interlinks

Health systems and long-term care for older people in Europe
Modelling the interfaces and links between
prevention, rehabilitation, quality of services and informal care

Developing and ensuring quality in LTC

National Report Spain

Jorge Garcés | Stephanie Carretero | Francisco Ródenas
Maite Ferrando | Laura Cordero

Valencia | August 2009

European Centre for Social Welfare Policy and Research (AT) • Ecole d'études sociales et pédagogiques (CH) • University of Southern Denmark (DK) • National Institute for Health and Welfare – THL (FI) • Institut de Recherche et Documentation en Economie de la Santé – IRDES (FR) • Institut für Soziale Infrastruktur (DE) • Wissenschaftszentrum Berlin für Sozialforschung – WZB (DE) • CMT Prooptiki ltd. (EL) • University of Valencia – ERI Polibienestar (ES) • Studio Come S.r.l. (IT) • Stichting Vilans (NL) • Institute for Labour and Family Research (SK) • Institute of Public Health (SI) • Forum for Knowledge and Common Development (SE) • University of Kent – CHSS (UK) • University of Birmingham – HSMC (UK)

SEVENTH FRAMEWORK PROGRAMME

Funded by the European Commission
under the Seventh Framework Programme
Grant agreement no. 223037

Contents

1 Background

The following report presents the situation concerning quality issues on Long Term Care systems in Spain. As part of the INTERLINKS project, we consider the definition of Long-term care as "a range of services for people who depend on ongoing help for an extended period of time with activities of daily living, due to chronic conditions of physical or mental disability. These services can include help with everyday activities of housekeeping, transport, self-management and social activities but usually have a focus on more intensive personal care such as bathing, dressing, getting in and out of bed or chair, moving around and using the bathroom. […] Without entering into the broad discussion on definitions (OECD, 2005; Kerschen et al., 2005), we would like to state for the purpose of this proposal that long-term care includes both informal and formal support systems. The latter may include a broad range of community services, for instance, public health, primary health care, home care, rehabilitation services and palliative care, as well as institutional care in nursing homes and hospices. It also refers to treatments that halt or reverse the course of disease and disability".

Thus, in order to better understand the situation of quality concerning LTC in Spain we need to understand the current situation, featured by the implementation of Law 39/2006, of 14th December, on the Promotion of Personal Autonomy and Care for Dependent Persons, frequently known as Dependency Law, which aims at regulating LTC in Spain.

The Dependency Law, came into effect on 16th January of 2007, offering a new universal and subjective Right of citizenship which guarantees attendance and care for dependent people. Through the creation of the System for the Autonomy and Attendance to Dependence (SAAD), as the fourth pillar of Welfare, of gradual development from 2007 until 2014 is being made in order to reorganise and improve current resources to attend LTC.

The Law is highly relevant in the context of unifying the resources and improving the system of care, making Spain, with Luxembourg, Germany and Austria, one of the few countries in Europe creating such a comprehensive system. It includes the coordination and participation of Autonomous Regions through the SAAD Territorial Council, as well as the trade union and business organizations through the SAAD Advisory Committee within the System. Moreover, it is expected to increase the effort to improve the System as the budget is foreseen to be 0,33 % of the current Gross Domestic Product and 1% of GDP in 2015.

Services proposed by the System for the Autonomy and Attendance to Dependence of the Dependency Law

The Dependency Law proposes the assistance to dependence aimed to promote personal autonomy and to improve quality of life of people, attending their difficulties to basic daily life activities. The assistance can be offered in terms of services and economic provision, the former having priority. The Law relies on the provision of services and economic provisions in a classification into three grades: grade I- moderated dependence; grade II- Severe dependence; grade III- High dependence; and each grade has two levels depending on people´s autonomy and the intensity of the cares required.

The assistance services (See Appendix 1 for more detail) included in the Dependency Law are integrated Law to ensure the assistance are: *prevention* services, *tele-care* (including personal alert system), *home help* (including housekeeping and personal care)*, night and day care centres* (including day centre for older persons, day centres for persons under the age of 65 years, day centres with specialised care and night night centres) and *residential assistance* (residence for dependent older persons and centre offering care for dependent persons, according to the various types of disability).

The economic provisions contemplated in the Dependency Law are: *economic provision bound to the service*, *economic provision for the familiar care* and *economic provision of personal assistance* (only for High Dependence).

The benefits and services part of the Social Services Network of the respective Autonomous Communities in the scope of the competences that they have undertaken.

In relation to this, data compiled by the National Observatory of the Dependence[1], in January 2009 establishes that 369,408 people in Spain were classified with grade III in Spain since the implementation of the Dependency Law. Moreover, 449,415 benefits were recognised, being 32.78% economic provisions (0.05% belonging to economic provision bound to the service, 28.74% belonging to economic provision for the familiar care and 3.99% belonging to economic provision of personal assistance) and 28.94% provision of services (15.14% being residential provision, 3.10% day and night centres, 8.17% home help support, 2.47% tele-care and 0.06% prevention services); 38.29% of the benefits have not been specified.

The Personal Intervention Plan

The provision of services for the dependent person is drawn in a personal individual plan of intervention (PIA) through a preliminary assessment of the personal needs, applied by the social worker assigned. After discussion and negotiation with the family and dependent person, resources and services required are established to cover the personal needs. These services are normally public provided but co-financed, and the co-financing tax is based, on the income and wealth of the person. When the services are not provided by the Autonomous Regions, it is expected that Administration provides an equivalent amount for the person to pay the private services required.

Network of services in the System for Autonomy and Care for Dependency

As part of the Dependency Law objectives, a Network of Services is being formed, integrating the public centres belonging to the Autonomous Communities, the Local Entities, the state reference centres for the promotion of personal autonomy and care and attention to dependence, subsidised private centres, as well as unsubsidised private centres and companies providing services to the dependent, in possession of the appropriate accreditation.

---

1 The National Observatory of the Dependence is coordinated by ERI-Polibienestar, University of Valencia (www.ondep.es)

2 ORDER of 4th February 2005, of the Social Welfare Ministry of the Valencia Government, by which the regime of authoriza-

The Law proposes that Autonomous Communities have to establish the legal regime and the operating conditions for the resources and services integrating in the Network. As we will discuss along this report, the accreditation criteria are consider quality criteria to accept the integration of the resource or services into the Network of services; thus they are key issues in evaluating quality of the implementing system.

Moreover, the Law emphasises the need of paying attention to the incorporation of the third sector into the network; it defends that the public powers shall promote the voluntary collaboration of the public with the dependent persons, by means of participation in voluntary organisations and entities belonging to the third sector.

Thus, up to this moment, the needs of dependent older people, and those affected by situations of dependence have been attended in a non-structured and scattered way by the State. However, because the implementation of this Law is starting, the situation of LTC in Spain is still highly decentralised and characterised as a 'system of regional long-term care services '. There is great reliance on informal care but, as the rate of participation of women in the labour force has been increasing, it is expected that Spain will become increasingly reliant on formal care, which has to be regulated and integrated in the SAAD. Services are tightly rationed because of the low level of provision. Social care services tend to be regulated by the regional governments, are provided by both local authority and private-sector (mostly non-profit) providers, and they tend to be means-tested. With the adequate implementation and development of the structures and regulations proposed by the Dependency Law, the situation could be, as aimed, overcome and improved.

Finally, an introductory approach to LTC has to also mention the health system in Spain. Health-care services are provided free-of-charge by the National Health Service, which is also organised at the regional level. When the person has a high risk for hospitalisation, generalist doctor or the management nurse can prescribe preventive services to avoid this. Then, some rehabilitation services and health resources are applied and provided by the health system, but they do not take part of the LTC, per se; they actually could be considered as *acute* or *emergency* services. These specific health services attending dependent people are subjected to Health Systems Quality Assessment performed by the competent Ministry of Health of the Regional Government. However, we are not focusing on these systems that are using their specific criteria, mostly related with medical indicators, such as, the health status of the population covered by the system (mortality, morbidity, quality of life indicators) and data obtained from National or Regional statistical databases, out-patient and in-patients medical databases, qualitative studies performed by the Health systems, etc. In this sense, there are specific structures to evaluate quality of the Health services, including working groups for quality assessment, quality commissions or quality units that are part of the hospitals, primary health units or Ministries of Health at a Regional or National level.

2 Quality assurance, assessment and management

2.1 By what mechanisms is quality in the components of LTC assessed and ensured in your country?

Quality issues can be approached taking into consideration two main issues of the Dependence Law. On the one hand, the Law introduces the aim of *ensuring quality within the System for the Autonomy and Attendance to Dependence* and proposes 4 strategies or mechanisms to work in this purpose. On the other hand, requirements and criteria concerning the *authorization and accreditation of the dependence care resources*, depending on the Autonomous Regions, are considered main issues to ensure quality of care provisions.

Quality issues on the System for the Autonomy and Attendance to Dependence

As commented, the Dependence Law proposes that the System for the Autonomy and Attendance to Dependence have to guarantee quality and efficacy issues concerning the benefits and services provided to cover Long-term care. In this sense, it proposes the development of four main aspects:

- Criteria of quality and safety for centres and services
- Quality indicators for assessment, continuous improvement and compared analysis of the centres and services
- Best practices guides
- Service charters, adapted to the specific conditions of the dependent persons, in accordance with the principles of non-discrimination and accessibility

In fact, these mechanisms proposed by Law are not yet developed. The main target during this first period of implementation has been the first one: “Criteria of quality and safety for centres and services”. As part of this strategy to ensure quality, there have been some steps forward to establish common criteria for regulating and accrediting the different resources and services. The establishment of these common criteria has been agreed by the Territorial Council (Resolution 20451, December, the 2nd 2008), without detriment to the competence of the Autonomous Communities and of the General State Administration. However, this common regulation is still partial, and there are still different aspects requiring a common national framework. In the next section we discuss the issue.

Authorization and accreditation of the dependence care resources: the approach of the Law

As commented, as part of the implementation of the Law, there are important efforts to generate common standards for the authorisation and accreditation of LTC providers within Spain, based on the quality of the system. This issue has crucial relevance in order to respond to the requirement of the Law concerning the creation of a database of services and resources, but also to homogenise the quality provision and the satisfaction of the demand of dependence needs at country level.

As commented, the Territorial Council of the System for Autonomy and Care for Dependency has published in December 2008 a resolution (20451) with the regulation for the accreditation of centres and

services of the Spanish System for the Autonomy and Care of the Dependency (including residential homes, day and night centres, home help and tele-care), with the aim of establishing a common model of accreditation at national level. This model presents different criteria depending on the type of service and dependence level, and also depending on whether the assistance is basic or advanced (see Figure 1).

Thus, the regulation includes the minimum conditions of standards concerning material and equipment and human resources to reach by all the regional dependency systems, with a temporal period of development and implementation that varies from 2011 and 2015. This regulation concretes that professional profiles will be qualified within the coming years: managers, caregivers, personal assistant and nurses will be required to certify their formation and training. This process will be developed until 2015 when all personnel must have the required qualification according to their tasks; specific regulations for the qualification process will be elaborated in the coming years. The regulation also describes the ratio of personnel for each category required in each service.

In order to define these common quality standards, the Law required the agreement by the Territorial Council of the System for Autonomy and Care for Dependency. Moreover, it is emphasised the need of paying specific attention to quality in employment and to promoting professionalism and reinforcing training in entities that aspire to managing benefits or services on LTC. With this aim, it is established also that training and qualification of the professional and carers are regulated, proposing the collaboration between the various competent Public Administrations on issues of education, healthcare, employment and social affairs, as well as collaboration between the latter and universities, scientific societies and professional and trade union organisations, employers' associations and the third sector.

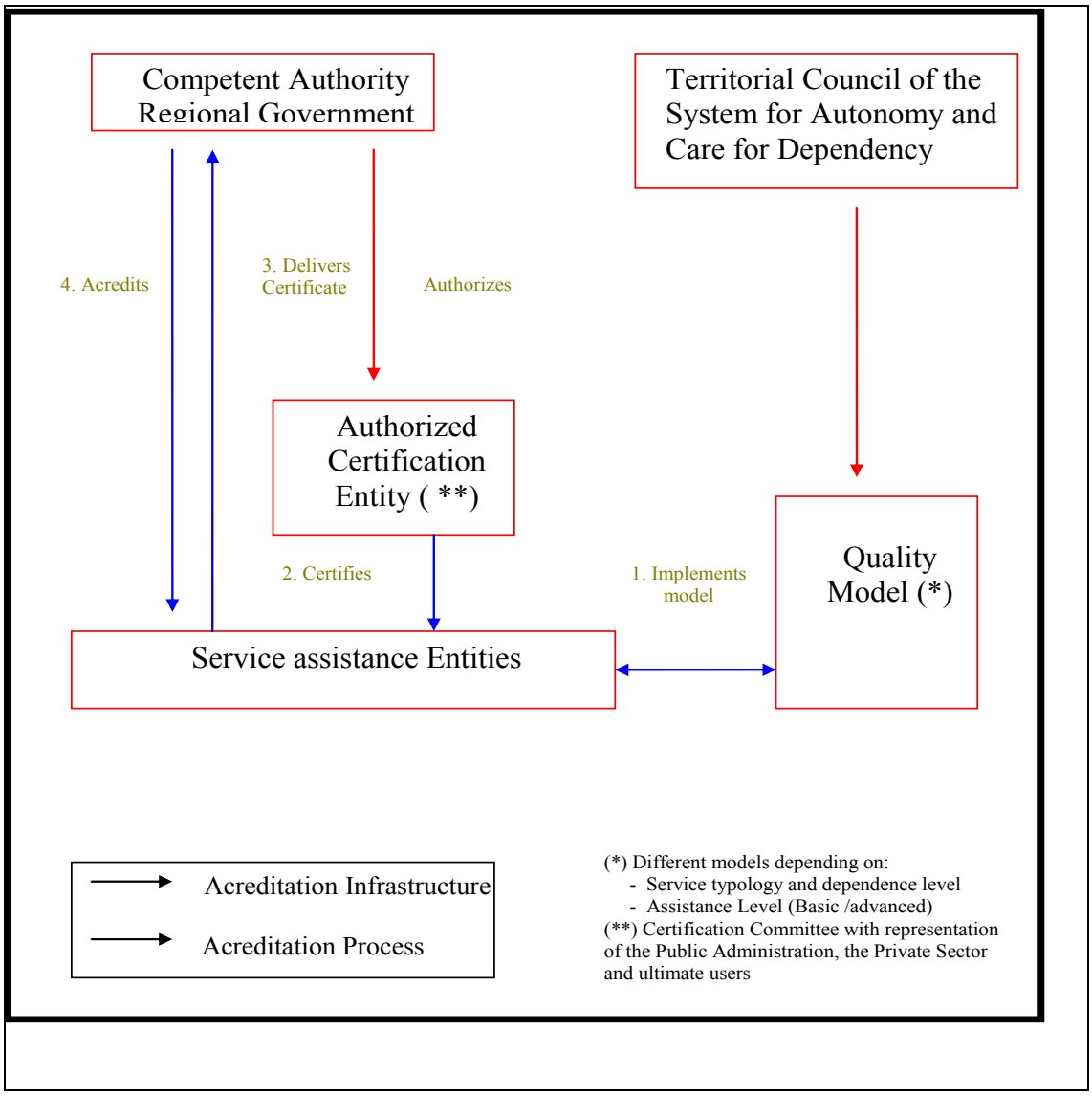
On the other hand, the Law also considers the creation of a Consultative Committee and other Consultative Bodies to contribute to, among other issues, the elaboration of standards and quality issues.

The Consultative Committee acts as an advisory body that is seconded to the Ministry of Labour and Social Affairs, which makes social participation in the System effective on a permanent basis and exercises the institutional participation of the trade union and employers' organisations in same. Its functions are to inform, to advise and to formulate proposals regarding materials that are of special interest for the functioning of the system. In this sense this organism has influence on the quality and assessment of the functioning of the system.

The Committee has a tripartite composition, as it shall be formed by the Public Administrations, the employers' and trade union organisations and shall be a joint committee between the Public Administrations on the one hand and the trade union and employers' organisations on the other.

The Consultative bodies have institutional participation in the System for Autonomy and Care for Dependency, and their main aim is also to inform, advise and formulate proposals on issues that are of special interest for the functioning of the System of Dependency. These bodies are the Consultative Committee of the System for Autonomy and Care for Dependency, The State Council for Older Persons, The National Council for Persons with Disabilities and The State Council of Non-Governmental Social Work Organisations.

Figure 1: Accreditation model for Spanish System for Autonomy and Care for Dependency



Source: ERI-Polibienestar, University of Valencia (Spain), August 2009.

2.2 What is assessed?

In spite of the mechanisms proposed by the Law to develop a common framework for the authorisation and accreditation of dependent care resources, the current situation is defined by the different regional regulation. Because the Law is in its implementation phase, the national common criteria are not yet regulated and Regional Governments are responsible for the standards for the authorisation and accreditation of LTC service providers and they are still using regulations created before the Dependency Law. These regulations vary widely, and we can find important differences from region to region. Some examples concerning residential homes are the size of the bedroom in residential centres and its maximum capacity, the nursery conditions, the formation of the director of the centre, the professionals required, the fee of the services or the potential co-payment of the users are issues that widely differ from region to region. There are also different policies to access to public residential places, depending on the offer and demand existing. We can distinguish two main different models: the first group consist-

ing of Asturias, Baleares, Castile-Leon, and Extremadura whose system is based on public places in public residential centres, with few places "rent" or concerted from the private sector. The second group is conformed by those regions Cantabria, Catalonia, Valencia Community, Basque Country and La Rioja, where there is a preference for offering public places from private residential centres.

In general, different regions have regulated the criteria for the accreditation of day and night and residential centres. However, home help and tele-care have not been regulated in relation to quality criteria: they normally are regulated in terms requirements and criteria terms of access to the services provision. Obviously, it is out of our scope to describe the different regulations, but we consider interesting to present some significant examples of current quality criteria. Concretely, we describe quality criteria in the regulation for day and night centres in the Valencia Community which is one of the more comprehensive and referenced regulations in the country[2].

A comprehensive example: Valencia Region

The regulation authorization and functioning of the centres specialized on the care of older and dependent people on LTC is based in the Law 5/1997 proposed by the Valencia Government regulating the Social Services in the context of the Valencia Community. This regulation differentiate among 1) day care centres for dependent older people and 2) Residential centres, which can also be a) for older people and b) for dependent older people. The regulation establishes that ruling principles of the centres´ functioning are:

- Normalization. The users´ lifestyle will have to fit as much as possible, the behaviour and rules of behaviour considered as daily by the citizenship.
- Stimulation. Favouring the development of the user´s personal autonomy
- Intimacy. The action and intervention protocols will have to respect and protect the users´ intimacy right.
- Choice. The people responsible at the centres will try to provide the users with alternative ways to decide as if in the everyday life.
- Participation. Resident user´s participation in the activities will have to be encouraged.
- Integration in the social or cultural context of the older person
- Globality. The assistance must be comprehensive, gathering health, psychological, social, cultural, environmental and analogous aspects.
- Professionalization. Centres´ staff will have to gather the technical qualification corresponding to their professional level, without prejudice to the action of the social volunteers.
- Personalized assistance. A personalized assistance will be offered, adapted to the needs of every user.
- Prevention, at a health, social and dependency level.
- Confidentiality, from the managers and people working at the centres, concerning the users.
- Collaboration with the Social Welfare Ministry.

The requirements for the accreditation of the different types of centres for older people considered by the regulation are summarised in the table below:

[2] ORDER of 4th February 2005, of the Social Welfare Ministry of the Valencia Government, by which the regime of authorization and functioning of the social services specialized on the assistance to elderly people is regulated

Table 1 Requirements for authorization and functioning of the social services specialized on the assistance to elderly people in Valencia Community[3]

Day care centres for dependent older people	Day care centres for dependent older people is defined as the establishment which offers a programme of day attendance specialized on people who need to carry out their basic daily activities. Their objectives are to maintain, preserve and/ or improve the users´ functionality and to give support to their families, by means of the provision of a resource which makes possible their members´ socio-labour life.
Capacity	Maximum 100 places
Users	People older than 60 years with dependency problems or chronic conditions or autonomy limitation
Portfolio of services	a) Basic services: 1. Admission 2. Catering 3. Personal hygiene. 4. Social assistance 4.1. Socio-cultural entertainment. 4.2. Individual, group and community social assistance 4.3. Family Social assistance. 5. Health assistance 5.1. Medical assistance. 5.2. Psychological assistance. 5.3. Nursing assistance. 5.4. Formation therapy activities. 5.5. Rehabilitation activities. 5.6. Prevention and Health promotion. 6. Adapted transport. b) Optional services: 1. Hairdressing 2. Podiatry 3. Others
Programmes, protocols and registers.	1. Programmes: - Functional and cognitive rehabilitation activities. - occupational therapy - socio-cultural activities 2. Protocols a) adaptation and incorporation to the centre b) personal hygiene, self-care and techniques

[3] All the requirements are better described and widely specified in the regulation but for the purposes of the report we just describe main criteria considered.

	c) falls d) medication e) incontinence f) sanitary emergency 3. Registers - falls - users with incontinence - medication administered to the users
Personnel composition, ratio and time regulation per centre places	a) director b) direct care personal b.1) socio-care supervisor b.2) doctor b.3) nurse b.4) psychologist b.5) Physiotherapist b.6) TASOC/social aducator b.7) social worker b.8) nurse assistant c) general service personal
Personnel regimen and qualification	Organisation and management of the personal system Personal qualification regulation

Residential centres for older people	They offer stable and common housing to people that voluntary chose for them, in a permanent or temporary period.
Capacity	Maximum 150 places
Users	People older than 65 years with no limitation on their autonomy, being valid for daily life activities. Users with dependency problems or chronic conditions or autonomy limitation will not be allowed in the centre, unless there is dependent older unit within the centre.
Portfolio of services	a) Basic services: 1. Admission 2. Catering 3. Laundry 4. Personal hygiene. 5. Social assistance 5.1. Socio-cultural entertainment. 5.2. Individual, group and community social assistance. 5.3. Family Social assistance. 6. Occupational Therapy 7. Prevention and Health promotion. b) Optional services: 1. Hairdressing 2. Podiatry

	3. Coffee bar 4. Others
Programmes, protocols and registers.	1. Programmes: - preventive rehabilitation activities. - occupational therapy - socio-cultural activities 2. Protocols a) adaptation and incorporation to the centre b) sanitary emergency 3. Registers - activities in course and programmed - users participation on activities program
Personal composition, ratio and time regulation per centre places	a) director b) direct care personal b.1) social worker b.2) TASOC/social educator b.3) physiotherapist b.4) psychologist b.5) doctor b.6) nurse assistant b.7) general service personal
Personal regimen and qualification	Organisation and management of the personal system Personal qualification regulation

Residential centres for dependent older people	They offer stable housing and social attendance, support for the daily life activities, sanitary attendance, rehabilitation of the capabilities and integral geriatric care, depending on the level of dependency of the users.
Users	People older than 60 years with a lack of ability to carry on with daily life activities and requiring integral geriatric care. Exceptionally people under 60 years with functional, psychic o social dependency can be accepted. Some centres can have High Dependency Units Older users without dependency can be accepted if they have chosen this option.
Capacity	Maximum 150 places, with no more than 40 users in the High Dependency Unit.
Portfolio of services	a) Basic services: 1. Admission 2. Catering 3. Laundry 4. Health assistance 4.1 Basic care 4.2. Medical assistance. 4.3. Rehabilitation activities.

	4.4. Pharmacologic assistance 4.5. Prevention and Health promotion. 5. Psychological assistance and occupational therapy. 5.1. Psychological assistance. 5.2. Occupational therapy. 6. Social assistance 6.1. Socio-cultural entertainment. 6.2. Individual, group and community social assistance 6.3. Family Social assistance. b) Optional services: 1. Hairdressing 2. Podiatry 3. Coffee bar 4. Others
Programmes, protocols and registers.	1. Programmes: - Functional and cognitive rehabilitation activities. - occupational therapy program - socio-cultural activities 2. Protocols a) admission assistance b) reception and integration of the users to the centre c) integral geriatric assessment d) personal hygiene, toilet and shower e) nutrition f) medication g) risks prevention and intervention: mobilisation, ulcers, falls and incontinence. h) information management and confidenciality i) subjection measures j) transfer and monitoring the visit to health centre k) suggestions and complains management l) monitoring and attendance to the obit process 3. Registers - users to be mobilised - users requiring periodical assessment - falls - users participation and attendance on activities program - activities in course and programmed - users with incontinence - users with subjection measures - medication administered to the users

Personnel composition, ratio and time regulation per centre places	a) director b) direct care personnel b.1) doctor b.2) nurse b.3) physiotherapist b.4) psychologist b.5) TASOC/social educator b.6) social worker b.7) nurse assistant c) general service personnel
Personnel regimen and qualification	Organisation and management of the personnel system Personal qualification regulation

Source: ERI-Polibienestar, University of Valencia (Spain), August 2009.

It is also important to remark that, as part of the regulation of the Valencia Regional Government in this area, the *Social Services Quality Plan* has been established for social services and residential centres by the Valencia Regional Government, based on EFQM, ISO and CAF norms for Quality Management. The plan lays in the universal principles of a quality management. These principles are:

- the commitment with the direction of the centre
- clients and users orientation
- people and personnel implication
- alliances with providers
- decision process with data (including assessment of quality plan results)
- continuous improvement
- management based on processes
- systemic orientation

The plan is compulsory for those entities that pretend to obtain benefits or funding for providing social services charging Public administration budgets or when those entities expect to sign specific agreements or contracts with the Public Administration concerning the provision of care.

Certification of quality assessment

In addition to this, the assessment of the quality of social services in Spain is related to quality certification. Based on the Law 39/2006, AENOR (Spanish Certification Agency) has also developed specific quality norms for certifying the resources and services:

- Services for the promotion of the personal autonomy. Management of the residential homes and residential homes with integrated day and night centre. UNE 158101
- Services for the promotion of the personal autonomy. Management of the day and night care centres. UNE 158201
- Services for the promotion of the personal autonomy. Management of the home help services. UNE 158301

- Services for the promotion of the personal autonomy. Management of the tele-care services. UNE 158401

These norms define requirements to be met by the providers of services, related to their own management (leadership, quality plan, human resources, etc.) and the services delivered (material requirements, procedures assessment, satisfaction of the client evaluation, etc.). Consequently, they are a starting point to the regulation of services provision within the social and health care sector.

However, these specific norms are very recent and they have not yet reached frequent use. In this sense, it has to be pointed out that entities providing LTC services frequently follow a model of quality based on the UNE-EN ISO 9001:2000 for the general management of the quality of the products and services of the companies.

New trends in certifying the quality of the dependence regional systems are based on excellence models (for example the EFQM, 2003), but they are very scarce (it has been reported some experiences such as Valencia Quality Plan, Madrid Excelente, or Euskalit in the Basque Country). In this sense, the Avedis Donabedian Institute from the Autonomous University of Barcelona is specialised in the application of these quality models to social services.

2.3 What are the incentives/sanctions to measure ensure and/or improve quality in everyday practice; what are the barriers? How successful have they been?

As part of the objectives compiled in the Law 39/2009, it has started a process of accreditation of the resources and services to cover assistance to the elderly and dependent people. The main incentive for the providers of services is to be acknowledged in order to offer their services and resources as part of the System for Autonomy and Care for Dependency, for their public management, being totally covered or co-paid by the users, depending on the Regional Government regulations.

Apart from the accomplishment of requirements to achieve accreditation as LTC provider, the increasing or improved quality of services depend on the responsability of the provider of services.

However, a set of sanctions have been established in order to regulate adequate satisfaction of user rights and the sustainability of the system. Concretely, failing to comply with the regulations regarding opening and operation permits and the accreditation of centres that provide care for dependent persons shall constitute and infringement. As a result, the care providers shall be could be sanctioned “by the competent administrations with a fine and where applicable, loss of subsidies, temporary cease of activity or closure of the establishment, premises or company for the companies providing the services. In any case, the sanction shall require that all amounts unlawfully received be returned. As defined by the Law, the graduation of the sanctions shall be proportionate to the infringement committed and shall be established and weighted according to the following criteria:

- Seriousness of the infringement.
- Seriousness of the social alteration and damage caused.
- Risk to health.
- Number of affected parties.
- Benefit obtained.

- Degree of intentionality and reiteration.

This graduation of the fines will be, for minor infringements, a fine of up to € 300 for the carers and up to thirty thousand Euros for the service providers; for serious infringements, a fine of between € 300 and € 3,000 for the carers; and of between € 30,001 and € 90,000 for the service providers; for very serious infringements, a fine of between € 3,001 and € 6,000 for the carers; and of between € 90,001 and € 1,000,000 for the service providers. Moreover, in especially serious cases — recidivism of infringement or notorious, serious transcendence — very serious infringements shall be sanctioned with the temporary suspension of activity for a maximum of five years or, where applicable, with the closure of the company or of the service or establishment. The infringements expire after one year, in the case of minor infringements; after three years, in the case of serious infringements; after four years, in the case of very serious infringements.

As regulated by Law, sanctions are competence of Autonomous Communities; the initiation and filing of the infringement proceeding and the imposition of the corresponding sanctions shall be the responsibility of each Public Administration in the scope of its respective competences. In the scope of the General State Administration, the Director General of the General Directorate of the Institute for Older Persons and Social Services is competent in imposing the sanctions for conduct foreseen as minor infringements; the Secretary of State of the State Secretariat of Social Services, Families and Disability, in the case of sanctions for serious infringements; and The Minister of Labour and Social Affairs, in the case of sanctions for very serious infringements. However, the prior consent of the Government Cabinet shall be required when the sanctions are for an amount in excess of € 300,000 or in cases in which the company is to be closed or the service or establishment is to be shut down.

2.4 Is there a quality-policy for informal care/volunteers? If so, what are the general principles and measures?

The Dependency Law establishes that informal care has to be reinforced with the promotion of resources and services addressed to alleviate the caregivers, mainly through the provision of day centres and partial assistance at home. Quality issues are not specified as part of the informal care reconsideration proposed by the Law, but are a part of its general approach.

Results of different review papers have pointed out that there are different programs addressed, on the one hand, to reduce the burden, stress, and distress felt by caregivers and, on the other hand, to increase formation and knowledge in order to improve the carers skills (Carretero et al., 2007; Sánchez et al., 2001). Both aims are, evidently related with the quality of care given by informal care providers, but these programs are mainly focused on the caregiver coping of the care situation as a stressful event and, therefore, their impact on quality issues of the care provision are actually an indirect or secondary effect of them, normally not measured or assessed. In spite of the fact that interventions do not take into account the wishes and values of the dependent person, the studies generally confirm the positive results of such programs on the alleviation of caregiver burden, so that they should impact on quality of care.

2.5 Are there quality indicators (or will they be developed shortly) to monitor patient pathways across services?

There are no assessment or quality indicators concerning the coordination or pathway across services of social and health care.

However, part of the requirements for accreditation of residential homes and day and night centres, are related to the coordination with health services. Depending on the Autonomous Community, these establishments are required to facilitate, direct or indirectly, health assistance and monitoring to the users, being coordinated with the Regional Health system.

2.6 Is cultural diversity a subject in quality management?

No, none of the indicators or requirements related to the quality of the services and its management shows the inclusion or consideration of cultural diversity, neither in the existing quality requirements considered nor within the ones proposed as relevant for future regulations.

2.7 Who uses quality indicators and for which purposes?

The recent creation of the System for Autonomy and Care for Dependency and the current efforts on the implementation of the Law 39/2006 has lead to a process of emphasizing quality issues and to the development of common standards to homogenise the attention and care for elderly and dependent people. So that different National Consultative Boards, Foundations and experts are paying attention to quality indicators.

In Spain, quality issues are mostly related to authorisation and accreditation of services and resources, so the main users of them are the competent authorities in charge of conceding the licence and acknowledge of service provider in terms of the Law 39/2006. Moreover, the quality indicators are also used by certification agencies, and the companies and organisms interest on the certification of quality issues following AENOR norms.

2.8 How financially sustainable are the approaches being adopted?

General State Administration has full responsibility in funding the minimum level of protection that is guaranteed to each of the beneficiaries of the System, according to his/her degree and level of dependency. On the other hand, annual or pluri-annual Conventions should determine the obligations undertaken by the Autonomous Community and General State Administration each of the parties for funding of the services and benefits in the System, considering factors such as the dependent population, geographical dispersion, insularity, returned emigrants, etc. Finally, it is expected the participation by beneficiaries in the cost of the benefits, according to the type and cost of the service and to their personal economic ability.

However, this distribution of funding is complicated because it depends on annual agreement and budget limitations. Moreover, the pressure of demography in Spain over the LTC expenses, together

with the recession period the country is going through, involves important risks for the sustainability and quality of the system. Also the differences in the participation of the beneficiaries in the cost of the services among regions threaten the equity of the system. However, Spanish experts have evidenced the need of co-payments, homogeneous at country level (Casado, 2006), that allows the development of a private offer through funding and insurance products, under quality assessment.

3 Critical overview

3.1 An evaluation of quality management in Spain and an appraisal of where it is heading

The recently implemented Law 39/2006 on the on the Promotion of Personal Autonomy and Care for Dependent Persons aims at ensuring the quality, sustainability and equity of the services covering LTC in Spain. The professionalism of the services concerning LTC is a key issue that has started to be regulated, as part of the quality strategy of the Law 39/2006. Criteria as professional qualification, formation and ratio requirements have been integrated in a proposal of the Territorial Council to achieve common criteria that shall adopt and adapt the Regional Governments to ensure equity and quality of the services holding the accreditation of the System for Personal Autonomy and Care for Dependency.

However, the process of implementation is more complicated than expected, as important differences between the Regions in the developed regulations have been found. The creation of a national framework to define common requirements at country level is still in process. The lack on its implementation is manifested also in the need of stability, which affects the investment on public-private cooperation required to cover the current demand of LTC services and guarantee the sustainability of the System for Personal Autonomy and Care for Dependency.

Another important lack of the implementation process influencing the quality of the system, concerns with the health and social care coordination. In spite of the fact that integration of care is considered part of the quality requirements, the implementation of the Law is far of this achievement. In the same line, active ageing and health promotion are important issues concerning the quality and sustainability of the system that are a long way off of being integrated in the current implementation process.

4 Acknowledgements

We would like to thank the National Expert Panel members for their contribution to this report:

- Millán José, Carlos; University A Coruña; Director of the Research Group in Gerontology
- Pérez, Lourdes; University Autónoma Madrid; Coordination of Sociology of Elderly Research group
- Zafra, Eduardo; Valencian Region; Ministry of Health
- Vivancos, Mariano; Valencian Region; Ministry of Welfare
- Trinidad, Antonio; University of Granada; Director of Andalucía Social Problems
- Sánchez, Pedro; University of Murcia; Director Welfare & Ageing Sociology
- Alemán, Carmen; Director of UNED Social Tendencies
- Lorca, Julio; Director Institute of Innovaton for Citizen's Welfare
- Azpiroz, Jon; Fundación Vodafone; Expert on Assistive Technologies
- Lidon, Leonor; Fundación ONCE; Expert on Elderly and Dependence issues

5 References

Carretero, S./Garcés J./Ródenas, F. (2007) 'Evaluation of the home help service and its impact on the informal caregiver's burden of dependent elders', *International Journal of Geriatric Psychiatry* 22: 738–749.

Casado, D. (2006) 'Los copagos en el nuevo Sistema Nacional de Atención a la Dependencia: apuntalando el cuarto pilar', *Gestión Clínica y Sanitaria*, 8 (4): 127-132.

Fundación Sanitas (2002) Guía de criterios de calidad de centros sociales y sociosanitarios en régimen residencial para personas mayores. Manual de acreditación.

Fundación de Tecnologías Sociales (2004) Guía para la buena práctica de la teleasistencia móvil. Retrieved from the Fundanción de Tecnologías Sociales Web: http://fundaciontecsos.es/sites/default/files/TAM.pdf

IMSERSO (2006) Calidad y dependencia: Grados de dependencia y necesidades de servicios. Retrieved from Imserso Web:

http://www.imsersomayores.csic.es/documentos/documentos/imserso-calidad-01.pdf

Informe Integrado: Situación actual del Servicio de Ayuda a Domicilio (2005) Comunicación, Imagen y Opinión Pública (CIMOP). Madrid.

Instituto para la mejora e innovación de la Calidad de vida de las personas Mayores (2004) Estudio del modelo de atención a las personas mayores con dependencia en España.

Edad & Vida (2007) La implantación y la gestión del sistema de atención a las personas con dependencia en España: las necesidades de los ciudadanos. Retrieved from the Imserso Web: http://www.imsersomayores.csic.es/documentos/documentos/edadyvida-implantacion-01.pdf

Edad & Vida (2008) Calidad y acreditación para entidades prestadoras de servicios de atención a las personas mayores en situación de dependencia. Retrieved from the Imserso Web: http://www.imsersomayores.csic.es/documentos/documentos/edadyvida-calidadyacreditacion-01.pdf

LEY 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia. Retrieved from the Imserso Web

http://www.imsersodependencia.csic.es/documentos/legislacion/normas/doc-3383.pdf

Norma UNE 158101 (2008) Servicios para la promoción de la autonomía personal. Gestión de los centros residenciales. Requisitos.

Norma UNE 158201 (2007) Servicios para la promoción de la autonomía personal. Gestión de Centros de Día y de Noche. Requisitos.

Norma UNE 158301 (2007) Servicios para la promoción de la autonomía personal. Gestión del servicio de ayuda a domicilio. Requisitos.

Norma UNE 158401 (2007) Servicios para la promoción de la autonomía personal. Gestión del servicio de teleasistencia. Requisitos.

Norma UNE-EN ISO 9001 (2000) Sistemas de Gestión de la Calidad, Requisitos.

National Observatory of the Dependence (2009) Report on the implementation of the Dependency Law in Spain: assessment of Autonomous Comunities.

Rodríguez, P. (2006) Fundación Alternativas. El sistema de servicios sociales español y las necesidades derivadas de la atención a la dependencia. Retrieved from: http://dialnet.unirioja.es/servlet/oaiart?codigo=2048054

Rodríguez, F., et al. (2003). «Estudio de los estándares de los servicios y de los equipamientos en residencias de personas Mayores». Madrid, IMSERSO, Estudios I+D+I, número 2. Retrieved from the Imserso Web:

http://www.imsersomayores.csic.es/documentos/documentos/imserso-estudiosidi-02.pdf

Sánchez, P./Mouronte, P./Olazarán, J. (2001) 'Beneficios de un programa de formación del cuidador en la demencia: experiencia piloto desde la enfermería especializada', *Revista de Neurología*, 33: 422–424.

Sociedad Española de Geriatría y Gerontología (2007) 100 recomendaciones básicas para la mejora continua del diseño y funcionamiento del servicio de Atención al Domicilio.

Sociedad Española de Geriatría y Gerontología (2005) 100 recomendaciones básicas para fomentar la calidad en residencias de personas mayores.

Torres, P./Ballesteros, E./Sánchez, P.D. (2008) 'Supporting programs and interventions for informal care providers in Spain', *Gerokomos: Revista de la Sociedad Española de Enfermería Geriátrica y Gerontológica*, 19 (1): 9-15.

Retrieved from: http://scielo.isciii.es/pdf/geroko/v19n1/rincon1.pdf

6 Appendix: Text of the Dependency Law (excerpts)

SECTION. Services for the promotion of personal autonomy and for attention and care

Article 21. Prevention of situations of dependency

The purpose of this service is to prevent the onset or aggravation of illnesses or disabilities and their side-effects, by means of the coordinated implementation by the social and healthcare services of initiatives to promote healthy living conditions, specific preventative and rehabilitation programmes aimed at older and disabled persons and to those that are affected by complex hospitalisation processes.

With this purpose in mind, the Territorial Council of the System for Autonomy and Care for Dependency shall agree on minimum criteria, recommendations and conditions to be met by the Plans for the Prevention of Situations of Dependency drawn up by the Autonomous Communities, with special attention to the risks and actions for older persons.

Article 22. Personal Alert System

The Personal Alert System provides assistance to beneficiaries by means of the use of communication and information technologies, with the support of the necessary personnel resources, in immediate response to emergencies, danger, loneliness and isolation. This service may be independent or complementary to the home help service.

This service shall be provided to people that do not receive residential care services and whose Individual Care Programme thus states.

Article 23. Home Help Service

The home help service is made up of a set of initiatives that are carried out in the home of the dependent person in order to cater for his/her everyday needs, provided by entities or companies that have been accredited for this function:

- Services related to attending to domestic or home needs: cleaning, washing, cooking or others.
- Services related to personal care, in performing the activities of daily living.

Article 24. Day and Night Centre Service

1. The Day or Night Centre service offers comprehensive care during the day or night to the dependent person, with the objective of improving or maintaining the highest possible level of personal autonomy and supporting the families or carers. In particular, from a bio-psycho-social perspective, it covers the needs of counselling, prevention, rehabilitation, guidance for the promotion of autonomy, enablement or assistance and personal care.

2. The types of centres shall include Day Centres for persons under the age of 65 years, Day Centres for older persons, Day Centres that are specialised due to the specific nature of the care they provide and Night Centres, which shall be adapted to the peculiarities and ages of the dependent persons.

Article 25. Residential Care Service

1. From a bio-psycho-social perspective, the residential care service offers ongoing personal and healthcare services.

2. This service shall be provided in the residential centres that are enabled for this purpose according to the type of dependency, degree of dependency and the intensity of care required by the person.

3. This service may be provided on a permanent basis, when the residential centre becomes the person's usual residence, or temporary, when the person avails of temporary stays for the purposes of convalescence, during holiday periods or at weekends or if the nonprofessional carers are ill or availing of a rest period.

4. The residential care service shall be provided by the Public Administrations in public and subsidised centres.