ACCREDITATION WITHIN THE CONTEXT OF LONG-TERM CARE
Nursing homes for the elderly

Paula-Cristina NICOARĂ [*]
Adina-Daniela REBELEANU [**]

Abstract

The aspect of aging is one that has generated and will generate research in various aspects and from different perspectives. With aging, the need for *long-term care* tends to grow significantly. This is a consequence of the elderly's dependence, which obviously requires a wide range of services, not just social, but rather social-medical services.

Generally speaking, accreditation is the appreciation made by an outside body to the institution in order to guarantee the quality of the service provided. This appreciation is the compliance of the institution with a set of explicit criteria and, especially, known by the two parties – service provider and beneficiary. Accreditation is not limited to a "verdict". Is accreditation a sufficient and necessary approach for quality of elderly care? Using the analysis of legislative documents and the case study, we try to get possible answers to this question.

Keywords: licensing, quality of elderly care, minimum quality standards

Résumé

L'aspect du vieillissement de la population est un qui a généré et qui va générer des recherches sous divers aspects et de diverses perspectives. En même temps avec l'avancement en âge le besoin de soin à long terme tend à croitre de manière significative. C'est une conséquence de la dépendance de la personne âgée, qui évidemment, réclame une gamme variée de services, non seulement sociaux, mais surtout socio-médicaux. L'accréditation, en général, représente l'appréciation faite par un organisme extérieure à l'institution, avec le but de garantir la qualité du service presté par cette institution. Cette appréciation est la conformation de l'institution à un ensemble de critères explicits et surtout connus par les deux parties – fournisseur de services et bénéficiaire. L'accréditation ne se résume pas à un « verdict ». Est l'accréditation une démarche suffisante et nécessaire pour garantir la qualité du soin de la personne âgée? Utilisant l'analyse de documents législatifs et l'étude de cas, nous essayons à emporter des possibles réponses à cette question.

Les mots-clés: licenciation, la qualité du soin de la personne âgée, standards minimaux de qualité

[*] Social Inspector, Ph.D., County Agency for Payments and Social Inspection Cluj, str. George Coșbuc nr. 2, Cluj-Napoca, Romania; e-mail: nicoara.paula@mmanpis.ro

[**] Associate Professor, Ph.D., Faculty of Sociology and Social Work, „Babeș-Bolyai" University Cluj-Napoca, B-dul 21 Decembrie 1989, nr. 126-130, Cluj-Napoca, România; e-mail: adinarebeleanu@yahoo.com

Rezumat

Aspectul îmbătrânirii populaţiei este unul care a generat şi va genera cercetări sub diverse aspecte şi din diverse perspective. Odată cu înaintarea în vârstă *nevoia de îngrijire pe termen lung* tinde să crească semnificativ. Aceasta este o consecinţă a dependenţei persoanei vârstnice, care evident, reclamă o gamă variată de servicii, şi nu doar sociale, ci mai ales socio-medicale.

Acreditarea, în general, reprezintă aprecierea pe care o face un organism exterior instituţiei, cu scopul de a garanta calitatea serviciului prestat de acea instituţie. Această apreciere este conformarea instituţiei unui ansamblu de criterii explicite şi mai ales cunoscute de cele două părţi – furnizor de servicii şi beneficiar. Acreditarea nu se rezumă la un „verdict". Este un demers suficient şi necesar acreditarea pentru garantarea calităţii îngrijirii vârstnicului? Utilizând analiza de documente legislative şi studiul de caz, încercăm să aducem posibile răspunsuri la această întrebare.

Cuvinte cheie: licenţiere, calitatea îngrijirii vârstnicului, standarde minime de calitate

1. Introduction

Elderly care is a social service before it becomes an institutionalized activity. Without denying the role of different types of care for the third age, in line with national regulations, this paper focuses on long-term care in older people's homes. Issues concerning the quality of elderly care in these social care units are addressed from the perspective of accreditation / licensing.

In the first part of article, the concepts of accreditation of social service providers and social service licensing are addressed, as stipulated by the national legal framework, as well as in terms of accreditation practice. The methodological option is setting within the critical analysis paradigm. We used content analysis of legislation regarding the long term care, accreditation and evaluation as legal definitions and methodology of accrediting providers, focus on social services for elderly people.

Holding the operating license ensures or should ensure the provision of quality social services in line with the minimum standards in the field. In the second part of article, our study attempts to answer the question *Is accreditation a necessary and sufficient step to guarantee the quality of elderly care?* The answer to this question is offered based on the evaluation of the care quality of the institutionalized elderly, by analyzing the perceptions of the elderly, of the family and of the social workers working in the homes for elderly people (case study Cluj County).

2. Analysis of legal framework

The aspect of population aging is one that has generated and will generate research in various aspects and from different perspectives. With aging, the need for *long-term care* tends to grow significantly. This is a consequence of the elderly dependence, which obviously requires a wide range of services, not just social, but rather social-medical, as the addiction is strongly correlated with the disease. Thus, personal care services, as the law on social work also provides, are addressed to dependent persons, who require significant help to carry out the basic and instrumental activities of daily life. Dependency is therefore a loss of functional autonomy, having physical, psychological or mental causes, and requires personal care services. When this care is offered / needed for more than 60 days, we talk about *long-term care*.

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The main regulations on elderly and the social care services offered to them are: *Social Assistance Law, Law no. 292 of 2011*; *Law no. 17 of 2000*; *Government Decision no. 566 of 2015*; *Order no. 2126 of 2014*. We also have to mention the *Government Decision no. 867 of 2015*; *Government Decision no. 978 of 2015*; *Recommendation 2011/413/UE of 2011; Long, active and in force life. Promotion of active aging in Romania* (June 2014).

The National Strategy for the Promotion of Active Aging and the Protection of the Elderly 2015-2020 (GD no. 566/2015) focuses on the following objectives: 1) longer and healthier life; 2) increasing the level of employment for the elderly; 3) increasing social and political participation of the groups of elderly; 4) decreased dependence of the old person; 5) improving long-term care services. In the present analytical approach, we refer to issues related to the decrease of elderly dependence and the improvement of the long-term care services.

Types of social services centers with accommodation for the elderly are: a) residential and medical-social care centers for the elderly, chronic terminally ill patients (*medical-social residential centers and palliative residential care centers*); b) residential care and assistance centers for the elderly (*nursing homes for the elderly, respiration centers / crisis centers, protected homes*). As older people may be in a situation of disability (especially those diagnosed with Alzheimer's, dementia), they can also be protected in residential centers for adults with disabilities (*care and assistance centers*) (see Government Decision 867 of 2015). Synthesizing, long-term care for the elderly can be granted at the beneficiary's home, in day care centers, in residential centers, at the home of the caregiver, and in the community.

Although the principle governing long-term care is that of home care services, there will always be people with a degree of addiction claiming the need for permanent care, care that is given in a residential center. Obviously, it must remain an alternative given the infrastructure of home care is improved and functional. And if the dependent elderly person becomes resident in a home for elderly people, then he/she has the right, supported and lawful, to qualify for quality services at least to the minimum established by the existing standards.

2.1. *Care in nursing homes for the elderly*

In the recent years, in our country, the number of institutionalized elderly people has increased. People's mentality has also changed with regard to the possibility of an elderly person getting into a nursing home for the elderly. Previously, the idea of getting into a "nursing home" for the elderly was often unimaginable for both the elderly and their families. Today, the social status and perception of nursing homes for the elderly are greatly improved. Of course, the care services provided by / in these nursing homes have undergone considerable changes.

However, there are some problematic issues at the level of these institutions that we feel useful to signal, so that we can identify solutions or settlements.

The legal framework for the functioning of the nursing homes for the elderly in Romania aims at preventing the existence of closed institutions. The nursing homes for the elderly (NHE) have the legal obligation, therefore imperative, to offer the elderly, their relatives and the entire community the possibility of interrelation and communication. We are only referring to the minimum quality standards (Order no. 2126/2014, Annex 1)

where there are clarifications that guarantee openness, transparency of the nursing homes for the elderly. Surely, these are legislative specifications that represent a standard, a criterion that must be met for service licensing. Even if at the time of the present research (the results obtained from the research support our statement), the conditions stipulated by the standards are in the process of implementation, their legal regulation ensures in the future a transparent and open framework for the operation of the NHE.

On the other hand, any institution is a semi-closed system, a system other than that of the elderly's own dwelling, but the fact that he/she becomes the resident of a NHE reflects the situation in which he/she is found, the need to be supervised and cared for in a residential system. This does not mean that he/she, the elder, should not be treated with respect and dignity (Şoitu 2013, 3-20; Costăchescu 2015, 113-132).

Although the focus is on home care services and other alternative services to the residential system, it still represents or ought to be a last solution. Care of a dependent old person in a residential center can only be ordered if home care is no longer possible (article 101, Law 292/2011).

The conditions for access (as an exception) to a nursing home / residential center for the elderly are made taking into account the priority criteria provided by the legislation (Law no.17/2000):

> a) he/she requires special permanent medical care that cannot be provided at home; b) he/she cannot be manage alone; c) he/she is devoid of legal supporters, or they cannot fulfill their obligations due to their state of health or economic situation and their family responsibilities; d) he/she has no dwelling and does not obtain own revenues. (Article 14, paragraph (2), letter a)-d), Law no. 17/ 2000).

The concept honored by previous generations, according to which younger members of the family have an obligation to care for the older generation is still valid (Mureşan 2012; Rebeleanu and Hărăguş 2016, 159-174), but for most of us it is unrealistic and sometimes impossible to apply. The degree to which parents and children are prepared to care for one another and help each other is decreasing. We may say that the needs of the elderly outweigh the capacity of family management (Mureşan and Foldeş 2016).

In most cases, residential accommodation is perceived as a last resort, as an exceptional measure, the degenerative and evolving nature of the illness making it impossible for home care. Under these circumstances, admission to a residential center can be perceived positively by both the assisted person / beneficiary and his / her family, by reinstating the normal situation

in the family relations, formerly heavily disturbed by the problems involved in the deterioration of the health of the elderly (Leichsenring 2004; Leichsenring, Billings and Nies 2013).

2.2. *Evaluation and accreditation in the social work*

In the field of social work, the concept of *evaluation*, besides being a central concept, around which social work activity revolves, can be viewed from several perspectives.

In Romania, social services are regulated by specific legislation aiming to ensure the quality assurance. Thus, we have a law on quality assurance in the field of social services (Law no. 197/2012). Its content regulates the process of *evaluation*, certification, monitoring and control for quality assurance in the field of social services (art.1, paragraph (1)). The evaluation process is correlated with quality issues, so the assessment involves checking the standards, criteria and indicators that are set for quality assurance in social services. In other words, the evaluation activity is a planned and rigorous analysis of a social service. The professional level at which the evaluation is carried out can provide solutions to problematic situations, improved services and organizational and operational arrangements. On the other hand, it can provide a grounded base for policy-making in the social field.

The research started from within the accreditation activity, which is an evaluation of the care services provided to the elderly in nursing homes for the elderly.

Generally, accreditation is the appreciation made by an outside body to the institution in order to guarantee the quality of the service provided by that institution. This appreciation is the compliance of the institution with a set of explicit criteria and especially known by both parties. So, accreditation is not just a "verdict". Referring strictly to accreditation in the field of social work, accreditation is the process by which the social services provider demonstrates its own functional, organizational and administrative capacity in the provision of social services, provided the quality standards in force are complied with and the state recognizes its competence to provide social services (Rebeleanu 2011). This situation of accreditation, although prior to the occurrence of Law no. 292/2011 and then of Law no. 197/2012 and the Methodological Norms for its application, can still be considered current.

Social Assistance Law, Law no. 292/2011 defines accreditation under article 6, letter a) as "a process for the certification of the fulfillment by providers and social services granted of the criteria, indicators and quality standards regulated for each type of service" (see Law no. 197/2012, article 4, paragraph (2), letter e). Quality assurance is based on the evaluation and certification activities of compliance with existing standards, i.e. the accreditation process.

The new law on social work explicitly states (chapter III, section 2, article 38 (1) and (2)) the obligation of the accreditation of the providers and of the social services, for legal functioning, so as to preclude the modification of the process accreditation, regulated by the old Government Decision no. 1024/2004.

If the accreditation previously took into account the provider, with the social services provided, as a whole, requiring a three-year re-accreditation, based on the general quality standards, the new methodology credits and accredits the provider of indefinite social services meaning that it has the capacity to set up, manage and provide social services (article 5 (2) of Law no. 197/2012). Thus, the current accreditation process in the social field targets both providers and social services.

As stated above, the accreditation of the social service provider is granted for an indefinite period of time, this being a first step, afterwards granting (or not) the operation license for each social service provided for a five-year period.

2.3. *Methodology of accrediting providers and social services*

We have to underline that the current methodology radically changes the accreditation process regulated and applied since 2005 by the Government Decision no. 1024/2004. The emergence of Law no. 197/2012 repealed the previous accreditation methodology, obliging all social service providers to accredit themselves according to the new methodology.

We are currently talking about two steps in terms of accreditation: accreditation of the social service provider and accreditation / licensing of social services. In order to certify the degree of excellence of social services, the legislation provides for the possibility of requesting evaluation and classification in quality classes (the assessment methodology to be regulated by specific legislation).

Regardless of their organizational form, providers must be accredited to provide legal social services, with proof being the accreditation certificate.

Then social services can only function legally if they are accredited and have an operating license. Subsequently, these will be found in the Single Electronic Social Services Register, a public document, which can be consulted on the website of the Ministry of Labor and Social Justice (www.mmuncii.ro).

The general framework governing the accreditation methodology is represented by Government Decision no. 118/2014, which supplements and explains the provisions of Law no. 197/2012. Decision no. 118/2014 also provides the modeling forms to be used in the accreditation process by both applicants and evaluators, either at central or local level.

If the accreditation of the social service provider is the attribute of the Ministry of Labor and Social Justice, in terms of the licensing of social services, the attributions are divided between this and the central institutions under its subordination, namely the National Authority for the Protection of Child's Rights and Adoption, National Authority of Persons with Disabilities, National Agency for Equal Opportunities for Women and Men and the National Agency for Payments and Social Inspection. In order to organize, coordinate and implement the accreditation / licensing process of social services at the level of the above-mentioned central institutions, an accreditation compartment was created, each of the institutions evaluating the requests specific to its field of activity.

The institution with the attribute of planning and carrying out the field assessment, monitoring and control for the accreditation / licensing of social services is the National Agency for Payments and Social Inspection through the county agencies for payments and social inspection. The personnel designated for the field assessment, monitoring and control activities is represented by the social inspectors.

We also state that vendor accreditation and licensing of social services are free of charge. Although the documentation, both for service providers and social services is transmitted to the Ministry of Labor and Social Justice, the Accreditation Certificate as well as the Operating License may be obtained from the headquarters of the County Agency for Payments and Social Inspection, at the supplier's request.

2.4. *Accreditation of social services provided in nursing homes for the elderly*

The elderly is a category of vulnerable beneficiaries, considering the access to health services and care services. To ensure equal access to quality

services, the process of accreditation, certification of the quality of services provided to the elderly takes place.

Any accreditation process in the field of social services must be based on clearly regulated criteria. These criteria are governed by quality standards, in our case, with reference to our residential centers for the elderly. The practical applicability of the standards is of particular importance for establishing service quality. Once established, the standards provide the opportunity to know the status of a particular social service and how to better use the resources available to a provider to provide quality services. The standards also ensure that the right of each beneficiary to receive services at the same quality level, throughout the country, is respected. The standards guarantee the quality of each service. In the accreditation process, the compliance with quality standards is one of the key conditions (Gathy 2000; Rebeleanu 2011; Nicoară 2014).

The assessment for the accreditation of residential social services / nursing homes for the elderly in order to obtain the operating license is based on the Minimum Quality Standards, regulated by *Order no. 2126 of 5 November 2014*. Being a social care unit, the nursing home for the elderly should take the steps described previously to file the documentation for the application for an operating license.

One of the documents that completes the social service accreditation file is the *self-assessment sheet*. The self-assessment sheet is the document by which the provider describes how much and the way it complies with the quality standards, the legal norm obliging the social service to fulfill most of the regulated legislative standards. For residential centers for the elderly / nursing homes for the elderly, the legislator offers a "grace period" (three years or five years, according to the standard, which means no more than 2020) to entirely meet the standards. We have to mention that this derogation is only valid for nursing homes for the elderly who operated and were accredited on the date of the minimum standards regulated by Order no. 2126 of 2014, assuming that the new ones comply with the current legislation.

Therefore, the land survey carried out by the social inspectors / accreditors is carried out in accordance with the minimum quality standards, i.e. the verification of the fulfillment thereof.

The standards applicable to the nursing homes for the elderly are those set out in Annex 1 of Order no. 2126 of 2014, totaling 114, each being scored with 1 point. In order to obtain the operating license, it is necessary to score between 104 and 114 points.

The standards are grouped into six modules (Table 1), each of which contains several standards. The standards, in turn, are divided / decomposed into sub-standards / conditions, each with monitoring indicators. These have the role of facilitating the assessment and subsequent monitoring of social services, both for the elderly and for the accreditor.

Table 1. Legislative grouping of the accreditation standards of the nursing homes for the elderly

Module I	Accessing the service – with three standards (information, admission, end of services)
Module II	Evaluation and planning – with two standards (evaluation, activity / service planning)
Module III	Activities / services – with six standards (personal care, health care, functional recovery / rehabilitation, active life and social contacts, social integration / re-integration, assistance in case of death)
Module IV	Life environment – with six standards (safety and accessibility, joint areas, accommodation, food, hygienic – sanitary areas, hygiene and control of infections)
Module V	Rights and ethics – with four standards (compliance with the rights of the beneficiaries and professional ethics, protection against abuses and neglect, complaints / reclamations, notification of special incidents)
Module VI	Management and human resources – with two standards (administration, organization and functioning; human resources)

(Source: Order no. 2126/2014, Annex 1)

The 23 standards include a total of 114 sub-standards / conditions, of which a minimum of 104 is required to be accredited for the social services of a nursing home for the elderly.

The 10 sub-standards / conditions that may be *exempted* (Annex 1, Section 2, Order no. 2126/2014) from being fulfilled are as follows:

- *Module III, Standard 2, Conditions 2.3, 2.4, 2.5, 2.6*

Standard 2 regulates health care. The standards provide for medical care provided by the nurse as being compulsory. This does not exist if we refer to a doctor as an employee of the nursing home for the elderly, but the nursing home for the elderly has the obligation to inform the beneficiary/his family about the way / about who provides medical care. In this context, the following sub-standards / conditions are not required:

1) Condition 2.3. *The Center ensures preventive and therapeutic monitoring of the beneficiaries' health and adapts the life style and food regimes according to the specialists' indications*
2) Condition 2.4. *The center ensures the registration of the medication for each beneficiary*
3) Condition 2.5. *Depending on the type and mission of the center, it is adequately equipped to provide medical care*
4) Condition 2.6. *The center provides for the storage of medicines and materials necessary to provide safe medical services*

- *Module III, Standard 3, entirely*

Standard 3 refers to the provision of recovery / rehabilitation programs in order to maintain or improve the functional autonomy of the beneficiary from a physical, mental, sensory point of view. Depending on the specificity of the residential center, these services may or may not be insured. It is not mandatory to meet the following standards (when the situation of the beneficiaries does not require this):

1) Condition 3.1. *The center provides functional recovery / rehabilitation therapies according to the individualized assistance and care plan / service plan*
2) Condition 3.2. *The center has the necessary facilities for the achievement of the functional recovery / rehabilitation services / therapies*
3) Condition 3.3. *The center has qualified personnel for performing functional recovery / rehabilitation services / therapies*
4) Condition 3.4. *The center carries out the daily records of the functional recovery / rehabilitation services*

- *Module IV, Standard 1, condition 1.4*

1) Condition 1.4. *External spaces are arranged and equipped to provide safety to the beneficiaries*

This condition, which is not mandatory, refers to the placement of video cameras in common indoor spaces at the entrance to the center and its outer spaces.

- *Module IV, Standard 4, with sub-standard 4.4.*

1) Condition 4.4. *The center uses the products obtained from its own annexes exclusively for the purpose of increasing the quality of the food offered to the beneficiaries.*

The legislation provides for the possibility, but not the obligation, of the nursing home for the elderly to set up their own annexes (agro-food and livestock), the products thereof being used for the beneficiaries.

The conditions listed above, totaling 10, each of which being marked with 1 point, are the only exceptions to fulfilling these, the rest of the standards being mandatory. The analysis of their fulfillment is part of the Accreditation / Social Inspectors' Assessment Report by which it is proposed / not proposed the granting of the operating license. Their responsibility is extremely high, taking into account the complexity of the services subject to accreditation.

In the case of initial accreditation, if the standards are only 75 percent fulfilled, without prejudice to the life and safety of the beneficiary, it is proposed to maintain the provisional operating license by the expiry of the one-year period, the period for which the supplier is required to achieve the steps required to fully meet the standards to be accredited.

Subsequently, each nursing home for the elderly will be monitored for the services provided to the beneficiaries so that these remain at the same standards for which the operating license was obtained.

To identify the place of the nursing home for the elderly in the social service system, we use the List of Social Services (GD no. 867/2015). According to this list, the nursing home for the elderly is a social service with accommodation, a residential care and assistance center for the elderly. Also, the list is useful in identifying the types of social services that can be provided in the nursing home for the elderly and the type of organization and functioning regulation applicable, respectively for the social service with accommodation.

In brief, the accreditation of the nursing homes for the elderly takes into account the evaluation based on the minimum quality standards, including their staff. The operating license is granted for a 5-year period, including the period when the service holds the Provisional Operating License. In the case of failure to comply with the minimum quality standards, the activity of the nursing homes can be suspended or terminated. During the validity period of the operating license, the services provided will be monitored to keep these up to the minimum standards for which the initial operating license was granted. Based on the monitoring reports drawn up by the accreditors / social inspectors, the services will receive a new operating license. At the time of this research, all social services in Romania that operate legally are in the first accreditation / licensing period, according to the new legislation on quality assurance in the field of social services.

3. Aspects on the quality of the elderly care in the nursing homes for the elderly. Case study in Cluj County

3.1. *Overview*

As we have mentioned at the beginning of the article, we have tried, in our study, to answer the question *Is accreditation a necessary and sufficient step to guarantee the quality of elderly care?*

Our study was conducted in the beginning of 2017 (April 2017).

At national level, from a statistical point of view, according to the Electronic Registry of Social Services (legislative document regulated, which can be found on the website of the Ministry of Labor and Social Justice and is constantly updated according to the changes that take place – www.mmuncii.ro), the situation of residential social services for the elderly, on 30.04.2017 was as follows: 333 nursing homes for the elderly with a capacity of 13.819 places. This data refers only to the nursing homes for the elderly who have undergone accreditation procedures and are in possession of the operating license / temporary operating license. At national level, it is estimated that there are more services than those registered in the Electronic Registry of Social Services, situation which may be confirmed with certainty at the level of Cluj County – as a result of the research that is the subject of this paper.

In 2018 (7.05.2018), in the Electronic Register of Social Services (www.mmuncii.ro) the number of licensed social services for the elderly was as follows:

Table 2. Situation of residential centers at national level, on 7.05.2018

Social services existing at national level on 7.05.2018	
380	of which: 336 – nursing homes for the elderly; 40 – protected dwellings; 3 – respiro centers

(Source: Ministry of Labor and Social Justice, 2018)

We may notice that at national level, in 2018, the number of residential centers registered and therefore licensed has increased and has diferentiated compared to the previous year.

The situation of the residential centers for the elderly, existing at the level of Cluj County, with operating license and without operating license is presented in Table 3.

Table 3. Situation of the residential centers at the level of Cluj County, 2017 compared to 2018

Type and status (licensed / not licensed) of the social service	**Social services existing on 30.04.2017**	**Social services existing on 7.05.2018**
Licensed residential centers	**16**	**27** of which: 24 – nursing homes for the elderly; 3 – protected dwellings
Not licensed residential centers	**24**	**14**

(Source: Ministry of Labor and Social Justice, 2017, 2018)

We may notice a significant increase in the number of residential centers for the elderly who have obtained the operating license between 2017 and 2018. In other words, the number of social services operating outside the legal framework in terms of social service licensing has diminished in the analyzed period.

In the given context – the existence of both licensed and non-licensed centers, our study aimed at the comparative analysis of the quality of elderly care in the two categories of the nursing homes for the elderly.

3.2. *Method*

Who can best describe the quality of services that is given to him than the elderly himself? We evaluated their views, gathered by applying a questionnaire. The questionnaire was made on the basis of the minimum quality standards regulated by the legislation, from where we selected a few relevant dimensions for what the elderly care means. We took into account the indicators provided in the quality standards as mandatory and their correlation with the satisfaction of the beneficiaries / their degree of satisfaction.

The questionnaire contained 12 questions / items, each with a variable number of sub-questions / sub-items. The questionnaire includes 10 dimensions of elderly care in nursing homes for the elderly, which are also elements of analysis in the assessment for the granting of the operating license

(1. accommodation conditions; 2. food; 3. daily care; 4. medical care; 5. functional rehabilitation services; 6. psychological assistance services; 7. socialization and spending of the spare time; 8. spiritual assistance; 9. attitudes and behavior of the staff; 10. relationship with the world outside the nursing home).

For the application of the questionnaires we made a theoretical sampling of nursing homes for the elderly. In order to choose the nursing homes for the elderly, we considered and tried to cover several criteria / situations: licensed / not licensed social services; public / private social services; social services in urban / rural areas; social services receiving subsidy / not receiving subsidy; social services operating in their own location (no rent is paid) / rented location (rent is paid); social services that receive religious financial support / do not receive religious financial support; social services with a high / medium and small capacity. The total number of nursing homes for the elderly where questionnaires were applied to the beneficiaries was 20, three of these (in fact, this is the total number) being public social care units.

273 questionnaires were given to beneficiaries aged between 65 and 95 years. Of these, 106 are males and 167 are females. For the selection of beneficiaries, we have set a sample of convenience, given their age (65 years and over, based on the definition of old person found in the Social Assistance Law, Law no. 292/2011, art. 6 lit. b) based on the list of beneficiaries requested and made available by the social worker of the nursing home for the elderly. The selection criterion for the beneficiaries was not the degree of dependence, but the mental capacity to provide valid answers and his / her age. We have to mention that in the nursing homes for the elderly, we find residents who are under the age of 65 who are here based on other eligibility criteria provided by the legislation or are simply social cases.

3.3. *Results and discussions*

Given the limited dimensions of this material, we will selectively present the results, trying to justify the answer to the research question that we have raised.

The social service status (licensed / unlicensed) is not the only factor involved in achieving the quality of elderly care but it is a legally required condition. We found NHE without a functioning license, offering quality care services for the elderly (compared to the minimum standards provided

by the legislation), while NHE with an operating license where the quality of elderly care was lower.

Regarding the *accommodation conditions* there is no significant difference related to the accreditation / licensing status of the social service. We notice significant statistical differences, positively viewed, if we refer to the licensed services, regarding the storage space of personal belongings. We should emphasize here that there are nursing homes for the elderly where the doors have no door handles except on the outside, and in other cases there are shutters with the lock on the outside of the door – a door that closes during the night and sometimes during the day. These situations are usually encountered in the case of the rooms of some nursing homes for the elderly which host people diagnosed with various forms of dementia. This situation may indicate that the staff is deficient in number, that the existing staff is not specialized in working with people diagnosed with this type of illness. If the situation is so, then these beneficiaries should be refused admission to the residential center, as there is no capacity for proper care, in dignity and respect.

The association between the status of the social service (licensed / unlicensed) and the degree of satisfaction of the beneficiaries regarding the *hygiene-sanitary conditions* shows that the elderly who are resident in a licensed NHE are more satisfied with those who live in an unlicensed NHE, but the results are not statistically significant. The complaints of the beneficiaries, which are in line with the legal provisions, refer to the failure to adjust of the hygiene-sanitary spaces, more specifically the existence of the too high thresholds in the bathroom, which caused injuries / falls.

In terms of *food*, we see a greater degree of contentment when talking about NHE that have their own cafeteria, especially if we relate to the amount of food. The beneficiaries' complaints concern in particular the catering service. There are nursing homes for the elderly where the elderly do not have a proper place to eat, where they eat in the bed or on the bedside or do not go to the dining room, as the residential center has a dining room. To get to the dining room, the elderly sometimes need help / support, and the lack of staff / shortage of the staff is one of the reasons for doing so. Going to the dining room is not a feature of licensed social services but also of non-licensed services, the situation being found regardless of the status of the social service.

Of the beneficiaries who stated that they needed *day care services*, depending on the situation, they were more satisfied than dissatisfied with the care received. Some of them said they were dissatisfied with the lack of

aid for moving inside the nursing home. There are unacceptable situations where the beneficiaries are not allowed to leave the room (in the case of a nursing homes without a functioning license) – a situation that can be explained, again by reporting to the low number of healthcare staff. As for the provision of incontinence materials, we found nursing homes for the elderly where the cost thereof is not included in the beneficiary's contribution. Registered information has allowed us to identify that beneficiaries are more satisfied with daily care, respectively their associated cleaning associated with incontinence issues, when their contribution also includes incontinence materials than when they pay separately for these materials, a statistically significant result.

From a statistical point of view, there are no significant differences between licensed and unlicensed residential centers in terms of elderly satisfaction with *health surveillance, medication administration, and attitudes and behavior of medical staff*. Medical care is mostly provided by nurses. There is no permanent physician, except for one NHE. If in six NHE there is no doctor (not even a collaborator), in the other residential centers there is a contract for collaboration with a doctor (family medicine / psychiatry) who consults the beneficiaries on a weekly / monthly basis. The lack of a doctor has been identified, both as dissatisfaction and as a proposal to improve services by the beneficiaries. Regarding the requirements of Standard 2, Health Care (Module III), we identified some inconsistencies which, in our view, may induce confusion for the nursing homes for the elderly and which, in the end, may be at the disadvantage of the beneficiaries.

A negative aspect identified in both licensed and not licensed nursing homes is that of the appropriate infrastructure for *functional recovery* activities (kinesitherapy, massage, others). Recovery / rehabilitation programs are activities that are recommended to be provided by the nursing homes for the elderly, according to the minimum quality standards. It is true that the provision of functional recovery activities is not mandatory. We asked ourselves whether these provisions of the legislation are in favor of the elderly, especially since the beneficiaries of the nursing homes for the elderly are mostly people with various conditions requiring / needing functional recovery services. If that is the case, then, in the nursing homes for the elderly, we should find only healthy old people, with minor age-related disorders and considered independent from the perspective of social-medical (geriatric) assessment. From our experience, however, the elderly in the nursing homes for the elderly, with exceptions of course, suffer from various diseases, serious by the effects they generate and which require complex intervention. From this perspective, we asked ourselves whether these nursing homes for

the elderly are indeed nursing homes or can and should be assigned to another category of social assistance units, namely healthcare and assistance centers (these are considered, according to the legislation center for people with disabilities). Even though the quality standards do not regard the provision of functional recovery services as mandatory, however, the beneficiaries feel necessary the provision of such services. Returning, we can say that where there are arranged areas, only some of the beneficiaries are involved in functional maintenance / recovery / rehabilitation activities. In other situations, these activities take place in the dining room / socialization room. Another aspect to be taken into consideration is how to grant this type of service – at an additional, selective cost to the beneficiaries who pay for this service separately. We note, however, that functional recovery services are provided to a greater extent in licensed nursing homes for the elderly than in non-licensed centers.

As far as *psychological assistance services* are concerned, we can say that the psychologist is very rarely encountered in a nursing home for the elderly. Under these conditions, however, wanting to see with whom the beneficiaries discuss their emotional problems, we found that most of them discuss with the healthcare staff, which may be explained given that the staff connects mostly with the elderly in their work. Given that there is no employed psychologist, we expect this role to be taken as much as possible by the social worker, but we have encountered situations when the beneficiaries did not know the social worker – a situation that was undesirable in a nursing home for the elderly. With regard to psychological assistance, the beneficiaries are more satisfied when they are residents in a licensed nursing home for the elderly than in the case of unlicensed services.

Regarding the activities for keeping an active life in a nursing home for the elderly and outside a nursing home for the elderly, we can see that in a licensed nursing home for the elderly, the degree of satisfaction of the participating beneficiaries is higher than in the case of those without a license. From the results, it is clear that the elderly, once in a residential center, no longer has an active life outside the nursing home. There are also situations where the elderly have an active life outside the center: they go shopping, to shows, walk in the city, visit their families. It is true that, as far as they are concerned, the degree of dependence is lower, this being a more common situation in the case of residents o the residents in public nursing homes for the elderly.

The results regarding the *socialization and leisure activities* organized in a nursing home for the elderly do not look better. It is another example that highlights the fact that the elderly are not viewed / treated socially, stimu-

lating activities are sporadic and discontinuous. Sometimes this lack of activity is motivated by the medical situation of the beneficiaries.

When referring to a licensed nursing home for the elderly, the *spiritual activity* is important, this being also evidenced by the degree of satisfaction of the beneficiaries compared to the degree of satisfaction of the beneficiaries residing in an unlicensed nursing home for the elderly. It is also worth mentioning that in the nursing homes where spiritual activity takes place, it most often corresponds to the confession of those who run / manage the home.

Another dimension included in the questionnaire was the *attitude and behavior of the staff*. The appreciation of the beneficiaries for each of the specialists is higher in the case of a licensed nursing home for the elderly against unlicensed ones. We underline once again that the degree of satisfaction of the beneficiaries in a licensed nursing home for the elderly with regard to the social worker is lower. The beneficiaries noticed, as a negative aspect, the low number of staff, but also the lack of continuity, a situation identified both in licensed and unlicensed nursing homes for the elderly.

The relationship with the outside, the social world of the elderly, fundamentally changes when he becomes a resident of a nursing home, regardless of the status of the social service.

What emerges from the application of the questionnaires and the observations made during the application of the questionnaires is that, in order to ensure the quality of elderly care, it is necessary to adapt / adjust / adequacy of the services offered to the elderly subjective expectations. For clarification, we give some examples: services are provided, but the staff's behavior towards the elderly is inadequate; food is offered, but when it is served there are gestures of rejection towards the elderly; food is provided 3 times a day, but not always food is appropriate to the needs of the elderly; food is cold when served to the beneficiary, especially when using the catering system; linen is changed, but during this activity, the elderly is bullied and is spoken in a mean way; nonverbal communication is inconsistent with verbal communication.

Permanent adaptation, adjustment and readjustment, suitability, optimal matching between the needs of the elderly and the offers of social services, i.e. the supply of services for the nursing home for the elderly, are desirable. Within this intersection, interaction, care, appropriate / adequate help given to the elderly is built.

The results we have obtained from our study entitle us to make the following proposals, which, in our view, would help to increase the quality of care in the nursing homes for the elderly.

4. Conclusions

There is a legal framework that creates the premises for the obligation to meet and maintain quality standards in the nursing homes for the elderly. But the results of the research on the nursing homes for the elderly have shown that there are NHE without a functioning license where the quality of elderly care (as compared to the minimum standards provided by the legislation) is ensured, while we identified NHE with an operating license where the quality of elderly care are lower.

The comparative approach between the licensed NHE and unlicensed NHE indicates that, as a whole, with regard to the *objective conditions* of the NHE, there is a statistically significant difference in favor of those licensed. This result confirms our assumption that accreditation is a sufficient condition, but not the only one, for the quality of elderly care in the NHE. But this is not enough. Being regulated by the law, accreditation / licensing is also required.

Regarding the organization, operation and then the accreditation of the provider and the licensing of social services, following the results of our research, we propose:

- Granting the right to operate nursing homes for the elderly depending on the justification of their existence, taking into account the identification of the need at the community level
- The need to own a space by those who want to set up a nursing home for the elderly, allowing them, if necessary, to be able to perform modernization, renovation, adaptation of the premises
- Obligation of the nursing homes for the elderly to have their own cafeteria, which should assure a balanced and adequate diet for the elderly and the provision of hot meals throughout the day, not just for the main meal
- Inclusion of the cost of various therapies (and we saw that the deficiency is the aspect of functional recovery / rehabilitation) in the beneficiary's contribution. This would guarantee the provision of functional recovery / rehabilitation services, but also of functional maintenance for all nursing homes for the elderly
- Including the cost of hygiene-sanitary materials in the beneficiary's contribution (not as an additional cost)
- Depending on the type of social service, and the case of the elderly is one of these, mixed (social-medical) teams are set up to evaluate and then monitor the licensed services

- Reviewing minimum quality standards and taking into account the issues raised regarding Standard 2 (Health Care) and Standard 3 (Functional Recovery / Rehabilitation) under Module III, Order no. 2126/2014

The process of accrediting and licensing social services must be extremely serious, assumed and responsible, with the goal of providing quality services to beneficiaries. The monitoring of social services holding the operating license must also be rigorous and guarantee the operation of social services units at a minimum level of quality. The professional quality of those involved in the service licensing activity – social inspectors – must be high, this means having social knowledge to make a genuine qualitative and not just formal evaluation.

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