



CEN/TC 449
Quality of care for elderly people in ordinary or residential care facilities

Email of secretary: alexandra.antoni@sis.se
Secretariat: SIS (Sweden)

draft preliminary WI

Document type: Other draft

Date of document: 2016-10-17

Expected action: COMM

Action due date: 2016-11-14

Background: Please comment on this draft in the commenting form N029

Committee URL: <http://cen.iso.org/livelink/livelink/open/centc449>

Draft preliminary WI

CEN/TC 449 Quality of care for older people

Work copy for CEN/TC 449

Content

0. Introduction.....	5
0.1 Older people in Europe.....	5
0.2 National legislation and national standards concerning quality of care for older people	5
0.3 The service concept	6
0.4 The care concept	6
0.5 Person-centred care	7
0.6 The older person.....	7
0.7 Formal and informal care	8
0.8 Home care versus assisted-living facilities	8
1. Scope.....	10
2. Terms and definitions	10
3. The older person – Social and community life	12
3.1 Integrity self-determination and participation.....	12
3.2 Safety.....	13
3.3 Information and communication.....	14
3.4 Activities.....	15
3.5 Rights and diversity.....	16
3.6 People close to the older person, facilitation to make informed decisions.....	17
3.7 Arrival to accommodation.....	18
4. The older person – Health and Wellbeing	19
4.1 Vision.....	19
4.2 Hearing	19
4.3 Mental function, cognitive impairment and mental illness	19
4.4 Food, meals and nutrition	19
4.5 Social care.....	19
4.6 Personal care	20
4.7 Oral and dental health	20
4.8 Problems with eating and swallowing.....	20
4.9 and bowel function	20
4.10 Sleep.....	20
4.11 Pain.....	20
4.12 Skin and wounds	20
4.13 Falls	20
4.14 Physical function	20

4.15 Medications	20
4.16 Palliative care	20
4.17 End of life	20
4.18 Medical assessments and activities	20
4.19 Maintenance of the older person's records	20
5. The living environment	21
5.1 Background.....	21
5.2 Location and neighbourhood.....	22
5.2 Living environment and accessibility.....	22
5.4 Common facilities	22
5.5 Facility services	22
5.6 Facilities and equipment	22
5.7 Assistive devices	22
5.8 Infection control.....	22
5.9 Contract and fees.....	22
6. The provider's organisation	23
6.1 Structure, responsibility, authority and resources.....	23
6.2 Values and plans.....	23
6.3 Management systems.....	23
6.4 General description of the services and facilities	23
6.5 Secrecy and protection of whistle blowers.....	23
6.6 Cooperation and information transfer.....	23
6.7 Improvement, development and innovation.....	23
6.8 Staffing	23
6.9 Skills	23
7. Systematic quality work.....	24
7.1 Review of individual care plans	24
7.2 Review of plans and routines concerning the provider's organisation	24
7.3 Review of compliance with requirements	24
7.4 Risk assessment.....	24
7.5 Deviation reports	24
7.6 User surveys	24
7.7 Complaints and concerns	24
7.8 The provider's self-monitoring - annual review of quality and safety.....	24
7.9 Audits, inspection by an independent body	25
7.10 Certification.....	25
Annex A – List of national standards in Europe	26

Annex B – The relationship between this standard and EN 15224 Health care services - Quality management systems.....	28
Bibliography.....	29

Work copy for CEN/TC 449

0. Introduction

To be developed. The aim of this part is to give an introduction to the standard based on the discussions from the first meeting.

0.1 Older people in Europe

Europe is facing demographic changes. The population of older people in Europe is increasing, as are the numbers of older people who require services in Europe. Most of them are living at home and only a minority are cared for in a care facility. Even as some of these older people will come to need care, many others – if given the right support in time – can continue to live fairly independently at home and enjoy a good quality of life

At the same time, this sector shows an enormous growth potential in terms of employment. The major challenge European countries face in this context is to provide the older with high-quality need-based care services. If the bulk of these services is to be provided by the formal sector, more jobs can be created and, at the same time, more households can be relieved of informal services.

In the last decade population ageing has become a key challenge for all European countries. Those aged 65 years or over will account for 29.5 % of the EU-27's population by 2060 (17.4 % in 2010). Public long-term care expenditure accounted for 1.2% of GDP in 2008 on average in OECD countries, and is expected to at least double and possibly triple by 2050. One of the key challenges for Europe is therefore to transform this longer life expectancy into longer active and healthy life years. It is also to ensure that our ageing population will receive the care they need to age in dignity and be protected from abuse.

Life expectancy is increasing at the rate of 2-3 months every year. This is a very positive trend. However, an ageing population, combined with lower birth rates, changing family structures and migration, creates a number of challenges. As the big generations of baby-boomers are swelling the ranks of the retired, the working age population will increasingly be formed by the smaller cohorts of baby-busters. With the further ageing of the big cohorts a major challenge will be to meet the needs of a fast-growing number of older people at risk of suffering from frailty and physical and mental disability while keeping cost affordable and avoiding to endanger the stability of public finances.

Older people are often placed in residential care due to a long-term physical or cognitive impairment, social circumstances or for short-term respite. The vast majority of people in receipt of residential care are cared for in high-quality, safe and supportive settings. People who live in residential services should enjoy a good quality of life and live in a place that feels like home and they should have the same access to all necessary healthcare as older people living in other settings.

In many countries, care is mainly provided by informal carers. These aspects are discussed in more detail further down.

0.2 National legislation and national standards concerning quality of care for older people

Several European countries have developed or are in the progress of developing national standards concerning care of older people. Annex A contains a list of existing standards.

Fully aware of the vast differences between the European states when it comes to demography, economy, traditions, national legislation and national standards concerning care for older people this standard is trying to establish a common ground for development, cooperation and action.

The standard acknowledges that there is no one-size-fits-all solution to cope with the increasing demands caused by the ageing of our societies. At the same time there is a conviction that there is much value in mutual learning between the European countries and that innovative approaches of care for

older people can demonstrate that it is possible to contain the growth in needs, make care more efficient and ensure dignity in care if action is taken based on best available knowledge, proven experience and evidence-based practice. Several different approaches may have to be taken at the same time and with different emphasis in different European countries.

National legislation, directives and recommendations from regulatory authorities concerning health and social care services are additional to the requirements in this standard and must be identified and taken into account. The aim of this standard is to facilitate this work by establishing common denominators that are agreed on as fundamentals of care.

0.3 The service concept

In the CEN Guide 15:2012, a service standard is defined in the following way: standard that specifies requirements to be fulfilled by a service, to establish its fitness for purpose

In the ISO/IEC Guide 76 a service standard is defined in the following way: result of at least one activity, necessarily performed at the interface between the supplier and customer, that is generally intangible.

Examples of services:

- provision of expert advice or support to customers e.g. legal or financial advice
- provision of intangible products e.g. insurance
- training and education for users e.g. instruction in languages, sports
- accommodation or entertainment e.g. hotel, theatre
- treatment of customers e.g. hairdressers
- health care e.g. nurses, physicians, dentists, physiotherapists

0.4 The care concept

Based on the generic term “service” a set of subordinate concepts concerning, in this case, care can be developed.

In research, national legislation and in the political arena, one often differentiates between health care services on the one hand and household or social care services on the other. From a systematic point of view, this is problematic and from the older person’s perspective it does not make too much sense.

In general terms it can be said that a health care need is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

In general terms it can be said that a social care need is one that is focused on providing assistance with activities of daily living, maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations, helping them to manage complex relationships and (in some circumstances) accessing a care home or other supported accommodation. Social care needs include, but are not limited to: social work services; advice; support; practical assistance in the home; assistance with equipment and home adaptations; visiting and sitting services; provision of meals; facilities for occupational, social, cultural and recreational activities outside the home; assistance to take advantage of educational facilities; and assistance in finding accommodation (e.g. a care home), etc.

Health care and social care are terms that relates to services that are available from health care and social care providers. These are subordinate concepts to the generic term “service”.

This standard therefore rather deliberately uses a 'broader' definition of care services for older persons to consider the entire range of services that the older person receives. Hence the standard defines as older care services all health care and social care services provided to the older person. The objective is to put the older person who need such support first, not to follow the respective service system's logic as it is defined in the different European countries.

These services do not fully intersect, but have to be considered together. After all, for the users and their relatives a mix of both types is simply part of their lives. There are various terms for the services in different countries. Given their various overlaps and intersections, these national terms are not absolutely precise. The standard therefore defines older care services as a combination of health care services and social care services. The term "older care services" has therefore to be understood as the sum of the respective services.

0.5 Person-centred care

Person-centred care places the older person at the centre of all services. It provides the right support at the right time to enable older persons to lead their lives in a fulfilling way as possible. A key principle of this standard is that older persons in receipt of services are central in all aspects of planning, delivery and review of their care.

Person-centred care is effective as it adapts activities in favour of the older person's independence, participation, activity and opportunity to a good life. Constant communication between the purchaser and the provider is necessary so that the level of services for the older person can be adjusted continuously.

The experience of person-centred services involves a collaborative multidisciplinary partnership between all those involved in the delivery of care. Integrated expertise and experience from various professions, research, fields of care and expertise, as well as expertise from the older person and her/his families and close friends, all have a part to play in person-centred care of the older person. This approach safeguards personal integrity, wellbeing and co-determination and creates opportunities for the best possible health.

Older persons are actively involved in determining the services they receive and are empowered to exercise their human and individual rights including the right to be treated equally in the allocation of services and supports, the right to refuse a service or some element of a service and the right to exit a particular service or be transferred to another service. Older persons make their own choices and participate in the running of services in accordance with their wishes. The services ensure that cultural difference is acknowledged and respected in the delivery of care for older persons.

The services are cognizant of the capabilities of older persons in reaching informed decisions, in addition to the service's duty of care. When an older person has difficulty in communicating their wishes, the service provides the necessary supports to help them. Where older persons have difficulty in making informed decisions, there is an obligation for the provider to work in close collaboration with the older person and their advocate to try and ascertain the older person's wishes.

To provide support for safe, sustainable care this standard also describes how decisions made jointly are documented, implemented and constantly evaluated. The conditions for high quality of care are an organization and management that is flexible and operates in multi-professional teams, and that the working methods of the staff are based on evidence and experience.

This standard is based on the concept person-centred care as it is described and defined in scientific reports and literature.

0.6 The older person

Being frail means that the older person may have impaired cognitive function, have multiple illnesses, are taking several medications and often is in need of palliative care. Many older people also need frequent visits to health services, which in turn involves an increased risk of infection, and risk of

spreading infection. Extensive expertise among the staff is necessary in order to maintain a high quality of care. Besides the complex physical situation, the psychosocial situation must also be taken into account to enable security in day-to-day living, with the option of maintaining individual routines and social intercourse.

Staff showing respect for and understanding and acceptance of the disabilities of the older helps to reinforce the self-esteem and confidence of the older person. Imposing forced or restrictive measures in health and medical care when working with individuals with dementia is not permitted. This means that values and approaches are integrated in the organization, that staff have expertise and access to working methods which allow them to adopt a person-centred approach and maintain communication with family and close friends in order to prevent forced or restrictive measures.

0.7 Formal and informal care

European countries go very separate ways when assigning the responsibility for eldercare services to the government, the market, the family or other players, welfare organisations and churches in particular. A very important point is the distinction between formal and informal services. Formal services are rendered by external people having a formal contract of employment. Spouses, children and their spouses or other family members usually provide informal care.

An informal carer is traditionally defined as a person that looks after family, partners, friends or neighbours in need of help because they are ill, frail or have a disability and the care they provide is unpaid. Historically, informal care has provided the bulk of home care and still remains the largest source of home care. It is only since the mid-20th century that formal care began to represent an important adjunct to informal care in the home care setting.

The balance between informal and formal care differs substantially from country to country and changes over time within countries as it is connected with political, economic, demographic and cultural factors. In southern European countries, informal care remains the dominant source of home care. Without the work of these unpaid carers, home care would be totally unsustainable and many acute needs would remain unattended. The situation is different in northern European countries where informal care is less common, because municipalities provide extensive personal care and domestic services although private organizations may provide this with municipal funding, and informal care tends to focus on providing companionship and social support.

If the bulk of these services is to be provided by the formal sector, more jobs can be created and, at the same time, more households can be relieved of informal services.

This standard covers the formal care sector.

0.8 Home care versus assisted-living facilities

Home care is understood and practised differently around the European countries.

Home care is delivered at home. When people are not feeling well, most want to be at home. Home care keeps families together, which is particularly important in times of illness. Home care prevents or postpones institutionalization. Home care promotes healing and allows freedom for the individual, in contrast to institutions, which are more or less regulated environments.

Many factors drive the need and demand for home care: demographic trends, changes in the epidemiological landscape of disease, the increased focus on user-centred services, the availability of new support technologies and the pressing need to reconfigure health systems to improve responsiveness, continuity, efficiency and equity. There are several reasons for home care. Many people prefer home care to any other option. Home is a place of emotional and physical associations, memories and comfort.

Although many people can be happy in assisted-living facilities, retirement communities or nursing homes – and for many people these are better options – leaving home can be disruptive and depressing for some people.

This standard covers care that is provided for older people regardless of where they live, based on the older person's individual needs and choices.

Work copy for CEN/TC 449

1. Scope

To be developed.

2. Terms and definitions

To be developed. The terms below are examples intended for further discussion

Service

Care

Active ageing: A concept which means “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age. Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need them”. (World Health Organisation)

Dignity: The equal and inherent value of every human being.

Abuse: A single or repeated act or lack of appropriate action which causes harm or distress to an older person or violates their human and civil rights. It may include physical abuse, psychological abuse, sexual abuse, financial exploitation and neglect. Elder abuse happens everywhere, including at home within the family, at home with services, or in care. It can be intentional or unintentional ('bad care').

Informal carers: Family, friends, neighbours and others who provide care to an older person in need of assistance. They do not usually have a formal status and are usually unpaid.

Care services or 'services for older people in need of care': Care services include prevention, rehabilitation and enablement, cure and care, including end-of-life care. The concept combines health care and social care for activities of daily living (ADL) such as eating, bathing, dressing, grooming, housekeeping, and leisure. They also cover the “instrumental activities of daily living (IADL)” such as managing one’s finances, shopping, using the telephone, transportation, and in some countries other activities such as taking medication. They can be delivered in various settings spanning the continuum from the beneficiary’s home to intermediate care and (semi-) older personal facilities.

Participation: Active involvement of older people in need of care and assistance and supportive measures for it, e.g. providing transport to attend social activities or to exercise civic rights, or support of older people with cognitive impairments. It should be supported until the end of life.

Professional carers: Home, community and older personal care staff who receive payment for their work.

Quality: Degree or standard of excellence. Quality improvement in long-term care should be a continuous process by which a service or an activity aims at delivering better results through various means. These include a wide range of quality management tools and other mechanisms such as: training for carers, both informal and formal; support for users' fundamental rights; the promotion of an age-friendly and supportive environment including access to services; the definition of quality standards; and the assessment of results and outcomes by specific quality indicators.

Service providers: Public, non-profit and commercial agencies delivering services to older people in need of care and assistance in institutional, community or homecare settings.

Wellbeing: The condition of being contented, in the best possible health and integrated in society. Social interaction with family, friends and neighbours in the community and any relevant staff in long-stay settings can support the wellbeing of older people in need of care and assistance and improve their **quality of life**.

Long-term care

Long-term care (LTC) is defined as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care. The daily living activities for which help is needed may be the self-care activities that a person must perform every day (Activities of Daily Living, or ADLs, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling bladder and bowel functions) or may be related to independent living (Instrumental Activities of Daily Living, or IADLs, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone).

The older person

This standard uses the terms "the older" and "the older person" throughout. The aim of this is to validate the older as an individual and to provide a basis for the quality requirements of the standard.

3. The older person – Social and community life

This part is mainly oriented towards values, social and community life. The headings below indicate possible content. Some parts below are described “full-size”.

Effective services ensure that the appropriate support mechanisms are in place to enable and support the older person to lead a fulfilling life. The older person’s participation in the care planning process is central to supporting her/he to identify goals, needs and preferences and what supports need to be put in place by the service to ensure that her/his needs are met.

3.1 Integrity self-determination and participation

Introduction

Person-centred care and support places each older person at the centre of all that the service does. It provides the right support at the right time to enable older persons to lead their lives in as fulfilling ways as possible. A key principle is that older persons in receipt of services are central in all aspects of planning, delivery and review of their care.

The older person is entitled to a private life where physical integrity, self-determination and participation is respected. The older person is given the opportunity to maintain dignity and quality of life by means of a secure, transparent, accessible and comfortable environment which includes stimulation to allow the utilisation of her/his physical, intellectual, emotional and social capabilities. The older person is offered activities where seasons, weekends, holidays and traditions are observed and celebrated and where self-confidence and zest for life are stimulated and strengthened.

Participation provides the older person with an opportunity to influence her/his own life situation in consultation and agreement with the staff. Clear, factual and correct information is required to allow the older person to participate in and influence her/his day-to-day life. The receptiveness of the staff to the various conditions of the older person in terms of gender, ethnicity, religion or other beliefs, language, physical or cognitive disabilities, sexual orientation or age are also required to ensure the participation of the older person.

The views of the older person and her/his family and close friends concerning the quality of the care activities are of significance when it comes to gaining a comprehensive view of the opportunities for development of the activities. It also provides the older person and her/his family and close friends with the opportunity to influence the content and development of the activities. Systematic and regular use of information from user surveys provides information on quality-enhancing measures for the services.

Requirements

The provider of the services shall:

- a) ensure that the older person is treated in a manner perceived as positive by the older person individual
- b) ensure that each older person has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
- c) ensure that the rights and diversity of the older person are respected and safeguarded.
- d) ensure that the older person develops and maintains personal relationships and links with the community in accordance with their wishes.

- e) ensure that the privacy and dignity of each older person are respected.
- f) ensure that the older person has the opportunity to tell her/his life story.
- g) ensure that the older person and/or her/his family and close friends can easily get in touch with responsible staff.
- h) ensure that the older person has a named contact.
- i) ensure that internal user surveys for the activities includes questions concerning treatment, security, influence, participation, food and mealtimes, spending time outdoors, activities, assistive devices and continuity of staff and that these questions are adapted to suit the cognitive capability of the older person.

NOTE: Other questions besides those listed above can be added to internal surveys.

- j) ensure that there are procedures for the analysis and use of data from external user surveys as part of the provider's knowledge development and improvements of the activities.
- k) ensure that survey results and actions implemented are reported back to the older person, her/his family and close friends and staff.

3.2 Safety

Introduction

The older person is entitled to feel secure in all respects. The perception of security is personal and involves everything from fall prevention, safe handling of medications and preventing violent situations, to making it easy for the older person and her/his family and close friends to get in touch with the staff responsible for activities and the work environment where necessary.

In a safe residential service, a focus on safety and quality improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity. Services promote the safety of residents through the assessment of risk, learning from adverse events, near misses and complaint.

Safe residential services protect residents from abuse or neglect that cause them harm, distress or violation of their rights. The personal property and finances of residents are managed in accordance with their wishes.

Requirements

The provider of the services shall:

- a) ensure that the residential service has effective arrangements in place to manage risk and protect older person's from the risk of harm.
- b) ensure that each older person is safeguarded from abuse and neglect and their safety and welfare is promoted.
- c) ensure that protective measures are not used without the consent of the older person-
- d) ensure that arrangements to protect older persons from harm. promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy
- e) ensure that there are procedures in place for prevention of and dealing with situations relating to violence and abuse.

- f) ensure that there are procedures in place for secure handling of the older person's keys to her/his home.
- g) ensure that the older person's valuables are listed and handled correctly and reliably.
- h) ensure that the older person's personal property and finances are managed.
- i) ensure that the older person has access to a security alarm where deemed necessary.

3.3 Information and communication

Introduction

The older person has access to information, provided in a format appropriate to their communication needs and preferences concerning news, life at the home and/or services offered/available to the older person.

The opportunities of the older person for effective communication is a prerequisite for participation, self-determination and social fellowship. Effective communication refers to the abilities of the older person to understand and interpret what is said and done, express basic needs, wishes and feelings, ask for and receive attention, interact with others and take part in meaningful conversations. Neurological disorders, stroke or dementia, hearing impairment and social inactivity are all factors which may affect language and the ability to speak and communicate. When the ability of the older person to communicate with her/his surroundings is impaired, active activities are needed in order to facilitate this. This is also applicable to the older person that communicate by means of sign language.

Requirements

The provider of the services shall:

- a) ensure that the older person and family and close friends receive information on services offered/available to the older person.
- b) ensure that the older person and family and close friends receive information on and an introduction to practical issues before moving into the residential care facility.
- c) ensure that the older person is provided with a guide to services in the residential home in an accessible format on admission and is consulted when any changes occur.
- d) ensure that all information is in a format and medium that is appropriate to the information and communication abilities of the older person.
- e) ensure that assistance and support are provided to access information, to communicate with others through a variety of media, and to make contact with family, friends and other services, such as advocacy services, if the older person so wishes.
- f) ensure that assistive technology and communication supports are provided to the older person with communication difficulties and that the older person and staff are trained in their use.
- g) ensure that the older person is provided with an accessible copy of this standard and staff spend time explaining the standard to the older person, where possible and if the older person so wishes.
- h) ensure that the older person is kept informed and consulted about the day-to-day operations and developments in the residential service.

- i) ensure that the person in charge ensures that the older person is informed about what personal information is being maintained by the service, who has access to this information, including other professionals, and how the older person can access their personal information in line with legislative requirements.
- j) ensure that the older person has access to news in an accessible format and in accordance with their preferences. This includes access to radio, television, magazines, newspapers and information via computer or notice boards.
- k) ensure that agreements and decisions on activities relating to the older person's ability to communicate are made with the involvement of the older person or via a legal representative.
- l) ensure that the need for activities relating to the ability of the older person to communicate is identified and investigated pursuant to a risk analysis.
- m) ensure that activities relating to the ability of the older person to communicate are implemented, followed up and evaluated.
- n) ensure that if necessary, the older person receives individually tested assistive devices for communication.
- o) ensure that all staff have knowledge in the field of communication with the older on the basis of a person-centred approach and receive regular skills development in this field.
- p) ensure that there is access to specialist expertise in the field of communication with the older-
- q) ensure that the older person has access to an interpreter where necessary.

NOTE: An interpreter in this context refers to a language interpreter, sign language interpreter or writing interpreter.

3.4 Activities

Introduction

Activities are an integral part of the life of the older person, and the residential service provides a broad range of meaningful activities that promote physical health, mental health and wellbeing and opportunities for the older person to socialise. Each older person is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

Activities include physical, sensory, cognitive and communicative stimulation. Research shows that activity is crucial to quality of life. The older person is invited to talk about her/his life and the activities she/he consider worthwhile, and is given the opportunity for self-determination and freedom of choice.

The older person's daily living is meaningful and activities promote engagement and fulfilment and a good quality of life. The older person has opportunities for new experiences, social participation, recreation, education and lifelong learning. A varied programme of appropriate indoor and outdoor recreational and stimulating activities is offered to the older person, which meets her/his needs and preferences.

When the older person no longer is capable of communicating to other people what activities stimulate and enhance the wellbeing, the life story and information from family and close friends can be of assistance. These activities are adapted so that even the most ill of older people receive social, mental and physical stimulation on the basis of their needs and requirements.

Requirements

These requirements assume, where required, that the older person have assistance decisions relating to activities and/or live at residential care facilities.

The provider of the services shall:

- a) ensure that activities are based on each older person's preferences, interests, past activities and are informed by and recorded in individual care plans. The activity programme takes account of the age, gender and different levels of functioning and ability of each resident and provides for highly dependent residents and those with cognitive and or sensory impairments.
- b) ensure that the older person is involved in the planning of activities and the programme is displayed in suitable formats and appropriate locations so that older persons living in the centre know in advance what is available.
- c) ensure that agreements and decisions on activities relating to the older person's activities are made with the involvement of the older person.
- d) ensure that the older person is offered at least one daily activity, as part of a group or alone.
- e) ensure that the older person is offered daily social intercourse on the basis of identified needs.
- f) ensure that the older person is offered daily intellectual stimulation on the basis of identified needs.
- g) ensure that the older person is given the opportunity to maintain contact with family and close friends and other social contacts with whom she/he would like to communicate.
- h) ensure that the older person is offered opportunities for and assistance with spending time outdoors according to her/his needs and wishes.
- i) ensure that the older person is offered physical activity and exercise.
- j) ensure that the staff have expertise and the opportunity to implement activities.
- k) ensure that there are sufficient numbers of trained staff to support an activity programme that is suitable for all older persons.
- l) ensure that residential services recognise the importance of focusing on individualised, meaningful activities, occupation and engagement rather than on organised group activities. An older person's right to opt out of communal activities is respected.
- m) ensure that activities include recreation and travel outside of the premises of the designated centre.
- n) ensure that outdoor activities such as gardening are made available in the grounds of the centre for all older persons.
- o) ensure that the programme of activities supports residents in developing and maintaining relationships and links with the community. Residents' families participate in and assist with activities, where possible and with the older person's consent.
- p) ensure that the programme of activities is evaluated and continuously improved, following feedback from the older person.

3.5 Rights and diversity

Introduction

The rights and diversity of each older person is respected and safeguarded. Equality is promoted and respected in relation to the older person's age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and membership of an ethnic group. The care is based on an overall approach to the older and take into account the person as a whole on the basis of physical, mental,

social and existential needs, all elements being of equal importance. The terms spiritual and existential are closely interlinked and relate to the great questions of life.

The older person is actively involved in determining the services she/he receive and are empowered to exercise human and individual rights. The older person makes her/his own choices, participate in the running of services and contribute to the life of the community, in accordance with her/his wishes. Residential services ensure that cultural difference is acknowledged and respected in the delivery of care for the older person.

For the staff, it is important to be able to provide support. This can be done by being receptive, offering support and conversation and maintaining a presence. It is also necessary to provide support to family and close friends by giving them information and opportunities for discussion.

Requirements

The provider of the services shall:

- a) ensure that the rights of each older person is protected and promoted in line with national and international legislation.
- b) ensure that the older person is given information on her/his rights in an accessible format and they are supported in understanding their rights.
- c) ensure that the older person is facilitated to vote in local, national and European elections and referenda, in accordance with their wishes.
- d) ensure that the older person's right to decline care and treatment is respected. The reasons for declining care and treatment should be discussed fully with the older person and documented in their care plan.
- e) ensure that the older person is facilitated to observe or abstain from religious practice in accordance with their wishes.
- f) ensure that the older person is offered information, support and discussion on spiritual and existential needs and has access to contact details of spiritual leaders and communities.
- g) ensure that staff have the knowledge and skills to communicate with the older person on spiritual and existential issues.
- h) ensure that specialist knowledge and skills relating to spiritual and existential issues are available.

3.6 People close to the older person, facilitation to make informed decisions

Introduction

All staff respect and work in cooperation with the family and close friends of the older person. Apart from the fact that family and close friends generally play a very important part in the lives of the older, family and close friends are also important partners for the staff and enable them to do a good job. If family and close friends are to experience a sense of security, it is important for them to have confidence in the staff and the activities with which they come into contact together with the older person. The family and close friends of the older person may need support at times, depending on the situation of the older person and the needs of the family and close friends themselves. It is important for the staff to be receptive and provide information and support on the basis of needs identified.

People close to the older may be relatives, family and close friends or legal representatives.

The older sometimes need support for decision-making on personal matters. Different people close to the older fulfil various functions, and it is necessary to agree with the older person on who can and may be contacted with regard to various issues.

Requirements

The provider of the services shall:

- a) tell the older person and her/his family and close friends about the option of support for relatives and whom they should consult in order to apply for this.
- b) ensure that the family and close friends of the older person at residential care facilities are offered the opportunity to join a relatives' group.
- c) ensure that the older person receives the appropriate assistance and support she/he may require to uphold her/his right to recognition before the law and to exercise her/his legal capacity. This includes assistance to access legal advice and representation in any forum where their rights are being determined.
- d) ensure that there is a written agreement with the older person with regard to which individuals close to them are to be contacted on various issues.
- e) identify any legal representative and work with this person to draw up an agreement on how contact and communication are to take place, and identify what elements are covered by the mandate of the legal representative.
- f) ensure that all staff are provided with information on the tasks and responsibilities of the legal representative.

3.7 Arrival to accommodation

This part is mainly oriented towards the arrival. The older person is given the opportunity to visit the residential service before they make an informed decision and consent to stay there. Opportunities are provided to meet with a member of staff prior to admission, to discuss what the transition into the residential service will mean.

4. The older person – Health and Wellbeing

This part is mainly oriented towards physical and mental health. The older person is treated with dignity, respect and kindness. The headings below indicate possible content.

Effective services ensure that the appropriate support mechanisms are in place to enable and support the older person to lead a fulfilling life. The older person's participation in the care planning process is central to supporting her/he to identify goals, needs and preferences and what supports need to be put in place by the service to ensure that her/his needs are met.

4.1 Vision

4.2 Hearing

4.3 Mental function, cognitive impairment and mental illness

4.4 Food, meals and nutrition

4.5 Social care

Introduction

Social care is a subordinate service concept for various forms of support and assistance provided to the older person.

Social care needs include, but are not limited to: social work services; advice; support; practical assistance in the home; assistance with equipment and home adaptations; visiting and sitting services; provision of meals; facilities for occupational, social, cultural and recreational activities outside the home; assistance to take advantage of educational facilities; and assistance in finding accommodation (e.g. a care home), etc.

Provision of these activities is in some countries decided by assistance officers in the form of assistance decisions relating to support/assistance with shopping, cleaning and care of clothing, for example. Social care is part of the independence of the older person, and it is provided with respect for the wishes and needs of the older person. The aim of care activities, together with other activities, is to allow the older person to remain living at home for as long as possible.

The content and implementation of such activities may vary from municipality to municipality. Care activities are currently available both via assistance decisions and without them. The following requirements relate to assistance-tested activities.

Requirements

The provider of the cares shall:

- a) ensure that assistance-assessed social care activities are formulated and implemented with the involvement of the older person.
- b) ensure that procedures are in place for the implementation of social care activities.

- c) ensure that all staff have expertise in the field of the implementation of social care activities and receive regular skills development in this field

4.6 Personal care

4.7 Oral and dental health

4.8 Problems with eating and swallowing

4.9 and bowel function

4.10 Sleep

4.11 Pain

4.12 Skin and wounds

4.13 Falls

4.14 Physical function

4.15 Medications

4.16 Palliative care

4.17 End of life

4.18 Medical assessments and activities

4.19 Maintenance of the older person's records

5. The living environment

This part is mainly oriented towards the design and layout of the living environment. The headings below indicate possible content.

The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each older person. The living environment is designed to promote the independence of the older person and the residential service adheres to evidence-based practice and national legislation in achieving and promoting accessibility.

The prospective resident is informed of all fees payable including charges for activities and services that may have additional costs.

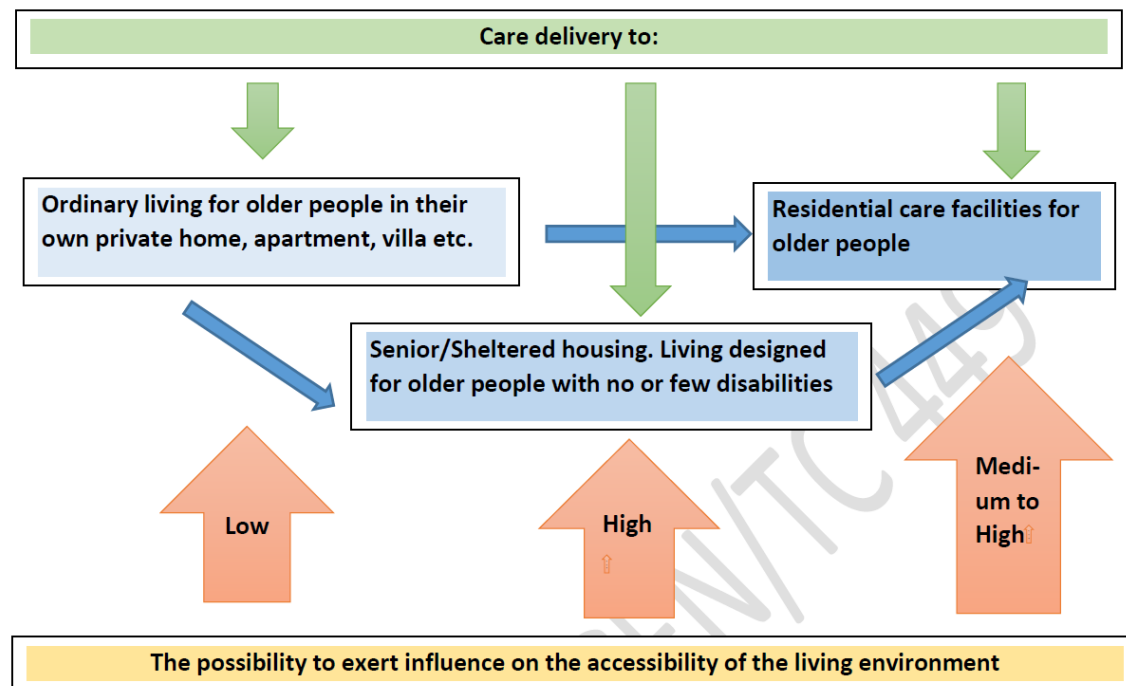
5.1 Background

It is often difficult to adapt existing housing quickly when changes due to old age are needed mainly because of the costs. Newly-built housing does not necessarily take into account the needs of older people, e.g. space to move around beds and suitable bathrooms. Some products could be better designed to ensure that they will be used by older consumers. In some regions, retirement villages are built, but these are not always available. Newly developed housing facilities should provide a degree of adaptability to the individual needs.

Fragile older person people in great need of care can nowadays live at both ordinary and different kinds of residential care facilities. The older person can to some extent choose where she/he wants to live. The older person can remain in his ordinary home or change the living to a senior/sheltered housing. If the older person is very frail residential care often is the final living. Being frail means that the older person may have impaired cognitive function, have multiple illnesses, be taking several medications and be in need of palliative care.

Taking this into consideration the delivery of the care services can take place in different settings depending on where the older person is living.

The diagram below tries to illustrate the different aspects of the conditions for delivery of care.



5.2 Location and neighbourhood

5.2 Living environment and accessibility

5.4 Common facilities

5.5 Facility services

5.6 Facilities and equipment

5.7 Assistive devices

5.8 Infection control

5.9 Contract and fees

6. The provider's organisation

This part is mainly oriented towards different aspects of the provider's organization including the work force and its competence. The headings below indicate possible content.

6.1 Structure, responsibility, authority and resources

6.2 Values and plans

6.3 Management systems

6.4 General description of the services and facilities

6.5 Secrecy and protection of whistle blowers

6.6 Cooperation and information transfer

6.7 Improvement, development and innovation

6.8 Staffing

6.9 Skills

7. Systematic quality work

This part is mainly oriented towards systematic quality work as described for example in EN 15224 Health care services - Quality management systems - Requirements based on EN ISO 9001:2008. The monitoring of the services by systematic quality work is a continual process which checks that the provider continues to deliver an appropriate standard of service.

The headings below indicate possible content.

7.1 Review of individual care plans

7.2 Review of plans and routines concerning the provider's organisation

7.3 Review of compliance with requirements

7.4 Risk assessment

7.5 Deviation reports

7.6 User surveys

7.7 Complaints and concerns

Introduction

The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Requirements

The provider of the services shall:

- a) ensure that the older person and/or her/his family and close friends receive clear information on how to proceed reporting complaints and opinions to the provider.
- b) ensure that the older person and/or her/his family and close friends receive clear information on how to proceed reporting individual complaints/problems with care to the relevant authority.
- c) ensure that each older person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.
- d) ensure that there is an established system in place to elicit, use and disseminate feedback, compliments and complaints from residents to promote learning throughout the residential service.

7.8 The provider's self-monitoring - annual review of quality and safety

7.9 Audits, inspection by an independent body

7.10 Certification

Work copy for CEN/TC 449

Annex A – List of national standards in Europe

Research on the existence of documents in the field of older care has resulted the list below. There might be more documents.

The list is sorted by year of publication.

Country	Title and year of publication	Title in English
Spain	UNE 158001:2000	Service management in care homes. Total management
Spain	UNE 158002:2000	Service management in care homes. Sites and installations of a care home
Spain	UNE 158003:2000	Service management in care homes. Equipment and other needs
Spain	UNE 158004:2000	Service management in care homes. Staff qualification. Training
Spain	UNE 158005:2000	Service management in care homes. Staff at rest homes. Different job and job groups
Italy	UNI 11010:2002	Services - Residential and day services for disabled persons - Service requirements
France	NF X50-058:2003 see NF X50-056:2014	Residential homes for elderly people - Ethical framework and service commitments
Germany	DIN 77800:2006	Quality requirements for providers of "Assisted living for the elderly".
Denmark	DS/INF 1900:2005	Quality management and development of care services for elderly people – Requirements for the management system
Austria	ÖNORM 1920:2007	Systematic development of guidelines as decision aids for service providers and patients for the appropriate procedure in special health problems
Spain	UNE 158101:2008	Services for the promotion of personal autonomy. Management of the residential homes at residential homes with integrated day and night center. Requirements
UK	PAS 150:2010	Providing rehabilitation services. Code of practice
UK	PAS 800:2010	Use of Dementia Care Mapping for improved person-centred care in a care provider organization. Guide

Europe Initiated by Austria	CEN/TS 16118:2012	Sheltered housing – Requirements for services for older people provided in a sheltered housing scheme
Austria	ÖNORM 1915:2012	Training of new employees in health care institutions
France	NF X50-056:2014 update of NF X50-058:2003	Services for resident persons
Austria	ÖNORM 1960:2014	Process reference model in health care services
Germany	DIN 18040: 2010-2014	Construction of accessible buildings – Design principles
Germany	DIN SPEC 77003:2015	Personal and household services – Information, Advice and Placement
Sweden	SS 872500:2015	Quality of care, service, nursing and rehabilitation for elderly people with extensive needs in ordinary and residential care facilities
Sweden	SIS-TS 51:2015	Quality of care, service, nursing and rehabilitation for elderly people with extensive needs in ordinary and residential care facilities – certification scheme of the services of SS 872500:2015
Portugal	NP 4543:2015	Social care services management system - Requirements
Portugal	prNP 4547:2016 (draft)	Management systems of integrated continuing care units of internment - Requirements
Ireland	2016	National Standards for Residential Care Settings for Older People
Austria	ÖNORM 1910:2016	Terminology in the field of health care
Austria	ÖNORM 1916:2016	Competence and qualification management for employees in health care institutions

Annex B – The relationship between this standard and EN 15224 Health care services - Quality management systems

To be developed

Work copy for CEN/TC 449

Bibliography

The Social Protection Committee and the European Commission. Adequate social protection for long-term care needs in an ageing society. 2014

Models of special accommodation for older people across Europe. ANEC, The European consumer voice in standardisation. 2013

CEN GUIDE 15. Guidance document for the development of service standards. 2012

ISO/IEC Guide 76. Development of service standards. Recommendations for addressing consumer issues. 2008.

Work copy for CEN/TC 449