

Quality of long-term care in residential facilities

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INTRODUCTION

A new Law on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency was approved by the Spanish Parliament in December 2006, as a result of a great collective project.

Through this Law, it has been established in our country, a new system that comes to articulate the Fourth Pillar in our welfare system, by integrating with health (in Spain has universal nature), education and the pensions, the Spanish System relies on public earning-related schemes (mandatory) financed by social contributions from workers (4.7% of earnings) and employers (23.6% of earnings) Private pensions plans are voluntary. Non contributory pensions and other means-tested welfare pensions act as a basic universal provision, covering 11.4% of pensions. Actually, the System is being transformed

Purpose of the law

The purpose of the Law is to regulate the basic conditions that shall guarantee **equity** in the exercise of the **subjective citizen right** to the promotion of personal autonomy and care for dependent persons.

The Law offers a definition of dependency as the permanent state in which persons for reasons derived from age, illness or disability and linked to lack or loss of physical, mental, intellectual or sensorial autonomy require the care of another person/ other people or significant help to perform activities of daily living or, in the case of people with mental disabilities or illness, other support for personal autonomy.

This new Law created the Autonomy and Dependency Care System (SAAD), designed to increase coverage to all people in situation of dependency to about 1,300,000 people by 2015 through a large boost in provision to be implemented in phases between 2007 and 2014, starting with those with higher dependency levels.

This System is a basic instrument to develop the Law in a jointly and coordinated action between General Administration of the State and the Autonomous Communities, and, if the case, Local Entities.

Principles and structure

The Law expressly sets forth the **principle of inter-administrative cooperation**, which is a key to understanding the new System established by the Law. In the Spanish Constitution of 1978, a

distribution of jurisdictions was established between the various Autonomous Communities and the State which were set forth in their Autonomy Statutes. For this reason there were several models (17) for care and social services, different according to the structure, economic possibilities and internal configuration of each Community. With the enactment of the law, an attempt is made **to guarantee basic conditions** which ensure equality in the exercise of the new citizens' rights, **establishing a common framework for all the Communities**.

The participation of the Local Entities in the System, is in a somewhat secondary way, in the sense that the participation is subordinated to the regulations of the respective Autonomous Community.

SAAD¹ bodies

The Law has configured different bodies for the establishment of the System for Autonomy and Care for Dependent Persons (SAAD) Thus, a main decision-making body, the **SAAD Territorial Council**, has been set up as a basic instrument of cooperation for the articulation of the System and the **Advisory Committee** has been created, as a participating advisory body, and consulting functions have been granted to another series of bodies.

Levels of protection

Three different levels have been established, each with different funding.

Thus, a guaranteed **minimum protection level** has been established, for each of the beneficiaries of the System, according to the Grade and Level of their dependency which will be entirely funded by the State General Administration.

Secondly, we have the **agreed protection level**, between the State General Administration and the Administration of each of the Autonomous Communities through the collaboration Agreements.

Lastly, the Law establishes the possibility of each Autonomous Community introducing a third protection level, the **additional level**, voluntarily and freely, maintained by funding entirely assumed by the Autonomous Community. In practice, few Communities have put it into action, and it is not set up as a subjective right, and it is conditioned by the budgetary provision of each payment.

Evaluation of dependency

The Territorial Council of the SAAD is the body which has established the **Standard for the Evaluation of Dependency (BVD [Spanish initials])**, as well as a **Scale of Specific Evaluation (EVE [Spanish initials])** for children under three years old.

¹ Sistema para la Autonomía y Atención a la Dependencia.

The Standard shall evaluate the capacity of the person to carry out basic daily activities on their own, as well as their need for support and supervision for people carrying them out with intellectual disabilities or mental illnesses, all according to the parameters of Disability and Health (CIF), adopted by the World Health Organization.

The situation of dependency shall be classified in three degrees, each one with two levels:

- a) Degree I, Moderate dependency;
- b) Degree II, Severe dependency;
- c) Degree III, Great dependency.

Once a situation of dependency has been recognised, with its corresponding Grade and Level, there is the possibility to revise it, due to situations of improvement or deterioration of the dependency, or due to diagnostic errors in the application of the corresponding evaluation.

The evaluation of the dependency has practical effects of great importance since the services and benefits are granted in function of the Grade and Level of the dependency.

System services and benefits

The Dependency Law has set forth a broad list of **dependency benefits**, differentiating between services, on the one hand, and financial benefits on the other. It should be pointed out the fact that, it mainly involves benefits which already existed previously, and they were being provided through the Social Services of the respective Autonomous Communities.

Firstly, **the services**, which comprise social services for the promotion of personal autonomy and care for dependent persons, and which are given top priority in comparison to financial benefits. The following service typology has been established:

- Dependence prevention services and those for the promotion of personal autonomy
- Remote care services
- Home care services:
 - a) Care for needs of the home
 - b) Personal care
- Day and Night Centre services
- Residential care services:
 - (i) Home for elderly dependent people;
 - (ii) Care centre for dependent people, on account of the different types of disabilities.

As an instrument for providing all these types of services, a **Network of SAAD Services** has been established, which is integrated into the services network of the respective Autonomous Communities. A series of centres and homes with distinct legal legislation will be integrated into this Network. Thus, the following will form part of the Network of services:

- (i) Public centres of the Autonomous Communities;
- (ii) The public centres of the Local Entities;
- (iii) The state centres of Reference;
- (iv) The officially approved private centres.

In terms of the **participation of the beneficiary in the cost of the services**, the same Law establishes that the beneficiaries of the dependence benefits shall participate in their funding, according to the type and cost of the service and their personal financial situation, which shall also be taken into account for the determination of the amount of financial benefits. For this, the

Territorial Council of the System for Autonomy and Care for Dependent Persons has set criteria for the application of those provisions.

Secondly, the **financial benefits**:

Regarding the types of economic benefits set forth in the Law, there are three types:

- (i) Financial benefit linked to the service;
- (ii) Financial benefits for care in the family environment and support for non-professional careers;
- (iii) Financial benefit for personal care.

Regarding the **quantity** of the financial benefits, it is determined as a function of various factors which takes into account the situation of the beneficiary in question as their income and net worth, always taking into account as a guarantee that all persons shall be covered by the system among them, of course, those who do not have economic resources.

In the same way a specific **incompatibility system** is established between the different services and benefits, since it is not possible for one person to be the beneficiary of several benefits which are considered to be incompatible with one another.

Statements and comments

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

The dialogue on key issues of long-term care at national level is mainly discussed and organised through the **Territorial Council** of the System for Autonomy and Care for Dependency and the Advisory Committee.

It is a body which carries out the most important functions regarding decision making and the establishment of criteria which are common to the whole System. In turn, the **Advisory Committee** has been created, as a participating advisory body, and consulting functions have been granted to another series of bodies.

The Autonomous Communities, the State General Administration and the Local Entities are represented in the **Territorial Council**, according to a rotary system which is renewed every six months.

It is a very important body in terms of competences since the agreements reached at the Council tend to have a translation in terms of legislation.

It is responsible for, among others, agreeing the inter-administrative Cooperation Framework for the development of the Law, agreeing the standard for the evaluation of dependency, with the basic criteria for the evaluation process and the characteristics of the evaluation bodies, agreeing to the criteria for determining the level of protection of the services, agreeing to take measures for guaranteeing the quality of the System as common criteria for accrediting the centres, criteria of quality and safety for centres and services, quality indicators for assessment, continuous improvement and compared analysis of the centres and services of the system, best practices guides, service charters, adapted to specific conditions of the dependent persons.

Secondly, the **Advisory Committee** has been created, as an advisory body of a participating nature, given that representatives of the unions and business sectors have been included in it, thus making possible the institutional participation of such sectors in the System. Its functions are those of information, advice and proposals for new subjects which are of special interest for the functioning of the system.

User representatives have also institutional participation as consultative bodies through the State Council for older persons, the National Council for the Persons with Disabilities, the State Council of Non-Governmental Social Work Organisations.

According to the Statutes of Autonomy, the Communities, among others, are responsible of planning, ordering, coordinating and managing the services for the promotion of personal autonomy and care for dependent persons in the scope of their territories, managing the services and resources that are necessary for assessing and caring for dependent persons, elaboration of the rules and regulation on conditions for access to benefits and services.

At present, what we are seeing is that the law is being implemented at different rates for each community, because the competences of assessment of the situation of dependency, development of PIAS (individual care program) and an important part of the allocation of resources depend on each Autonomous Community. There are also differences in the requirements for accreditation of Centres and services.

Therefore, it is very important the role of the Territorial Council where much negotiation and consensus is necessary to ensure the equality of citizens throughout the Spanish territory.

Related to dialogue between health and social care, it is a debate from years ago but still a challenge to tackle in our country. There are some Autonomous Communities that have started working the cooperation process between the social and health sectors but is not a general practice.

In this sense, the law provides an opportunity to promote the construction of a social-health space. The Ministry of Health and Social Policy intends to conclude a draft white paper to better coordinate this question in the first half of 2011. This document shall collect, among others, the experiences of autonomous communities that have advocated measures in this field and with new insights.

Some communities such as Andalusia and Castilla-La Mancha, have begun to lay the foundation for collaboration between health and social field. In these communities, health care in public gerontology centres is being undertaken by the local administration of health and some communities have created a Health Coordination Directorate since the dependent user is generally a socio health patient, which must be understood as a way to alleviate health spending, but it as an increase in social care. The pharmacy costs, as an example of coordination, are paid by the National Health System.

Studies made in Galicia, as another example, show that an old person in post surgery rehabilitation, hip fracture, costs an average of €400/day, while his attention could be done in socio-health centres that would have a maximum cost of €100/day.

2. What approach to external quality assurance has been chosen in your country?

Before the Act, the communities had their own quality tools that were implemented in centres according to their quality plans of social services. The Catalan Community, for instance, as early indicators of residences were developed in 1999 through working groups.

Nowadays, the principles underlying the development of quality plans in the General Administration of Spanish State are simplification, rationalisation, cost savings and coordination, on one side. On the other hand, in terms of quality management (Royal Decree 951/2005, July 29) are: demand analysis and assessment of services, complaints and suggestions, quality assessment of organisations and recognition of best practices.

The Promotion of Personal Autonomy and Care for People in a Situation of Dependency Law establishes the requirement that public centres will implement a quality management system (article 35.2) 'The residential centres for dependent persons should have internal regulations governing organisation and functioning, including a quality management system and should establish the participation of users in the form that is determined by the competent Administration'.

It may be noted that the Act aims to unify the portfolio of services throughout the country, something that did not exist before, thus establishing a national reference framework in which the first beneficiary is the user, who will then have a general overview of the care provided in the country.

Regarding to quality management models, the main ones are the EFQM and the one regulated by the ISO 9001/2008 Quality Management Systems. Requirements:

The ISO rule, among others, requires a Quality Manager in the centres, who will be responsible for the internal audit as well, what means control and organisation, allows to minimise the error and implement continuous improvement strategies in homes and services.

The ISO standard focuses primarily on process management, while the EFQM model is wider and more complex with self-evaluation criteria: leadership, people, policy and strategies, partnerships and resources, processes, results in people, results in society and the overall result.

In addition to the ISO, there are also rules like the Spanish UNE governing quality requirements, their implementation is voluntary and are made by consensus with the participation of all stakeholders (public and private entities, social partners, etc) and are approved by an authorised organisation in the role of standardisation, which in Spain is AENOR since 1986 and the Spanish Agency of Evaluation (EVAL).

The interesting thing about the application of these rules is that run parallel to the law, there is one for each service, which clearly sets out objectives, indicators and standards for the processes of care.

Once the system and the requirements of these rules are implemented, it is possible that an authorised entity issues the appropriate certification of compliance.

The Law on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency. does not expressly state the requirement that residential facilities have to be

certified according to quality standards (ISO, UNE), but it determines, as noted above, that they should have a quality system. However, interested entities have it because they are a document of the existence and maintenance of a quality management system and on the other hand the autonomous communities often set it as the merit of competitive tendering process in order to be able to provide care.

It is **competence of Autonomous Communities**, among others, 'creating and updating the registry of Centres and Services facilitating the necessary accreditation in order to **guarantee compliance with the quality requirements and standards, inspecting and, where applicable, applying sanctions** for non compliances regarding the quality requirements and standards of centres and services and regarding beneficiaries' rights.

Each Community, set out the indicators according to their guidance as to the quality system and new user requirements.

Maybe the Autonomous Administrations should put more emphasis on quality certification. There are still centres that see quality certification as a cumbersome bureaucratic process.

As for Reference State Centres, depending on IMSERSO, there is a quality plan prepared yearly on the basis of the institution's general criteria and of the satisfaction survey results from users, which help make improvement decisions.

In the Autonomous Community, inspections are often linked to the criteria that have allowed the centre's opening, as staff ratio, services and hygiene, care specific programmes.

In the State Centres of Reference, inspections are conducted by the institution (Imsero), the Ministry of Health and Social Policy, as well as by the Autonomous Community where the centre is located and there are also financial audits.

There are enforcement measures, both state and regional, ranging from an admonition or a fine in cash, in severe cases, up to temporary or permanent closure of establishment.

3. What type(s) of quality management in residential long-term care facilities have been applied in your country?

As part of the development process of the Law on the Promotion of Personal Autonomy and Care for People in a Situation of Dependency, on December 2, 2008, **the Agreement of the Territorial Council of the System for Autonomy and Care for Dependency about common criteria**, came into force. This understood as a 'minimum' for accreditation to ensure the quality of care in centres and services of the System for Autonomy and Care for Dependency (SAAD) (BOE num.303, December 17, 2008).

The accreditation of centres, services and entities implies the guarantee of the fulfilment of the requirements and standards of quality that the competent Administrations establish and is also an obligatory requirement for forming part of the network of centres and services of the SAAD (both public and private entities whether concerted or not).

The competence to accredit centres, services and entities corresponds to the Autonomous Communities, though the Territorial Council fixes the common criteria. This does not prevent Autonomous Communities from supplementing these with additional requirements.

Taken into consideration the number of places, the intensity in the provision, the types of resources and services to be offered in this Agreement, the Territorial Council establishes requirements and standards of quality in each of the following fields: 1) material resources and equipment, 2) human resources in terms of ratio and staff training, 3) documentation and information, internal regulations, quality management plan including a map of processes, procedures and protocols related to the user and the family, to services, to human resources and indicators, services charter setting out the services offered and commitments to the user, the user documentation that reflects the goals of interdisciplinary work plan and evaluation of results in terms improving quality of life, documentation related to the very centre, agency or entity, emergency plan, documentation relating to professional protocols of action if they are not included in the plan of quality management, information to be sent to the competent bodies, procedures and periodicity of the remission, accessible information to the individual user and family, information about accessibility for persons with disabilities. 4) Assurances of accessibility of both the buildings and premises and environments, 5) job quality, 6) progressive improvement in quality, 7) quality in public services, requires at least the same requirements than for private, 8) is included adequacy of facilities already in service with deadlines.

In this sense the development of the law is a process that requires complex negotiations between the different Autonomous Communities and the Central Administration of the State in order to reach a consensus on the implementation of the law, the result of which is all the norms being generated, in this case with regards to the requisites and the standards of quality.

In this moment, the Territorial Council is concerned with detailing the criteria as well as fixing indicators and essential standards of quality to be used as reference to evaluate, improve and compare centres and services of the System, as well as for later convergence agreement. Consultation with and report from the social agents, representatives of workers, companies and users, are foreseen.

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

The training of professionals who work in long-term care is considered a key issue to ensure the quality of the System. It is reflected in the Act in its Article 36 and it 'is more detailed in the Territorial Council Agreement where is established that homes managers have to have university degree and a further training appropriate to them, and as well the qualifications which shall have other staff.

Besides, the Law establishes that the entities offering the services jointly with the legal Workers Representatives, should have a training programme for the workers.

About Reference Centres there is a Quality Department in the Imserso that prepares the annual quality plans of the institution, promotes and coordinates the quality of services and infrastructure

in these Centres. It is also responsible for the preparation and review of the Charters of Services, designs and offers training for staff. This Department promotes and coordinates working groups.

Training in quality management is obligatory for Managers of Reference Centres and free training courses on UNE, FQM Norms, process management, living quality, bioethics, rights of Disabled persons, among others, are organised/offered each year for the staff. All the Autonomous Communities have their training plans.

Each year, within the institution, the IMSERSO gives an award the best practices for quality. And outside the institution, under 'Awards Infanta Cristina' gives an 'Award for quality and innovation of best practices'.

On June 10, 2010, the Territorial Council, through a delegated commission has developed an agreement on common criteria about the conceptualisation, development and evaluation of good practices in the Spanish system for long-term care (SAAD).

The selected will be posted on the web page of the system for dissemination and exchange.

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

At present, there is no significant discussion.

The competence to accredit the centres corresponds to the CCAA. There are minimum, common requirements (structures included) established by the Territorial Council compulsory on the new centres. The Centres for opening prior to this legislation have a three-year period of adaptation the rules.

The main purpose of the Act is to ensure the welfare of people in a situation of dependency. The relevant social services shall establish the individual care programme (PIA). The beneficiary or when applicable, his/ her family or guardians representing him/her has the choice of the alternatives proposed by professionals. If the preference is to stay at home, this choice varies depending on the situation; it could be centres of day or night, or home help service or could be care in the family setting, with a financial benefit, in this latter case with the possibility of training, and with affiliation, registration and contribution to the Social Security.

This has meant an innovation in Spain, because up to now, it has been the family and specially women that have traditionally taken on the care of dependent persons (which entailed education inability or incorporation into the labour market).

The changes in the family model introduced new factors in this situation which mean that it is indispensable to renew the traditional care system in order to ensure adequate capacity to care for people in need of long-term care.