



NSAI
Standards

Irish Standard Recommendation
S.R. CEN/TS 17500:2021

Quality of care and support for older persons

S.R. CEN/TS 17500:2021

Incorporating amendments/corrigenda/National Annexes issued since publication:

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Údarás um Chaighdeáin Náisiúnta na hÉireann

National Foreword

S.R. CEN/TS 17500:2021 is the adopted Irish version of the European Document CEN/TS 17500:2021, Quality of care and support for older persons

In Ireland the Health Act 2007 and associated regulations the Health Act 2007 (Care and Welfare of Residents of Designated Centres for Older People, S.I. No 415/2013) and the Health Act 2007 (Registration of Designated Centres for Older People, S.I No 61/2015) sets out the legally enforceable requirements for designated centres for older persons (nursing home).

The Health Information and Quality Authority (HIQA) is an independent authority created under the Health Act 2007 to promote quality and safety in the provision of healthcare and personal social services. HIQA has developed National Standards for Residential care settings for Older People in Ireland, 2016 and National Standards for Infection Prevention and Control (IPC) in community services, 2018. These national standards can be updated from time to time. For the most up to date standards check the HIQA website.

The application of S.R. CEN/TS 17500 in Ireland is voluntary.

While the S.R. CEN/TS 17500 and the above HIQA standards are not legally enforceable they establish benchmarks of good practice providing those who provide care of older persons the opportunity to improve and enhance their service.

This document does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

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In line with international standards practice the decimal point is shown as a comma (,) throughout this document.

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TECHNICAL SPECIFICATION

CEN/TS 17500

SPÉCIFICATION TECHNIQUE

TECHNISCHE SPEZIFIKATION

November 2021

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English Version

Quality of care and support for older persons

Qualité des soins et de l'accompagnement des
personnes âgées

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

This Technical Specification (CEN/TS) was approved by CEN on 17 October 2021 for provisional application.

The period of validity of this CEN/TS is limited initially to three years. After two years the members of CEN will be requested to submit their comments, particularly on the question whether the CEN/TS can be converted into a European Standard.

CEN members are required to announce the existence of this CEN/TS in the same way as for an EN and to make the CEN/TS available promptly at national level in an appropriate form. It is permissible to keep conflicting national standards in force (in parallel to the CEN/TS) until the final decision about the possible conversion of the CEN/TS into an EN is reached.

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European foreword

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

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

Any feedback and questions on this document should be directed to the users’ national standards body. A complete listing of these bodies can be found on the CEN website.

According to the CEN/CENELEC Internal Regulations, the national standards organisations of the following countries are bound to announce this Technical Specification: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Introduction

Development of care and support

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

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

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

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

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

Provision of care and support needs to evolve

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

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

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

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

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

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

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

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

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

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

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

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

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

How to read and apply this document

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

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

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

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

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

When starting to use this document, each service provider

- describes the organizations service content in a service description, which includes for example a statement of purpose and character of the care and support service, measures for ensuring the older persons' wellbeing and security, the ethical principles, the services and facilities provided, management and personnel in terms of skills and numbers, methods for quality control and evaluation of the service.
- compares the service description with the content of this document and, when needed, gives a statement that lists what clauses, requirements and recommendations that are not in the service description and therefore not applicable to the provider's services.

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

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

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

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

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

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

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1 Scope

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

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

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

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

2 Normative references

There are no normative references in this document.

3 Terms and definitions

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

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

- IEC Electropedia: available at <https://www.electropedia.org/>
- ISO Online browsing platform: available at <https://www.iso.org/obp>

3.1 care and support

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

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

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

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

3.2 service

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

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

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

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

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

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