Abstract—By the year 2030, it is expected that 15 percent of the Malaysian population will be aged 60 years old and above. Reports show that the elderly in Malaysia for the coming decades are likely to be living alone or ending up in the welfare homes. The reliance of elderly on the Care Home for the Elderly (CHfE) has clearly shown an increase over the years. CHfE which provides accommodation, meals and personal care will be the alternative living arrangement for the elderly in Malaysia for the coming years. However, the quality of the social care service delivery varies for each care homes due to the absence of common standards regarding the establishment and running of CHfE in Malaysia. Hence, the best way to secure the CHfE in Malaysia from future liability is to conduct an effective Facilities Management Audit (FMA). FMA provides an appraisal and evaluation of the organisation’s management system. It highlights the practices to be introduced or requiring changes while developing an environment for continuous improvement in the quality of social care service for the elderly people. Presently, there is no FMA being conducted to audit the standards being delivered at the CHfE in Malaysia. Therefore, this paper aims to discuss about the Social Care Facilities Management (SCFM) in context and the importance of having FMA in place at the RCHfE in Malaysia.

Keywords— Social Care, Facilities Management, Care Home for the Elderly (CHfE), Audit

I. Social Care Service

Nowadays, one of the current major issues in our world is the expansion of the social care service sector, especially the health and care service delivery for the elderly. In recent years there has been an increasing international awareness of health issues relating to aging populations [1]. Social care services are the subset for the healthcare sector.

Social care is defined as the provision of social work, personal care, protection or social support services for the people in need or at risk, adults with needs arising from illness, disability, elderly or poverty [2]. In a simpler word, social care services aim to help people in needs to live their ordinary lives to the highest possible quality. Share & Lalor [3] added that social care is a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs. In Malaysia, the Ministry of Women, Family and Community Development (MWFCD) is responsible for providing social care services for those who need them and are eligible for them. The social care services are available to everyone, regardless of age, gender or background [4].

In Malaysia, the Department of Social Welfare (DSW) [5] has identified the social care service users into 7 categories, as the following:

1. Children care;
2. People with disabilities;
3. Elderly people;
4. Destitute people;
5. Family care (Domestic Violence);
6. Volunteering organisations/societies; and
7. Disaster victims

II. Care Home for the Elderly (CHfE)

The world is aging. For the past 25 years, politicians, academicians, and the laypeople have been discussing about the fact that the world’s population is aging [6]. Year 2000 was a historical year in the human history when the number of elderly in the world reached 600 million people and the figure
is expected to increase to a number of 2 billion of elderly people in the middle of this century [7]. As the elderly population is increasing by years, it leads to a greater demand for institutional care setting such as Care Home for the Elderly (CH/E) [8].

The provision of CH/E in Malaysia is supervised by the DSW, under the purview of MWFCD [5] [9]. According to Sulaiman [10], the formal institutional care homes in Malaysia are categorised into 3 types of institutional cares, which is known as:

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

Presently, there are altogether 9 Public Residential Care Home for the Elderly (PbRCH/E) that is functioning under the supervision of DSW Malaysia [9]. The PbRCH/E are known as Seri Kenangan Homes (Rumah Seri Kenangan, RSK). The fund for operating and running RSK are fully funded and sponsored by the government of Malaysia [11]. RSK provides accommodation, care, treatment, guidance and counselling, and many other basic social care services for the poor elderly aged 60 years old and above [12]. The laws below are referred:

1. Act 506 Care Centres Act 1993 [Reprint 2006];
2. Destitute Person’s Act 1977 (Act 183) [Reprint 2001];

Table 1: Seri Kenangan Homes (RSK) in Malaysia [13]

<table>
<thead>
<tr>
<th>Seri Kenangan Homes (RSK)</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>RSK Johor Bahru</td>
<td>Johor</td>
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<tr>
<td>RSK Cheng</td>
<td>Melaka</td>
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<tr>
<td>RSK Seremban</td>
<td>Negeri Sembilan</td>
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<td>RSK Cheras</td>
<td>Selangor</td>
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<td>RSK Taiping</td>
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<td>RSK Tanjung Rambutan</td>
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<td>RSK Bedong</td>
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<td>RSK Kangar</td>
<td>Perlis</td>
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<td>RSK Taman Kemumin</td>
<td>Kelantan</td>
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Besides PbRCH/E, DSW Malaysia has also allocated two Nursing Care Home for the Elderly (nCH/E), which is known as Ehsan Homes (Rumah Ehsan, RE). The objective of establishing RE is to provide a comfortable and tranquil surrounding, care, treatment and shelter to the destitute and bed-ridden elderly patients that are in needs of non-intensive treatment [14]. Presently, there are only two REs available in Malaysia, which is located at Kuala Kubu Baru (Selangor) and Dungun (Terengganu).

Other than RSK and RE, the MWFCD has collaborated with the Non-Governmental Organisations (NGOs) in running the Day Care Centre (DCC), namely known as Senior Citizen Activity Centre (Pusat Aktiviti Warga Emas, PAWE). Currently, there are 22 active PAWE available in Malaysia and it acts as a platform for the elderly people to get together to meet their mutual needs. RE also provides day care facilities for the elderly [15].

### III. Facilities Management (FM)

Before this, Facilities Management (FM) are seldom being related to the real estate, architecture, engineering and construction professions as it was only seen to be care taking, cleaning, repairs and maintenance. Over the times, FM nowadays covers more than real estate management, financial management, change management, human resources management, health and safety, contract management and further interpreted to building and engineering services maintenance, domestic services and utilities supplies [16].

In the literature, there are numerous terms and definitions given with reference to the concept of FM. The definitions and perceptions regarding FM vary considerably. The researcher has summarised the various definitions given by previous scholars and organisations in searching for a common meaning of FM. Among the several definitions of FM being identified are as the following:

1. FM is the discipline responsible for coordinating all efforts related to planning, designing and managing buildings and their systems, equipment and furniture to enhance the organisation’s ability to compete successfully in a rapidly changing world [17].
2. FM is a practice of coordinating the physical workplace with the people and work of the organisation; integrates the principles of business administration, architecture and the behavioural and engineering sciences [18].
3. FM is a hybrid management discipline that combines people, property and process management expertise to provide vital services in support of the organisation [19].
4. Amaratunga [20] recommends FM as creating an environment that is conducive to carrying out the organisation’s primary operations, taking an integrated view of the service infrastructure, and using this to deliver customer satisfaction and value for money through support for enhancement of the core business.
5. FM is the integrated management of the workplace to enhance the performance of the organisation [21].
6. FM is an integrated approach to maintain, improve and adapt the buildings of an organisation in order to create an environment that strongly supports the primary objectives of that organisation [22]. Barrett [23] provides a more robust FM definition but restricts the FM paradigm to buildings, while neglecting the diverse nature of the FM nature.
7. Mudrak, Wagenberg & Wubben [24] categorized FM as the management of premises and services required to accommodate and support core business activities of the client organisation, while constantly adding value to the stakeholders.
8. FM is the support function that coordinates physical resources and workplace, support services to user and process of works to support the core business of the organisation [25].


2
(9) FM is the integration of business administration, architecture, and the behavioral and engineering sciences. In the most basic terms, facility management encompasses all activities related to keeping a complex operating. Facilities include grocery stores, auto shops, sports complexes, jails, office buildings, hospitals, hotels, retail establishments, and all other revenue-generating or government institutions [26].

(10) Bernard Williams Associates [27] added that the wide definition perceived that facilities cover not just land and buildings, which are considered as premises, but other support services established as well as infrastructures such as telecommunications, equipment, furniture, security, childcare, catering, stationery, transport and satellite work environments. Premise and support service that are available in an organisation with the facilitating information and communication technology are claimed to be the two important elements of the definition.

(11) European Committee for Standardization [28] defines FM as the integration of processes within an organisation to maintain and develop the agreed services which support and improve the effectiveness of its primary activities.

(12) FM is the integration and alignment of the non-core services, including those relating to premises, required to operate and maintain a business to fully support the core objectives of the organisation [29].

(13) FM is a discipline that improves and supports the productivity of an organisation by delivering all needed appropriate services, infrastructures, etc. that are needed to achieve business objectives [30].

(14) FM is a balance between technical, managerial and business acumen that may be related to operational, tactical and strategic decision-making processes [16].

(15) FM is further explained as the basic concept of FM is to provide integrated management on a strategic and tactical level to coordinate the provision of the agreed support services (facility services) [31].

(16) FM involves guiding and managing the operations and maintenance of buildings, precincts and community infrastructure on behalf of property owners [32].

(17) The International Facility Management Association (IFMA) [33] recognizes FM as a profession that encompasses multiple activities to ensure functionality of the built environment by integrating people, place, process and technology. IFMA [34] added that FM is a practice of coordinating the physical workplace with the people and work of the organisation; integrates the principles of business administration, architecture and the behavioral and engineering.

In this research, the researcher has employed the definition of FM as defined by Sulaiman [35], where FM is an integrated of a wide spectrum of organisational core business and support service devoted to the coordination of people, property, business process and technology in achieving sustainable facilities management best practice excellence. Refer to Fig. 1.

![Fig. 1. The Concept of Facilities Management (FM) by Centre of Estate and Facilities Management (CEFMI) [35]](image)

iv. Standards

According to Oxford Dictionaries [36], standard is a required or agreed level of quality or attainment. Standard is used a measure, norm or model in comparative evaluations. It is a document that sets out requirement for a specific item, material, component, system or service or describes in detail a particular method or procedure [37]. British Standard Institution [38] added that standard is practically referred to help organisations to maintain and improve their performance, reduce risk and to be more sustainable. Standards can be developed through a long process of discussion and knowledge sharing among the group of professionals at roundtable.

Basically, standards can be categorized into two different classes, as the following:

(1) Formal Standard; a published documents established by the professionals and representative of the government, research, organisation and academia. Formal standard will be revised when new processes, services or products are introduced or need shift; and

(2) Informal Standard; a simple guideline developed internally and used by the organisations [39].

It has been informed that Malaysia does not have a common consensus regarding the standard of establishing and running a CH/E at this moment. Therefore, it is noticeable to identify a wide range of different between the qualities of care provided by the institutions [40].

Due to the absence of common consensus regarding the standards for the management of CH/E in Malaysia, the researcher has adapted the National Minimum Standard (NMS) for the CH/E in United Kingdom as the parameter of the auditing process. According to Department of Health [41], NMS for the “Care Homes for the Older People: Care Homes Regulations” acts as a guideline for the care homes to meet with the basic requirement and to secure the welfare and social inclusion for the people living in the homes. NMS aims to determine the minimum requirement of formal practice and it is used as a checklist to ensure the care homes fulfill its objectives and to meet with the needs of the people living in the homes [42]. Though NMS are not enforced with laws, it is still the main reference for the inspectorates when it assessing the CH/E.
The researcher has referred to the 7 elements as the following for the parameter of auditing process:

1. Choice of Home;
2. Health and Personal Care;
3. Daily Life and Social Activities;
4. Complaint and Protection;
5. Environment;
6. Staffing; and
7. Management and Administration.

v. Facilities Management Audit

A. What is Audit?

According to Gilbert [43], when an organisation identifies the facility conditions, it will be much easier to conduct the maintenance and repairing management. The most appropriate way to protect the organisation from future liability is to conduct an effective facility condition assessment program or audit.

The term “audit” comes from the Latin word, means ‘hearing’. Audit is an independent investigation of obtaining and evaluating evidence regarding products, processes and system with respect to predetermined standards [44] [45] [46]. It is also part of the quality assurance function. Audit is important to ensure quality when it is used to compare actual conditions with requirements and to report those results to management [46]. It will evaluate the adequacy of the internal control structure and controls established through policies and procedures [47].

Audit can be conducted internally by organisations, members of a discipline (peer review), individuals who systematically review their work and teams; or external bodies (such as purchasers for contract monitoring or professional bodies) [48].

B. Types of Audit

Audit can be categorized into three different types [45] [49] [50], that is:

1. Financial Statement Audit: Covers balance sheet and income statement of the organisation. It aims to audit the financial and performance of the organisation;
2. Compliance Audit: Conducted by the competent and experienced professionals to identify the fulfilment status of the organisation based on the rules and policies adhered by the authorities;
3. Operational Audit: Determines the efficient and effective use of resources employed in an entity. It is initiated to identify weaknesses and to suggest for organisation improvement; and
4. Forensic Audit: Aims to investigate and pin-point business or employee fraud, business disputes among shareholders or for criminal investigations.

C. Benefits of Conducting Facilities Management Audit

It has been identified that the benefits of conducting FM Audit (FMA) [51] are as below:

1. Increase the awareness of the maintenance contribution;
2. Pin-point areas where there are short-falls in the service;
3. Measure the completeness and integration of policies;
4. Highlight the practices to be introduced or requiring changes;
5. Gaining involvement in setting and monitoring maintenance targets; and
6. Develop an environment for continuous improvement in quality of the service.

D. The Process of Auditing

“Service Audit is a quality improvement process that seeks to improve patient care and outcomes through systematics review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.” [52]

From the perspective of health and social care, the reference above is applicable to both health and social care settings. It emphasises that audit is actually a process to secure quality improvement. Basically, the process of auditing can be divided into several stages [53], as shown in Fig. 2.

![Fig. 2. The Process of Audit [54]](image)

(1) Identify standards;
(2) Collect data on current practice;
(3) Compare to standards;
(4) Plan necessary changes;
(5) Implement changes;
(6) Re-audit;

(1) Identify Standards;
The first stage of the auditing process is to define the criteria and standards against which the service or practice should be judged. It can be referred to several sources. The criteria or standard may be a relevant policy or professional documents with audit items clearly specified or it may be implicit within existing recommendations that is available locally or internationally. However, if there is no existing standard to be referred, a literature review can be used to identify any underpinning research evidence that will help to clarify and establish best practice. Besides that, if the evidence is unidentified, the outcomes of the focus group discussion can be undertaken to be the agreed standards.
(2) Collect Data on Current Practice;
The second stage of the auditing process is to collect data based on the current organisation’s performance in order to understand what is actually taking place in the service or practice. Basically, audit involves the collection of relatively routine quantitative and qualitative data that are recorded in an audit form. The process of collecting data may comprise several approaches such as reviewing existing records or documentations, direct observation of current practice and conducting survey.

(3) Compare to Standards;
Next, the process of audit moves to assess the performance of the organisation’s service or practice against the identified criteria and standards. It compared products, processes and systems with respect to predetermined standards [46].

(4) Plan Necessary Changes;
The process of audit is then continued with identifying any changes that are required. Audit compares what a service does with what it should be doing and then seeks to identify changes in order to improve practice. The organisation is able to use the audit report to reveal the shortfalls in the organisation or teams and to identify areas of opportunity for continual improvements [46].

(5) Implement Changes;
After identifying the necessary changes, it is important for the organisation to implement the suggested changes to achieve positive outcomes.

(6) Re-audit;
The final step of the auditing process is to revise and repeat the evaluation steps, as in (1) to (5). It aims to prove that the positive change has indeed occurred and to identify for further improvements.

VI. Conclusion

Due to the absence of common consensus regarding the standards of establishing and running of CH/Fs both by public and private providers in Malaysia, it shows that the social care services in our country are vulnerable to the elderly. Therefore, the NMS for Care Homes for the Older People in United Kingdom is expected to be a good parameter for the minimum standards requirement. It would be a great help for the researcher to develop an integrated Social Care Facilities Management Audit for the Residential Care Home for the Elderly in Malaysia.

References


[54] Researcher’s study (2013)