



NATIONAL SCIENTIFIC RESEARCH INSTITUTE FOR LABOUR AND SOCIAL PROTECTION -  
INCSMPS

**SOCIAL POLICIES DEPARTMENT**

# **Methodology for continuous monitoring of the quality of care in institutions providing long-term care services**

Phd. Aniela MATEI  
Phd Mihaela GHENTA  
Phd. Luise MLADEN MACOVEI



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### Introduction

The methodology was developed within the project **Methodology for continuous monitoring of the quality of care in institutions providing long-term care services** part of the Research and Development Sectoral Plan of the Ministry of Labor and Social Justice for the period 2018-2020, priority area (II) Family, assistance, social inclusion and poverty reduction, Policy Program for the promotion of active aging and the protection of the elderly, financing contract no. 3677/PSCD/28.09.2018..

The project was implemented during 2018-2019 by the National Scientific Research Institute for Labour and Social Protection - I.N.C.S.M.P.S. (coordinator) together with "Alexandru Ioan Cuza" University from Iasi (Partner 1) and S.C. Novel Research S.R.L. (Partner 2).



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### Research methodology (1)

In order to evaluate the **quality of care services in residential centers** (*residential centres for the elderly*: social service code 8730 CR-V-I, *respiro centres/crisis centers*: social service code 8730 CR-V-II, *sheltered housing*: social service code 8730 CR-V-III), starting from the minimum quality standards for these types of services in operation at the time of methodology development (December 2018), the project team developed a set of *89 evaluation and monitoring indicators* (quantitative and qualitative) that were tested in 8 regional focus groups.

The focus groups were organized between 11.03.2019-18.03.2019. The tool used (focus group guide) addressed the following topics:

- (1) *Quality of care in residential centers*;
- (2) *The process of social integration/reintegration*;
- (3) *Factors that influence the quality of care*.

The processing of the results obtained for the testing of the indicators was done at the national level, the recorded statistics leading to the maintenance of the evaluation of 88 of the 89 tested indicators.



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### Research methodology (2)

The **research methodology used to calculate the indicators** regarding the quality of care (**survey based on the applied questionnaire CAWI –Computer Assisted Web Interviewing**) is based on the system of indicators defined and tested within the 8 regional focus groups.

The public and private providers that participated in the survey were those registered in the *Single Electronic Register of Providers and Social Services made available by MMJS* in January 2019 for the previously mentioned types of social services.

The survey implementation period was 8.04.2019 – 26.04.2019, and the survey participation rate was 93.7% (253 social service providers).



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### Research methodology (3)

#### Residential centres for the elderly – social service code 8730 CR-V-I:

Target population: social service providers ;

Number of social service providers who participated in the survey: 243;

Response rate: 93,5%.

#### Respiro centres/crisis centers – social service code 8730 CR-V-II:

Target population: social service providers ;

Number of social service providers who participated in the survey: 3;

Response rate: 100%.

#### Sheltered housing – social service code 8730 CR-V-III:

Target population: social service providers ;

Number of social service providers who participated in the survey: 7;

Response rate: 100%.

Data were processed in IBM SPSS 20 by the INCSMPS project team.



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## Beneficiaries of social services



Data source: CAWI survey, 2019, project PSCD no.3677

The total number of beneficiaries of social services within the institutions surveyed through CAWI investigation (residential centres for elderly, respite centres/crisis centers, sheltered housing) was 10,441 elderly persons. At the regional level, the development regions Center (2004 elderly people) and North-West (1992 elderly people) are noteworthy, cases in which the social services providers declared the highest number of beneficiaries.



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### Beneficiaries able to take care of themselves



Data source: CAWI survey, 2019, project PSCD no.3677

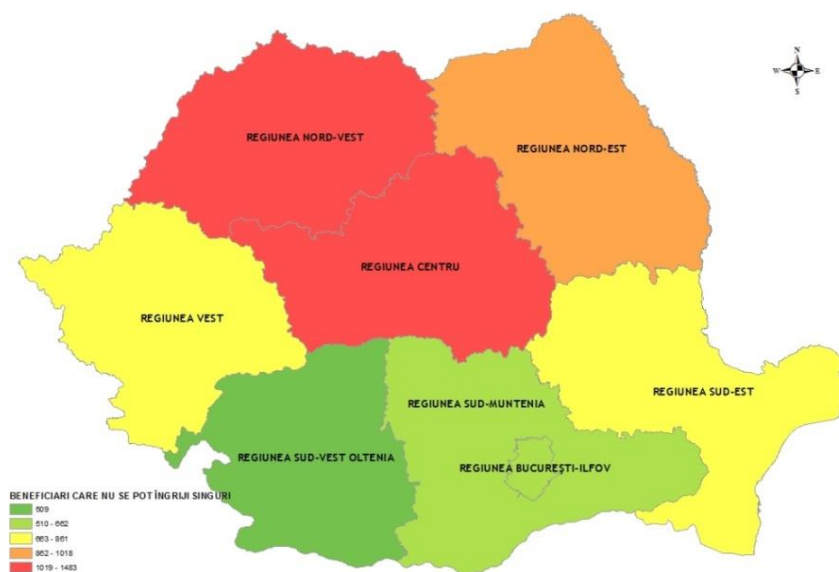
Out of the total number of beneficiaries of residential services, only 3,160 people could take care of themselves. At the regional level, we note the Bucharest-Ilfov region with the lowest number of elderly who could take care of themselves (191 people), while at the opposite pole are Center and the North-East regions.

Out of the total number of beneficiaries who could take care of themselves at the time of the survey, most elderly were in private institutions (52.1%), followed by public institutions (42.7% of elderly people who could take care of themselves). The rest of the beneficiaries were in organizations established on the basis of a public-private partnership.



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### Beneficiaries who are not able to take care of themselves



Data source: CAWI survey, 2019, project PSCD no.3677

Social services providers noted that 6,360 elderly people were not able to take care for themselves. Of these, over a half (55.9%) were in private institutions (non-governmental organization, organizations belonging to a religious cult recognized by law, branches of an international NGO, economic agents), over a third (39.3%) in public institutions and the rest in organizations established on the basis of a public-private partnership. The North-West and Center regions are the regions with the largest number of beneficiaries who need assistance from staff: 1,483 and 1,348 people, respectively.





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### Pending requests

In 2018, a number of 5,472 pending requests were registered at the level of all investigated providers. Most were registered at the level of private institutions - 69%, while the share of pending applications at the level of public institutions represented 26.5%. According to data from the National Institute of Statistics, the number of pending applications for residential centres for elderly decreased in 2017 compared to 2016, from 1017 applications in 2016 to 627 applications in 2017. The number of pending applications in 2018 was high in the North-East (1,256 pending applications), Center (1,005 pending applications) and North-West (992 applications) development regions, while providers in the South-West development region recorded the lowest number of pending applications - 317 pending requests.



Data source: CAWI survey, 2019, project PSCD no.3677



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### Reasons to choose LTC services - Mihaela

The results of the survey that considered the calculation of indicators regarding the quality of care in residential centres for elderly, respite centres/crisis centres and sheltered housing show that the **services offered in these units are adapted to the degree of dependency of the beneficiaries, the degree of dependency generated mainly by the specific care needs they have.**

According to the qualitative research data (32 semi-structured interviews with beneficiaries of such services) the elderly beneficiaries end up in such centers as a result of some family situations that make them impossible to manage daily activities, but also instrumental ones, hence the need for personal care and health support services. The help provided by the residential centres for the elderly, respite centres/crisis centres, sheltered housing proves to be essential for these beneficiaries, therefore the way in which the services are provided acquires important values for creating a social and familiar environment that counterbalance the home (family) that they no longer have or that has forgotten them.



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### **Personal Care Services**

Most of the interviewed providers (over 97%) are very satisfied and satisfied with the personal care services provided to beneficiaries who require assistance from specialized personnel. The satisfaction rate regarding personal care services remains high for bedridden beneficiaries (94%), but slightly lower than that recorded for beneficiaries who require assistance from specialized personnel.

To enhance the quality of care provided in residential centres for the elderly, respiro centers /crisis centers, and sheltered housing, several improvements are necessary. Survey findings reveal that 49.9% of providers identified the need for better equipment necessary for providing care services. Additionally, the provision of qualified assistance for maintaining the personal hygiene of dependent beneficiaries needs to be improved (mentioned by 39.7%), as well as the provision of the necessary assistance for dependent beneficiaries to carry out daily activities (mentioned by 39.3%).



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### Health Care Services

These are positively evaluated by most service providers, but the indicator decreases slightly as the beneficiary's level of dependency increases, indicating a need for improved services for bedridden beneficiaries.

The need for qualified personnel to provide health care services is a priority for providers. There is a shortage of personnel, especially in the category of nurses, where the deficit recorded at the provider level was 25.1%, closely followed by the shortage of personnel in the category of medical assistants, where the recorded percentage was 16.8%.

The human and professional quality of care staff is an area where changes are still needed, with the shortage of personnel in this social services sector becoming increasingly acute over the years. The personnel shortage is also felt in the area of monitoring beneficiaries' activities outside the center, with only 81.4% of service providers declaring themselves satisfied and very satisfied with the monitoring capabilities.



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### **Social Integration/Reintegration Process**

This process is conditioned by recovery/ functional rehabilitation activities. The existence and maintenance of a social life for beneficiaries is an important objective that directly impacts their lives. Therefore, 66.3% of the interviewed providers consider that improvements regarding socialization activities at the community level are necessary in the residential centers they coordinate. Improvements regarding activities to maintain relationships with family have also obtained a high mention rate: 49.8%.

According to qualitative research data, the elderly consider socialization aspects as important, but involvement in these activities depends, in their opinion, on age and the degree of dependency. However, the collected data shows that there are still providers who do not have collaborations with other institutions for the purpose of carrying out socialization activities involving beneficiaries (12.7% of providers stated that they had no collaborations with other institutions for the purpose of carrying out socialization activities involving beneficiaries in 2018).



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### Outdoor Environmental Quality

The design of an ambient environment that allows exits to green spaces, specially designed, is valued positively by the beneficiaries of such services.

The need to set up outdoor relaxation spaces (benches, pavilion, green spaces, spaces for own household, etc.) is felt by 49% of the providers participating in the survey, followed by the need to improve outdoor spaces intended for relaxation or carrying out activities, with a percentage of mention among suppliers of 36.8%.



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### **Human resources in LTC**

Due to the specifics of the center's activities and the type of beneficiaries they come into contact with, the employees of a residential center for the elderly need to regularly participate in training/improvement courses to help them manage the situations they face.

Against the backdrop of staff shortages in the long-term care sector for the elderly, continuous training of staff in this sector is a necessity expressed and supported by the interviewed providers.

According to the data collected, 53.8% of the specialized care and assistance staff of the interviewed centers were involved in training courses that considered technical and technological skills specific to the position in 2018, 40.5% in focused training courses on improving communication in the relationship with the elderly and only 27.5% in courses focused on managing emotional stress in the relationship with the elderly.



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### Final remarks

Continuous monitoring of the quality of care in institutions providing long-term care services must be a process which should take place with a periodicity of at least 3 years.

The results of the monitoring must lead to a series of measures that will support the increase in the quality of the services provided.

Thank you very much for your attention!

Contact details: [aniela.matei@incsmmps.ro](mailto:aniela.matei@incsmmps.ro)  
[mihaela.ghenta@incsmmps.ro](mailto:mihaela.ghenta@incsmmps.ro)  
[lui.se.mladen@incsmmps.ro](mailto:lui.se.mladen@incsmmps.ro)