

Quality Care Audit of Old Age Homes in a North Indian City

Sukhpal Kaur, Arshdeep Gill, Upasana Sharma, Amarjeet Singh

Abstract

Objective: To undertake quality care audit of old age homes in a north Indian city.

Method: A cross sectional study was conducted in three old age homes. A questionnaire was designed for structural and functional evaluation of each Old Age Home.

Statistical Analysis: Epi Info 2000.

Results: Out of three old age homes, first was funded by state government, second was funded through monthly rentals paid by inmates and state government funds whereas third was run by a trust. A total of 51 inmates were interviewed. Majority (80-90%) in two old age homes had shifted on their own will. Overall, as per the scores given for evaluation, the quality of services provided was poor in old age homes which were under government and trust, whereas an average grade was scored by old age home managed through funds generated by government and monthly rentals paid by the inmates.

Conclusion: Special emphasis needs to be focused on quality of life provided to elderly in old age homes. Programmes should be framed to address the needs of elderly and make necessary changes in functioning of old age homes.

Key Words: Old age home, quality care audit.

(Journal of The Indian Academy of Geriatrics, 2015; 11: 3-9)

Introduction

Till recently, presence of an elderly in the family was considered a blessing. Earlier, elderly used to be well adjusted in the extended family system. However, traditional family is fast disappearing even in rural areas. In the modern fast paced life, an aged in the family is often thought to be a burden and botheration. Some of the factors which have contributed towards this attitude include urbanization, nuclear family culture and increasing cost of living. Today, youngsters move to places far away from their native homes for education and for jobs. Even if they wish to accommodate their parents in their

home, they cannot do so. In the families where parents are staying with their children, when both husband and wife go to work and children go to school, elderly are left alone. This leads to increased feeling of loneliness among the elderly at home.

In fact, living arrangement of elderly in their families is influenced by several factors e.g. working status of daughter in law, health of an elderly and socioeconomic status of the family. Elderly sometimes are too incapacitated or unwell to look after themselves. Many physical problems begin to appear in them after a certain age like arthritis, dementia, osteoporosis, sleep disturbances, sight, hearing and speaking difficulty. These ailments lead to loss of control of elderly over their bodies.¹ It is evident from many studies that many of the aged suffer from more than one ailments. These problems prevent many of the aged from attending to normal work. This even affects their movements within as well as outside the house. Data indicates that after crossing 70 years of

Address for correspondence: Dr Sukhpal Kaur,
Lecturer, National Institute of Nursing Education,
PGIMER, Chandigarh,
e mail: drsukhpal@gmail.com

age, many of the aged become totally dependent.² As of now, in India, primary locus of elderly placement is in their own families. However, the younger generation does not have time to stay back and look after their parents. So, they cannot meet the needs of their elderly parents.

In such a scenario, therefore once considered to be an alien concept, Old age homes (OAH) have now become a trend in India. If the elderly are not taken care of at home, an OAH can be seen as an option where senior citizens can be looked after by the paid caregivers. Although a national policy for older people was framed to generate and secure adequate and improved service system for all older persons of the country, yet there are a lot of gaps in its implementation.³ In the west, care systems for elders is well defined. Institutions for elders are well organized and state controlled. But here in India, we are yet to go a long way in ensuring an effective support system for the growing numbers of elders. Hence, it becomes important to ensure that the good quality of care is provided to the inmates at OAH. Against this background, a study was conducted by authors with the objective to undertake the quality care audit of old age homes in a north Indian city.

Methodology

This cross sectional study was conducted from November 2010 to February 2011 in all the old age homes (OAHs) of a north Indian city. So, no sampling was required. The study population comprised of all the inmates of each OAH under study. Three OAHs were studied. Out of which, one (OAH-1) was managed by the state government administration. Its grant was disbursed from the welfare department of state. It had a total of 40 rooms with 22 residents. Second OAH (OAH-2) was partially funded by state government for building maintenance and manpower salary. However, in this OAH, inmates were charged a capitation fee at the time of admission. Thereafter, they have to pay Rs 1500- Rs 4500 on a monthly basis as room charges. Along with that extra charges were applicable for food on demand. It had 43 rooms and accommodated 23 residents. The third OAH (OAH-3) was managed by a private trust and was run through donations. It had 28 rooms and 10 inmates living in it at the time of data collection. The subjects were informed about the purpose of study and written consent was taken. The study was approved by Institution Ethics Committee. Before carrying out the study, written permissions were taken from the Social Welfare Department of the city and managers of each OAH individually.

A questionnaire was designed for the structural and functional evaluation of OAHs. Structural evaluation of each OAH with respect to the manpower, facilities (beds/bathrooms etc.) and the building was carried out. The evaluation was carried out through a scoring system developed for various parameters like location, signage, entry gate, security, design, type of rooms in OAH, lawns, bedrooms, beddings, library, bathroom accessories, mess, storage, recreation and staff etc. The maximum attainable score was 330. Scores were given on the basis of 'yes' or 'no' responses. Similarly, the functional evaluation pertaining to quality of care, hygiene, clothing and food etc. for the inmates was also carried out. The score was then graded as excellent (score of 90% and above), good (score between 70% - 89%), average (score between 50 - 69%) and poor (score < 50%).

Modified Vulnerability to Abuse Screening Scale (VASS) was used to assess the level of abuse faced by the inmates. On the basis of the answers, level of abuse score was calculated.

EPI info version 2000 was used for the analysis. Proportions were used for the interpretation of data.

Results

Socio Demographic profile of inmates

In all the OAHs, maximum number of inmates was females. Maximum (64.7%) of inmates in all the OAHs were of more than 75 years of age with most (96%) of them living there for more than 5 years.

Out of 22 inmates in OAH-2, 14 (63%) were retired from a government job where as only 10% belonged to this category in OAH-1.

It was found that 77% of those in OAH-2 had monthly per capita income more than Rs 10,000 which included pension benefits and rental income of properties. Some (36%) of these inmates spent all the money they get on leisurely activities. More than half (54.5%) inmates of OAH-2 had income more than Rs 4000/- per month. For majority of the inmates in all OAHs, no money was remitted by the family. Majority (62.7%) of the inmates preferred to deposit the monetary allowance that they were given in the bank/ post office whereas 25% of them usually spent the whole of it. Most (84.3%) of them in OAH-1 were not remitted any money from their families.

Table 1. Socio-demographic profile of inmates (n=51)

Characteristics	O ₁	O ₂	O ₃	Total
Total number of inmates/ capacity	n=19/23, n (%)	n=22/27, n (%)	n=10/36, n (%)	n=51/86
Gender				
Male	6(31.6)	11(50)	4(40)	21(41.1)
Female	13(68.4)	11(50)	6(60)	30(58.8)
Age				
60-64	1(5.3)	1(4.5)	1(10)	3(5.8)
65-69	2(10.5)	2(9.1)	1(10)	5(9.8)
70-74	2(10.5)	5(22.7)	3(30)	10(19.6)
>75	14(73.6)	14(63.6)	5(50)	33(64.7)
Qualification				
Under Matriculate	16(84.2)	6(22.7)	5(50)	27(50.9)
Intermediate	1(5.3)	5(4.5)	1(10)	7(13.7)
Graduate	2(10.5)	11(50)	4(40)	17(33.3)
Present occupation				
Not working/ unemployed/ retired	19(100)	21(95.5)	10(100)	50(98)
Engaged in some gainful occupation		1(4.5)	-----	1(1.9)
Duration of stay at old age home				
<1 year	1(5.3)	1(5.3)	-----	2(3.9)
More than 5 yrs	18(94.7)	21(95.4)	10(100)	49(96)
No. of living sons				
No son	9(47.4)	12(54.5)	3(30)	24(47)
1 or more son	10(52.6)	10(45.5)	7(31.8)	27(37)
Monthly income per capita(Rs)				
10,000+	1(5.2)	17(77.2)	4(40)	22(43)
5,000-9,999	2(10.5)	2(9.0)	2(20)	6(11.6)
1,000-4,999	1(5.2)	1(4.5)	1(10)	3(5.8)
<1,000	15(78.9)	2(9.0)	3(30)	20(39.2)
What do you do with monetary allowance given to you?				
Spend all	5(26.3)	8(36.3)	0	13(25)
Deposit in bank/post office	11(57.8)	12(54.5)	9(90)	32(62.7)
Others	3(15.7)	1(4.5)	1(10)	5(9.8)

Reason for shifting and level of comfort in OAH

Table 2 shows that majority (90.9% and 80%) of the inmates from OAH-2 and OAH₃ had shifted to OAHs on their own choice. In contrast, 36.8% of the inmates from OAH-1 had shifted there because of their children's insistence. Around (20%) inmates

from OAH-3 reported being abused by their family members.

Table 2. Reason for shifting and level of comfort in old age home

Characteristics	O ₁ n (%)	O ₂ n (%)	O ₃ n (%)	Total
	n= 19	n=22	n=10	n=51
Reason shifting to OAH				
Family desire / abuse	7 (36.8)	2 (9.1)	2 (20)	11 (21.5)
Own desire	8 (42.1)	20 (90.9)	8 (80)	36 (70)
Nobody to look after	4 (21.1)	-	-	4 (7.8)
Comfortability at OAH				
Not comfortable	5 (26.3)	3 (13.6)	7 (70)	15 (29.4)
Somewhat comfortable	9 (47.3)	5 (22.7)	2 (20)	16 (30)
Totally comfortable	5 (26.3)	14 (63.6)	1 (10)	20 (39.2)

When asked about the comfort level in the OAHs, (29.4%) of the inmates reported that they were not satisfied at all, whereas many (20%-50%) of the inmates in OAH-2 agreed that they were somewhat comfortable; 39.2% of them were happy with their stay over there.

Pattern of contact of inmates with their families

Table 3 shows that 82.3% of inmates had good relationship with their family. Their family members visit them regularly. Out of this 60.6% said that their family members turn up to spend quality time with them.

Problems faced by inmates in old age homes (Table 4)

Many inmates (20-32%) were not satisfied with the quality of food. Majority (40-63%) inmates did not want any changes regarding security system. Some (19.6%) inmates in all OAHs said that behavior of staff was not good. More than half of the inmates did not respond when asked about the behaviour of the manager. Rest reported it to be good.

Most (90%) of the inmates from OAH-3 did not respond when asked about the behaviour of the caretakers. Few (5.3% and 9.1%) reported their behaviour to be bad. Around 18.2% of the inmates complained about the cook, whereas (52-55%) inmates from OAH-1 and OAH-2 felt that food quality was fine. Some (31.8%) inmates from OAH-1 and few (15.8%) from OAH-2 reported the behaviour of caregivers to be good. Little less than half (40%) inmates from OAH-3 reported visiting

doctors' behaviour to be bad. Most (94.7%) inmates from OAH-3 were satisfied with the behaviour of doctors there. Most (90%) inmates from OAH-3, failed to respond when asked about the behaviour of the clerks. 52.6% inmates from OAH-1 rated the same as average.

Table 3. Pattern of contact of inmates with families

Characteristics	O ₁ ,n (%) n=19	O ₂ , n (%) n= 22	O ₃ , n (%) n= 10	Total n= 51
Current relationship with the family				
Cut off (none)	7(36.8)	1(4.5)	1(10)	9(17.6)
Relationship good	12(63.2)	21(95.5)	9(90)	42(82.3)
Any family member visits him/her				
Yes	12(63.2)	20(90.9)	9(90)	41(80.3)
Purpose of visit				
Spend quality time	10(83.3)	15(68.1)	6(66.7)	31(60.6)
Take him/her out	2(16.7)	5(25)	3(33.3)	10(19.6)
Frequency of Visit / Contact with the family				
Weekly	2(10.5)	13(59.1)	-----	15(29.4)
Fortnightly	3(15.8)	-----	-----	3(5.8)
Monthly	5(15.8)	4(18)	9(90)	18(35.2)
After 6 months birthday celebration	2(10.5) ----- -----	1(4.5) 1(4.5)	----- -----	3(5.8) 1(1.9)
Any telephonic/ postal contact with the family				
No	7(36.8)	1(4.5)	-----	8(15.6)
Yes, telephone	12(63.2)	21(95.5)	10(100)	43(84.3)
Frequency of telephonic contact with the family				
Weekly	4(21.1)	18(81.8)	5(52.9)	27(52.9)
Fortnightly	4(21.1)	-----	-----	4(7.8)
Monthly	4(21.1)	-----	2(20)	6(11.7)
Daily	-----	2(9.1)	2(2)	4(7.8)

Table 4. Problems in OAH reported by the inmates

Characteristics	O ₁ ,n=19 n (%)	O ₂ ,n=22, n (%)	O ₃ ,n= 10, n (%)	Total n=51
Food Quality	4(21.1)	7(31.8)	2(20)	13(25.4)
Security problem	7(36.8)	7(31.8)	7(70)	21(41.4)
Lack of staff	1(5.3)	14(63.6)	8(80)	23(45)
Lack of cleanliness	5(26.3)	-----	-----	5(9.8)
Transport Facility	2(10.5)	5(22.7)	2(20)	9(17.6)
Improper Lighting	2(10.5)	-----	-----	2(3.9)
Congested Rooms	----	7(31.8)	1(10)	8(15.6)
Less social Activities	-----	1(4.5)	1(10)	2(3.9)
Behaviour of Staff	8(42.1)	1(4.5)	1(10)	10(19.6)

Modified vulnerability to abuse screening scale (VASS)

Table 5 shows that only 6% inmates reported that they were afraid of anyone in the OAH. Only few (10% to 20%), complained of being hurt in the OAH. Most (73% to 100%) of them believed that they enjoyed enough privacy in OAH. Most (82%-100%) inmates could take their medications on their own without anyone's assistance. Many 10%-50% of the inmates revealed feeling lonely often.

Table 5. Modified Vulnerability to Abuse Screening Scale (VASS)

Characteristics	O ₁ , n=19 n (%)	O ₂ , N=22 n (%)	O ₃ , n=10 n (%)	Total, n=51, n (%)
Inmate afraid of anyone in OAH	2 (10.5)	1 (4.5)	0	3 (6)
Anyone tried to hurt the inmate	2(10.5)	2 (9.09)	2 (20)	6 (11.7)
Anyone tried to make inmate feel bad	2 (10.5)	1 (4.5)	1 (10)	5 (9.8)
Inmate has privacy	14 (73.6)	21 (95.4)	10 (100)	45 (88)
Inmate can trust people in OAH	14 (73.6)	13 (59)	10 (100)	37 (72.5)
Inmate can take medicines on his own	16 (84.2)	18 (81.8)	10 (100)	44 (86.2)
Inmate can walk around himself	16 (84.2)	17 (77.2)	9 (90)	42 (82.3)
Inmate feels sad often	5 (26.3)	10 (45.4)	1 (10)	16 (31.3)
Inmate feels lonely often	7 (36.8)	11 (50)	1 (10)	19 (37.2)
Inmate feels nobody wants him/her	0	2 (9.09)	0	2 (3.9)
Inmate is uncomfortable with anyone in OAH	3 (15.7)	8 (36.3)	1 (10)	12 (23.5)
Inmate is forced to stay in bed	0	0	0	0 (0)
Inmate is forced to feel sick	0	0	0	0 (0)
Inmate is forced to do certain things	0	1 (4.5)	0	1 (1.9)
Anyone takes inmates' things without permission	3 (15.7)	1 (4.5)	0	4 (7.8)

Almost all the inmates from all the OAH denied the fact that they were forced to do the things that they didn't ever want to. All the inmates from each of the OAH agreed that they were never forced to stay back on the bed when

they didn't feel like being on the bed. Small percentage (4% -20%) of inmates reported that sometimes their belongings were taken by others without permission.

Structural and functional evaluation of old age homes

Table 6 shows the overall structural and functional evaluation of OAHs. It shows that OAH-1 scored 43%, OAH-3 scored only 36.6% while OAH-2 scored 65% in terms of quality of infrastructure provided to the inmates. The OAH-1 and OAH-3 were in a bad state and poorly maintained. Sweeping and mopping was done on alternate days. 18% of total inmates said that the quality of food provided to them was poor. Assistive devices were available to the inmates on payment. It was observed that eye glasses were the most commonly used assistive devices with 22 (100%) inmates using them in OAH-2. Western type toilet commodes were being used by 7-12 inmates. Double handled mugs were also seen being used by 6 (27.2%) inmates in OAH-2. Use of emergency alarm system was found in only 4 (18.11%) inmates in OAH-2 and 2 (10.52%) in OAH-1. Use of walking stick was only observed in 1 inmate in OAH-1.

Discussion

The Indian aged population is currently the second largest in the world. With life expectancy increasing from 41 years in 1951 to 68 years today, it is projected that the absolute number of the over 60 population in India will increase from 76 million in 2001 to 137 million by 2020.⁴ With increased numbers of elderly and dependent population, hundreds of old age homes(OAH) have sprung up in India. Kerala, also known for having highest literacy rate (94%) in 2011, with 11% of elderly population has the highest number (124) of old age homes(OAH).⁵ Most possible reason for this scenario can be the urge of highly educated youngsters to look for better job prospects which they don't usually get in their native place. In this process, the elderly are left with no option except to stay in OAHs. According to a study conducted in Kerala in 2002 for assessing the quality of care provided in OAHs, it was found that inmates were satisfied with the quality of facilities provided to them.⁶ However Anitha et al have reported that 22.8% of females were unsatisfied while living in OAH. This may be due to their urge of living with their families.⁷ In the current study the satisfaction level varied from 20% to 50% amongst the inmates in various OAHs under study.

In contrast to this, the city included in the study, also known as city of retired people, stands at a literacy rate of 86% with 6% of elderly population.⁸ It has only 3 old age homes(OAH). Even those have only 60% occupancy. This indicates that OAH culture has not yet been accepted in north India. It seems that it is against the prestige and honour of the family if the parents live in OAH. This draws criticism from the family network and society at large. Hence, family based care remains the mainstay for elderly support.

In the present study it was found that females outnumbered males with 58.8% living in OAH. Similar study done in Chennai also showed that 26% were males and 74% were females in old age.⁹ Although, 95% of inmates residing there had been living for more than 5 year in this set up, still it was found that they maintain cordial relationship with their families. This result is similar to a study conducted by Murthy et al who reported a total of 59% inmates living in OAH for more than 5 years had cordial relationship with their family.¹⁰ Thakkar et al states that 63% had conflicts with their families which was a major reason for them to shift to an OAH.¹¹

Our study highlighted that majority of inmates (20/22) in OAH-2 had shifted there on their volition. When interviewed, almost all the inmates revealed that they stayed there as they enjoyed companionship and social life provided to them in this set up. Many inmates said that the reason for them living in OAH was that their children were either living abroad or working at faraway places where they cannot take them along. Hence, they shifted to OAH to avoid living alone. Bakshi et al also found that ageds living with families are more satisfied and happy.¹² Whereas Nalini et al concluded that elderly who are forced to live in OAH due to any reason have lack of emotional well being and happiness.¹³

Many (30-50%) inmates living in OAH-1 and OAH-3 mentioned that inspite of having a son, they had to shift to OAH as they had no other option. Few (20%) of those interviewed revealed being ignored and abused at home forced them to shift to OAH. A study by Petri showed the same results. It supports the conclusion that the sense of duty to take care of the aged parents gets weakened with the economic pressure.¹⁴ Almost all the inmates had income less than Rs 1,000 per month in OAH-1, out of which, more than 29% deposited whole of the amount in bank/post office. The fact that most of the OAH inmates did not spend the ready cash available with them indicates towards the frugal attitude of the elderly where they don't spend money on themselves. This attitude basically

develops as they are grown up in a culture where the old age (sanyas ashram) is equated with renunciation.

Inspite of the fact that inmates in OAH-2 were happy to stay there but situation was quite different in OAH-1 and OAH-3. Majority of (80%) inmates said they were not happy to stay in the OAH as they were not satisfied with the quality of infrastructure provided to them. Inmates complained of the rude behavior of the staff. In yet another finding by Das et al revealed that 18.6% were not satisfied with the food provided to them in OAH.¹⁵

The overall evaluation showed the quality of services provided in OAH-1 and OAH-3 was poor as compared to OAH-2. This is due to the fact that this institution charged a monthly fee (Rs 1500- Rs 4500) from inmates depending upon the type of room. Another factor which leads to better facilities in OAH-2 is that this OAH is availed by only those people who are well off and have good monthly income. Other facilities like driver on call, regular visit by a doctor and extra food on request were also available on payment whereas these facilities were not available to the inmates in OAH-1 and OAH-2. The basic facilities like ropes to dry clothes, availability of a washerman on regular basis and puja rooms were not provided in OAH-1 and OAH-3. Wheelchair was also available only in OAH-1. Trained caregivers, however, were present in all the three OAHs but their behavior was not found to be appropriate with the inmates. The facility of intercom, in case any inmates needs emergency help was unavailable. It was also found that in case of emergency, if inmates needed to be taken to hospital there was no provision of transport round the clock. Emergency alarm was also available only in OAH-2.

Behaviour of sweepers was also rude and indifferent towards the inmates. Lack of staff was also a major problem. Hygiene and cleanliness was compromised in all the three OAHs. The score was 0 out of 8, which indicates that proper measures are not taken to maintain hygiene. Brooming and mopping of rooms were done on alternate days and not daily. The unhygienic conditions created in the OAHs showed clear negligence on the management part. It can directly affect elderly health and well-being. In a city known for its infrastructure, OAHs are showing a complete picture of neglect. It depicts the casual approach of youngsters as well as government towards elderly.

Conclusion

The results of our study show that facilities and quality of care in OAHs are not as per the standards. It indicates that even in a planned city, elderly and their needs are ignored. OAHs are given attention neither by government nor by the family of elderly. OAHs are not an accepted part of North Indian culture. Thus, our study indicates the need of ensuring good quality of infrastructure in OAHs.

Acknowledgment

We thank DST-TIE (Department of Science and Technology - Technology Interventions for Elderly) for the financial support in carrying out this study. The authors also thank the inmates and the management of all the old age homes for providing the information required for the completion of this study.

References

1. Kumar VS. Social security for the elderly in India: Present status and future challenges, In: Report of the workshop on aging-The Indian experience, 2001 Bangalore, Bangalore University; 2001. P. 58-87.
2. Kumar VS. The Family and health of the aged, In Indira Jai Prakash (ed). Proceedings of the National Symposium of Quality Aging and the 5th National Conference of the AG (I); 1990: Bangalore, Bangalore University; 1990. pp 108-12.
3. Dandekar. Elderly in India, New Delhi, Sage Publications Ltd. 1996:
4. WHO Technical report Series 853, Geneva, 1995
5. www.kerala.gov.in. The official web portal of government of Kerala [Updated 22 July, 2013; cited 26 July, 2013], Available from: <http://www.kerala.gov.in/index.php?option=com,content&id=2853&item id=2559>
6. Irudaya RS. Home away from home: A survey of old age homes and inmates in Kerala. 2000. Working Paper No 306. CDS, Kerala.
7. Bhutia TK, Walia I, Singh A. Social and mental health of elderly in Chandigarh. *Bulletin PGI* 2000; 34: 98-101.
8. Anitha MR, Palani G, Sathiyasekaran BWC. Social problems of elders in old age homes in Chennai. *J Indian Acad Geriat* 2012; 8: 101-10
9. Prabhavathydevi N, Tamilarasi P. Institutional care for the elderly. *J Indian Acad Geriat* 2006; 2:15-20.
10. Murthy S, Wadakannavar AR. Care and support for the elderly population in India: Results from a survey of the aged in rural North Karnataka paper submitted to the IUSSP General Population

- Conference held in Salvador (Brazil) during 18 th-24 th August 2001.
11. Thakkar JG, Shah UP, Bala DV. Health Profile of elderly residing at old age homes of Ahmedabad. *J Indian Acad Geriat* 2013; 9:78-81.
 12. Bakshi R, Rajneesh, Sandhu P. Level of satisfaction of aged living with families and in senior citizen homes. *Indian Psychol Rev* 2002; 58: 14-20.
 13. Nalini. Institutional care for the aged. Life twilight years. *Ind J Community Guidance Service* 2000; 6: 27-29.
 14. Petri A. Income, employment, and retirement policies, In *International perspectives on aging: population and policy challenges*, Binstock, Robert H Wing-Sun Chow, and James H. Schulz (eds.), UNFPA, 1982. New York.
 15. Das S, Shah U. A study of old age homes in the care of the elderly in Gujarat. A special report prepared as a part of the research initiative at the Population Research Centre, Baroda for the MOHFW, New Delhi; Dec 2004