SLOVENSKI STANDARD
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Kakovost oskrbe in pomoči za starejše

Quality of care and support for older persons

Qualität der Pflege älterer Menschen - Dienstleistungen, die in der eigenen Wohnung erbracht werden, einschließlich betreutem Wohnen

Qualité des soins et de l'accompagnement des personnes âgées

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

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European foreword

This document (CEN/TS 17500:2021) has been prepared by Technical Committee CEN/TC 449 “Quality of care for older people”, the secretariat of which is held by SIS.

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Introduction

Development of care and support

In Europe, the population of older persons requiring care and support services is increasing. Older persons are generally defined according to a range of characteristics including chronological age, change in social role and changes in functional abilities. In high-resourced countries older age is generally defined in relation to retirement from paid employment and receipt of a pension.

There is a need for a shift in the way societies are organized and a change in the way older persons and ageing in general are perceived. Building on the concepts of active ageing and age-friendly environments, this document, *Quality of care and support for older persons,* stresses the importance of enabling the older person in need of care and support to be involved and empowered to decide how their needs, expectations and preferences can be met to live as autonomously as possible.

This document promotes the idea that the older person has the right to age with dignity, to be respected and to be included as a full member of society. Promoting a rights-based approach means, for example, fighting age discrimination, protecting service users' rights, ensuring access to reliable and comprehensive information, promoting a more accessible environment, and support for mobility, communication, consultation, and participation.

Accessibility and availability of care and support services also play a critical role in ensuring the inclusion of the older person. This means that the older person can use a service regardless of age, geographical location, illness, disability, or functional limitation.

Important factors in quality development are that the older person maintains control over their own life and that their needs and preferences are considered in the planning and provision of the care and support. It should be a priority to develop a person-centred approach in all services, to maintain the dignity, participation, and empowerment of the older person in need of care and support.

Provision of care and support needs to evolve

In general care and support of the older person services are of a good standard Despite this, threats to the quality of care and support sometimes can come from outdated ideas and ways of working, which often focus on keeping the older person alive rather than on supporting dignified living and maintaining their intrinsic capacity. In this case, the older person may be regarded as a passive recipient of care and support, and services may be organized around the service provider rather than the needs and preferences of the older person. Care and support may focus on meeting the older person's basic needs, such as eating, showering or dressing, at the expense of the broader objectives of ensuring wellbeing, that life has meaning, and that the older person feels respected.

With these aspects in mind, care and support ought to evolve in radical ways if the growing needs of older persons are to be sustainably met. The transformation will require a coordinated and multisectoral response that involves a wide range of stakeholders, both within and outside governments. The most important participant being the provider, in the sense that it is the provider who can ensure that the autonomy and will of the older persons are respected. More fundamentally, mindsets about what care and support might comprise should be reset. New ways of thinking about integrated care and support, and the systems for providing it, need to be developed. All relevant stakeholders need to be responsive, empathetic, proactive, and innovative.

Changes need to encompass two broad areas. Firstly care and support of the older person needs to be a priority agenda issue both societally and politically Second, care and support needs to be redefined. Instead of thinking about care and support as a minimum and basic safety net that provides rudimentary support to older persons who can no longer look after themselves, perceptions need to shift towards a more positive and proactive agenda. Within this new framework, care and support ought to be oriented towards both optimizing intrinsic capacity and compensating for a lack of capacity

to maintain the older person's integrity and functional ability and ensuring dignity and wellbeing and the opportunity for activity and participation in society.

An integrated response ensures that the provision of care and support is optimized

In several European countries, the competencies for health services and social services are separated from each other in two different service systems for older persons and is not considered as a specific or separate sector of the social security system, and health and social services are not regulated by a single legal scheme and administered by one single national and/or regional body. Thus, the healthcare and the social care components of care are provided by different actors, which are registered, evaluated, and operated according to different roles and organizational structures for healthcare and for social care services. Depending on the degree of integration between healthcare and social care systems, the care provided to the older person can be managed by one or several providers.

The integration between social care and health care, both administratively and at the points of use, is a crucial factor in care quality. The separation of social care and health care services can result in fragmented coverage, gaps in the provision of care and inappropriate use of acute services. More and better coordination is needed at a systems level. See also Annex A (informative).

An integrated response to care and support covers very different types of care: health care, social care, care for cognitive diseases, palliative and end-of-life care, services provided at home, in day care centres, in day hospitals or in care homes, public or private-funded, informal care or care by volunteers.

Informal caregivers provide a high amount of care and support, for their beloved relative. The quality of life of the informal caregiver is close linked to the quality of life of the older person in need of care and support. Moreover, the provider can facilitate the building of networks with the aim of care providing personnel giving support to the informal caregivers.

Health promotion and preventive approaches improve the quality of life of older persons

Health promotion and risk prevention offer the potential for improving the quality of life for the growing population of older persons, while reducing the economic burden on the health system.

The World Health Organization describes health promotion as: "The process of enabling people to increase control over, and to improve, their health." It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

A health promotion and prevention approach to care and support can provide the older person with the knowledge and skills to remain independent and well for a longer period and to reduce the impact of frailty syndromes e.g. falls, polypharmacy etc on their health and wellbeing Health promotion and preventive approaches benefit not only the older person, but also the organizer and producer of care and support services by reducing and postponing the need for heavy care and support services and thus being cost-effective. Good and nutritious food, physical activity and strong social networks can help to prevent illnesses and chronic diseases. Health consultation, counselling and safer treatment with medication are other ways to prevent health risks among older persons.

How to read and apply this document

This document is intended to be useful to all types and sizes of providers in the private, public, and non-profit sectors. While not all parts of this document will be of equal use to all types of providers, the principles are relevant to every provider.

Provision of care and support consists of processes embedded in complex systems that are inevitably linked to or require the incorporation of other existing and future standards outside of this document and related to fields, such as accessibility (of processes, products, and services), ergonomics, social responsibility, human resource management, assistive devices and products, sustainable development in communities, smart homes, cognitive accessibility user interfaces, privacy and data management. This document is an example of an interdisciplinary approach that has special focus on care and

support, and it is important that the provider identifies and incorporates the use of other complementary standards.

This document uses the term 'care and support' for the combination of healthcare services and social care services. The document aims to facilitate the development of care and support services by establishing common denominators that are agreed on as fundamentals of care and support.

This document can be used by the service provider at all management levels in the organization to plan, lead, implement, maintain, evaluate, and improve the quality of the service.

When starting to use this document, each service provider

— describes the organizations service content in a service description, which includes for example a statement of purpose and character of the care and support service, measures for ensuring the older persons' wellbeing and security, the ethical principles, the services and facilities provided, management and personnel in terms of skills and numbers, methods for quality control and evaluation of the service.

— compares the service description with the content of this document and, when needed, gives a statement that lists what clauses, requirements and recommendations that are not in the service description and therefore not applicable to the provider's services.

The document can be used by the provider for internal audits or self-assessment and/or external parties for certification/accreditation to assess the provider's ability to meet the older person's needs and expectations.

The document can be used to provide basic information for procurement and education of the personnel.

Establishing quality of care and support for older persons requires knowledge of the ageing process, a gerontological skill set and a positive attitude to ageing. . Involvement and engagement of all management chain is crucial when implementing quality of care and support for older persons. When the management is committed to quality requirements and recommendations, they pass down knowledge to their personnel and motivate them to be involved. Good communication helps to create a committed and supportive atmosphere, and thus has a positive influence on the implementation of this document and continuous improvement of quality.

The requirements and recommendations given in this document are actions to be taken by the provider. Requirements and recommendations are listed in Clauses 4 to 8 after the introduction and explanation of the terminology used. These sections start with short general introductions which provide a brief background to the following requirements and recommendations.

This document uses the words 'general' and 'specific' in relation to requirements and recommendations in the following way:

- General requirements and general recommendations apply to all care and support services regardless of whether they are provided at home or at a care home.

- Specific requirements and specific recommendations apply mainly to care and support services provided in a care home but shall/should also be applied to care and support services given at home when such services are in the service description of the provider.

1 Scope

This document specifies requirements and recommendations for the provision of health and social care services for older persons provided by healthcare and social care personnel, irrespective of whether the service is provided in the persons own home or in a care home.

Service provision is based on the individual needs and preferences of the older person to assist self-determination, participation and a safe and secure old age.

This document applies to all providers of care and support to older persons irrespective of size, structure, legal set up, or funding model (i.e. public or private).

This document does not cover standardization of clinical guidelines and/or medical devices.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— IEC Electropedia: available at https://www.electropedia.org/

— ISO Online browsing platform: available at https://www.iso.org/obp

3.1
care and support
activities within health care services, social care services or an integration of both, including care provided by informal carers

Note 1 to entry: An informal carer includes any person such as a family member, friend, or a neighbour, who provides regular ongoing assistance to another person.

Note 2 to entry: Support is mixture of practical, financial, social, and emotional activities for persons who need extra help to manage their lives and to be independent.

[SOURCE: EN 17398:2020 modified. Support introduced in title and Note 2 added]

3.2
service
output of a provider with at least one activity necessarily performed between the provider and the customer

Note 1 to entry: The dominant elements of a service are generally intangible.

Note 2 to entry: Service often involves activities at the interface with the customer to establish customer requirements as well as upon delivery of the service and can involve a continuing relationship such as banks, accountancies, or public organizations, e.g. schools or hospitals.

Note 3 to entry: A service is generally experienced by the customer.

[SOURCE: ISO 9000:2015, 3.7.7 modified — definition has been abbreviated and aligned with 3.24]

3.3
healthcare services
services covering the whole spectrum of care, from promotion and prevention to diagnostic, rehabilitation and palliative care, as well as all levels of care including self-care, home care, community care, primary care, long-term care and hospital care for the purpose of providing integrated health services throughout life

[SOURCE: EN 17398:2020]

3.4
social care services
activities undertaken by social care personnel that focus on help and support in coping with activities of everyday life

Note 1 to entry: The content of the social care varies between the European countries and in some countries, health and social care are integrated and the tasks carried out in the elderly care can thus not be divided into healthcare or social care.

Note 2 to entry: Social care also aims to prevent abuse and neglect.

3.5
integrated care
coordinated provision of care and support (public, private, personal/family/informal) provided to ensure practicable autonomy and independence of the older person

3.6
care provider
organization or care professional providing care and support services to older persons in need of care and support

Note 1 to entry: Depending on the needs of the older person the care and support can be provided at the persons own home, day care centres or care homes.

Note 2 to entry: The service can be provided by public, private or non-profit organizations.

Note 3 to entry: The service can consist of healthcare, social care, or a combination of both.

3.7
care home
place of residence for persons with physical and/or mental disabilities, who may require nursing care to perform daily living activities

Note 1 to entry: The facility provides 24-h supervision, nursing care, rehabilitation programmes and social activities as well as assisting contact with the social environment, including assistance with asserting rights, justified interests, and handling personal matters.

Note 2 to entry: care homes are often referred to as nursing homes.

Note 3 to entry: A care home might specialize in certain types of disability or conditions such as dementia.

3.8
home
habitual residence, such as an apartment or house, of the older person and their family

Note 1 to entry: The older person's home can be located in an accommodation specifically designed for older persons

3.9
home care
healthcare and social care given at the person's home aimed at preserving and increasing functional ability and enable the older person to remain at home

Note 1 to entry: The care and support is provided to older persons in their own homes with a view to not only contributing to their life quality and functional health status, but also to replace hospital care with care in the home for societal reasons. Home care can cover a wide range of activities, from preventive visits to end-of-life care.

3.10
individual care plan
plan developed on the basis of initial and continuous assessment of needs, expectations, objectives and individual resources developed by the care team (including plans developed by professionals, see 3.22) of the provider or by the commissioner of the care in cooperation and agreement with the older person

Note 1 to entry: The older person's individual care plan covers all aspects of health and social care and describes how these will be met in terms of daily living and longer-term outcomes. The plan also includes plans for how and when evaluations and reassessments are carried out.

Note 2 to entry: In many European countries, plans and records concerning healthcare and social care are kept as separate entities and governed by different laws. When that is the case, it might not be possible to include both healthcare and social care in one plan. In cases of separate healthcare and social care plans, it is necessary to convey information to providers and members of personnel to the extent permitted.

Note 3 to entry: There are differences in the legislation governing care services the European countries. With respect to the care and support that the society is responsible for providing, the individual care plan sometimes must be implemented in conjunction with an administrative decision or approval.

3.11
care personnel
personnel involved in the direct provision of care and support services

[SOURCE: EN 15224:2012, 3.6.2 modified, the word "health" has been deleted in title]

3.12
care professional
personnel with a professional entitlement in a given jurisdiction involved in the provision of care and support services

Note 1 to entry: Professional entitlement in a given jurisdiction, (formally regulated field), describes requirements issued by a competent authority to be fulfilled in order to be qualified by formal, official, or legal certification, registration or authentication to perform for example legal decisions, diagnosis, therapy or treatment.

[SOURCE: EN 15224:2012, 3.6.3 modified, the word, "health" has been deleted in title and "involved in the provision of care services" and a Note to entry has been added.]

3.13
policy
document specifying the intentions and direction of an organization as formally expressed by its top management

Note 1 to entry: This constitutes one of the common terms and core definitions for ISO management system standards given in Annex SL of the Consolidated ISO Supplement to the ISO/IEC Directives, Part 1.

[SOURCE: EN ISO 9000:2015, 3.5.8, modified, “document specifying” added]

3.14
procedure
specified way to carry out an activity or a process

Note 1 to entry: Procedures can be documented or not.

[SOURCE: EN ISO 9000:2015, 3.4.5]

3.15
health
state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity

Note 1 to entry: Health has many dimensions (anatomical, physiological, and mental) and is largely culturally defined.

Note 2 to entry: Definition refers to ‘good’ health.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified — Note 2 to entry has been added]

3.16
frailty
extreme vulnerability to endogenous (e.g. biological ageing) and exogenous (e.g. diseases or pharmacological treatment) stressors that exposes an individual to a higher risk of negative health-related outcomes

Note 1 to entry: Frailty also exposes an individual to a higher risk of negative social outcomes.

[SOURCE: WHO. World report on ageing and health. 2015, modified]

3.17
person-centred care
an approach in which patients take part in their care, self-care and in the decision-making process

[SOURCE: EN 17398:2020]

3.18
abuse
single or repeated act or lack of appropriate action which causes harm or distress to an older person or violates human and civil rights

Note 1 to entry: Abuse may include physical abuse, psychological abuse, sexual abuse, financial exploitation, and neglect. Elder abuse may occur in different situations, including at home within the family, at home in connection with the provision of services or at a care home. It can be intentional or unintentional.

[SOURCE: WeDO: Wellbeing and Dignity of Older people, 2012]

3.19
restraint
intentional restriction of a person's voluntary movement or behaviour

Note 1 to entry: Physical restraint is any manual method, or physical or mechanical device, material or equipment attached or adjacent to the person's body that the individual cannot easily remove, and which restricts freedom of movement or normal access to one's body.

Note 2 to entry: Chemical restraint is the intentional use of medication to control or modify a person's behaviour or to ensure a person is compliant or not capable of resistance, when no medically identified condition is being treated or where the treatment is not necessary for the condition.

Note 3 to entry: Environmental restraint is the intentional restriction of a person's normal access to their environment, with the intention of stopping them from leaving or denying a person their normal means of independent mobility.

[SOURCE: Ireland Department of Health. Toward a Restraint Free Environment in Nursing Homes, 2011, abbreviated]

3.20
medication review
formal review process performed at specified intervals or when relevant, in which healthcare personnel and the older person collaborate to ensure correct and adequate medical prescriptions and transfer of information at every transition from one care provider to another

Note 1 to entry: The medication review is a systematic process for obtaining a medication prescription history and using that information to compare medication prescriptions in order to identify and resolve discrepancies and to prevent potential medication errors and adverse effects of medicinal products.

3.21
palliative care
approach that improves the quality of life of patients and their families when facing problems associated with a life-threatening illness, through prevention and relief of suffering

Note 1 to entry: Palliative care includes symptom management during both acute and chronic illness and end-of-life (terminal) care by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

[SOURCE: WHO: https://www.who.int/cancer/palliative/definition/en/]

3.22
clinical guideline
set of systematically developed statements to assist the decisions made by healthcare actors about healthcare activities to be performed with regard to specified health issues

[SOURCE: EN ISO 13940:2016, 9.2.4]

3.23
record
document stating results achieved or providing evidence of activities performed

Note 1 to entry: It can be, for example, medical records from physicians, nursing records from registered nurses or social documentation from certified assistant nurses or record from social care services.

[SOURCE: EN ISO 9000:2015, modified, a Note to entry has been added]

3.24
accessibility
extent to which products, systems, services, environments, and facilities can be used by people from a population with the widest range of characteristics and capabilities to achieve a specified goal in a specified context of use

Note 1 to entry: Context of use includes direct use or use supported by assistive technologies.

Note 2 to entry: Adapted from ISO/TR 22411:2008, definition 3.6.

[SOURCE: ISO 26800:2011, 2.1]

3.25
adverse event
unintended event that has a negative influence upon healthcare processes

Note 1 to entry: In the European Vigilance System, an adverse event is described as: Any untoward medical or nonmedical event or occurrence, unintended disease or injury or any untoward clinical signs including abnormal laboratory findings in subjects of care during or shortly after treatment, whether related or not related to the treatment.

[SOURCE: EN ISO 13940:2016]

3.26
telehealth service
healthcare activity supported at a distance by information and communication technology services

[SOURCE ISO DIS 13131:2021]

3.27
volunteering
person or activity of doing something without enumeration, for the benefit of the older person or their care environment

Note 1 to entry: volunteering is a freely made choice by the individual that may or may not be a relative.