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# Risk assessment in the supervision of elderly care

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# Supervision of the implementation of the Elderly Care Act

- The Elderly Care Act entered into force on 1 July 2013
- The national goal of the Elderly Care Act is to support residence of the elderly in their own homes. The aim is to arrange around-the-clock services, primarily in the customer's home or another home-like environment. The implementation of this change requires municipalities to invest in maintaining the functional capacity of the elderly, as well as ensuring the availability of home care and other services supporting independent living.
- Under commission by the Ministry of Social Affairs and Health, the National Institute for Health and Welfare (THL) and Valvira carried out a two-phase survey on the implementation of the Elderly Care Act. The first survey, completed in the spring of 2013, examined the situation in municipalities before the Act entered into force. The second survey analysed the situation in September 2014, a year after the Act had become effective. The survey was renewed in the autumn of 2017.

## Plan-based supervision

- Valvira and the Regional State Administrative Agencies draw up a supervisory programme on an annual basis
- In the national supervisory programme for social and health care, the focus of elderly care is on monitoring and supervising the implementation of the Elderly Care Act
- In 2014, the focus of supervision was on around-the-clock services
- Municipalities are obliged to draw up plans as specified in the Elderly Care Act
- Sufficient resources for supporting the functional ability and independent living of the elderly, and for the provision of social services for them
- Appropriate decision-making



# Purpose of elderly care supervision

- to ensure consistent and effective supervision based on risk assessment
- to support the change in the service structure
- to promote the legal protection of the elderly and to safeguard the realisation of fundamental and human rights
- to ensure that operational units have a well-functioning self-monitoring system
- to ensure that any operations meet the set minimum requirements
- to ensure the appropriate operations by preventing flawed operations as far as possible, and by intervening in any problems as early as possible



## Risks affecting care, services and customer safety

### **Up-to-date service and care plan**

None of the residents or only a few had an up-to-date service and care plan.

### **A goal-oriented plan to promote rehabilitation and maintain functional ability**

None of the residents had a goal-oriented plan, included in their care and service plan, to support their rehabilitation and maintain their functional ability.

### **Medication review**

None of the residents had an individual, semi-annual review of medication.

### **Night-time no-meal period**

The night-time no-meal period was longer than the recommended 11 hours.

### **Opportunity to go outdoors**

None or only a few of the residents (less than 1/3) had the opportunity to go outdoors on a daily basis in those units with some or no bed-bound residents.

### **Planned and actual staffing**

The planned staffing (number of staff divided by the number of customers during the monitoring week) was less than 0.5, and/or the actual staffing (hours worked during the monitoring week/38.25 hrs divided by the number of customers during the monitoring week) was less than 0.5.

## Services provided at home

- Since 2015, the focus of plan-based supervision has shifted to services provided at home
- According to section 14 of the Elderly Care Act, local authorities must organise long-term care and attention for older persons, principally by means of services provided in the person's private home or another home-like place of residence.
- The supervision of home-based services was initially targeted at resources, the operating environment and the responsibilities of municipalities
  - Decision-making
  - Access to services
  - Adequacy of services



# Supervision of home-based services 2016–

- The survey showed that the availability of home-based services had improved in municipalities
  - There were fewer night-time no-meal periods exceeding 11 hours, and efforts had been made to increase opportunities for outdoor recreation
  - Deficiencies in decision-making had decreased
  - There was a sufficient quantity of services (as evaluated by the municipalities) – however, there were no services for people in need of special support (such as lonely persons, immigrants, substance abusers)
  - Complaints, malpractice reports and customer contacts concerning home-based services have increased
- > supervision to be focused on the quality and content of service and customer safety

## Risks related to home-based services

- Identified risk units
  - . Units that do not have a self-monitoring plan, or whose plan is not publicly available
  - . Units that do not draw up a care and service plan for their customers, or only some customers have this
  - . None or only some of the customers have a semi-annual medication review
- Municipalities
  - . Decisions on the provision of services, either positive or negative, are never made or are made only occasionally



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