

# Achieving quality long-term care in residential establishments in France

Hélène Escande

Direction générale de la cohésion sociale,  
Bureau des Affaires Européennes et Internationales de la DGCS

This paper reflects only the opinion of the authors.

## I Facts about the French system:

### 1. Some figures:

France 2008	Women	Men
Healthy life years	64.2	62.4
Life expectancy	84.86	77.80

By 2040, the number of elderly persons requiring long-term care in France is expected to grow by 40%.

The old age dependency ratio is 25.8% in 2010. It is expected to reach 46.4% by 2050.

In 2005, the proportion of GDP spent on health care was 31.5%.

### 2. The different kinds of long term care residences in France (study carried out in 2007)

There are 3 kinds of Residential Establishments for the Elderly:

- residential units (*logements-foyers*);
- nursing homes (*maisons de retraite*);
- long-term care units (*unités de soins de longue durée*).

The residential establishments (établissement d'hébergement de personnes âgées. EHPA) in general can have many different legal structures: private commercial institutions, non-profit organisations, public institutions managed by a hospital, etc. However, the residential establishments for dependant people (établissement d'hébergement de personnes âgées dépendants. EHPAD) are mainly public or non-profit structures (around 20% of the EHPAD are profit organisations).

On the 31<sup>th</sup> of December 2007, 10,300 Residential Establishments for the Elderly (EHPA) were offering 684,000 places of which 657,000 were actually filled. The average occupancy rate was about 96%.

Amongst these establishments, 6,850 were considered as residential establishments for dependant elderly people (EHPAD) with 515,000 places offered.

An average care home offers around 66 places.

More than 397,000 persons are employed in these residential establishments (340,000 full time equivalent). There are about 50 members of staff for 100 residents. In residential establishments for dependant older people (EHPAD), this rate is a bit higher: 57 members of staff for 100 residents.

About 41% of staff are registered nurses or paramedical staff. In residential establishments for dependant older people (EHPAD), this rate is also a little bit higher (around 43%).

### 3. A shared responsibility between several parties

The decentralisation in the social field started very early in comparison with other fields in France and is very important. However, the State (central government) is still responsible for the coordination of the whole system and for the definition of tariffs.

In order to better meet the needs of all the stakeholders, the decentralised services of the French State have been fundamentally reorganised in 2010. The former organisations (DDASS), that were responsible in each geographical *Département*<sup>1</sup> for implementing the health, 'social health' and social policies as defined by the State, have been divided between 2 new services:

- the DDCS (*direction départementale de la cohésion sociale*) or, in the smallest '*Départements*', the DDCSPP (*direction départementales de la cohésion sociale et de la protection des populations*). They are mainly focused on the social sector;
- the ARS (regional agencies for health), who are now in charge of the organisation of the health and medico-social sector within the *Région* (group of several *Départements*).

In order to become an EHPAD, the EHPA must sign a tripartite contract with the all the parties who intervene in the financing of this kind of establishment, i.e.:

- representative of the State in regions (for the social security part);
- and local authority (*Département*).

This contract defines commitment in different fields (quality of staff, of care, etc.)

### 4. The financing of older people care

The fares of an EHPAD is based on three parts: the accommodation, the care and the dependency.

<sup>1</sup> France has 3 levels of local government:

- 22 Régions and 4 Régions d'outre-mer (Réunion, Martinique, Guadeloupe and French Guiana).
- 96 départements and 4 départements d'outre-mer (Réunion, Guadeloupe, Martinique and French Guiana).
- There are 36,679 municipalities (in French: Communes).

### *A) Residents' contribution*

The residents' contribution pays mainly the accommodation.

The average price of an EHPAD (residential establishment for dependant older people) chargeable to the residents or their families was about 2 200 € per month according to a 2009 report from the IGAS (the Social Affairs General Inspectorate) whereas the average pension was 1 200 €.

Those who cannot pay these fees can ask for 'social assistance for the elderly' which is administered by local authorities ('Départments'). Around 80% of the people living in an EHPAD depend on this financial assistance.

There are two ways for the local authorities to recover the money they have spent:

- use the legal duty of solidarity that lies on children and grand-children (maintenance obligation);
- recover this benefit from inheritances.

The drawback with this kind of system is that the payment to the establishment is delayed, which can cause accounting problems.

### *B) Health insurance*

Health insurance finances:

- the health care provided by the residential establishments for handicapped people and dependant people;
- the health care provided by hospitals;
- the health care provided at home.

### *C) The Autonomy benefit (APA)*

This allowance is for persons over 60 to support expenses linked with their new loss of independence. It can be granted when they decide to enter a residence or decide to remain at home, or to assist them with their daily lives. An individual's level of dependence and their disposable income are used to determine the amount they receive. The APA is allocated by local authorities and mainly financed by them. Part of the financing (33% in 2008) also comes from the CNSA (National solidarity fund for autonomy), created in 2004. The CNSA's funds come mainly from employers' contributions but also from taxes and from the 'Solidarity & Autonomy Contribution' (all employees in French companies donate a day's wages by 'working for free').

APA will soon be reformed because it is too complex and its funding is insufficient to meet needs. A recent report written by a French MP at the request of the Government (Rosso-Debord report) on this subject provoked a public debate on this issue. The questions raised by the report include:

- to create an insurance that would be compulsory for all persons over 50;
- to introduce a mechanism that allows some of the expenditure on benefits to be recovered from inheritances.

NB: A resident can also benefit from tax incentives and, as for all those on low income, assistance in paying for their residential costs.

## II Quality assurance in long-term care establishments

### 1. The emergence of quality assurance

Quality assurance methodology started developing in residential facilities in the mid-90s:

- In 1997, a law made it compulsory for residential facilities to make certain commitments about the quality of the services they provide (art L312-8). These commitments were specified by a tripartite contract signed between the authority responsible for health insurance, the local authority (*Département*) and the residential facility. These contracts had to define the kind and the methodology of assessment that would be used.
- In 1999, several regulatory measures were introduced in order to facilitate assessment. A national guide-line for an assessment and quality process was created at that time (every tripartite contract being negotiated according to this guide line). At that time a new tool called 'ANGELIQUE'<sup>2</sup> has also been developed. This method is still widely used nowadays in residential facilities. A new function of 'coordinating doctor' was also created: within 5 years, every residential facility for dependant people (EHPAD) must have a coordinating doctor who should be specialised in gerontology. One of his missions is to make sure that gerontological best practices are in use in the long-term care establishments (i.e.: use better and less medicine). He also participates in the planning of the assessment of the quality of care.
- The 2002 Act revamped social and medico-social policy. This law created new rights for the users of these services and developed a more participative and patient-centred approach. It also made it compulsory for all medico-social institutions (and not only EHPAD) to assess their activity and gave deadlines to do it.
- The 2003 heat-wave struck the country and made it necessary to develop a crisis management approach.
- The 2005 Act for equal opportunities sets out a general direction for public policies in France: to try to adopt a common approach for the autonomy of the elderly and of disabled people.

<sup>2</sup> ANGELIQUE is an auto-assessment tool focused on the needs of the elderly. Its main objective is to help residential facilities to carry out a SWOT analysis (Strength, Weaknesses, Opportunities and Threats) so that they can identify the points they want to improve and be committed with in a tripartite contract.

- 2007: creation of the National agency for the Assessment of nursing home and home care providers (ANESM). A regulation (décret n°2007-975 du 15 mai 2007) gives specifications for the external assessment of nursing homes.
- 2009: the Hospital, Patients, Health and Territory Act (HPST law). This requires regulation to be drawn up which will soon extend the deadlines for completing an external assessment (the final deadline should be 2014). It also created the ANAP (National Agency for the support of social and medico-social organisations' performance). Its main objective is to help health care establishments and social and socio-medical institutions to modernise their management, so optimising their performance and the use of their real estate.

## 2. The two kinds of assessment

Since 2002, it has been compulsory for every EHPA to have a double assessment of their activity:

- an internal assessment first, which must be carried out at least every 5 years;
- an external assessment, which must be carried out by an authorised structure during the 7 years that follow the delivery of the authorisation to create an EHPA. The result of this assessment must be available 2 years before this authorisation comes to an end, in order to help to make a decision about the renewal of this authorisation.

### *a) External assessment:*

The National agency for the Assessment of nursing home and home care providers (ANESM) is responsible for:

- delivering the authorisations to carry out external assessments inside nursing home and home care providers;
- drawing up and validating guidelines for quality health and social care and good practice for professionals.

As the ANESM has been created recently, the first authorisations to carry out external assessment have been delivered on the 1<sup>st</sup> of June 2009. For the time being, 577 structures have received such an authorisation. These structures are very diverse, but most of them are rather small.

### *b) Internal assessment:*

There are several tools that can be used by nursing homes in order to fulfil this obligation, one of the most widespread being 'Angelique'.

The ANESM is working on a guidance specific to residential establishments for dependant older people. In this context, a working group has been created and has already proposed around 15

indicators that should now be tested inside several nursing homes. Once this work is completed, it will be the State's responsibility to make the final decision about which indicators should be used and made compulsory. It is also planned that the indicators which will be made compulsory should be published so that every citizen can compare residences.

The ANESM is also working on a program for the elaboration of guidance dealing with the quality of life in 'EHPAD'.

The ANESM also publishes guidance for best practice. An example is its guidance for good treatment that led to the development of a questionnaire. This questionnaire has been completed by 76% of nursing homes. The results of the 2009 questionnaire were published in May 2010, in order to increase transparency and dialog. It also proposed several measures public authorities could decide to take in order to improve the situation.

### 3. Certification of services

The certification of services is dealt with by the Consumer Code (Article L 115-27 to L 115-31; Article R 115-1 to R 115-12.)

Certifying bodies are independent of the supplier of services and of the public authorities. In the field of services for elderly people, two certifying bodies have produced certification tools: AFNOR and SGC-Qualicert.

For the time being, a nursing home cannot comply with its obligation of external assessment by simply entering a process of certification. Public authorities are nevertheless trying to see how this rule could be made a bit more flexible. The cost of an external assessment is rather high and part of the objectives of such an assessment may have been already met by a nursing home committed to a certification process.

### 4. Inspection

According to article L 313-13 of the Family and Social Action Code, the public authority responsible for inspection and control in residential facilities is the one who delivered the authorisation to open such an institution, i.e.: the representative of the State in the county-size district (*'Département'*), or the general director of the Regional Agency for Health, or the president of the local authority (*Conseil général*).

It is also important to say that, by the end of 2010, the opening of a new medico-social institution financed partly with public money, will only be possible through the publication of a call for proposal.

The representative of the State in the county-size district also have a general right to inspect every social and medico-social institution in the county as he is responsible for public health and security of people in the territory.

### III Discussion

#### 1. How is the national dialogue on key issues of long-term care discussed or organised in your country? What are the related challenges?

There is a national consultative body: the CNRPA (National committee of retired persons and the elderly). This committee is chaired by the secretary of state for senior citizens. It is now mandatory to consult it on every proposed regulation that deals with quality management/assurance in residential facilities.

On a local level, there are also the CODERPA (local committee of retired persons and the elderly). The chairman of this committee is the President of the local authority ('Département').

Inside the residential facilities, it is also mandatory to establish a 'social life council'. These councils are a participative tool made up of representatives of residents, families, administrative and medical staff. It is consulted on every issue related to the life and operation of the establishment.

#### 2. What kind of training measures for staff and managers exist to develop skills in quality management/assurance in your country?

Since 2002, the law requires a university degree of a certain level in order to become directors of health, welfare and care establishments. One example is the diploma delivered by the 'Ecole des Hautes Etudes en santé publique' (School of Public Health), the CAFDES. Part of this training deals with assessment and quality improvement.

Vocational training has also to be put in place for 'coordinating doctors'.

The 1999 specification (that defines the minimum requisites that must be found in a tripartite contract and gives a list of recommendations) also stresses the importance of vocational training for all members of staff.

Some useful experiments have been led by means of the accreditation of prior and experiential learning.

#### 3. Is there a discussion about the future role of residential care facilities and about public vs. private care service providers in your country?

Around 2005, several studies have been carried out in order to try to foresee the future needs for residential facilities. One of the results of these studies was the acknowledgment that there was a need for the renovation of the existing facilities. A national action plan 'le plan solidarité grand âge 2007-2012' has been launched subsequently. One of the aims of this plan is also to make sure that older people can stay at home as long as possible by developing home services.

From now on, the regional agencies for health will have a major planning role in order to build a coherent provision of residential facilities. They will analyse territorial needs and launch specific calls for proposals.