

## Study underscores need for a new narrative for nursing homes

5 October 2016

1. A startling lack of choice in residential aged care, chronic manpower shortage, low staff pay and a financing system out of sync with the evolving nature of care are some of the biggest problems plaguing nursing homes today, say operators who run 40 of Singapore's 72 nursing homes.
2. These are among the top findings of a study that takes an up-close look at recent improvements and best practices, current concerns and the promise, pitfalls and policy choices ahead for nursing home care at a time when more homes are being built here than ever before. The latest - Pearl's Hill Care Home - was officially opened just last week.
3. Commissioned by the [Lien Foundation](#) and the [Khoo Chwee Neo Foundation](#), the 130-page study is the first of its kind to weave in-depth interviews with 50 long-term care experts - nursing home leaders, doctors, policymakers and academics - with relevant research and data. It covers a wide variety of issues affecting those who live or work in these homes, including care, manpower, financing and governance.
4. Titled "[Safe but Soulless](#)" and written by journalist Radha Basu, it hopes to deepen the national discourse on how to better care for some of the frailest and most vulnerable residents in fast-ageing Singapore.
5. Figures released last week show that there are nearly 490,000 people aged 65 and above now, up from around 350,000 just five years ago. The numbers of those aged 75 or older – who are most likely to need residential care – has jumped to more than 185,000 from around 140,000 in 2011.<sup>1</sup>

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<sup>1</sup> Report on Population Trends 2016, Department of Statistics

6. At a time when the Government has rightly been pushing for aged-care at home where possible, the study throws up many surprising findings:
- Despite a 30 per cent increase in capacity since 2010,<sup>2</sup> Singapore still has fewer nursing home beds per older folk aged 65 and above than it did at the turn of the century in 2000.<sup>3</sup>
  - Many residents stay in nursing homes for years, not because of heavy nursing needs, but because there is no one to care for them at home. In fact, one study of six homes<sup>4</sup> showed that 15 per cent of residents lived at the homes for a decade or more. The longest-staying current resident among the homes interviewed for this report has stayed in a nursing home for 27 years. By contrast, the average length of stay for patients aged 65 and above in public hospitals was 8.2 days.<sup>5</sup>
  - In some homes, a single care worker must look after 20 to 30 residents at night. Up to 85 per cent of staff are foreigners. Their starting pay can be as low as \$350-\$400, excluding food and accommodation, less than what many domestic workers get these days. In some cases, the foreign worker levy the nursing homes pay the Government is higher than worker salaries.
  - Some residents still live in dorm-style accommodation where more than 20 people share a room, although newer homes have six- to eight-bedded dorms. Japan, which has the highest proportion of older folk in the world, stopped building such dorms 40 years ago.<sup>6</sup>
  - Complaints to the Ministry of Health remain low and surveys conducted by the Agency for Integrated Care show nine in 10 are satisfied with nursing home services. However, many residents continue to live in clinical, regimented conditions. Some homes focus too much on health and safety and not enough on the social and emotional needs of residents.
  - Singapore has roughly the same number of hospital and nursing home beds. Yet, despite a significant increase in spending in recent years, nursing homes still account for less than four per cent of the Ministry of Health's budget.<sup>7</sup>
  - Although Singapore's residential property market is awash with choices, there are hardly any affordable types of long-term residential aged care for the elderly, with nursing homes being the long-standing default option for those who cannot be cared for at home. Assisted living<sup>8</sup> facilities are almost non-existent.
  - For instance, even if 95 per cent of the elderly live and die at home, Singapore might need nearly 50,000 alternative senior living options by 2030.

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<sup>2</sup> The number of nursing home beds has increased from 9,200 in 2010 to 12,000 in 2015.

<sup>3</sup> The number of nursing home beds per 1,000 people aged 65 years old and above has actually decreased to 26.1 beds in 2015, down from 27.9 beds in 2000.

<sup>4</sup> Tiong, W. W., Yap, P., Koh, G. C., Fong, N. P., & Luo, N. (2013). Prevalence and risk factors of depression in the elderly nursing home residents in Singapore. *Aging & Mental Health*

<sup>5</sup> [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/Parliamentary\\_QA/2014/bed-crunch.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/Parliamentary_QA/2014/bed-crunch.html)

<sup>6</sup> A study on the introduction of private rooms and small scale units at long-term care insurance facilities, Dr. Tadashi Toyama, 2002

<sup>7</sup> Government spending on nursing homes more than tripled to \$360 million in financial year 2015-16, but was still a small portion of the MOH's \$9.2 billion budget for that year

<sup>8</sup> Assisted living is residential accommodation for elderly or disabled people who do not have any serious medical problems, but may require help with personal care, such as showering, dressing or going to the toilet. It is typically much cheaper than nursing homes.

7. “A new narrative for nursing homes is needed to prevent thousands of elderly from serving out their last years in institutions with no privacy, no dignity, and little purpose,” said Mr Lee Poh Wah, CEO, Lien Foundation. “We need to create a comprehensive care system Singaporeans can count on in old age, with facilities focused on making lives meaningful, and not just meeting regulations or controlling costs. To provide quality care, there needs to be a coherent manpower plan for the residential aged care sector, just as how the government had reviewed and developed a new manpower strategy for the early childhood sector.”
  
8. However, Singapore is well placed to overcome these gaps. The study’s author and researcher, Ms Basu, acknowledges improvements in capacity and care since the setting up of the Agency for Integrated Care, which coordinates care, and a dedicated Ageing Planning Office under the Ministry of Health: “By many indications, residents are largely clean, safe, fed and cared for. The bed crunch has eased. Care levels have been shored up with the help of a new set of common nursing home standards. But a big need now is to give residents more dignity, meaning and control over their lives.” She added that Singapore should also rethink its policy of continuing to build medicalised mega nursing homes at a time when most advanced countries had switched to providing more homelike alternatives to nursing home care.
  
9. Aside from the need to ‘add some soul’, interviewees suggested action in four key areas:
  - ***Provide more choices***
  - ***Overcome the manpower crunch***
  - ***Review current governance***
  - ***Re-examine financing models***

**The need for more choices in residential care**

10. Several interviewees underscored the lack of choices – especially affordable assisted living facilities – as a key gap in residential aged care. Nursing homes, they say, should not be the only alternative to ageing at home. For years, there has been no demand for alternatives, largely because Singapore has been blessed with a steady supply of affordable foreign domestic workers to provide personal care to the elderly at home. This solution, however, may not be sustainable in the long term.

11. There have already been some recent cases of untrained, frustrated domestic workers who end up abusing older folk, after being unable to cope with heavy burden of care. Besides, the supply of competent and caring domestic workers might shrink in future, given the low pay, long and unregulated working hours as well as improved economic opportunities in the workers' home countries and the rising global competition for Asian care staff.
12. More importantly, the one-on-one care provided by domestic workers is increasingly seen as a luxury Singapore can ill-afford, particularly when it comes to caring for elderly who live alone. The numbers of such folk are expected to more than double from 41,000 currently to 92,000 by 2030. Given the chronic shortage of staff, it might make more sense to redeploy them in the long-term care industry.
13. Although Singapore has enough nursing home beds for nearly seven per cent of its 75 years plus population, it has hardly any assisted living facilities, unlike in many advanced countries where assisted living has replaced nursing homes as the primary option for long-term care. Several experts see assisted living as a viable alternative in the face of fewer foreign workers and global competition for care staff.
14. There is also a need to encourage the growth of private sector players who can offer innovative, value-for-money services to private-paying Singaporeans. Currently, Singapore's nursing home sector is dominated by homes run by Voluntary Welfare Organisations (VWOs), which cater primarily to subsidised residents. They get government grants and subventions and can raise charity dollars to pay for programmes and services. Interestingly, some of these VWO homes offer care, services and living environments that are superior to those on offer in private homes, which charge residents thousands of dollars per month.
15. The report notes that in 2006, a Government-appointed committee on ageing issues had recommended MOH to review its policies to encourage private-sector participation and innovation in this sector. After a quiet decade, it is time to revisit this recommendation.

### **Overcome the manpower crunch**

16. Care staff are the heart of nursing home care. Currently, nursing homes must hire at least 15 per cent local staff. Heads of nursing homes cite the diminishing supply of local workers, low pay, unrealistic staff ratios and heavy workloads as some of the many factors responsible for the manpower crunch.
  
17. To break this vicious cycle, the minimum staffing ratios could be improved to have more staff looking after residents, and the pay must go up. The starting pay for some foreign nursing home workers – who form up to 85 per cent of staff - is lower than that of domestic helpers, and up to four times lower than what similar workers get in countries like Australia. Employers, however, must pay up to \$450 per month in foreign worker levies. The report suggests channelling a part of these levies back into the pay.
  
18. There is also an urgent need to wean the nursing homes off an over-reliance on foreign workers by building a local care industry. Older workers, such as retirees, housewives with grown-up children and former caregivers whose loved ones have died, can be tapped as full-time or part-time care workers. They can be wooed with incentives beyond salaries, such as discounts for fees, should they themselves ever need professional care.

### **Governance**

19. The report suggests taking nursing homes out of the purview of the Private Hospitals and Medical Clinics (PHMC) Act, which governs healthcare institutions such as private hospitals, medical clinics and clinical laboratories. Nursing home licences are issued under the Act, and licensing guidelines have stringent health and safety conditions, which may seem out of place in a long-stay facility. For instance, nurses are expected to prepare medicines and sign a resident's medical record every time he or she is given medicine in a nursing home. This might be necessary for seriously ill patients in a hospital, but nursing home residents are medically stable and do not really need that level of supervision. Such tasks are usually done by family members or domestic helpers at home. Operators say that as long as these homes come under the purview of the Act, they will continue to be "over-medicalised".
  
20. Instead, nursing homes could come under a new law that oversees long-stay care homes, such as nursing homes and homes for adults with special needs or psychiatric conditions. Licences should also be differentiated according to levels of care. For instance, a new

licence category can be created to cover assisted living to cater to seniors who are more independent.

21. As more Singaporeans need care, the Republic can also consider setting up a care quality commission to offer guidance, set benchmarks, monitor standards, hear complaints and arbitrate disputes. It should also conduct nursing home audits and make the reports public.
22. Unlike in most advanced countries, nursing home audits currently conducted by MOH are confidential. Increasing transparency, some experts say, could help raise standards and further improve quality and accountability.

### **Financing**

#### ***Review funding model for nursing homes***

23. Some experts also pointed out the need to revamp the long-term care financing system which appears out of sync with the evolving role of nursing homes. In recent years, the Government has rightly emphasised the need to discharge nursing home residents back home, where possible, with the help of rehab and quality care. However, under the current funding models, VWOs get the maximum funds for the sickest category of residents, who are usually bed-bound. Thus there are no financial incentives for homes to improve a resident's condition. Instead, funding schemes should be recalibrated to ensure that nursing home care fosters rehabilitation and re-ablement where possible, and nursing homes are rewarded for improving the condition of their residents. This is what countries like Japan, the US and South Korea have been seeking to do.<sup>9</sup> There is also a need to tie funding to a person's care needs, rather than where he receives care.
24. The report also highlights how the current subsidy models may have encouraged over-utilisation of the wrong type of care, for example, Singaporeans preferring to stay in the more generously funded hospitals, when what they need is actually nursing home care.
25. The report also suggests splitting the accommodation and care components of nursing home bills. While care can be paid for by the state and/ or long-term care insurance, accommodation subsidies should be means-tested and given only to poorer families. Wealthier private-paying residents who would like higher-quality, more spacious accommodation can pay for it through a lump-sum deposit or by monetising their homes.

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<sup>9</sup> OECD. (2013). Japan Highlights from *A good life in old age? Monitoring and Improving Quality in Long-Term Care* (OECD Health Policy Studies). OECD Publishing

### ***The one thing that must change***

26. “Any review to improve nursing homes must go beyond the dollars and cents to include the wellbeing of the residents,” said Peggy Goh, founder and Board Member, Khoo Chwee Neo Foundation. “Despite the rise in government spending on nursing homes, dormitory-style accommodation is still the norm in Singapore’s nursing homes. Ironically, nursing homes are far from being home-like.” Over-medicalisation and replication of the acute care mindset and settings into the nursing home not only cause the homes to lose their personal touch and soul, it threatens residents’ wellbeing as well.

### ***Live, Eat and Hope in a Nursing Home***

27. To gain a personal insight into the life of nursing home residents, celebrity host, Ms Anita Kapoor, will stay in a nursing home for two weeks. Starting this Sunday, 8 October, she will provide a raw and honest look into what living in a nursing home is like. On why she has volunteered, she said, “The reason I want to put myself into this situation is because once I have experienced this morning, noon and night, I will be able to tell people, and advocate for the elderly, as well as advocate for the institutions, that there possibly needs to be some changes, there needs to be a conversation.”

28. During her stay, Ms Kapoor will provide vignettes of her life as a resident on [www.safebutsoulless.sg](http://www.safebutsoulless.sg). Her mental health will be assessed by a doctor before and after the stay. A social documentary of her experience will be produced by creative agency, ZOO Group, and released in December. This is part of Lien Foundation’s efforts to give a voice to nursing home residents, many of whom helped write one of the biggest economic success stories of our time, but are too weak to speak up any more.

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Annex A – Nursing Home & ILTC Landscape in Singapore

Annex B – Selected stories from “Safe but Soulless”

## **ABOUT THE LIEN FOUNDATION**

**[www.lienfoundation.org](http://www.lienfoundation.org)**

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation. It supports innovative models of eldercare, advocate better care for the dying and greater attention on dementia care.

Since 2005, the Foundation has harnessed IT for capacity building and enhanced the quality of care in healthcare nonprofits like hospices and nursing homes. In 2010, the Foundation commissioned the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care. It has published research that unveiled the views of doctors and thought leaders on what would improve end-of-life care in Singapore.

## **ABOUT THE KHOO CHWEE NEO FOUNDATION**

**[www.kcnf.org](http://www.kcnf.org)**

The Khoo Chwee Neo Foundation was incorporated in January 2015 to achieve its Founder - Peggy Goh's philanthropic aspirations. The Foundation's mission is to put God's love into action by creating lasting solutions to poverty and social injustice through the Foundation's well-rounded care programmes for the elderly poor, and education and rehabilitation programmes for children.

The Foundation's main programmes are to provide care for the physical and emotional needs of the elderly poor, and to provide access to education for underprivileged children and children with special needs in Singapore, as well as from other developing countries in Southeast Asia. The Foundation was named after the Founder's mother, Khoo Chwee Neo, to remember Madam Khoo's passion in helping the poor and needy.

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## Annex A – Nursing Home & ILTC Landscape in Singapore

### A. ILTC Facilities in Singapore

|  |        |
|--|--------|
| No. of nursing homes   | 72     |
| No. of nursing home beds                                       | 11,993 |
| No. of Nursing home beds per 1000 elderly 65 years old & above | 26.1   |
| No. of Home Nursing Providers (2014)                           | 20     |
| No. of home medical providers (2014)                           | 15     |
| No. of Day Rehabilitation Centres/ Day Care Centres (2014)     | 57     |
| No. of Dementia Day Care Centres (2014)                        | 16     |
| No. of Dementia Nursing Homes (2014)                           | 1      |
| No. of palliative nursing home care providers (2014)           | 7      |
| No. of palliative medical home care providers (2014)           | 6      |
| No. of inpatient hospice care facilities                       | 4      |
| No. of inpatient hospice care beds                             | 141    |

Source: As at 2015, Health Facilities, Ministry of Health, [https://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Health\\_Facilities.html](https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Health_Facilities.html)

### B. Planned ILTC capacity by 2020<sup>1</sup>

|         | Total No. of Elderly 65 and Above <sup>2</sup> | Nursing Home Care | Community Care | Home Care     | Palliative Home Care |
|---------|--|-------------------|----------------|---------------|----------------------|
| 2011    | 353,000  | 9,400 beds        | 2,100 places   | 3,800 places  | 3,800 places         |
| 2015    | 460,000  | 12,000 beds       | 3,500 places   | 6,900 places  | 5,150 places         |
| BY 2020 | 600,000  | 17,000 beds       | 6,200 places   | 10,000 places | 6,000 places         |

Source:

1 [https://www.moh.gov.sg/content/dam/moh\\_web/PressRoom/Highlights/2016/cos/factsheets/COS\\_Factsheet%20-%20Capacity.pdf](https://www.moh.gov.sg/content/dam/moh_web/PressRoom/Highlights/2016/cos/factsheets/COS_Factsheet%20-%20Capacity.pdf)

2 Singapore's Demographic: Resident Population Above 65 years old, <https://app.msf.gov.sg/Research-Room/Research-Statistics/Resident-Population-Above-65-years-old>

Speech by Mr Gan Kim Yong, Minister for Health, at the Ministerial Committee on Ageing (MCA) Aged Care Sector Stakeholder's Dialogue, 20 Jan 2012

[https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2012/speech\\_by\\_mr\\_gankimyongministerforhealthattheministerialcommitte.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2012/speech_by_mr_gankimyongministerforhealthattheministerialcommitte.html)

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## Annex B - Selection of stories from Safe but Soulless

### *Concerned about the quality of care*

Unable to walk, talk, shower or feed herself, Madam L, 90, has been confined to a nursing home bed for the past 13 years. The small private home in the eastern part of Singapore boasts “24-hour professional nursing care” on its website, but do not believe the hype, said one of Mdm L’s children, who wanted to be known only as Ms Tan.

The quality of care, she claims, has deteriorated with her mother’s advancing age. The past year has been the worst. Late in 2015, the home called to say that Mdm L had fractured her thigh bone. She ended up in hospital for nearly a month.

Since her mother is bed-bound and tube-fed, there is no way she could have fallen while walking, said the 56-year-old administrative assistant. Nor was there any evidence that she fell off her bed. The family suspects that the injury occurred while the older woman was being changed, turned or transferred. “We think the staff dropped her, causing her brittle bones to crack.” Indeed, when asked what happened, all the nursing home would apparently say was that nurses heard a “cracking sound”.

“We asked how it happened, the hospital also queried the incident, but we got no further explanation,” said Ms Tan, the second youngest of eight children. Then in April 2016, Mdm L was back in hospital because of an infection caused by a long-festering bed sore. A few weeks before, Ms Tan heard a nursing home doctor tick off a nurse for using the wrong kind of dressing.

The wound has grown to “a gaping hole” and pus has collected in it, said Ms Tan. The nursing home does not have the expertise to give her intravenous antibiotics, so a trip to the hospital is needed once or twice a year. “During those times, we have to pay for both the nursing home and the hospital,” said Ms Tan.

Together with her siblings, she quietly scouted around for another home, but the only one they found charges more than the \$2,300 a month that they pay at present. They had already spent close to \$250,000 on nursing home bills. Mdm L has outlived one of her children and all but two of the others are retired, so money is tight. “We are all ageing ourselves, we worry about our healthcare costs and it’s just very depressing,” said Ms Tan.

The family has not complained to the home authorities. Ms Tan said she once saw a staff member hit a patient on the head because she was groaning constantly. “I was shocked, but dared not open my mouth. If we complain, they may abuse my defenceless mother too.”

- Chapter 3

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### ***A home worse than prison***

The “prison-like” trappings of some nursing homes is another feature that needs to be relegated to the dustbin of history. It has been four years, but security company director John Vijayan Vasavan still cannot forget the claustrophobic feel of the nursing home his brother was in before being transferred to another more spacious home with better care. “The first home was not just run-down and under-staffed but with its locked collapsible gates, it resembled a jail,” the former policeman said.

Every time he visited, he would need to ring a bell for the nurses to let him in. There was no chair for his elderly mother to sit on as she fed her bed-bound son. “Given how shabby the place was, how regimented and run-down, I could not help but think that our prisoners get better facilities.” The charity-run home his brother was later moved to, however, was clean, spacious and with friendly staff. “My mother remembers that and continues to donate to the second home, where my brother died.”

- *Chapter 6*

### ***Relief across the Causeway***

Former lorry-driver, Mr Maurice Ong, 60, who is single, claimed he moved to JB after being told by medical social workers that he was “not sick enough or old enough” to qualify for a subsidised nursing home in Singapore.

He had a stroke in his late 40s and was living at home with his mother and a domestic helper. When his mother died a few years ago, he applied for a nursing home. “I was told I should continue staying at home with a maid,” he said. But he was not comfortable with this arrangement and, after a stint at a private nursing home in Singapore where he paid \$2,000 a month with the help of a nephew, he moved to Spring Valley. “Here I can get care round the clock, physiotherapy and four meals for only \$600,” he said. He rented out his Tiong Bahru HDB flat to pay for his fees in JB.

- *Chapter 10*

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### ***Little choice, big pain***

For five years, Mr F, 99, has been sharing a room with seven others in a private nursing home in the eastern part of Singapore. The retired stenographer has no major medical problems and, despite his age, can still walk normally.

He has no business staying in a nursing home, really, except that he has nowhere else to go, said his son, Mr K, 59, a publishing executive. After the older man's wife died, he found it difficult to do routine household chores like cooking or washing clothes. He was not used to housework and was also adamant that he did not want a domestic helper. "He was set in his ways and did not want a stranger living with him.

We were also worried that he could be abused or neglected by the helper," said Mr K. Both he and his only surviving sibling live in four-room flats and do not have a spare room to accommodate their father.

The family sold the older man's three-room Bedok flat and used the proceeds to pay for his stay at the nursing home at a steep price tag of \$3,000 a month. "We thought he would have laundry done for him, hot meals and, above all, round-the-clock care."

But things have not quite turned out as Mr F or his family would have liked them to. The proceeds from the flat sale are long gone. The fees for the home are a burden. His father, Mr K said, is depressed from seeing sick and dying patients all around him. "Some of them moan at night. He also complains about smelly urine and stool from leaking diapers."

Mr F is not happy with the meals either, saying he gets the same type of food every day. The staff have been trying to get him interested in the mahjong and karaoke sessions they organise for residents. "But he says he is too old to try new things. And he misses his old friends and old room."

If Singapore had affordable assisted living facilities, Mr K said his father would have been happy to try it out. Assisted living is residential accommodation for elderly or disabled people who do not have any serious medical problems, but may require help with personal care, such as showering, dressing or going to the toilet. It is typically much cheaper than nursing homes.

- *Chapter 11*