.2.3 All equipment is maintained at regular intervals.
- 12.2.4 Where residents are not directly and personally supervised at all times, there are call bells to call for assistance of staff. Call bells are frequently checked for their normal functions. All residents receiving care are instructed on how to use the call bells.

12.3 Other Requirements

- 12.3.1 There are written policies and procedures on the handling of equipment and instructions for residents.
- 12.3.2 Where the care and services involve the manipulation of aids / equipment by residents themselves, the residents are briefed on the proper handling of the equipment and the associated risks.

- 12.3.3 Precautions or contraindications are relayed to residents before specific types of care modality are contemplated.
- 12.3.4 Treatment and advice given is documented in the resident record.

Chapter 13 *Housekeeping and Supporting Services*

13.1 Overview

Properly run housekeeping services, catering services, linen and laundry service, clinical and chemical waste management, storage and supply of medical gases, and mortuary service are important to the safe and effective delivery of services to residents.

13.2 Housekeeping Service

13.2.1 Work routines which include schedules of cleansing of the premises and the air-conditioning system are established.

13.2.2 Residents' rooms including floors, toilets and bathrooms are cleaned daily and whenever necessary.

13.2.3 Common areas such as lobbies, waiting areas, activity rooms are kept clean at all times.

13.2.4 Call bells in bed rooms, toilets and bathrooms are kept in order and tested on a regular basis.

13.2.5 All cleaning and disinfecting agents are correctly labelled with the product names and different purposes of use as specified by the manufacturer.

13.2.6 Pest control is carried out on a regular interval and where necessary.

13.2.7 The premises are kept under proper security control for the safety of residents, visitors and staff and their property. Policies and procedures are in place for handling all incidents and other unexpected happening.

- 13.2.8 When there are renovations or new construction works to be carried out in the facility, appropriate measures are taken to contain noise and dust.

13.3 Catering Service

- 13.3.1 If food is served in the facility, it is properly prepared according to the needs of residents.
- 13.3.2 All staff who handle food have undertaken regular training in food hygiene.
- 13.3.3 Food handlers are supervised by professional staff such as dietitian or registered nurse.
- 13.3.4 Staff suffering from gastro-enteritis symptoms refrains from handling of food until symptoms have subsided.
- 13.3.5 Special diets are provided on the advice of professional staff or a dietitian. There is regular monitoring on the quality of food.
- 13.3.6 Food is provided in different varieties and menus are rotated regularly.
- 13.3.7 The person who is in-charge of the catering service takes reference from the Hazard Analysis Critical Control Point (HACCP) system for ensuring food safety.
- 13.3.8 The kitchen and place for storage of food are kept hygienic to avoid pest infestation.
- 13.3.9 There is a system to label the expiry date of food that has been prepared and stored for serving later.

13.4 Linen and Laundry Services

- 13.4.1 An adequate stock of clean linen is maintained for use.

- 13.4.2 A schedule for the changing of linen is set.
- 13.4.3 There are written policies and procedures on handling of soiled linen, in particular linen of residents suffering from infectious diseases.
- 13.4.4 Linen storage rooms are kept clean and in order.
- 13.4.5 Where laundry service is provided in house, the washers and dryers are regularly maintained.
- 13.4.6 For occupational safety and health, laundry staff are provided with appropriate personal protective equipment and receive appropriate training on handling of linen/clothing items, chemical detergents and operation of laundry machines.
- 13.4.7 The laundry and related machines, ventilation system of the laundry, etc. are regularly serviced and maintained for effective operations with proper documentation in place.
- 13.4.8 Mechanism exists and documentation is kept to monitor staff performance and quality of services.

13.5 Clinical and Chemical Waste Management

- 13.5.1 Clinical and chemical wastes are handled properly and safely according to written policies and procedures promulgated by the Environmental Protection Department (EPD).
- 13.5.2 A clinical and chemical waste management plan is developed.
- 13.5.3 Clinical waste is segregated from domestic waste. It is properly packaged and labelled, using colour-coded bags with biohazard signs. Similarly, all chemical wastes are properly stored and labelled before disposal.

- 13.5.4 Clinical and chemical wastes are stored securely before collection by specialized waste collectors licensed by the EPD.
- 13.5.5 A record is kept to demonstrate that clinical and chemical wastes have been properly disposed.
- 13.5.6 Staff are provided with appropriate personal protective equipment and receive appropriate training on handling of clinical and chemical wastes.
- 13.5.7 Mechanism exists and documentation is kept to monitor staff performance and quality of services.

13.6 Storage and Supply of Medical Gases

- 13.6.1 The facility ensures the safe use of medical gases by taking reference from prevailing guidelines issued by local authorities.
- 13.6.2 Checks on the Medical Gas Pipeline System (MGPS) and the pharmaceutical testing (e.g. identity and quality tests) of the gases emerging from Terminal Units (TUs) of MGPS must be conducted by an Approved Person under the Dangerous Goods (General) Regulations and registered pharmacist with appropriate training respectively when the system is first installed and after it has been repaired, altered, overhauled or extended. Written approval from Fire Services Department should be obtained before the system is put into operation.
- 13.6.3 A record is maintained of the checks that have been carried out prior to use of a new or repaired system.
- 13.6.4 There are written policies and procedures for recording the procurement, receipt, delivery, handling, transport and storage of full and empty medical gas cylinders and the details of person-in-charge.

- 13.6.5 The storage of compressed gas cylinders and any liquefied gases must comply with the provisions of the Dangerous Goods Ordinance (Cap 295) and its Regulations.
- 13.6.6 If at any stage, from receipt to use, a compressed gas cylinder is found not to be in a satisfactory condition or without a correct or legible label or an intact seal, it must be rejected and placed in a designated segregated area prior to return to supplier.
- 13.6.7 A person is appointed to assume overall management of medical gases. Relevant personnel are trained for safe handling of medical gases.

13.7 Mortuary Services

- 13.7.1 There are written policies and procedures for proper identification and safe transfer of a deceased resident to the mortuary and subsequent handover of dead body to the deceased's family and undertaker.
- 13.7.2 The mortuary and plant are regularly inspected and maintained. The temperature of the cold chamber(s) is monitored and recorded at regular intervals.
- 13.7.3 Staff are provided with appropriate personal protective equipment and receive appropriate training on safe handling of dead body.

13.8 Sterile Supplies Services

- 13.8.1 Staff receive appropriate training in the handling and use of sterile supplies.
- 13.8.2 The services are carried out in line with the infection control policy of the facility.

- 13.8.3 Sterile supplies are delivered in appropriate carriers and stored in a clean and dry area.
- 13.8.4 All sterilising equipment are regularly inspected and maintained. Relevant staff are appropriately trained in the use of the equipment.
- 13.8.5 The stock levels of sterile supplies are checked regularly and correctly rotated.
- 13.8.6 Measures are taken to ensure the effectiveness of sterilisation.
- 13.8.7 There is proper documentation of different batches of sterilised supplies so that recall of sterilised products with problem can be carried out effectively for remedial action.

Chapter 14 *Information to be submitted to Director of Health*

14.1 General Requirements

14.1.1 The operator is responsible to submit the following information at regular intervals to the Director of Health –

- (i) annual report
- (ii) staffing situation
- (iii) audited financial report
- (iv) any other information as required by the Government

14.1.2 The person-in-charge is required to inform the Director of Health in case of the following occurrence –

For significant incidents, the reporting is made within 24 hours upon detection with full report submitted to the Director of Health within 4 weeks.

Significant Incidents:

- (i) Unanticipated death or major permanent loss of function (not related to the natural course of the resident's illness or underlying condition)
- (ii) Serious reaction after blood or blood products transfusion
- (iii) Suicide, assault, homicide
- (iv) Medication error (for example, over dosage or wrong drugs) associated with adverse outcome (for example, hospitalisation) or error which involves more than two residents
- (v) Unanticipated accidents (for example, fall, choking) associated with loss of function or hospitalisation
- (vi) Death or injury associated with the use of restraints
- (vii) Any events (for example, equipment-related, facility-related) associated with adverse outcome

Others :

- (i) events of public health significance
- (ii) serious incidents affecting the operation of the facility, for example, cessation of water and electricity supply
- (iii) unusual clustering of communicable diseases, in addition to the statutorily reportable infectious disease stipulated in the Prevention and Control of Disease Ordinance (Cap 599)

Appendix

The applicant should approach the relevant government departments to ascertain whether the operation of the facility including the use of the premises is in compliance with relevant Ordinances and Regulations of the Laws of Hong Kong. Examples include but not limited to the following –

Government Department	Relevant Ordinances
Buildings Department	· Buildings Ordinance (Cap 123)
Electrical and Mechanical Services Department	· Electricity Ordinance (Cap 406) · Lifts and Escalators Ordinance (Cap 618) · Gas Safety Ordinance (Cap 51)
Environmental Protection Department	· Air Pollution Control Ordinance (Cap 311) · Noise Control Ordinance (Cap 400) · Wastes Disposal Ordinance (Cap 354) · Water Pollution Control Ordinance (Cap 358)
Fire Services Department	· Fire Services Ordinance (Cap 95) · Fire Safety (Buildings) Ordinance (Cap 572) · Fire Safety (Commercial Premises) Ordinance (Cap 502) · Dangerous Goods Ordinance (Cap 295)
Lands Department	· Land Registration Ordinance (Cap 128) · Land Titles Ordinance (Cap 585)
Planning Department	· Town Planning Ordinance (Cap 131)
Water Supplies Department	· Waterworks Ordinance (Cap 102)

Apart from the above Ordinances, upon grant of the exemption, the operator and the Board of Directors also ensures that the relevant Ordinances and Laws of Hong Kong are adhered to during daily operation. The following list of Ordinances is not exhaustive and is meant for the operator's reference only.

Government Department / Statutory Body	Relevant Ordinances
Department of Health	<ul style="list-style-type: none"> · Dangerous Drugs Ordinance (Cap 134) · Antibiotics Ordinance (Cap 137) · Pharmacy and Poisons Ordinance (Cap 138) · Prevention and Control of Disease Ordinance (Cap 599) · Smoking (Public Health) Ordinance (Cap 371) · Undesirable Medical Advertisement Ordinance (Cap 231)
Medical Council of Hong Kong	<ul style="list-style-type: none"> · Medical Registration Ordinance (Cap 161)
Chinese Medicine Council of Hong Kong	<ul style="list-style-type: none"> · Chinese Medicine Ordinance (Cap 549)
The Nursing Council of Hong Kong	<ul style="list-style-type: none"> · Nurses Registration Ordinance (Cap 164)
Supplementary Medical Professions Council	<ul style="list-style-type: none"> · Supplementary Medical Professions Ordinance (Cap 359)
Food and Environmental Hygiene Department	<ul style="list-style-type: none"> · Public Health and Municipal Services Ordinance (Cap 132)
Independent Commission Against Corruption	<ul style="list-style-type: none"> · Independent Commission Against Corruption Ordinance (Cap 204) · Prevention of Bribery Ordinance (Cap 201)

Government Department / Statutory Body	Relevant Ordinances
Judiciary	· Coroners Ordinance (Cap 504)
Labour Department	· Employment Ordinance (Cap 57) · Employee's Compensation Ordinance (Cap 282) · Occupational Safety and Health Ordinance (Cap 509) · Boilers and Pressure Vessels Ordinance (Cap 56)
Mandatory Provident Fund Schemes Authority	· Mandatory Provident Fund Schemes Ordinance (Cap 485) · Occupational Retirement Schemes Ordinance (Cap 426)
Office of the Privacy Commissioner for Personal Data, Hong Kong	· Personal Data (Privacy) Ordinance (Cap 486)
Social Welfare Department	· Residential Care Homes (Elderly Persons) Ordinance (Cap 459)