

Autumn Light Nursing Home in Alsómocsolád

Institutional Development Strategy

JANUARY 2017

Autumn Light Nursing Home in Alsómocsolád Institutional Development Strategy

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“Right from the moment of our birth, we are under the care and kindness of our parents, and then later on in our life when we are oppressed by sickness and become old, we are again dependent on the kindness of others. Since at the beginning and end of our lives we are so dependent on other's kindness, how can it be in the middle that we would neglect kindness towards others?”

/Dalai Lama: About Kindness to Others/

1. Executive Summary

The present Institutional Development Strategy aims to define short-, medium- and long-term development goals and directions and to specify related target systems, alongside with the necessary measures which needed to achieve development goals.

The following aspects represent our core values at the Nursing Home:

1. focus on prevention
2. familiar and individually tailored service
3. professionalism
4. innovative environment
5. constant development

The Nursing Home's mission: conscious preparedness for active and quality ageing by considering all parties involved (care-recipients, locals, workers, family members, foreigners).

As for our vision for the future we consider the following qualities to be crucial:

1. prevention,
2. high-quality services with outstanding professional background,
3. cozy and family-like environment,
4. innovative thinking,
5. sustainable development.

Problems identified in the institution:

The major challenge is to guarantee a satisfactory level of efficiency. The Nursing Home provides services which meet the required standards and the monthly fees include most services. Staff members have professional qualifications and are provided financial support to participate in various trainings and advanced specialized courses. The building is in good condition and equipped with a modern heating system. The management is characterized by an innovative and future-oriented approach. To achieve the vision of becoming a creative and innovative environment, the Nursing Home must respond to everyday challenges, as there are many obstacles including lack of human and financial resources which are needed to introduce innovations.

In everyday operation major challenges include the lack of available human capacities, the generation gap, and inadequate lifestyle of the elderly people. Furthermore, the Nursing Home faces problems related to its services and infrastructure.

Consequently, the principal objective is to ensure an optimal level of daily work processes in order to establish an innovative work environment.

Strategic objectives are specified as follows:

- development of strategic materials,
- infrastructure development,
- implementation of an economically efficient and encouraging human resources policy,
- development and introduction of measure to enhance quality of life,
- increase of quantity and quality of services.

These strategic objectives can be accomplished by defining intervention points and then developing action plans to make the required interventions.

Development potentials and related measures:

- Development of strategic documents
 - development of an internal quality management system
 - development of a communication strategy
- Development of infrastructure
 - capacity expansion
 - reconstruction of housing units
 - installation of a kid's corner
 - installment of further service units (eg. gym)
- Development of IT infrastructure and educational services:
 - digital literacy program for people receiving domestic assistance
 - digital literacy program for nursing Home residents
 - purchase of IT devices for nursing Home residents
 - use of digital devices in services (medical assessment, communication)
 - set-up of an interactive digital system
- Measures related to human resources development
 - measures to increase the institutional commitment of qualified staff members – development of a performance evaluation system
 - team building activities
 - involvement of volunteers and trainees
 - health promoting programs
 - motivational trainings, burnout prevention
- Measures to enhance the quality of life

- providing healthy meals
- promotion of sporting activities
- health maintenance plan for care recipients
- health maintenance plan for staff members
- Expanding the Generational Bridge Program: (elements of this strategic objective are outlined under the above objectives because related measures are associated with those action plans, however, the objective to reduce the distance between generations is outlined separately as well)
 - active exchange with young people
 - digital literacy program for nursing home residents
 - installation of kid's corner
- Training- and education-related measures on the institutional level
 - network of social institutions
 - establishment of a knowledge centre
 - establishment of a innovation workshop
 - establishing institutional cooperation
 - sharing best practices
- Other measures to extend the range of services
 - assistance of family members
 - recreational activities for staff members
 - general medical examination using digital devices
 - regular medical examinations
 - elderly care in specialized apartments
 - service system development
 - other services to provide elderly people with high-quality entertainment (e.g.: culinary activities)

All measures to attain the above objectives are outlined in detail in Section 5.4.2.

The action plan contains realizable short-time objectives (1-2 years) and some proposed mid-term interventions (3-5 years) as well. Furthermore, tentatively planned deadlines and resources are also presented. For the sake of clarity, the proposed actions at the Autumn Light Nursing Home (Alsómocsolád) are summarized in three tables. The first table presents the developments, the second one contains the schedule and the third one shows const and resources. (Section 5.5).

Monitoring and assessment are based on the appropriate selection of indicators. Each indicator aims to describe a specific element of reality by using a standardized method. List of indicators used within the project: number of participants in the burnout prevention training, number of nursing home residents, number of institutional contacts, number of participants in open day activities, number of participants in team building activities, number of new beds in the Nursing Home, number of participant in the health maintenance programs, number of reconstructed buildings, number of participants in digital literacy courses, number of computer purchased for residents.

Elements of the project communication strategy, target audiences, communication objectives, communication devices, activities, schedules, indicators, resource requirements and budget are presented in detail in the present document.

Continuous and comprehensive information about the project is provided

- on the Internet,
- to staff members and nursing home residents,
- to institutions related to the nursing home,
- in the local, regional and national media (press releases, newspaper articles, radio and television reports, paid advertising)
- on the online platforms of the Norwegian program (website, related blogs, online forums, calendar functions)

2. Introduction

The objective of the present Institutional Development Plan (hereinafter: IDP) is to define the short-, medium- and long-term development goals and directions and to specify their target systems, alongside with necessary measures to achieve development goals at the Őszi Fény Idősek Otthona in Alsómocsolád (Autumn Light Nursing Home, hereinafter: Nursing Home) By relying on the methods of strategic planning, this plan designates institutional development goals related to general and specialized services at the Nursing Home.

The present document applies a simplified SWOT analysis to identify challenges and areas for improvement. Subsequently, cause and effect relationships are reconstructed and visualized by using a problem tree in order to represent problem areas in logical sequence. The problem tree provides a review of the negative aspects and problems of the current situation, whereas the target tree presents expected results based on the future vision of the institution and therefore is actually the mirror image of the problem tree.

The strategic plan aims to address especially the following issues: What measures are necessary to enhance institutional development? How should these measures be implemented? When and what resources are required? What further measures are needed to ensure sustainability?

The present institutional development plan was devised in the following stages:

1. Presentation of the institutional and methodological background
2. Definition of framework conditions based on the specialized literature at hand
3. Stocktaking and analysis of the present situation, by reviewing current institutional documents, by undertaking study tours in the institution and by conducting deep interviews and surveys; Furthermore, this step involved the assessment of the local strategic documents and interviews as well. The management assisted interviews and workshops all along.
4. Definition of the scope. Future vision, general and specific objectives were developed in workshops, in order to survey objectives and requirements represented by the management. (this included deep interviews and discussions in small groups as well);
5. Elaboration of strategies and action plans, specification and selection of necessary resources, proposal of necessary measures to be implemented based on needs assessment
6. Monitoring and assessment parallel to the implementation process, if required, modifications and changes according to the logical framework matrix
7. Recommendations about in-house and outward communication, communication guidelines including forms and platforms where project results are presented (Line, 1994. Lakitelek)

The planning process aims to specify core tasks and general objectives, to determine main directions of development, to identify the priorities of the Nursing Home. Furthermore, it should contribute to manage and exploit financial resources in an appropriate way. In the final stage, this process also aims to call attention to critical points and to propose continuous and adaptable corrective measures, if necessary. (Corrall, 1994. Lakitelek)

Strategic planning requires the identification of the following operations:

- the detection of problems related to the institutional operation of the Nursing Home and consequently the identification of main problem areas which impair operation
- the determination of overall objectives in order to address the major challenges, these objectives derive from the commitment and mission of the Nursing Home and dependent on institutional core values. The overall objective is specific, feasible and can be attained within three- or five years.
- overall objectives are related to the functional operation of the Nursing Home and provide information about task and services. Mid- and long-term objectives must be formulated in accordance with the overall objectives.
- the future vision, which refers to a certain standard or condition to be achieved within a certain period of time. The future vision is an imagined, idealized but reliable state which should be attained in the long run. To define a future vision is always the first step towards conscious future planning
- key areas, which determine what kinds of short- and mid-term development and innovation are necessary
- directions, which define what purposes must be served by the implementation of the outlined measures, furthermore, directions also define how these measures must be implemented

The present document is in accord with the overall institutional development plan (IDP) of the village and is in harmony with the Local Equal Opportunities Program (hereinafter: LEOP). The community development scheme of Alsómocsolád designates elderly care and its development as a priority area of development.

The IDS is part of a general strategic planning process. Within the project, registered under HU11-0005-A1-2013 (Norwegian program) further strategic documents are developed as well. Parallel to this development strategy, a Elderly Care Strategy (2017- 2027), a Institutional Health Planning Program and a document related to the modernization of the service provision system are compiled, as well. The overall objective of the pilot project is to enhance the quality of elderly care in rural communities in Hungary and to develop and promote innovative ideas which encourage new approaches and consciousness in the public sector and in elderly care. The project wishes to promote initiatives which facilitate the social integration of senior citizens in small communities and

provide the necessary conditions for an active and happy old age. Special attention was paid to the alignment between the specific objectives and the proposed measures and activities.

For the effective implementation of the present Institutional Development Strategy (IDS) it is required that the institution can exploit its development potentials to the proposed degree within the implementation period. The proposed activities (projects) are realized to a significant extent in order to accomplish the designated objectives. If the Institutional Development Strategy becomes part of the institutional communication, it will be vital to meet the sociopolitical challenges in the subsequent years. Consequently, the strategy will promote the innovation of the current service systems in order to promote an efficient and economical allocation of resources according to individual needs. In the mean time, it strengthens family ties and enhances social responsibility.

Prior to the development process, the current situation was reviewed and assessed. This qualitative research was preceded by group discussions and individual deep interviews with the staff members, the mayor of Alsómocsolád (on behalf of the local government as maintaining authority) and with the head of the institution. Furthermore, institutional databases, previous reports and statements by the Hungarian Central Statistical Office were reviewed in the development process.

3. Stocktaking

The purpose of stocktaking is to explore the prevailing conditions, to reveal problems and to assess needs and demands. It is one of the key elements of a successful project implementation to have a precise image of the current situation. Strategic planning requires situational awareness in order to propose developments. Firstly, some general data about the Nursing Home is provided, including the operational procedures, the financial situation. This section is based on institutional documents, workshops and surveys. Secondly, SWOT analysis, one of the most well-known stocktaking methods is applied to identify positive and negative aspects and to evaluate internal and external factors. Subsequently, a problem tree is generated as the end product of an in-depth analysis of challenges and problems (see Section 4 in the present document). The problem tree presents institutional shortcomings, needs, problems and causes. Therefore, the objectives relate to existing problems and challenges and are shown in a target tree. (Mészáros, 2012)

3.1 Brief history: past – present – future

In Alsómocsolád, the local government intended to provide not only primary but also specialized care to senior citizens. Primary care includes catering, daytime care and domestic assistance; specialized care is provided by residential institutions such a nursing home. The institution was founded 28 December 2005 by the Local Government of Alsómocsolád. Operation started in May 2006 with a capacity of 40 beds. The Autumn Light Nursing Home and Integrated Social Institution created 21 new jobs in the village. In 2006 the Nursing Home started its own kitchen which can produce up to 100 servings and provide meals five times a day upon request. The Nursing Home is developing its services and infrastructure. Staff members participate in professional training courses on a regular basis. The maintainer local government and the institution apply for grants in order to ensure financial resources for maintenance and repair costs.

The Nursing Home provides residents comprehensive physical, medical and mental hygienic care. Physical care includes creating personal contacts and providing catering, personal hygiene and medical care and attendance. Medical attendance refers to medication and medical devices. Mental hygienic care is provided in small or large group settings and aims to maintain an active way of life and to preserve and strengthen mental health.

Nursing home residents are provided with a wide range of free time activities. Daytime care recipients also have the opportunity to participate in these events and activities. Every year residents have the opportunity to watch a theatre performance and to go to a museum exhibition.

Furthermore, residents regularly take part in local events such as village days or harvest festivals. Since 2006 Catholic masses have been celebrated on a regular basis and an Evangelic-Lutheran pastor offers praying circles. The local government has restarted its former initiative and organizes various activities for residents and other senior citizens of the village every October. These series of events endure four weeks and have a special focus related to the following four areas: religion, health education, culture and entertainment. In order to establish relationships with other nursing homes in the region, a tale telling and recitation contest was organized in 2016 in the village for the first time.

Ever since its inauguration, in 2006, the Nursing Home has always utilized its capacity to the fullest (100%). The institution provides elderly care to senior citizens from Alsómocsolád and from other places. Both residents and their families are satisfied with the high standards. In 2012 the Nursing Home developed and introduced a quality assurance system and considers satisfaction survey and general feedback from residents and their families to be essential.

The Nursing Home was licensed in 2006 without any time restrictions. At that time the institution had 40 beds, in 2011 the capacity was expanded to 42 beds. For many years there have been lots of applicants who are put on a waiting list. Senior citizens are eligible to admission if they have reached the individually required statutory retirement age and their care needs require more than four hours daily, however, their regular inpatient care is not necessary.

Furthermore, other circumstances may require residential care; such indications may include:

- a) middle stages of dementia, certified by a specialist medical report or by a dementia care centre which is has an official Hungarian license in psychiatry or neurology or by a psychiatrist or by a neurologist or by a geriatric specialist
- b) applicants live alone and are 80 years older or more
- c) applicants live alone and are at least 70 years old or more, the hous they live in is not supplied with public utilities such as water or electricity
- d) applicants live alone and receive a blind person's allowance or a disability allowance for hearing-impaired people
- e) applicants live alone and receive a disability allowance due to disabilities other than hearing impairment and their loss of self efficiency was certified based on the resolution of an expert commission or a specialized board of the National Institute of Rehabilitation and Social Experts (Országos Rehabilitációs és Szociális Szakértői Intézet, hereinafter: ORSZI) or its legal predecessor.

f) applicants live alone and receive a disability pension (category 1), accident pension or invalidity annuity

g) applicants live alone, have lost their ability to earn their living to its full extent (100%), or suffered another health impairment which reduced their capacity by 80% or more; and their loss of self efficiency was certified based on the resolution of an expert commission or a specialized board of the National Institute of Rehabilitation and Social Experts (ORSZI) or its legal predecessor.

According to the provisions of institutional care, citizens can benefit from individual care services on a voluntary basis; therefore such services are provided upon a legal request or application submitted by citizens. Citizens may apply for daytime care either in a written or oral request. Written applications must be submitted in a standardized form available online.

It is an essential principle that senior citizens must experience respect and empathy. The management and all staff member endeavor to support nursing home residents so old age is not considered to be a burden or a source of dependency. The institution is committed to a holistic and health conscious attitude so that it can contribute to medical prevention and to the preservation of mental and physical health. This effort is supported by specialized care providers as well.

The institution has a good reputation: residents, family members, relatives and friends recommend the Nursing Home to each other. Nursing home residents receive appropriate care in the institution and all necessary devices are available. The waiting lists prove that the expansion of capacity would be required.

In a partnership with Norwegian Association for Adult Learning and the civil organization Foundation for Alsómocsolád, the Local Government of Alsómocsolád was granted financial support in the framework of the Capacity-building and Institutional Cooperation Program of the Norwegian Grants (HU11-A1-2013) in order to implement the project entitled Pilot Project for Quality Aging, registered under HU11-0005-A1-2013. The overall objective of the pilot project is to raise the standard of elderly care in the small-village areas of the rural territories of Hungary, especially in Alsómocsolád. In the framework of this project, conferences and presentations will be organized among other events. Furthermore, essential strategic documents about elderly care will be drawn up. As a result of the project, a well-prepared human capacity will be created among the mayors and employees of the small communities as well as the managers and nurses of the nursing homes in the region. This will allow for other settlements - following the example of the model settlement - to promote their own local actions supporting active ageing. Moreover, it is a short-term and certainly achievable objective to renew the infrastructure and to reconstruct the Nursing Home. The reconstruction will be finished in 2017. Altogether six triple rooms will be converted

into double rooms; a hot water supply system using solar energy will be installed. On the upper level a gym for both residents and staff members will be built. A management room will also be created and it will serve as a methodological and consultation center.

3.2 Regional significance and responsibilities

The Autumn Light Nursing Home is situated in Barany County, in the Hegyhát (Ridge) district, in the village of Alsómocsolád. In the east the village is surrounded by hills and enclosed by lakes in the west. These geographical features offer enormous recreational facilities. The county seats Pécs, Kaposvár, Szekszárd are located at equal distance, about 55-60 km from the village. The modern nursing home which lies in a rural environment boasts proudly its magnificent architecture and contributes to the range of elderly care services on the local, county and regional level.

The local governments of Alsómocsolád, Bikal, Mágocs, Mekényes and Nagyhajmás decided in March 2014 to join forces and launch a common development program which would enable the synergic improvement of these settlements. The initiative was joined by local business people, institutions and civil organizations.

As a result of this partnership, the association Észak – Hegyháti Mikrotérségi Unió (Northern-Ridge Micro-regional Union) was founded to implement development projects in these settlements:

- in order to facilitate innovation a joint development program was started (common objectives and development ideas) at the common desire of local governments, business people, civil organizations and institutions
- the depository of this program is called *Hegyhát Észak Térségi Egyesület* (Association of the Northern Ridge Region), which is responsible for program coordination, supervision and financial resources
- a micro-regional agreement (*Mikrotérségi Paktum*), which was signed by stakeholders in order to promote and implement common development ideas

The town of Mágocs plays a central role in the regional health care services. Not only general but also specialized medical services are available in the town and in the vicinity. The local government volunteered to provide a general laboratory diagnostic service besides the mandatory medical services. This medical institution has a large supply region, including Alsómocsolád, where general medical care is provided by a general practitioner who offers consultation twice a week. In the past two years several the general services underwent several changes. Earlier family care and domestic assistance were provided by the micro-regional association; however, in January 2014 these services

were taken over by the Social Care Center in Mágocs (Mágocsi Szociális Gondozási Központ) in all of the above mentioned five settlements. In 2014 there were altogether 12 citizens in Alsómocsolád who used these services. The government subsidized meal program is also run by the Social Care Centre except for Alsómocsolád where, as mentioned above, the local nursing is responsible for this service. In the framework of this government program warm meal portions are provided at least once a day to citizens who are permanently or temporarily unable to cater for themselves and their dependents, particularly due to their age, health conditions or disabilities. In 2016 there were 12 citizens who were provided meals. Domestic assistance with a signaling system and assistance services are provided in Alsómocsolád by Sásd és Térsége Terület- és Humánfejlesztési Nonprofit Kft (Sásd and its Region Rural and Human Development Nonprofit Ltd.), there were altogether 9 citizens who received such support. In the framework of domestic assistance, the assistance required to maintain an independent life must be given in the living environment of the beneficiary person. Services must include primary care and treatment, assistance in maintaining an independent life and appropriate hygienic conditions. Furthermore, preventing or coping with emergency situations also belongs to these services. The duration of domestic assistance depends on the daily care needs and must be provided accordingly, however, at maximum four hours per day. If daily care needs exceed four hours, care recipients are informed about residential care services by the manager of the responsible institution or if there is no such institution, information is given by an expert who is to be commissioned by the local clerk. In such cases citizens are entitled to receive four hours of daily care until their admission to a nursing home. The number of domestic care recipients may not exceed daily the 110 % of the total number of officially registered care recipients and must not be more than 100 % annually. Assistance services aim to provide assistance to disabled people in their living environment, especially in using public services. Furthermore, they intend to preserve their independency by specialized treatment and assistance in their homes. Assistance services are provided in order to enable access to disability-related specialized and general public services a (specialized personal transportation, transportation services). Furthermore, the purpose of such assistance services is to enable citizens with disabilities to receive medical, social and health development services according to their general health conditions and disabilities. Forms of assistance may include personal help or assistive devices, information, visits to authorities, counseling or various activities and measures enabling social integration.

One of the most essential objective of the micro-regional cooperation is the initiative “Born to be healthy”– growing old healthily, being able to work, active ageing,” which is a complex health care program including medical examinations and promoting local health care services by involving continuous consultation with experts.

There are altogether 91 nursing homes in the Southern-Transdanubian Region of Hungary. Out of these institutions 38 are located in Baranya County, which is the 10th most populated county if the capital city is not considered. 3.9 % of the population of Hungary lives in this county. Its territory equals 4.7 % of the whole country (4,430 km²), therefore it is the 10th largest administrative unit of Hungary.

Figure 1 Nursing homes in the Southern Transdanubian Region

| Baranya county | Number of institutions | Tolna county | Number of institutions | Somogy county | Number of institutions |
|----------------------------|------------------------|--------------|------------------------|-----------------|------------------------|
| <u>Alsómocsolád</u> | 1 | Bátaszék | 1 | Balatonföldvár | 1 |
| Beremend | 1 | Decs | 2 | Barcs | 1 |
| Bóly | 1 | Dombóvár | 2 | Berzence | 1 |
| Görcsöny | 1 | Dunaföldvár | 2 | Csokonyavisonta | 1 |
| Harkány | 1 | Értény | 1 | Gadány | 1 |
| Keresztespuszta | 1 | Gyöng | 1 | Gyékényes | 1 |
| Kölked | 1 | Gyulaj | 1 | Hetes | 1 |
| Komló | 4 | Hógyész | 1 | Inke | 1 |
| Kozármisleny | 1 | Kaposszekcső | 2 | Kadarkút | 1 |
| <u>Mágocs</u> | 1 | Nagykónyi | 1 | Kálmánca | 1 |
| Mecseknádasd | 1 | Paks | 1 | Kaposvár | 3 |
| Mohács | 3 | Sárpilis | 1 | Lábod | 1 |
| Nagykozár | 1 | Simontornya | 1 | Lad | 1 |
| Pécs | 12 | Szakcs | 1 | Marcali | 2 |
| Pécsvárad | 1 | Szekszárd | 4 | Mosdós | 1 |
| Sellye | 1 | Tolna | 1 | Nagyatád | 1 |
| Siklós | 1 | | | Nagyberki | 1 |
| Somberek | 1 | | | Patalom | 1 |
| Szederkény | 1 | | | Segesd | 1 |
| Szentlőrinc | 1 | | | Siófok | 2 |
| Szigetvár | 1 | | | Somogyfajsz | 1 |
| Vásárdombó | 1 | | | Somogyjád | 1 |
| | | | | Szentbalázs | 1 |
| | | | | Törökkoppány | 1 |
| | | | | Várda | 1 |
| | | | | Vése | 1 |

The Alsómocsolád Nursing Home operates in the administrative area of Hungary which equals also its area of competence. The supply area of the Retirement Club and of the government subsidized meal program is the administrative area of Alsómocsolád. The Nursing Home admits not only citizens from the village. The pleasant environment, the high-quality services and the high standard professional background attract senior citizens from the neighboring counties as well. At the present, the Nursing Home has residents from Szászvár, Egyházaskozár, Mágocs and Pécs (Baranya County), from Dombóvár, Tamási, Attala, Váralja (Tolna County) and from Szeged (Csongrád County).

Lots of people visit the local facilities for outdoor education and other sights and these people also tell others about the village and the Nursing Home. Many believe that the future lies in the conservation of the attractive natural environment, the vast water surfaces and forest areas. The village considers the development and preservation of values to be crucial. This attitude is truly demonstrated by the fact that the initiative *Hét Patak Gyöngye Natúrparke* (Pearl of Seven Streams Park) which was started by Alsómocsolád, received 2011 various biodiversity awards. (Varga - Császár, 2013)

3.3 Demographic and economic characteristics of Alsómocsolád

Based on the 2014 data provided by the Central Statistical Office of Hungary, the village has a permanent population of 331. The net migration rate is negative and the village has a natural fertility rate. The population is ageing and the population rate demonstrates a constant downward tendency. In the district Alsómocsolád is one of the settlements which are drastically affected by the problem of population ageing. The ageing population and the high unemployment rates pose considerable challenges for the service system. Elderly care is constantly much in demand. Although the village has a doctor's surgery but the medical service is centered in the nearby town, Mágocs. Consequently, the general practitioner commutes and offers his services in the village twice a week: one of these occasions is for the nursing home residents and the other one is for village people in general.

Local economy and territorial development structures have transformed over the years: there are few jobs in the village but in the neighboring villages and industrial areas there are employment opportunities. It has become usual to commute several hours to work. Industrial activities are concentrated in the territories with rich energy and mineral resources. Village people can work for nearby industrial or food-producing companies, the local government and the nursing home. In the 2010s the local government won financial support for setting up an institution where citizens can

use various multimedia devices and can access and online services (“teleház”). Nowadays this building functions as civil community center. Further institutions and facilities in the village include: a nursing home, an interactive educational service center, a facility for outdoor educational activities with a hostel, a street workout facility, a playground, a sports field, a conference center, a forest workout facility, a library and nature trails. *“To strangers, Alsómocsolád appears to be a happy, improving village where visitors are welcome and the locals are hospitable. Besides the several achievements of the past years, one must also consider the threat that the population is gradually shrinking. Fewer and fewer people live here, the old people are dying, the young ones are moving to other places and never return”* (Varga Péter, 2014) In response to these tendencies, the local government set up an office in order to develop a strategy to increase the population. People who wanted to break away from globalization and become as self-efficient as possible were granted priority in this program. The aim was to encourage especially those people and families to move to the village who wanted to get away from globalization. Consequently, the village people started to study initiatives such as the Blue Economy, permaculture, and self-sustaining economic and spiritual communities. However, young people from the village were not especially fascinated by these ideas. Citizens are not very eager to develop local economy; there are only a few who breed animals and cultivate their gardens. They work for nearby companies so before and after work they do not want to spend their leisure time that way. Another idea was to consider local values and potentials in order to address people who want to give up their urban life and move to a village. The third suggestion was strongly connected to this idea: the quality of life in rural areas was a key element. The micro-regional association (Northern Ridge Micro-Regional Union) which was described in the previous chapter emerged from this last initiative.

In the village the following general services are available: catering, domestic assistance, domestic assistance with a signaling system, village caretaker service and daytime care. The Autumn Light Nursing Home provides general service (catering), daytime care (for senior citizens and patients with dementia) and specialized care (for patients with or without dementia) and these services are available to citizens who need assistance due to their age, medical condition or any other circumstances.

Based on the local equal opportunities program, the most common diseases and conditions include:

- heart- and cardiovascular diseases
- musculoskeletal complaints
- hypertension
- hyperlipemia
- diabetes
- chronic respiratory diseases.

Fig. 2 Permanent inhabitants in the village Alsómocsolád, 2014

| Age group | Total (person) | Male (person) | Female (person) |
|---------------|----------------|---------------|-----------------|
| 0 – 17 years | 39 | 18 | 21 |
| 18 – 59 years | 187 | 103 | 68 |
| 60 – X years | 105 | 38 | 83 |
| Total: | 331 | 159 | 172 |

Source: regional statistical data by the Hungarian Central Statistical Office – T-Star 2014: Alsómocsolád, Code number: TA2014_W

Alsómocsolád pursues the long-term strategic objective to develop a community which is cherished, respected and protected by its members. Furthermore, a village should be created where it is worth living and where the population is steady. People who no longer live in the village should be encouraged to come back again, at the same time people who share the same core values should be encouraged to move to the village as well. This way a population increase should be achieved. The future vision of the village: Alsómocsolád is a friendly and innovative 21st century community which preserves and develops its values. It has its own local economy and a growing population. The Nursing Home can contribute to these efforts as the institution offers qualified professionals job opportunities and attract senior citizens from the neighboring settlements.

3.4 Most significant features: Current data about the Nursing Home

Capacity

The supply area of the Nursing Home is the administrative area of Hungary; therefore, application forms are submitted from all parts of the country. Local citizens living in the village have a priority status and their applications take precedence over other applications.

Since February 2011 the Nursing Home is officially registered with a capacity of 42 beds. At present, residential care is mainly provided in housing units with two-three beds. A housing unit consists of two rooms and such a unit has a shared bathroom and a toilette. Every room is equipped with television and landline telephone. Every resident has a lockable wardrobe, a bedside cabinet and a bed with a linen box. In the Nursing Home, there are two community rooms where residents can spend their free time and participate in workshops or other social activities. There is a spacious dining hall and the Nursing Home runs its own kitchen. A doctor's office is also part of the building. The village has a senior playground which is used by senior citizens for recreational purposes.

Since inauguration, the capacity has always been utilized to the fullest (100%) and there is a continuous waiting list for applicants. Prospective residents on the waiting list are either priority or non-priority applicant. As the waiting list has always been long, it would be appropriate to expand the capacity but to preserve the family-like atmosphere at the same time.

A special unit for residents with dementia has not been set up yet, however, residential units are assigned by considering diseases and care needs.

Fig. 3 Capacity of the Autumn Light Nursing Home 2013-2016

| Year | Capacity | Number of licensed beds | Occupancy | Number of citizens on the waiting list | Number of priority citizens on the list |
|------|----------|-------------------------|-----------|--|---|
| 2013 | 42 | 42 | 100% | 32 | 14 |
| 2014 | 42 | 42 | 100% | 42 | 26 |
| 2015 | 42 | 42 | 100% | 41 | 21 |
| 2016 | 42 | 42 | 100% | 46 | 43 |

Health care indicators:

In the last closed fiscal year, in 2016 the Nursing Home had 42 residents on average; out of these people 27 needed dementia treatment. Currently, 15 senior citizens receive daytime care including various daytime activities, attentive care and support. Daytime care is characterized by a rich variety of individual and group activities which aim to preserve the present health conditions and thus enable care recipients to have an independent life as long as possible. Daytime care costs 50 HUF/day without meals and 400 HUF/day with meals.

Fig. 4 Nursing home residents with dementia by age group 2016

| Age group | Male | Female |
|---------------|----------|-----------|
| 40-59 | 1 | 0 |
| 60-69 | 1 | 1 |
| 70-79 | 3 | 5 |
| 80- | 4 | 12 |
| Total: | 9 | 18 |

Diseases and medical disorders of the nursing home residents:

- residents with heart- and cardiovascular diseases: 40

- residents with musculoskeletal disorders 23
 - residents with diabetes: 11
 - residents with malignant diseases: 3
 - residents with hearing impairment: 2
 - residents with incontinence: 18
 - residents with pulmonological diseases: 4
 - residents with vision impairment – blindness: 2
 - residents with vision impairment – 3
 - residents with kidney diseases (dependent on dialysis): 1
- Mobility of the nursing home residents:
- bedridden residents – mobilization is not possible: 3
 - wheelchair users: 3
 - residents who can sit in a wheelchair but cannot move around: 3
 - residents who use a walking frames or a wheeled walker: 7
 - residents who use mobility canes: 7
- Self-sufficiency of the nursing home residents
- Self-sufficient, ambulant residents: 14
 - Partially self-sufficient, dependant in some activities: 21
 - Dependant on full care and assistance: 7

Special care needs:

- Blood and body fluid samples are examined in the medical lab of Mágocs
- Care recipients with long-time indwelling catheter: 2
- physical mobilization activities: individual physiotherapy 10 (by physiotherapist) + physiotherapy in group session ca. 15

Health care services are provided twice a week, each time senior citizens have two hours to consult a general doctor in the doctor's office of the Nursing Home. If specialized treatment is needed, patients are referred to a specialized surgery or a hospital in the district of Dombóvár or Pécs. In such cases, a medical transportation company is contacted and the Nursing Home provides a patient escort. If patient can be mobilized easily, then the Village Caretaker Service provides assistance.

3.5 Management structure of the retirement home

„An organization is a continuous cooperation between humans in order to satisfy a social demand ...”

/W. Morawski/

Individual tasks can be performed by individuals, however, large undertakings require that individuals work together, share the various tasks and this way organization as collective effort was created. An organization comprises several individuals who work together in order to achieve common goals.

The Organizational and Operational Rules (hereinafter: OOR) contains all basic data, the organizational form, organizational structure, departments and their responsibilities, professional cooperation between departments, dependencies and substitutions, internal affairs related to management and operation including employer's rights.

3.5.1 Institutional structure

The staff of the Nursing Home consists of 25 employees who have the following qualifications:

3 staff members in management positions, with higher education degrees,

11 staff members with elementary qualifications in non-management position,

11 staff members with secondary qualifications in non-management positions.

In the institutional hierarchy, the highest position is the Head of Institution, who is responsible for the professional operation, oversees internal procedures, and ensures the compliance with legal provisions. He/ She is in charge of the coordination and management, procurement, maintenance, employment issues including pre-care, care needs assessment, representation, protection of interests and enforcement of rights.

Medical care and nursing are provided by a general doctor, social care providers, nurses, specialized nurses, an assistant nurse, a mental health specialist and a physical therapist. The general doctor has office hours in the nursing home two times a week. The mental health specialist who works eight hours in shifts offers psychological help and various activities in small or large groups in order to encourage activity. As residents are getting older, another mental health specialist would be required to offer individual sessions as well.

Tasks related to catering can be divided into two groups: on the one hand, the provision of meals to nursing home residents and on the other hand, the provision of meals to citizens who receive help in the framework of the government subsidized meal program. The first group of tasks is performed by a food catering manager, a cook, a dietary cook, a nutritionist (on commission) and a kitchen

maid. Tasks related to the meal program are performed by another cook and the administrative work is done by the Head of Institution.

A cleaner and a laundress are in charge of proper hygienic conditions.

Daytime care of senior citizens and patients with dementia is the responsibility of the retirement club leader, a social care provider and the mental health specialist.

3.5.2 Employee structure: composition, qualifications, competences

The Nursing Home is committed to ensure staff members the opportunity to participate in advanced trainings in order to provide high-quality professional services to care recipients. The mental health care provider has a lower level qualification than required. This employee is therefore obliged to obtain a higher degree and is exempted until the completion of an advanced training. In 2017 the employee is going to graduate and receive a kindergarten teacher's degree.

Due to this obligation the Nursing Home fulfills legal requirements and 90% of the employees have a specialized professional certificate. Health care services (care and nursing) are provided by 9 full-time nurses, 1 part-time nurse and 1 assistant nurse. The staff consists of altogether 25 employees and there are 3 employees who are in charge of cleaning and maintenance. They participate in the public labor employment program; consequently, they receive their payment not from the Nursing Home but from the Local Government. Staff members have the following level of education: 3 employees have a higher education degree (a social worker with advanced certificate, a midwife and social worker), 7 employees completed an advanced specialized training (e.g. qualifications registered under the code OKJ54 in the Hungarian National Qualifications Register such as nurse, care assistant, social care provider and organizer). 6 employees have a secondary qualification (secondary final exam or vocational and specialized training: social care provider and nurse, general nurse and assistant, dietary cook etc.), 1 employee has an elementary level of education and completed a specialized training (social care provider, assistant nurse training etc.), 1 employee has a secondary non-specialized vocational qualification (e.g.: laundress with a shop assistant qualification), 3 employees have an elementary qualification. In 2016 two new employees were hired. Although they have a specialized qualification (assistance nurse, general nurse), but due to changes in the legal requirements these qualifications cannot be accepted any more. Therefore they are also obliged to complete a specialized training in social care and nursing within two years. For this period of time, they are considered to be specialized care providers.

3.5.3 Measures to increase the institutional commitment of qualified employees and to reach out to prospective employees

Recently, burnout research has received more and more attention in Hungary and in other countries as well. Burnout refers to a physical, emotional and mental exhaustion which occurs after continuous overload. It leads to a sense of hopelessness and incompetence, goals and ideals are lost and negative attitudes towards the self, the job and others. (H. J. Freuderberg, 1974).

Some possible interventions may include the following changes: making working conditions better, training, education, improving consciousness (stress management techniques), improvement of communication systems, regular conversation about workplace problems, health improvement program at the workplace, meditation techniques such as autogenic training, yoga, gymnastics, revision and restructuring of work processes and breaks.

Social work is held in rather low recognition; benefits are not really high and therefore fewer and fewer choose to work in this field. In the Hungarian health care system, there is a sufficient number of specialized hospital employees in the generation of people who are between 40 and 50 years. However, in the generation of people who are between 20 and 30 years this number is only half than what would be necessary. As a result of this situation, there is going to be a significant lack of care providers within five or ten years. The tendency in the state sector is the same. There are many ideas how specialized employees could be encouraged not to quit but there are also many difficulties such as financial aspects. It could be a development objective to apply for financial supports in order to offer current employees various advanced trainings or to sign a study agreement with secondary or university students. The Nursing Home has supported several employees to participate in advanced trainings.

Further motivational measures to increase institutional commitment would have to do with the benefits such as pay rise, additional benefits based on performance, combined payment – a regular base salary with additional benefits based on performance or a performance-related pay (bonuses). Other financial means of motivation are fringe benefits such as meal vouchers, holiday vouchers, other non-cash benefits, company car, work phone, laptop, working clothes or other items related to work.

Non-financial means of motivation may be flexible working arrangements which can relate to working hours or the workplace. In the Nursing Home distance work is not an option for fulltime employees because the care recipients need regular daily care, however, flexible work breaks, holidays may also prove to be encouraging.

Other non-financial benefits could be the creation a family-friendly working environment and job enrichment. To create a family-friendly working environment would not only have a positive effect on employees but would also promote relationships between young and elderly people.

Measures to motivate qualified employees

As more and more nurses and other employees are having upper and lower back complaints, a physiotherapist has been hired since 2013 to provide therapeutic gymnastics one hour a week. The institutional health care planning program is designed both for residents and staff members.

Several care providers, the mental health specialist and other employees in management position, altogether 11 people, took part in a Gordon training in 2015. During the project period of the financial support by the Norwegian Grants, 2 employees participated in a two-day-long crisis management training and earned a certificate. The mental health specialist completed an e-learning course related to dementia; the topic was the preservation of mental and physical activity of patients with dementia.

To increase the institutional commitment of well-qualified employees is crucial because it is not easy to find new ones if they quit. Consequently, the Head of Institution strives to create good working conditions, provide working and protective clothing and to purchase modern assistive devices (e.g.: in the kitchen: a dough-kneading machine, in care services: electric patient lift). Furthermore, team activities are also promoted to enable relaxation (e.g.: theater performances, Christmas party, cooking, hiking activities). Non-cash benefits are also granted in order to improve performance. Besides financial means of motivation, the Nursing Home tries to improve the commitment of specialized employees by creating a family-friendly environment and by paying special attention to their individual needs. Currently open positions are advertised and personal relationships are also used to find new employees. The Nursing Home would need more specialized nurses and mental health professionals; furthermore, a regular caretaker and a cleaner would be required.

In the Nursing Home volunteers are also welcome. First of all, they can accompany seniors, talk to them or just spend time with them because these activities do not require professional qualifications but are highly important for the residents.

3.6 Economic situation of the retirement home

3.6.1 Internal and external circumstances which have had a significant impact in the past 5 years

All measures which the Nursing Home decided to take and which are closely linked to the original functions of the institution are collectively regarded to be internal circumstances. Such

circumstances include decisions about the remuneration of services or about institutional purchases (what, when, why and how should be procured)

Nursing home fees:

In most institutions which are run by local governments, nursing home fees are between 65,000 and 120,000 HUF a month which may be reduced after means-testing. Many residential services offer two different service categories and higher fees are charged for higher-level services.

In accordance with legal provisions, the fee for permanent residential care has been increasing at the Autumn Light Nursing Home since 2009. Back then, the monthly fee was 60,000 HUF, and residents are charged 78,000 HUF in 2016. Senior citizens who receive daytime care must pay 50 HUF a day, a meal provided in the framework of the government subsidized program cost 350 HUF daily.

In 2016 there were 42 residents who paid full a nursing home fee; out of that 35 residents paid the fee on a monthly basis and 7 residents chose a one-off payment for the whole year (either the residents themselves or their families).

Fig. 5 Residential care fees at the Nursing Home between 2009 and 2016

| Year | Residential care fees | Increase compared to the previous year |
|-------------|------------------------------|---|
| 2009 | 60 000 | - |
| 2010 | 62 010 | 3,35% |
| 2011 | 65 010 | 4,83% |
| 2012 | 68 940 | 6,04% |
| 2013 | 71 490 | 3,69% |
| 2014 | 72 900 | 1,97% |
| 2015 | 75 000 | 2,88% |
| 2016 | 78 000 | 2,85% |

Purchases:

The Nursing Home purchased in 2013 several small kitchen items such as plates, glasses, cutlery, thermos bottle, mugs etc.

High-value items included: a multifunctional kitchen appliance with a beating whisk, a stirring whisk and kneading hook; a hand-held blender, an LG washer-dryer because the old washing machine had to be discarded due to an electric failure.

All circumstances which the nursing home cannot influence or which are not related to its basic functions are considered to be external circumstances. The nursing home might take advantage of these circumstances which are not created by the nursing home but which may have a positive effect (e.g. tourism, people visiting the nature trails and the nursing home offers them catering services)

In 2016 the following items were purchased to assist administrative work: 2 personal computers were purchased (doctor's office – for a senior nurse and for the manager who is in charge of daytime care), 1 multifunction printer (for Head of the Institution), 1 safe.

Purchases related to residential services:-for the laundry: 1 semi-industrial washing machine (it would have cost almost the same amount of money to repair the previous washing machine that was already ten years old)

-for housekeeping: 2 cleaning machines which meet current requirements (March 2016)

-for the housing units– for residents: 1 Gorenje refrigerator (the previous one was ten years old and could not be repaired any more)

Purchases related to medical services: 42 modern medication dispensers (ANABOX), 12 GLM mattress protectors for residents with incontinence, 1 electronic forehead thermometer, 2 blood glucose monitors, 1 ETAC shower stool, 2 orthopedic mattresses.

Reconstruction: energy-saving LED light bulbs were installed in the dining hall, in the cooking area, in the offices, in the doctor's office, in the corridor and in the community hall.

Financial subventions and grants: In the past five years, the maintaining and managing authorities have successfully applied for financial support several times; these grants included energy-efficient refurbishment of the building, system development or purchase of devices. In 2010 the local government gained financial subventions and started to renew the existing technologies so that the Nursing Home can use solar and geothermic energy too. The heating system in the Nursing Home was the first in the village to be renewed that way.

In 2011 the institution received financial support for the purchase of orthopedic mattresses. In the same year the maintaining authority also received financial support and borrowed the institution with devices used in mental health care services including CD-radio player, a dictation machine, a DVD player and leisure time products (e.g.: a bowling ball pendulum, domino, board games)

In 2013 the National Office for Rehabilitation and Social granted the institution financial support: 2 electric hospital beds and 4 antidecubitus mattresses were purchased. Not only the residents take advantage of these items, but these devices also make the job of nurses easier.

In 2015 the Local Government of Alsómocsolád received funding for energy-efficient refurbishment and this subvention was used to renovate the Nursing Home. In August 2014 the Local Government of Alsómocsolád submitted an application in the Environment and Energy

Operational Program (KEOP). The application entitled “Energy-efficient refurbishment of the Autumn Light Nursing Home Combined with the Use of Renewable Energy Resources” was granted 62,167,060 HUF non-refundable financial support.

The proposed project was aimed at the energy-efficient refurbishment of the Autumn Light Nursing Home. Construction work included thermal insulation, the installation of a suspended plasterboard ceiling, ceiling insulation, plinth insulation, the installation of 5 solar cells with a bivalent storage system, the installation of a 16.5 kW solar system. The development resulted in a cost reduction in the amount of 3,000,000 HUF.

Donations:

In 2015 from the Autumn Light Foundation:

1 tumble dryer

1 Bosch blood pressure monitor

1 Diagon INR device

1 Canon printer

In 2016 from the Autumn Light Foundation:

1 Hoyer electric patient lift + a patient sling

Cooperation with touristic initiatives:

The Nursing Home provides meals to children and other tourists who visit the village.

Meal portions in 2015:

| | | | |
|-----------------|-------------------|----------------|----------------|
| Nonprofit Kft. | breakfast: 3.415 | lunch: 5.268 | dinner: 3.599 |
| Other catering: | breakfast: 450 | lunch: 3.064 | dinner: 915 |
| Total: | breakfast – 4.765 | lunch: – 8.332 | dinner:– 4.514 |

3.6.2 Financial situation based on the financial reports from the past three years

The Joint Local Government in the town of Mágocs is responsible for the financial management of the Nursing Home. The general ledger accounting, the bank account, the transactions, the cash balance and financial reports are the responsibilities of the supervising authority. Analytics for the general ledger accounting, payroll preparation and payment orders are the responsibilities of the Head of Institution.

It is the liability of the Head of Institution that the analytics and the payroll comply with legal regulations. Furthermore, he/ she is liable for payment orders so that the remittance reflect reality. In all other cases the liability lies with the managing authority.

The past three economic years were characterized by sound financial management, future-oriented developments and thoughtful expenditures in order to stabilize the financial situation.

Fig. 6 Budget overview with total revenues and expenditure indicated in percentages, 2015, Autumn Light Nursing Home Integrated Social Institution, Local Government of Alsómocsolád

| BUDGET REVENUES | as a percentage of total revenues | BUDGET EXPENDITURE | as a percentage of total expenditure |
|-------------------------------|--|----------------------------------|---|
| Operating revenues | 43,22 | Personal benefits | 50,66 |
| | | Employer c contributions | 13,51 |
| | | Material expenditure | 35,50 |
| | | Investments | 0,11 |
| | | Renovation costs | 0,23 |
| TOTAL BUDGET REVENUES: | 43,22 | TOTAL BUDGET EXPENDITURE: | 100 |

| FINANCING REVENUES | | TOTAL FINANCING EXPENDITURE | |
|--------------------------------|--------------|-------------------------------------|--|
| Domestic financial revenues | 56,78 | | |
| TOTAL FINANCING REVENUE | 56,78 | TOTAL FINANCING EXPENDITURE: | |

| | | | |
|-----------------------|---------------|--------------------------|---------------|
| TOTAL REVENUES | 110430 | TOTAL EXPENDITURE | 110430 |
|-----------------------|---------------|--------------------------|---------------|

3.7 Institutional infrastructure

The building of the Nursing Home is owned by the maintaining authority; it has been renovated. In January 2014 all bathrooms were equipped with safety handle bars and both in- and outdoor areas are wheelchair-accessible. In the summer of 2014 the garden of the Nursing Home was paved and in 2015 the whole building was reconstructed and the energy infrastructure was modernized.

The reconstruction and extension of the Nursing Home started in July 2016. The attic will be converted and a new wing will be built. The triple rooms will be reconstructed into six double rooms; in the attic a community room and a gym will be created. The present kitchen will also be extended and equipped with high-tech assistive technological devices. A dining hall will be created so that people visiting the village can be offered catering. The development of infrastructure aims to enhance the quality of elderly care services.

3.8 Brief overview of cooperation partners

There is a good working relationship with the Local Government of Alsómocsolád and the local council. The Nursing Home is maintained by the local government which makes major efforts to develop the institution and is characterized by a pro-active attitude.

In 2016, the same year when the institution was founded, the Autumn Light Foundation was also set up on the initiative of the residents' family. The foundation was primarily established to satisfy to the physical, psychological, mental and cultural needs of the residents and to promote institutional development. Its activities are mainly concentrated to improve the quality of life of senior citizens who live in the Nursing Home. At the same time, the Foundation is committed to foster and preserve relationships with family members and locals as well. Senior citizens constitute the target group of the foundation which aims contribute to the physical, psychological and mental well-being and the cultural activities of the nursing home residents. Consequently, it also supports all initiatives which are intended to make living conditions and services better.

The Foundation for Alsómocsolád was founded in 1991 by the local Government and the Circle of Friend of Alsómocsolád. *„The target group of the regularly provided services consists of the inhabitants of the village Alsómocsolád, especially children and young people, however, these are not only low-threshold services but they are freely accessible to everyone, regardless of age, gender and where they live. The Foundation aims [...] to promote initiatives from young people, to support and protect young people, to reduce the social burden of unemployed and retired citizens, to support adult education by offering study grants.”* (Local Equal Opportunities Program, Alsómocsolád)

The Nursing Home is supported by these organizations which contribute to events and activities and also provide financial help. Cooperation works smoothly and is distinguished by regular and mutual help.

These organizations and their support must be considered in long-term objectives as they can contribute to voluntary projects by providing human and financial resources and their networks may also prove to be useful in promoting the Nursing Home.

4. SWOT analysis

After the present situation was outlined, the strengths, weaknesses and problems of the institution can be assessed. Strategic objectives can be defined and formulated when the problems are identified and they are examined in their relation to each other. In order to identify and explore problems, a simplified SWOT analysis will be carried out and the results will be represented in a problem tree.

A SWOT analysis focuses first on the problems which were revealed in the assessment of the current situation, then the further problems are considered which were previously identified in the Local Equal Opportunities Program, finally solution ideas and outcomes are carefully examined. With the help of these steps, the internal problems in the institution can be identified.

A SWOT analysis is the first stage of strategic planning and it is also necessary to explore the whole institution or high-priority areas (key improvement areas) with regards to their strengths. Strengths are positive internal circumstances which function well and can be influenced. Furthermore, the weaknesses of the institution must be reviewed and assessed. This category includes all internal circumstances which did not develop at all or not to the desirable extent in the previous years but they can be influenced in order to create better conditions. Moreover, opportunities and threats and their relation to each other must be evaluated as well. Opportunities and threats are both external factors which have either a positive or a negative potential and which cannot be influenced. Opportunities are all circumstances which may help to use the strengths. Threats are negative factors which refer to operational risks. It is crucial to consider these factors too in order to formulate strategic objectives. This way a SWOT analysis helps to organize pieces of information about an institution. This tool also makes it easier to find the directions and objectives of strategic development so that these are in accordance with the future vision and the mission of the Nursing Home.

It is easy to develop a strategy by using a SWOT analysis but this method cannot reach deeper dimensions. This method is very useful in finding principal objectives (strategic goals) but it is not possible to develop a full-fledged strategy based only on this single method. To achieve the principal objectives it is necessary to have specific objectives. These specific objectives are related to specific projects, measures and management decisions etc. These specific objectives and the related activities (preliminary initiatives for projects), which cannot be specified based on a SWOT analysis, are outlined in Chapter 5.5. In order to reach a next level of planning, it is required to analyze the problems more carefully, to set up a hierarchy of objectives and to specify tools and means. These steps must be completed in an appropriate and logical sequence in order to be able to generate a problem and a solution tree. In the final stage, cause and effect relations can be controlled by using

the logical framework matrix. This method also enables to create relations between objectives and means (projects). The logical framework matrix is outlined in Chapter 6.2. Due to logical reasons, however, the method and the framework were considered in the whole planning process.

Fig 7 Simplified SWOT analysis, Autumn Light Nursing Home

| Strengths | Weaknesses |
|---|---|
| <ol style="list-style-type: none"> 1. infrastructure development 2. wide range of modern medical equipment 3. efficient management of internal and external resources 4. qualified staff 5. additional insurances and benefits to encourage staff members 6. large number of senior citizens on the waiting list 7. partnership with local organizations 8. regular community activities 9. existing quality assurance system 10. initiatives to start cooperation with other social institutions 11. the management is committed to innovation 12. family- like, customized care | <ol style="list-style-type: none"> 1. deficiencies in infrastructure 2. issues related to IT and digital services 3. high rate of digital illiteracy of residents 4. few possibilities to apply for financial support 5. insufficient capacity 6. lack of human resources 7. physical inactivity 8. catering 9. generation gap between young and elderly people 10. no institutional partnership on the county or regional level 11. inefficient transfer of good practices 12. lack of prevention 13. no regular psychological and mental care services 14. Organizational and Operational Rules require modifications 15. the system of service provision requires modernization 16. lack of a communication policy |
| Opportunities | Threats |
| <ol style="list-style-type: none"> a) participation in trainings b) enhancement of quality in social work c) ageing village population d) favorable natural conditions e) interested foreigners f) innovative and definite future vision | <ol style="list-style-type: none"> a) low recognition of social work b) risk of burnout c) deterioration of the employees' health conditions |

4.1 Problems identified in the Local Equal Opportunities Program and their impacts

Challenges and development ideas which were outlined in the Local Equal Opportunities Program are also related to the Nursing Home. As this document was written in 2013, it was considered to be necessary to revise the relevant chapters and to assess whether the proposed changes have already taken place and what their impact have been so far.

1. Nursing home residents are not integrated members of the village community. → Generational Bridge Program. Indicative date of implementation: 31st December 2013

The Generational Bridge Program aims to establish a connection between the local youth and the elderly by organizing common activities with the purpose of changing attitudes and improving the quality of life. Young people can volunteer to look after senior citizens or to help them to use electronic devices. The project was implemented and young people, children from the village were involved in several activities (e.g.: Mother's Day, Women's Day, Eastern and Christmas celebrations)

2. In the village there are no outdoor workout facilities which would enable sporting activities for this generation. → Financial resources were explored and subsequently a project for senior playground project was implemented. Indicative date of implementation: 31st March 2014

The senior playground was completed; there are senior citizens who use this facility. The number of users could be increased by organizing events to promote sporting activities. There are age-specific problems such as difficulties to move, diseases, physical inactivity, disabilities (wheelchair-users, sight impaired senior citizens), therefore other devices would be necessary so that also these people can take advantage of this facility.

3. This generation is characterized by a strict adherence to a traditional way of life and to a conventional way of eating –too high salt intake, insufficient water intake, cooking with animal fat etc. → Educational work in order to change conventional attitudes. Indicative date of implementation: 31st December 2013

In the Nursing Home a modern and healthy diet was introduced and senior citizens were offered various talks and presentations about healthy diet and its advantages in order to change attitudes. Not only nursing home residents but also other care recipients (daytime care recipients) complained about the dishes which were prepared with a reduced amount of salt and had a different taste than usual. Due to their age, these people find it difficult to cope with changes. They were used to a different kind of cooking; therefore it was not easy for them to accept the changes. They even called a meeting to discuss these issues and the Nursing Home presented them arguments for the changes.

4.2 Problems identified in the institution

The problems identified in the institution also contain those problems which were identified in the Local Equal Opportunities Program. No sustainable solution has been found to solve these problems yet.

The problems identified in the institution cannot be solved by the implementation of the institutional development strategy. Consequently, a strategy for elderly care and a document about the modernization of service provision will be prepared. However, it was necessary to present these problems also in this document in order to get an overall impression of the current operation.

External factors – threats:

a) Low recognition of social work:

The circumstance that social care has a low social prestige and the government does not recognize workers in this field appropriately, impacts institutional operation in a negative way. Salaries and wages are low, the specialized workforce is scarce and there is a lack of well-qualified and good social workers and care providers.

b) Risk of burnout:

In the social care sector more and more people are threatened by burnout. Consequently, it is crucial to work against this tendency. Employees must be made aware of the various stages of burnout in order to assess themselves and to know what they can do against this stress syndrome. Burnout prevention trainings are essential so that employees can recognize their own challenges and find appropriate solutions (recreational opportunities).

c) Ageing village population:

In the current case, the ageing population must also be considered to be a threat because it can lead to the depopulation of the village. The Nursing Home aims to provide elderly care and by doing so also creates jobs. However, it would be not right to think that a single social institution would be able to provide sufficient possibilities to the village people or that a village would be able to finance the Nursing Home to its full extent. As the institution is owned by the local government, it is dependant on the village and its leaders and requires stability.

d) Deterioration of the employee's health conditions:

Mental and physical health of the employees is essential to ensure a efficient operation. The health care and social sector is one of the high-risk areas of economy. Major risks include the risks of accidents, musculoskeletal overload or biological, chemical and etiological factors.

Internal factors – weaknesses:

1. Deficiencies in infrastructure:

Although maintenance must be performed on a regular basis, it is not without difficulties, since the Nursing Home does not have its own caretaker. It is the village caretaker who performs minor tasks; major ones are done by professionals.

2. Issues related to IT and digital services:

In the Nursing home there are 4 fields of activities in this respect: First, the IT infrastructure must be installed with a properly functioning network and necessary hardware. This would serve both care recipients and care providers. Second, the digital literacy rate of senior citizens is low. Third, digital innovation is missing in everyday work procedures.

3. High rate of digital illiteracy of residents:

There have been efforts to improve the digital literacy. At the present, senior citizens may not be interested in this field; however, in some years it is going to be self-evident that everyone uses these technologies. Elderly people must be improved and enabled to use the various services. This could help them keep in touch with the younger generation and would also make care and attendance much easier. This problem does not only affect nursing home residents but also daytime care recipients and senior citizens who receive domestic assistance with a signaling system.

4. Few possibilities to apply for financial support:

Earlier there were many possibilities to apply for financial support and large-scale projects can be implemented only with such resources.

5. Insufficient capacity:

Currently, the Nursing Home operates with its full capacity; the current number of residents is 42 and almost the same number of people has been on the waiting list for years. It would be reasonable to expand the capacity because the long waiting list is also an argument for that measure. However, expansion would also require a larger staff as the larger capacity would result in a higher workload and would require more physical and mental effort.

6. Lack of human resources:

First of all, escorting senior citizens is not easy. Senior citizens and patients always need an escort; therefore one of the employees is on the way. This is loss of time and specialized employees should not waste their time doing such tasks. Consequently, nurses and other care providers can attend to nursing home residents only up to 90% of their time. More nurses could work more efficiently. Furthermore, there are not enough cleaners; one more employee would be needed. Currently, people from the public employment program or casual laborers are put in charge for cleaning. The

institution would need a nurse who could look after the residents during free time activities. Another nurse specialized in mental health would be necessary as well in order to provide more individual care and attention. These employees could considerably contribute to the residents' activities and improve their wellbeing. There are only few well-qualified professionals and not many decide to work in a rural community. Many choose to move into a town or a city or commute because salaries are competitive there. Committed and good professionals are especially difficult to find. Trainees who participate in a training to become social worker or mental health care provider should be offered internship in the institution.

7. Physical inactivity:

Due to their age, physical feature and illnesses, elderly people are characterized by physical inactivity which results in physical weakness and tiredness. Old age is not an illness and does not account for chronic tiredness. Sleeping pills and diuretics increase physical inactivity which is called elderly fatigue.

8. Catering:

Catering is excellent. Even though dietary changes were introduced gradually, it was difficult for the residents to get used to the new way of cooking; therefore there are still some complaints. The issue was in the center of attention last year again when the residents called a meeting to discuss catering.

9. Generation gap between young and elderly people:

Young people are integral part of the institution; they are always invited to activities, family events and celebrations. There is a vivid and constant relationship with them. It is a stereotype that children are afraid of elderly people therefore parents do not bring their children to the Nursing Home. Local young people are not yet motivated to visit residents on a weekly basis.

10. no institutional partnership on the county or regional level:

There are only few or absolutely no relations to other social institutions. Cooperation with other organizations and institutions in the village and in the district is good but connections with universities or other institutions in the county, region or in the country are rather temporary. Consequently, the transfer of know-how is not sufficient. There is not organization which would facilitate cooperation among elderly care institutions, therefore the transfer of good practices is insufficient and inefficient.

11. Inefficient transfer of good practices

At the present, there are no organized groups or activities which would enable methodological innovation and would focus on already existing know-how. The institution does not have to invent everything on its own, other institutions have developed several best practices in elderly care and these could be used here as well. The transfer of good practices would be more efficient if there was a frequent and well-established exchange with other institutions.

12. Lack of prevention:

Currently, medical examinations and presentations by nutritionists and doctors serve the cause of prevention in elderly care, which is not efficient enough with respect to sustainability. Illnesses must be prevented or at least all efforts must be made to do so. The lack of prevention causes that more people need medical help, in some cases preventative measures might influence how serious a disease or illness is.

13. Organizational and Operational Rules require modifications:

The logical structure of the Organizational and Operational Rules is not clear. The document is not easily comprehensible because the procedures and professional activities are listed almost like annexes in a separate form without a common structure. There are several pieces of information which should be included in the main part of the document but these are only mentioned separately in the description of the professional activities. This organization affects the unity and the logic negatively, and the Organizational and Operational Rules do not have a table of contents.

14. No regular psychological and mental care services

A family-like atmosphere and customized service are important for the Nursing Home. Activities focusing on mental health are only provided in small or large groups. There is only rarely time for individual consultations which would be vital for care recipients. The lack of individual counselling could lead to a drop in quality.

15. The system of service provision requires modernization:

In the service provision there are two problem areas. On the one hand, the problems in this field are related to the elderly care services such as general health care and mental health services at a high standard. The main problem is that more and more medical services are required due to the age composition and the Nursing Home is not prepared for this tendency. On the other hand, problems related to service provision are related to internal procedures. The Head of the Institution is responsible for the management of daycare and residential care at the same time. According to current plans, these responsibilities are going to be extended in 2017 by the domestic assistance

services. There is no middle level management for the supervision of these different areas. It would be a great help for the current head of institution if this level would be established.

16. Lack of a communication policy

Internal and external channels of communication are only partially used by the Nursing Home. The institution has no official website. Online information is available only on the local government's website. Internal communication could be improved by setting up mailing lists, for external communication purposes regular newsletters could be started.

Based on the above observations, the main problem is that the efficiency of the current operation is worse than it could be considering the innovation opportunities. The operation of the Nursing Home is satisfactory. In the nursing home fees most available services are included. The staff members have specialized qualifications. The building is in a good condition and the heating system is modern. The management is characterized by an innovative, future-oriented approach. However, neither human, nor financial resources are sufficient to accomplish the proposed development objectives. Everyday problems prevent the Nursing Home from becoming a creative and innovative environment as it was formulated in the future vision. Based on these findings, the problem tree of the Nursing Home was generated. The upper section represents the lack of institutional innovation as a overall problem which occurred due the inefficient operation. Below this section the key problems are indicated and these can be transformed into strategic objectives. Five key problems and related issues were identified. In order to solve these problems, different activities or interventions are necessary. All of these solutions contribute to the efficient operation. The first key problem is the lack of strategic development: the quality assurance system was introduced in 2012 but the institution has no communication policy. The second key problem is related to human resources: there are few well-qualified professionals; there are no volunteers who could perform everyday tasks which do not require specialized skills; employees are often not motivated enough and their work is physically and mentally demanding and they are threatened by the burnout syndrome. The third key problem is related to the institutional infrastructure: insufficient capacity; deficient and not modern IT devices. The fourth key problem is the lack of services which could enable quality-ageing. The fifth key problem comprises the deficiencies of the operational processes: there is no cooperation with other institutions; it is recommended to improve the quantity and quality of mental health care or other medical services, the transformation of the organizational structure would also increase institutional efficiency.

4.3 Strength and opportunities identified in the Nursing Home

Internal factors – strengths:

1. Infrastructure development

Due to the constant development, the building is in a good condition. The Nursing Home will be extended by a new wing and in the attic areas with several new functions will be created. The heating system will be renewed as well.

2. Wide range of modern medical equipment

The institution purchases modern medical devices and machines, therefore staff members can use high-tech equipment.

3. Efficient management of internal and external resources

Institutional revenues are used to provide care services and to improve working conditions. Over the past years, the Nursing Home has received financial support from several project schemes, which have contributed to the development of the Nursing Home to a great extent.

4. Qualified staff

The Nursing Home satisfies all legal requirements concerning specialized qualifications.

5. Additional insurances and benefits to encourage staff members

The management of the institution rewards the employees with non-cash benefits, additional benefits based on their performance and advanced training courses. Furthermore, team and recreational activities are also offered. In order to maintain their current health conditions, they are provided with a regular physiotherapy treatment on a weekly basis.

6. Large number of senior citizens on the waiting list

For many years, the waiting list has been rather long because the village and the region has an ageing population and the institution enjoys an excellent reputation.

7. Partnerships with local organizations

The institution management established partnership with other organizations and institutions which are either run by the local government or were founded by local people. These partners provide the institution with regular financial and non-financial support.

8. Regular community activities

Every year several activities and events for residents and employees take place in the institution.

9. Existing quality assurance system

The institution introduced in 2012 an internal quality assurance system and policy.

10. Initiatives to start cooperation with other social institutions

The Nursing Home has currently professional relations with five other nursing homes in the region.

11. The management is committed to innovation

The future vision and the development objectives show remarkable efforts to facilitate innovation with the purpose of becoming one of the most developed nursing homes in Hungary which are run by the local governments.

12. Family-like, customized care

Opportunities:

- a) Participation in training
- b) Enhancement of quality in social work
- c) Ageing village population
- d) Favorable natural conditions
- e) Interested foreigners
- f) Innovative and definite future visions

Fig. 8 Problem Tree of the Nursing Home

| Services which fail to achieve the standard they could under the present conditions | | | | |
|---|--|---|--|--|
| Lack of strategic development | Challenges in human resource management | Deficiencies in infrastructure | Lack of services in elderly care | Lack of services in operational processes |
| Internal quality assurance system is outdated | Lack of volunteers and trainees | Small capacity | Lack of prevention | Lack of service and operational planning (Organizational and Operational Rules are outdated) |
| Lack of internal and external communication strategies | Lack of an employee performance evaluation system | Lack of service areas (rooms allowing privacy, , gym) | Lack of a wide range of activities in order to promote a healthy way of life | Inefficient transfer of good practices |
| | Few well-qualified employees, lack of human resources, measures to increase the institutional commitment, recruitment measures | Lack of IT devices and services | Expansion of the Generational Bridge Program | |
| | Risk of burnout, deterioration of the employees' health conditions | | | |

5. Institutional Development Plan

5.1 Description of basic values

The core values of the Nursing Home comply with the future vision of the village: „*Future vision of the village: Alsómocsolád is a friendly and innovative 21st century rural community which preserves and develops its values. It has its own local economy and a growing population.*” (Regional development program of Alsómocsolád) It is considered to be important to meet modern challenges, while they also preserve their greatest value: a pleasant and friendly environment where it is worth living. The Nursing Home cherishes similar values as well:

The following aspects represent the core values of the Nursing Home:

1. focus on prevention
2. family-like and customized service
3. professionalism
4. innovative environment
5. constant development

Development objectives must be formulated based on these key aspects so that the recognition of these aspects is ensured in the implementation as much as possible.

5.2 Mission and vision

First of all, vision statements must be distinguished from mission statements.

In a vision statement the strategic objectives may be associated with:

- basic competences,
- the company’s activity and position,
- the formulation of statements,
- the prediction of future development.

To have a mission statement is essential for the following reasons:

- mission statements serve as orientation guidelines within a organization,
- mission statements serve as the foundation of a reasonable resource management,
- mission statements represent driving forces for those who would like to join the efforts of the organization,
- mission statements contribute to the evolution and improvement of a corporate culture.

The Nursing Home’s mission:

conscious preparedness for active and quality ageing by considering all parties involved (care-recipients, locals, workers, family members, foreigners).

In the Local Equal Opportunities Program the following community vision was formulated:

“We constantly pay attention to the physical, psychological, mental and social conditions of senior citizens and strive to integrate them into the community in order to ensure them a safe and happy old age.”

The management team formulated the following long-term vision and mission statement:

The future vision of the employees is a complex institution which provides the same primary care services as today (subsidized meal program, daytime care, residential elderly care). These services are provided at exceptionally high standards and based on individually designed attendance programs. Furthermore, the institution should also function as a learning centre which promotes know-how transfer and offers a systematic overview of approaches which are currently used in elderly care in Hungary. At the same time, new methodologies should be produced here as well. It is also part of this vision that the institution promotes the preparation for an active and quality old age, which means development should take place at a significantly earlier stage and should not be limited to senior citizens. In the long run, it would be important to create senior apartments where residents would have an independent way of life but would be provided with specialized care services and safety as well. The future institution should also provide assistance to those families who are suddenly confronted with the situation that they attend to a senior family member. Prevention is vital, the institution should not react to circumstances which have already emerged but instead problems should be prevented. This way, elderly people could have a much happier life.

In order to keep up with the times, digital and technological development is required as well. The domestic assistance with a signaling system could be transformed by using online forms of communication and that would also make some automatable processes easier. There is a digital gap between the current generation of elderly people and the generation which is 10-15 years younger. Today senior citizens should receive education in order to be able to use ICT devices but in some years the situation will be totally different: future residents will expect the Nursing Home to have a state-of-the-art IT infrastructure.

Last but not least, it is also crucial that not only care recipients but also care providers feel at ease, which improves their motivation and enhances the efficiency of nursing home services too. Therefore, to maintain the good health of staff members is also a key issue. The reason is that they often do not pay attention to their health conditions, their work both physically and mentally exhausting. Consequently, they must undergo a general medical examination every three months

(e.g.: blood pressure and blood sugar testing). Such examinations should be extended and include tests related to mental health. This way, burnout and apathy could be prevented.

In accordance with the core values described above, the future vision focuses on following aspects

1. prevention
2. high-quality services with outstanding professional background,
3. cozy and family-like environment,
4. innovative thinking
5. and sustainable development.

5.3 Goals – Definition of strategic objectives

The following aspects were considered during the specification of objectives: results and statements of the situation assessment, the local ideas, recommendations of the planning process (surveys, deep-interviews, workshop results) and the problems which were revealed in these two processes. The strategic objectives were generated by the transformation of the problem tree. Each problem indicated in the problem tree was transformed into a strategic or project objective. The target tree shows a future situation and determines what measures are necessary to achieve this situation. Another advantage of this representation is that it is easy to check its logic. The planning principle was that the determined development objectives must reflect actual needs and wants and that these objectives should be focused on the strengths, opportunities which were revealed in the situation assessment stage. The applied method ensured that the development objectives are also fully in accordance with this principle.

Good objectives should be specific, measurable, accepted, realistic and time round; these requirements are usually summarized with the acronym SMART. The proposed objectives must be realistic both from a professional and financial point of view. In order to safeguard the attainment of mid-term objectives, these were specified with special regard to the financial resources between 2016 and 2020.

Principal objective: efficient and innovative operation

1. Development of Strategic Documents

This objective refers to the development of an internal quality management system with the purpose of making already existing procedures more efficient.

Further elements of this objective include the development of internal and external communication strategies, the development of efficient communication channels in order to provide appropriate information to care recipients, interested individuals and staff members.

2. Efficient human resource management

This objective includes the recruitment of volunteers and trainees with the purpose of reducing the workload of qualified staff members if specialized knowledge is not required to perform some everyday tasks. Voluntary and trainee programs would create and strengthen relationships with other institutions. Furthermore, such programs would have a positive impact on nursing home residents because they could get in touch with people “from outside”.

Related measures include the development of a performance evaluation system and the organization of team building activities with the purpose of increasing institutional commitment and strengthening relationships between staff members.

Another aspect is to recruit and involve further professionals with the purpose of staff expansion because due to the expansion of capacity, at least one additional nurse will be needed in order to share the additional workload. It is also recommended to involve a mental health professional and to offer individual consulting.

This objective is also related to the improvement of working conditions and health planning maintenance programs and health planning for staff members with the purpose of improving the health conditions of staff members and providing them recreational activities, medical examinations and flexible working hours etc.

3. Developed infrastructure

Infrastructure development and expansion of capacity are planned with the purpose of reducing the waiting list and providing care to more senior citizens.

This objective also includes creating new areas (e.g.: gym, a separate room for meeting visitors in private) with the purpose of providing residents the opportunity to meet their family members in a cozy environment. Furthermore, a pleasant environment also has an everyday positive impact on nursing home residents, can make them feel at home and can considerably speed up recovery.

IT and technological development (computer networks, training, everyday usage) aim to increase the number of computers available in the Nursing Home and to extend the technological knowledge of staff members and residents so that digital devices become an integral part of the system of care provision.

4. Service enhancement in favor of quality-ageing

This objective includes the development of a prevention-based elderly care with the purpose of introducing preventative measures which can make care services easier, reduce certain types of diseases and ensure a higher quality of life in old age.

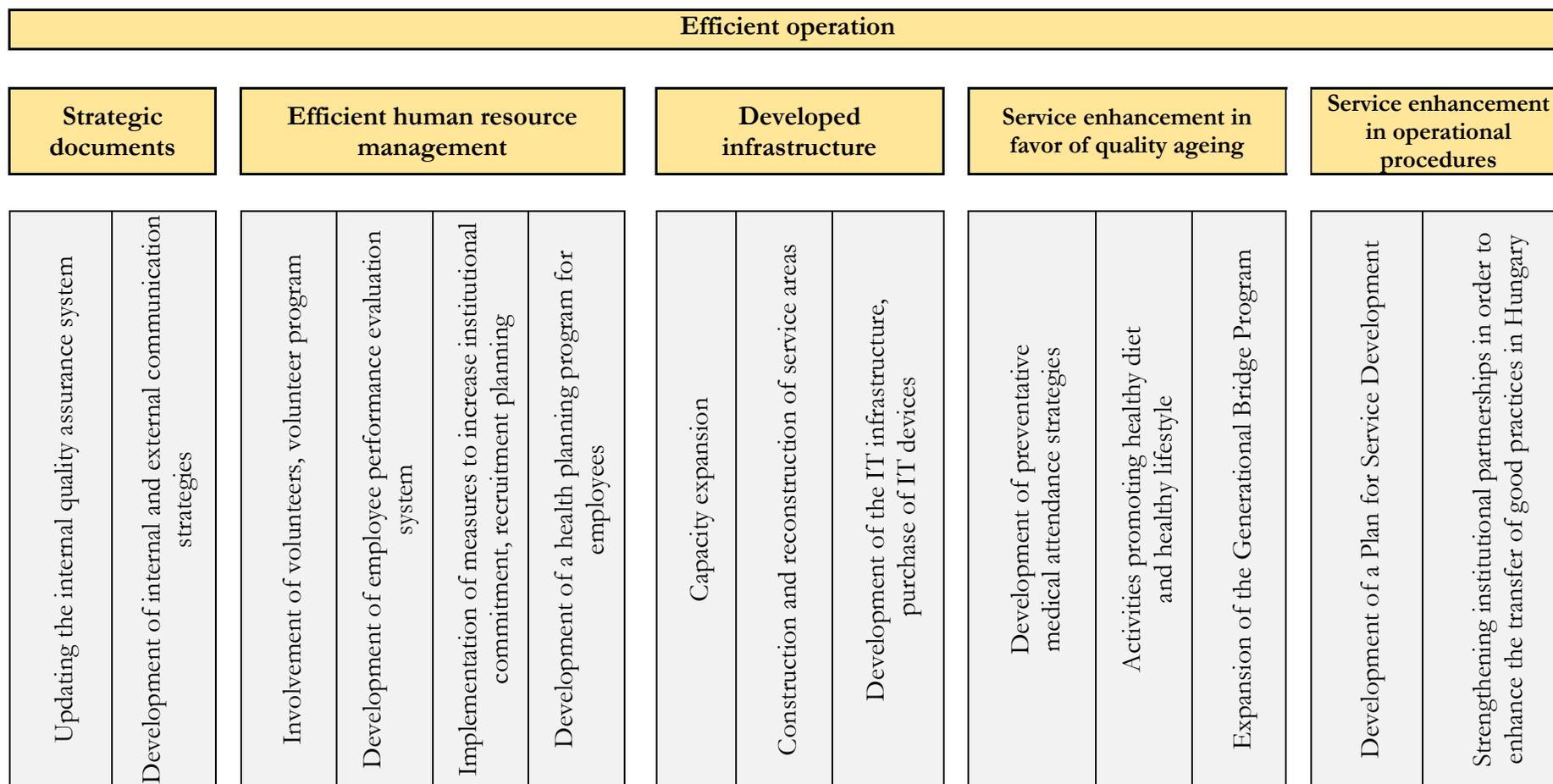
Further activities include the expansion of the Generational Bridge Program and the organization of events and activities which promote healthy diet and lifestyle.

5. Service enhancement in operational procedures

This objective includes following aspects and activities: establishing relationships with other institutions with the purpose of transferring and adopting good practices, creating a learning centre and supporting communication between various social institutions.

Other aspects are service enhancement and strategy development with the purpose of modernization and development of services.

Fig. 1 Target Tree of the Nursing Home



5.4 Areas of improvement, points of intervention – Definition of action plans

5.4.1 Possibilities of improvement, alternatives

Strategic documents:

- development of an internal quality management system and a document about internal operational procedures

Formal recommendations:

For the sake of clarity, the following outline is recommended:

Cover page

Contents

1. Objectives of the quality management system
2. Quality policy
 - 2.1. Mission
 - 2.2. Microenvironment of the Nursing Home
 - 2.3. Principles of quality assurance
 - 2.4. QA protocols
3. Duties of the management and the employees
4. Organization chart
5. Process map
6. Document and file management
7. Developments
 - 7.1. Training plan
 - 7.2. Internal quality assurance (surveying)
 - 7.3. Development plans and ideas
8. Annexes

Works Consulted

Content-related recommendations:

The following recommendations and suggestions relate directly to and/ or to be considered in the quality assurance documents:

- Development of a Training Plan:

It is recommended to create a chart at the beginning of the year and to list all employees with their names and positions alongside with the advanced training courses they are going to complete in that year. If these trainings are not specialized but rather have a general

subject, then the trainers can be invited to the Nursing Home and offer the training sessions in a group setting.

Monitoring the Training Plan: At the beginning of the year it should be specified how many employees are going to complete trainings and what kind of trainings. Completion should be made mandatory and be controlled at the end of the year. Other trainings which were completed but not included in the list should be indicated in the annual report as a additional achievement.

- Surveying:

Twice a year employees should answer survey questions anonymously and tell their opinion about the management and describe their attitude to their work and workplace. Surveying process: The anonymous answer sheets are put into a box, the management evaluates the answers. Subsequently, the evaluation is made public e.g. on the bulletin board in the service rooms/ changing rooms where everyone can see the results.

Residents, other care recipients and their family members should fill in a questionnaire about what they considers to be good or bad and what they would change in the nursing home. As far as possibly, scale questions from 1 to 10 should be used so that the survey is to understand and to fill in. For the development ideas open questions are recommended.

A chart can be generated from the results which should be controlled twice a year. The responsible employees should try to improve the indicated weaknesses. Charts are easily comprehensible; trends and can also be represented and visualized. Charts also reveal how efficient previous developments were.

- Documentation of corrective and preventive measures

This document should be kept in a central area so that negative incidents such as technical failures, risks or development needs can be written down. The entry must contain the following information: description of the problem, the exact situation (what and how happened), what temporarily measures were taken to solve the problem, what the plan is to solve the problem permanently, who is responsible for the solution and indicative date of solution. For example: if somebody slips and falls on ice, a nurse records the incident and forwards the document to the head of the institution who takes measures to purchase a non-chemical substance to prevent slippery pavements.

- Proposed developments and ideas:

It is a form consisting of open-ended questions for employees. It should be filled in alongside with the satisfaction survey twice a year. The head of the institution can implement the useful ideas.

It is important to always provide feedback if an idea could not be implemented. Employees should be given the feeling that the management listens to their opinion. The survey results, development ideas as well as the reasons why some ideas were rejected can be either included in the newsletters or displayed on the bulletin board. Let's listen to and thank for the ideas of the employees!

- List of vendors and subcontractors:

There should be a comprehensive list (e.g.: an Excel- spreadsheet) with all the cooperation partners of the Nursing Home. The list should be updated every other year. Services and deliveries should be assessed and if there were problems, it is advisable to think about changing service providers and get a price offer from other companies.

- Quality objectives:

Objectives and goals should be formulated in a written form at the beginning of every year. It should also be defined who is responsible for the implementation, how much money is available and when the objectives should be achieved. E.g.: purchase of new printers, energy-saving bulbs, disabled lifts etc.

- Collection of documents:

All documents related to the institutional operation should be collected, including job descriptions, pre-employment medical assessments, too. Based on the current legal provisions, an up-to-date collection of documents should be set up in order to promote the improvement of quality. The list of documents can be recorded in an Excel- spreadsheet with exact specification of document type, effective date and modifications. (Serial numbers are used as identification numbers; therefore modified documents have the same serial number as the previous documents.)

Fig. 8 Sample spreadsheet for document management

| Serial number | Document | Effective date | Version | Effective date | Specification of changes |
|---------------|-----------------------------|----------------|---------|----------------|--------------------------|
| 1. | Internal quality management | 01/ 07/2012. | 00 | | |
| 1. | Internal quality management | 01/07/2001. | 01 | 01/01/2017 | Contents added |

- Furthermore, it is recommended to visualize all standard operating procedures in a flow chart which would enable a clear and accurate overview of how the Nursing Home operates.

In the future ISO 9001:2008 and ISO 14001:2004 standards can be introduced.

- Communication strategy:

External: (family members, patrons, cooperation partners, interested individuals)

It is recommended that the Nursing Home should launch its own website.

At present, the Nursing Home is represented on the official website of the local government as a separate menu item. Navigation and search functions are disabled; comprehensive information about the Nursing Home is not available. Launching a static website is easy because there are many open-source website generators. Two-ways communication between the Nursing Home and interested visitors may be established with little effort and by investing in web storage. (e.g. online submission of registration forms). Recommended menu structure:

Main page:

- News feed: news about the Nursing Home

Upper menu bar:

- Introduction: welcome page, basic information about the institution
- Services: short description of available services
- Fees: list of service fees
- Application: description of the application procedure (potential residents and conditions)
- Documents: all public documents should be made available
- Everything about old age: information brochures and educational materials for family members and prospective residents
- Pictures: about the Nursing Home, activities – in separate folders
- Contact: address, contact person, e-mail address, phone number

Print media:

Media appearances in local, county and regional papers contribute to the marketing of the Nursing Home as well. People can get an insight into the life of the Nursing Home when illustrated reports and articles are published about the various events held in the institution. The foundation could also use these articles for fundraising purposes in the campaign for collecting 1% of the income tax.

Internal: (residents and employees)

Bulletin board:

It is an offline platform where the results of quality assurance surveys, event descriptions or a calendar can be displayed. It can be a primary source of information for the care recipients.

Meetings:

Regular meetings for the residents are already every three months; this practice should be continued in the future as well.

Every six month meetings should be held for employees and the management team. The management team could overview the past period and could highlight results; the employees could ask questions, share their ideas. This way a dialogue could be opened between employees and employer.

Newsletter:

Newsletter could be forwarded either online or offline. It is one of most important channels of communication. Newsletters provide information residents and their family members about recent events in the Nursing Home. Newsletters can be regular e-mails in an online form and hand-delivered letter in an offline form.

Human resource management

- Involving young volunteers:

Due to cooperation with other institutions, there is an opportunity to involve volunteers; the corporate responsibility is becoming more and more important and it is getting more and more popular to do voluntary work – these tendencies could be put to use in the Nursing Home. Volunteers can escort the senior citizens and can read for them or young people can also help with housekeeping. In return, volunteers are given the opportunity to participate in common activities, which would reduce the generation gap.

- Increasing the institutional commitment of qualified employees:

As there is a lack of good professionals, it is necessary to increase the institutional commitment of the current employees provided they do their job properly. In order to achieve this aim, qualified employees should be motivated and a reward system should be introduced. They should be provided with the opportunity to participate in advanced

trainings. If there are not sufficient financial resources and the employees must pay for their trainings, the institution can offer flexible work arrangements during the trainings. Furthermore, it is recommended to organize team building activities in order to strengthen the community spirit. When the cooperation with other institutions have been established, then team building activities can be organized by inviting staff members from other institutions so that they can get to know each other and to enhance efficient communication. Last but not least, it is necessary to maintain the health conditions of the employees because their work is very demanding and requires good physical and mental health.

- Recruitment and reach out to qualified professionals:

First, prospective employees should be aware of the institution and then they should be encouraged to apply for positions in the Nursing Home. Proper communication and marketing measures can help to achieve this aim. First of all, favorable working conditions, trainings, additional benefits can be useful to address prospective employees. The general recognition of the Nursing Home is crucial as well. The Nursing Home should be a workplace where employees like working. The management should be reliable and efficient and should provide a family-like atmosphere and promotion opportunities.

- Furthermore, employees should be given the opportunity to participate in burnout prevention and various recreational activities. As joint effort cooperation partners could provide each other recreational days.

- Development of performance evaluation systems

Performance evaluation is a process in which the management gives and is given formal or informal feedback about the performance of the employees. The evaluation aims to identify the performance level of the employees, to specify weaknesses and strengths, to support the enhancement of performance and to identify the needs for advanced trainings.

There are several forms of performance evaluation; the most widespread methods include scale questions in which statement must be evaluated by giving points from one to five. The disadvantage of this method is that is highly subjective, consequently, the various criteria such as diligence are interpreted in different ways. The advantages are that this method is easy to introduce, it is time-efficient and the results can be compared. Essay questions may provide more exact information but the evaluation criteria are not specified in this case. Another method is the critical incidents technique: survey participants are asked to evaluate an extraordinary positive and negative incident, which requires much time and there is no

interaction between the people who evaluate the performance and the people whose performance is assessed. Furthermore, no comparison is possible.

It is recommended to introduce an evaluation method which provides feedback on various levels. The management should evaluate the performance of the employees and also employees in the same position should provide each other feedback. The most efficient is to apply a shared interview where employer and employee work together. For example: the head of the institution has individual meetings with all the employees and the senior nurse also participates in these meetings in order to ensure self-assessment. In these meeting the head of the institution highlights the strengths and the weaknesses of the employees (it is important to close the meeting with some positive message). Subsequently, the senior nurse also shares his or her opinion and finally the employee also evaluates his/ her own performance, co-workers and the institution. Personal meetings are time-consuming; however, this form of evaluation is the most efficient and enables personal interaction which can be sometimes highly motivational. This method enables crosschecking too.

In order to ensure efficiency, evaluations should take place twice a year. Current incidents usually have more impact on these interviews that previous ones; therefore employees are more committed in the period prior to these individual interviews.

Infrastructure development

- The high number of people on the waiting list makes the expansion of capacities necessary. The management plans to expand the capacities up to 50 residents because it is a small institution and the family-like atmosphere should be preserved; furthermore, due to the lack of human resources the provision of services is challenging. The increase in the number of residents would result in larger workload for nurses and specialized care providers.
- Currently, the building is being reconstructed: triple rooms will be converted into double rooms but the capacities cannot be expanded significantly. Expansion would result in a much larger institution which could receive senior citizens not only from Hungary but also from abroad. However, this would require further development and care providers should also be prepared to work with foreigners, especially their language skills would need to be improved.
- The characteristics of the building also play a role in the treatment of patients with dementia. Corridors and pavements must be reconstructed, the wall cladding should be soft and colorful or an aquarium can be installed in order to ensure visual and haptic stimulation. The

walls can be decorated with postcard, calendars or photos to attract attention. It could be beneficial for the overall operation of the Nursing Home if disturbing circumstances which could create fear or confusion are eliminated. The community room should be a silent place, protected from all kinds of noises. Furthermore, appropriate lighting, temperature and convenience should be provided.

- Development of IT services
- The domestic assistance with a signaling system does not function properly: it is not a preventative measure and constant communication with care recipients is required. Some people contact the care providers only in emergency situations or use the service in an inappropriate way and call the Nursing Home if they need company. Furthermore, if an accident happens outside the recipients' home, he/she cannot contact the Nursing Home, even though he/ she is a registered care recipient. Efficiency would require strong personal relationships, appropriate qualifications and a sufficient number of care providers. Digital literacy should be promoted so that care recipients can use their computers and log into the service online on a daily basis or use their smartphones to contact the Nursing Home if needed.
- Information technologies could make it easier for nursing home residents to keep in touch with their family members and they could also manage some tasks online. Older people cannot use these technologies but the younger generation has a totally different attitude and the future cannot be imagined without using digital and mobile devices. The digital literacy of care recipients and providers could be improved but no sufficient equipment is available. Not only courses should be provided but people should also have the required infrastructure in order to use their skills also after the trainings. Consequently, it is a development objective to improve the IT infrastructure in the Nursing Home.
- In accordance with the future vision, digital innovation should be introduced in the Nursing Home and digital devices should be used in service provision for the purposes of medical examination and communication.
- An interactive digital system should be developed in order to provide information about medical and residential care without any spatial or temporal constraints. An online platform should be set up with a search function, methodological materials, forms and databases.

Expansion of services

In the field of quality ageing:

- Expansion the Generation Bridges Program

The aim is to encourage young people to visit the nursing home residents and to have a working relationship with students (e.g.: with the school in the town of Mágocs). When people visit their family members in the Nursing Home, they should also bring their little children. Therefore, a kid's corner should be created for the children. At the same time, a room must be created where residents can meet their visitor in private. The kid's corner should have a friendly environment, vivid colors so that children are not afraid. It is planned to create such an area. Furthermore, it is essential that also the rooms should have nice and happy colors; which may have positive health effect as patients with dementia are especially reactive to vivid colors. Aroma therapy, special diapers and additional substances should be considered as well. Children should also feel at ease in the Nursing Home. For example, in a nursing home in Pécs residents have herbs and make small bags filled with lavender. The wallpaper in the community area should match the season and aroma therapy should be provided as well.

- Provision of a healthy diet: Special dietary needs, for example for patients with diabetes, would require appropriate specialized knowledge and a larger kitchen. The Nursing Home could offer an additional service and provide special diabetes catering and counseling in the region. This would be a preventative measure too, since with a specialized diet many diseases could be prevented and people would need not medical services. Additional services could include nutrition counseling for young people who would like to have a protein-based slimming diet. This service could generate further jobs. It is also advisable to involve care recipients and ask for their suggestions about the menu and also recommend them some unusual meals.
- Sporting activities should be introduced into the daily routines and a healthy way of life should be promoted, too. Employees should be involved and encouraged to use the gym as well. They should set a positive example which means considerable motivation for elderly people. If the younger generation gets used to regular sports activities, then later in old age they will also engage in such initiatives. Furthermore, the village people could be involved in these programs and a walking trail could be created. These initiatives would be linked with the village of Alsómocsolád in the public eye.
- Senior citizens must be motivated: A walking challenges between nursing homes could be started and well-recognized motivational speakers could be invited to set an example. Senior citizens should be encouraged to use senior playgrounds; walking tours should be organized

to facilitate friendships. Speakers should be invited to talk about their healthy and active lifestyles and shape the general attitude towards sports.

- Daily sporting activities are promoted on the county level so that people are getting used to exercise and will probably do sports in an old age, too. It would be important to organize sports activities with other nursing homes (5 institutions have already signaled their willingness to join). The elderly people should be surveyed in order to identify their needs. The current situation is difficult because senior citizens are not used to an active lifestyle and also have various illnesses. Therefore, special sedentary sports activities should be introduced for them. This would mean the expansion of services and programs such as the initiative “Let’s move, Granny!”
- Cooking and baking together: discussions about different cooking styles of elderly people. In other nursing homes there are already similar initiatives (Lavender 60+ - a cook book was prepared). Students who work in the field of dementia research be encouraged to collect and publish recipes. For these activities an appropriate place and appropriate equipment should be provided. Other handicrafts activities may be offered; currently there are workshops where elderly people can make small gifts or cook together.
- While having their meals, residents with dementia should be provided a family-like, pleasant atmosphere in the dining hall in order to ensure that a maximum amount of food and drinks is consumed. For example, disturbing factors should be minimized during the meals by avoiding unnecessary noises and by providing only few cutlery items so that the patient can concentrate on eating. A smaller dining hall could minimize these factors. Furthermore, elderly people with dementia can be stimulated by using contrasts on the table (plates, glasses and the table cloth have different colors). Small tables (with maximum 4 chairs) may facilitate conversation, which also make meals more convenient and relaxed.
- As a new service, the family members of the care recipients could be offered assistance as well. This would include information about dementia, healthy diet and the use of technological devices in order that family members know how to get about with the care recipients and provide mental health care.
- Medical examinations using digital devices in order to predict future diseases (when).
- Medical examinations including not only general vision, aural and orthopedic tests but also various internal examinations and laboratory tests. Unfortunately, such laboratory tests are usually done when the residents already suffer from complaints, which is not effective. All

tests and examinations which are available in an organized form (e.g.: prostate examination) should be provided on a regular basis according to age and health conditions (digital devices should be used for the examination of lungs, kidneys, heart and blood values etc.) When a senior citizen is admitted to the institution, an overall medical examination should be carried out and these tests should be regularly repeated. The overall approach should focus on prevention in order to enhance the quality of services. The comprehensive medical tests which would precede admission would be a measure ensuring high-quality nursing.

- Provision of care services at several levels: e.g.: apartments where an independent way of life is ensured but professional specialized services are also available. First step: people move to Alsómocsolád and they enjoy their life. Prevention, medical examinations and special diets should be offered so that care providers can foresee medical problems. Illnesses should be delayed as much as possible. Second step: elderly people move to senior apartments where they receive additional services such as prevention, medical tests, special dietary forms, domestic assistance and constant support. Finally, when these people need residential care, they will be admitted to the Nursing Home.
- The improvement of the service provision system: a system should be established which can respond to the challenges of modern times and prepare senior citizens to have an active and high standard way of living even in their old age. Furthermore, services should be provided which promote quality ageing and correspond to the age and specific health conditions.
- The objective to transform the Nursing Home into an educational and training center would serve regional purposes. The social institutions do not have many connections with each other and there is no organization which would enable such cooperation within elderly care services. Consequently, the management brought up the idea of creating a network organization which would have a common database and ensure partnership between institutions, universities and other related organizations in this field in order to foster continuous development. The transfer of know how would be more efficient for all institutions. This objective is outlined in the document about the modernization of service provision. As all development objectives should be coordinated, it is necessary to provide a brief overview of these aspects and the proposed services.

The first step is to identify topics with the help of questioners. After delivering the questioners to the target audience (family doctor, paramedic, relatives, Facebook pages, partner organizations), the results would be assessed and summarized. Following the assessment, the appropriate professionals should be found and databases of experts would be set up as well. The

target and control groups should be defined, so the efficiency of the education can be measured in the perspective of one to two years. Cooperation with universities and partner organizations should be started in order to employ the appropriate professional. These connections may function as information networks as well. Class rooms should be identified and assigned based on their capacity. Publications should be released about the identified topics on a regular basis like prevention, diagnostics, therapy, rehabilitation treatments that are worked out by recognized professionals of their fields. Articles should be published on diet, physical activity, addictive substances and their detrimental effects on health, providing information about pharmaceutical drugs and dietary supplements. Every three months open day should be organized for relatives and institutions. An online interface should be created for storing and expanding on the publications, information networks comprising similar institutions and organizations should be set up. Conscious communication and marketing policies are required in order to secure the efficient implementation of this educational and training objective.

Parallel to this effort, an innovation workshop should be created because an educational and training center can only be efficient if it provides guidelines. Current research results are crucial: an innovation workshop should be set up. The involvement of university students, external specialists, social workers, nurses is highly important with regard to focus group examinations and to a common way of thinking. These measures are required for a proactive needs assessment. Regular meeting should be held in order to safeguard efficient operation.

5.4.2 Interventions to implement development objectives

Short-time development objectives:

| Development objective | Areas of intervention |
|------------------------------|--|
| Strategic development | Upgrading the internal quality assurance system Introduction of a employee performance evaluation system |
| Human resource management | recruitment of volunteers participation in burnout prevention trainings organization of team building activities |
| Infrastructure development | search for investors (apartments) development of a marketing strategy |

| | |
|---|--|
| <p>Service enhancement in favor of quality ageing</p> | <p>creating a kid's corner</p> <p>involvement of young people, raising awareness of ageing: (e.g. taking selfies with grandma, selfie challenges with great-grandchildren)</p> <p>drawing pictures of grandpa at school and kindergarten. (revitalizing relationships between generations, family celebrations with the family in the Nursing Home, providing young people positive experiences so that they do not fear to contact elderly people).</p> <p>sporting activities (for employees, residents)</p> <p>concept development (conditions, how often and what activities, prevention, exploring the system of medical examinations) - catering (what forms of catering, financial resources) (collection recipes) burnout prevention training, preventative activities for employees (health planning program)</p> |
| <p>Service enhancement in operational procedures</p> | <p>Cooperation of nursing homes in the Southern Transdanubian Region, development of databases of trainers and experts, methodological documents,</p> <p>gerontological research</p> <p>institutional flyers (introduction, objectives), cooperation with universities, involvement of students</p> <p>establishing new partnerships,</p> <p>organization of information events</p> <p>development of a service enhancement strategy</p> |

Mid-term objectives:

| Strategic objective | Areas of intervention |
|--|--|
| strategic developments | IT development, institutional background |
| human resource management | expansion of capacities, approval procedures, creating new housing units |
| infrastructure development | staff expansion participation in advanced training courses creating middle-level management positions |
| service enhancement in favor of quality ageing | constant involvement of elderly people in various activities, safeguarding the sustainability of project results |
| service enhancement in operational procedures | preventative medical examinations, starting a higher level of service operations |
| | trainings and workshops |

Long-term objectives:

| Strategic objective | Areas of intervention |
|--|---|
| strategic developments | utilization of digital devices to the fullest extent, medical examinations and all communication are conducted by using digital devices |
| human resource management | management of the apartments expansion of areas |
| infrastructure development | staff expansion in accordance with the number of apartments |
| service enhancement in favor of quality ageing | constant involvement of elderly people in various activities, safeguarding the sustainability of project results |
| service enhancement in operational procedures | setting up a service center |

5.5 Action plan of the institutional development strategy

Action plans are designed for a short period of time, usually for one year and outline tasks which must be completed in order to improve specific areas. Such tasks are specified in strategic documents after the overall strategic objectives have been formulated. Tasks and actions must relate to strategic objectives like objectives relate to future vision. An institution may have various strategic objectives and several tasks may be assigned to a single strategic objective. These tasks and actions are laid down in a detailed action plan. An action plan contains the actual measures to be taken based on the strategic plan. Actions are well-defined if they are specific, feasible, measurable, and have a deadline.

Action plans include

- strategic objectives (so that it possible to clearly identify which actions are assigned to which strategic objectives);
- proposed developments (activities) with short descriptions;
- execution deadline;
- development costs and resources;
- monitoring measures and indicators of achievement;
- recommendations or remarks based on continuous monitoring and evaluation

For the sake of a better overview, the action plan of the Autumn Light Nursing Home (Alsómocsolád) is presented in a tabular format. The first table indicates the proposed developments, the second one shows the schedule and the third one provides an overview of costs and resources.

Presentation of the proposed developments:

| Innovation | Brief description | Indicative estimates (HUF) |
|---|--|---------------------------------------|
| Reconstruction and energy-efficient refurbishment | extension of the current building with a new wing, conversion of rooms, painting the walls, , energy-efficient refurbishment of the building | 53.000.000 |
| Kid's corner | creating a community area in the Nursing Home where children feel safe and like spending time with elderly people | 50.000 |

| | | |
|--|---|--------------|
| Preparation for the building of senior apartments (residential park) | search for investors | not relevant |
| Capacity expansion | capacity expansion of the Nursing Home | 5.000.000 |
| Internet usage | installation of an appropriate internet connection, purchase of computers | 1.500.000 |
| Internet usage 2 | trainings for employees | 1.000.000 |
| Employee motivation | participation in burnout prevention trainings, bonus payments, professional trainings | 1.200.000 |
| Hiring new employees | Staff expansion by hiring a mental health professional and a nurse | 3.600.000 |
| Provision of human resources | Recruitment of volunteers | 50.000 |
| Team building activities | For employees only and with other institutions as well | 500.000 |
| Expansion of health maintenance and free time activities for residents | E.g. the program entitled Let's move, granny!, activities and events promoting sports and healthy lifestyle, talks about active and healthy way of life, presented by well-recognized motivational speakers | 1.000.000 |
| Institutional partnerships | Cooperation with universities and other institutions in order to promote innovative ideas | Not relevant |
| Cooperation of nursing homes in the Southern Transdanubian | Cooperation in order to ensure a efficient transfer of good practices and | Not relevant |

| | | |
|-----------------------------------|--|---------|
| Region | know-how | |
| Open days | such events enable interested people to get familiar with institutional activities and to learn about best practices as well | 100.000 |
| Databases of experts and trainers | A database of experts and trainers must be set up in order to serve didactic and training purposes and to identify experts and trainers in specific areas. | 250.000 |
| Strengthening external relations | organizing open days | 100.000 |
| Communication strategy | launching a website | 50.000 |

Each action plan is based on assumptions as long as the required resources are not available. A budget contains all costs which are required to accomplish a plan and an execution plan outlines how the required financial resources can be ensured. A feasible action plan cannot be designed until the required resources are available. Therefore, an action plan is a necessary and crucial document of project planning. Accurate budgeting is highly recommended for each proposed development as these calculations are used as the baseline for subsequent feasibility studies which specify exact costs, schedule, responsibilities and expected effects.

5.5.1 Schedule of the proposed developments

Logical and dependency relationships must be identified in order to define the right sequence of tasks. Consequently, it must be determined how tasks are related to each other and which tasks must be accomplished first in order to be able to accomplish others or which tasks must follow after accomplishing another one. Furthermore, actions and tasks which allow a simultaneous accomplishment must be identified as well. Schedules provide substantial help in monitoring sequences. Actions and tasks of the proposed developments in the present institutional development strategy are scheduled as shown in Fig. 8.

However, it is recommended to use more accurate tools for scheduling the implementation of the development plan. Such tools may include Gantt chart, network planning, Critical Path Method etc.

The most well-known and widespread tool of these is a Gantt chart, which provides an overview of actions and activities and illustrates the project schedule at the same time. (Some sources refer to this planning tool as bar chart schedule)

Creating Gantt charts are developed in the following steps:

- tasks are defined according to project settings,
- the whole project period is defined and deadlines are set,
- it is specified how much time is required to complete each task
- logical relationships between tasks are revealed, i.e. which tasks must be done first, which must follow and which can be done at the same time
- time requirements are indicated by using bars

Such charts support monitoring activities to a great extent: It can be recorded to what extent a specific task has already been accomplished, so the chart provides an overview of the current state at a glance Differences between actual and scheduled progress are quickly visible, which enables the introduction of corrective measures (e.g.: inserting a intense creative and/or a planning activity) before the project would fail to produce the expected results.

All activities which were not considered in the initial stages or were added subsequently can be incorporated in the chart. The time requirements of such additional activities and actions must be estimated and the chart must be corrected according to these estimates. This chart enables team leaders and other project participants who are the responsible for value to get reliable information about scheduled and actual actions or tasks. (Maynard, 1977)

Fig. 9 Action plan steps and schedule

| | 2017- 1st quarter | 2017- 2nd quarter | 2017- 3rd quarter | 2017- 4th quarter | 2018-1st quarter | 2018- 2nd quarter | 2018- 3rd quarter | 2018- 4th quarter | 2019- 1st quarter | 2019- 2nd quarter | 2019- 3rd quarter | 2019- 4th quarter | 2020- 1st quarter | 2020- 2nd quarter | 2020- 3rd quarter | 2020- 4th quarter | 2021- 1st quarter | 2021- 2nd quarter | 2021- 3rd quarter | 2021- 4th quarter |
|---|-------------------|-------------------|-------------------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Infrastructure development | | | | | | | | | | | | | | | | | | | | |
| Construction and reconstruction | | | | | | | | | | | | | | | | | | | | |
| Preparation for building of senior apartments | | | | | | | | | | | | | | | | | | | | |
| IT development (internet connections, computers for resident care recipients) | | | | | | | | | | | | | | | | | | | | |
| Human resource development | | | | | | | | | | | | | | | | | | | | |
| Motivation | | | | | | | | | | | | | | | | | | | | |
| Burnout prevention | | | | | | | | | | | | | | | | | | | | |
| Recruitment and involvement of volunteers | | | | | | | | | | | | | | | | | | | | |
| Health planning program for staff members | | | | | | | | | | | | | | | | | | | | |
| Hiring new employees | | | | | | | | | | | | | | | | | | | | |
| Team building activities | | | | | | | | | | | | | | | | | | | | |
| Generational Bridge | | | | | | | | | | | | | | | | | | | | |
| Involvement of young people, common | | | | | | | | | | | | | | | | | | | | |

5.5.2 Required resources

Resources required for developments can be divided into two categories. On the one hand, there are non-financial resources which represent the technological know-how and the innovation skills of the people who perform the tasks to achieve the proposed developments. On the other hand, there are financial resources which may range from financial, human resource and expert consulting services or material resources (devices and equipment) etc. Most enterprises have minimal resources. Nonprofit organizations can receive sponsoring in order to increase their resources. Such financial contributions are sufficient for the implementation of small-scale development projects or to replace fixed assets. To implement a large-scale project which may include property development, business people may take out a bank loan. However, this option is not available for companies under the Hungarian circumstances or due to the high interest rates it would be too expensive. Therefore applying for grants and financial support has become the most important form of ensuring financial resources.

As for resource management, it is essential to distinguish between external and internal resources, whereby internal resources are available within the project organization and the external resources must be acquired from outside of the project.

Internal resources can be human resources, i. e. employees who have free capacities or they can be financial resources, for instance a room owned by the project organization, office equipment which can be used in the project as well. The same applies to external resources. Another common feature is that both internal and external resources cost money their value can be quantified and must also be qualified in relation to their exploitation in order to implement the project. (Mészáros, 2012)

Financial resources of the Nursing Home include: state funding, service fees paid by the care recipients, meal service fees as the revenues from the business activity, and financial grants.

| Development | Indicative cost estimate (HUF) | Possible financial resources | Required human resources |
|-----------------------------|--------------------------------|------------------------------|--------------------------|
| motivation of staff members | 1.200.000 | own resources | one head of institution |
| recruitment | 3.600.000 | own resources | one operator |
| institutional partnerships | not relevant | not relevant | one head of institution |

| | | | |
|--|------------|---|-------------------------|
| team building activities | 500.000 | own resources | one head of institution |
| capacity expansion | 10.000.000 | KEOP-2014-4.10.0/F | one operator |
| expansion of health maintenance and free time activities for residents | 1.000.000 | own resources | one head of institution |
| reconstruction and energy-efficient refurbishment | 53.000.000 | KEOP-2014-4.10.0/F | one operator |
| internet usage | 1.500.000 | financial funding from <i>Holdkő alapítvány</i> | one IT specialist |

There are various grants which serve the organization of community development activities or enable the implementation projects and which are available in various grant schemes. These grant schemes are continuously changing and some previous grant schemes are no longer available. At the same time, several new calls for project proposals appear. The following chapter discusses only some general characteristics of grant schemes without reference to any specific scheme.

Basically, financial funding is available on four levels: calls may be announced on the local and regional, on the national level or by the European Union or by other international grant schemes. In many cases these various resources are combined, which means that so-called co-financed programs are created. Typical examples for such financial constructions include most EU-funded programs in which it is required that the governments provide further national (budgetary) resources to the programs.

Where to search for funding? – Do not look for a project after you have found a call for proposals, it should be the other way round! First of all, grant monitoring websites and newsletters are useful for finding calls for project proposals. One of the advantages is that these websites offer an extensive overview and show calls which are possible not advertised on the official website of the grant organization. These monitoring websites usually have thematic sections which enables search for funding in the case of already existing project proposals and plans. Such websites usually display the complete call and not only links. However, it is advisable to download the full application

package from the grant organization's website in order to make sure all additional documents and supplements are downloaded.

It is a usual question whether the application and all related administrative work should be done by the employees or whether it is a better idea to commission a specialized office or an external expert to do grant monitoring and to manage the application process. There is no ultimate answer to this question, both solutions have their pros and cons and this decision must be made each time. Most consulting companies charge a contingency fee which is calculated in advance as a percentage of the successful funding. Mutual trust is an indispensable requirement of such business cooperation; furthermore, the clients of these consultation services must be informed to a certain extent, too.

The principles of grant monitoring are relevance, entitlement and financial conditions. Out of these, the most important is maybe the principle that the objectives of the proposed project must correspond to the objectives specified in the call. If this principle is not considered, the project is almost automatically rejected, even though the proposal outlines excellent ideas and the application was submitted in a completely flawless form. Consequently, grant monitoring requires a goal-oriented approach and should concentrate on calls which comply with the proposed project objectives to the fullest. It is efficient to monitor EU, national or regional strategies, action plans, development plans and other strategic documents which could reveal what the potential areas of development might be and consequently what objectives will probably receive funding. Furthermore, it is recommended to create a continuously updated database which contains essential information about grant organizations and grant schemes (title, code, co-payment, deadlines etc.). Such databases can ensure efficient exchange prior to submission and enable better internal communication as well.

There are two ways of project accounting. In the case when projects are not financed by using grants the general accounting rules and the internal provisions of the project promoter must be considered. In the other case when funding was also used to implement a project, there are special requirements for accounting. These are specified in the call for proposals and must be considered in cost planning, in cost statements and in the expense report.

6. Monitoring activities during implementation

The Hungarian Government Decree 102/2006. (IV. 28.) - Governing the setting up and operation of Monitoring Systems for Programs implemented using certain types of Financial Assistance granted by the European Union or financed on the basis of certain International Agreements stipulates the following definition of monitoring:

“Regular and all-encompassing assessment of regularity, efficiency and productivity with respect to results and performances (professional monitoring) and to the use of financial resources (financial monitoring) at the level of the whole project or program”

A system of monitoring is the totality of institutions, organizations, tools, procedures and all related measures which were designed and devised in order to conduct monitoring activities.”

The Institutional Development Strategy is based on several assumptions which appear to be right and valid in the light of current information. Consequently, these assumptions may serve as a baseline for development objectives and the related measures or action plans. However, the expected results and impacts are not achieved automatically because external (e.g. legal) and internal (e.g. management attitude) factors are characterized by a constant change and therefore might influence outputs. The mechanisms of action are subject to several factors which are currently unknown or explored insufficiently and the institution can only have a limited influence on these mechanisms (cf.: threats indicated in the SWOT analysis). For this reason, it is inevitable to establish forms of feedback which enable interventions and corrective measures at any time, if required, in order to ensure the successful implementation of the institutional development strategy. In general, monitoring activities refer to continuous collection and evaluation of data in order to prepare decision making. In the narrow sense of the word, such activities include overseeing financial or material resources in a specific process of implementation in order to examine whether the objectives can be achieved as proposed (according to the project plan, time schedule, financial plan etc.) Based on these aspects, it can be controlled whether the ongoing processes are going to produce the expected results and outputs. If monitoring activities reveal that the process of implementation fails to fulfill expectations, monitoring results will allow decision makers to make interventions which depending on the scope and complexity of failures may include corrective measures such as restructuring the process of implementation, rearranging methodological and institutional frameworks or reallocating resources. If corrective measures cannot be introduced in accordance with the current plans then these plans and ultimately strategic objectives must be reconsidered as well. The system of monitoring is primarily a methodological tool which enables the responsible management team to control the results of the project implementation. Achievement must be clearly verifiable; otherwise it is not possible to monitor the execution of action plans and

especially to ensure a reliable verification of results and outputs. Result orientation is a crucial principle in the grant period, therefore indicators of achievement and their respective values are essential as well. Consequently, each objective in the present development plan is associated with objectively measurable indicators which were selected based on the following principles: In the relevant research literature, there is no methodological approach which would be overall accepted, however, in organizational theory there are some methods which are originally used for defining objectives and can be used to select indicators of achievement as well. In this respect, QQTP and SMART approaches are the most well-known guidelines for the developing of indicators. The present document aims to fulfill the SMART criteria which provide general information requirements for the selection of indicators.

All indicators were defined based on the following principles:

- indicators must be specific, i.e. must specifically relate to the objectives;
- indicators must be objectively measurable and distinct;
- indicators must be available (purchase/ production requires reasonable financial resources);
- indicators must be relevant and provide credible progress information to the Local Government and the management of the Nursing Home;
- indicators must be reliable, indicator values must have reasonable values (possibly based on reliable measurements) and these values must be verifiable,
- and indicators must always relate to the current situation and provide information about the respective results and outputs. (Mészáros, 2012)

Several types of indicators have been identified in the planning process so the development strategy uses the following set of indicators. The descriptions below provide a definition, means of measurement and frequency:

Indicators of achievement: Such indicators were used to define the outputs of specific objectives and the indicators were specified based on the indicators of achievement of operational measures.

Indicators of outputs: Such indicators were specified to be the priority axis in the relevant operational measures. In the planning process, the indicators were compatible with the specific nature of the proposed interventions (developments) and consequently they also were incorporated in the monitoring aspect to the most possible extent.

Internal audit: Internal audits are conducted with the purpose of supervising operational procedures with regard to internal rules and legal provisions. Development plans and their implementation can be monitored by the supervising authority in the following two ways:

- regularly scheduled assessment based on the above specified indicators in order to ensure the achievement of strategic objectives
- a content-based evaluation by considering the project timeline and the achievement of milestones

6.1 Selection of indicators used to evaluate developments

Monitoring and project implementation must be designed simultaneously and in accordance with each other. The first step is to identify observable and verifiable key elements which are to be continuously monitored in the project. The project management is responsible to monitor implementation, costs and schedules; however, it is necessary to determine what aspects should be considered. As monitoring is the link between project planning and controlling, this step is of crucial importance. Key elements and features can be primarily identified based on the project proposal; however, in several cases further aspects and factors must be considered even though these are not explicitly defined in the initial proposal. Monitoring authorities include in the present project the local government, its representatives and the head of the respective manager of the institution too.

Monitoring and assessment are based on the appropriate selection of indicators. Each indicator aims to describe a specific element of reality by using a standardized method. In this sense, an indicator provides information about the complexity of reality in a simplified form.

Fig. 10 List of development indicators used in the Institutional Development Plan

| proposed development | indicator | measurement unit | base value | target value | frequency of assessment |
|--------------------------------|--|-------------------------|-------------------|---------------------|--------------------------------|
| motivation of staff members | number of participants in burnout prevention | person | 11 | 14 | every year |
| recruitment of new employees | number of new employees | person | 0 | 2 | not relevant |
| new institutional partnerships | number of new partnerships | person | 0 | 6 | every year |
| open days | number of participants | person | 0 | 20 | every six month |
| team building activities | number of participants | person | 0 | 25 | every year |

| | | | | | |
|--|--|--------|----|------------|--------------|
| capacity expansion | number of new beds | pieces | 42 | maximum 50 | not relevant |
| expansion of health maintenance and free time activities for residents | number of participants in the health maintenance program | person | 12 | 20 | every year |
| reconstruction and energy-efficient refurbishment | number of reconstructed buildings | piece | 0 | 1 | not relevant |
| Internet usage | number of participant in digital literacy courses | number | 0 | 10 | every year |
| | number of computers for care recipients | piece | 1 | 10 | not relevant |

Monitoring, controlling and evaluation activities provide continuous support and feedback to the project management during the whole implementation process including all four phases of initiation, planning, execution and conclusion. Consequently, the project management team analyses and evaluates the feasibility of proposals and plans, the progress of the implementation, the resource management, the completion of tasks according to project objectives, the expected results and outputs and the achievement of social and economical impacts.

The project proposal identifies three forms of monitoring and controlling activities:

- ex-ante evaluation
- mid-term evaluation
- ex-post evaluation

Ex-ante evaluation takes place in the preparatory stage of the project and aims to identify and analyze impact and relevance prior to implementation.

Ex-ante evaluation aims

- to improve the internal consistency of the project and strengthen the logical relationships between principal and specific objectives and activities.
- to improve compatibility with non-project related areas
- to facilitate preliminary discussions about objectives and indicators
- to contribute to the attainment and feasibility of project objectives

Mid-term evaluation is carried out in the stage of implementation and focuses on efficiency and applicability using previously defined indicators.

Mid-term evaluation aims

- to assess progress and analyze outputs
- to identify problem areas and contribute to the supervision of project objective, if required
- to assess the financial requirements of project activities,
- to produce recommendations on how financial resources should be reallocated, if required
- to assess and validate the project management.

Ex-post evaluation is conducted in the final stage of the project and focuses on project efficiency and sustainability of project results. Furthermore, a comparative analyses between proposed and achieved objectives is carried out as well. Efficiency and sustainability are key aspects in the present strategy, so the assessment and validation process must also consider these qualities.

Sustainability is evaluated in the final stage by using project-related specific data and measurement units and by defining a fixed period of time. It is an essential part of the strategy to sustain such indicative values in the long run.

Ex-post evaluation aims to analyze and evaluate project results and impacts, to assess and validate final values and influences by considering relevance, feasibility and sustainability. The evaluation process also offers critical insights and recommendations in order to facilitate and promote subsequent project-related projects, programs and activities.

6.2 Logical framework matrix

The logical framework matrix is a planning tool which helps to understand how an action plan is structured and how it is to be executed and assessed. Consequently, it enables an accurate and feasible way of project planning. The matrix is comprehensive in all respects and contains all strategic objectives, proposed outputs in the areas of intervention, monitoring indicators and sources of these indicators as well. The matrix is generated in the last stage of planning and is preceded by the stocktaking procedure including the problem detection, target tree representation and the development plan, as presented above. By generating a logical matrix, the feasibility of the whole planning sequence can be verified. If the matrix contains errors, false assumptions or logical contradictions, the development plan must be modified. The matrix works as follows: the chart contains the principal objective which is indicated on the uppermost level of the target tree. Strategic objectives are represented underneath and are indicated on lower levels of the target tree (in this document there are five such objectives). These objectives are directly related to the principal objective. (cf. Fig. 2)

Therefore, the logical framework matrix is dynamic tool and must be reconsidered if any change may occur during implementation. (Egri, 2012) The aim is to generate a matrix which contains no logical errors and consequently the development plan contains feasible and attainable objectives. (EQUAL, 2006)

Fig. 11 General overview of the logical framework matrix

| Project description | Objectively verifiable indicators of achievement | Sources and means of verification | Assumptions and risks (external factors) |
|--|---|--|---|
| 1. Principal goals (long-term, overall objectives) | 15. Indicators of principal objectives | 16. Sources of indicators | |
| 2. Specific objectives | 13. Indicators of specific objectives | 14. Sources of indicators | 9. Assumptions and risks |
| 3. Outputs | 11. Indicators of outputs | 12. Sources of indicators | 8. Assumptions and risks |
| 4. Activities | 9. Means | 10. Sources of information | 7. Assumptions and risks |
| | | | 5. Preconditions required |

| Project Description | Objectively verifiable indicators of achievement | Sources and means of verification | Assumptions |
|--|--|---|---------------------------------|
| <i>1. Principal objectives (long-term, overall goals)</i> an operationally efficient institution | <i>15. Indicators of objectives</i> – increasing revenues – number of extra working hours decreases – nursing hours per resident increase – number of staff members who receive special benefits for their performance increases | <i>16. Sources of indicators</i> – budget report – timesheets – annual report – annual report | |
| <i>2. Specific objectives</i> | <i>13. Indicators of objectives</i> | <i>14. Sources of indicators</i> | <i>9. Assumptions and risks</i> |

| | | | |
|---|--|---|--|
| <p>strategic documents</p> <p>economically efficient and encouraging human resources policy</p> <p>development of services to enhance the quality of life in old age</p> <p>infrastructure development</p> <p>increased quantity and quality of services</p> | <p>updated quality assurance documents</p> <p>independent institutional website is launched</p> <p>hiring a new nurse/ caregiver</p> <p>hiring two permanent volunteer an/ or trainees</p> <p>digital literacy increases</p> <p>more young people participate in activities</p> <p>healthy meals are provided every day</p> <p>base area increases</p> <p>educational and training purposes are achieved</p> <p>at least three new services are introduced</p> | <p>quality management system</p> <p>Internet</p> <p>annual report</p> | <p>no interest in digital literacy course</p> <p>elderly people do not like changes so they refuse to try unfamiliar dishes and do not accept the new diet</p> |
| <p><i>3. Outputs</i></p> <p>the new building is finished</p> <p>reconstruction of community areas</p> <p>kid's corner and gym</p> <p>network of social institutions is created</p> <p>cooperation between social institutions is established</p> | <p><i>11.indicators of outputs</i></p> <p>a new section of the building and the attic reconstruction are finished</p> <p>a health planning program is developed</p> <p>a service development plan is developed</p> <p>institutional structure is transformed, middle-level management is established</p> <p>Organizational and Operational Rules are modified</p> | <p><i>12. Sources of indicators</i></p> <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>Organizational and Operational Rules</p> <p>Organizational and Operational Rules</p> | <p><i>8. Assumptions and risks</i></p> <p>despite the new community areas, young people will not like spending time the Nursing Home</p> |

| | | | |
|---|--|--|---|
| | <p>number of medical examinations increases</p> <p>every six months team building activities with other institutions</p> <p>number of computers</p> <p>wireless/ cable internet connection is available</p> <p>number of staff members who participated in the IT training</p> | <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>annual report</p> | |
| <p><i>4. Activities</i></p> <p>IT courses for staff members</p> <p>search for investors (apartments)</p> <p>recruitment of volunteers</p> <p>burnout prevention</p> <p>team building activities</p> <p>open days</p> <p>development and publication of methodological documents</p> <p>reconstruction</p> | <p><i>9. Means and costs</i></p> <p>IT instructor and instruction fees</p> <p>business plan, marketing strategy, administrative fees</p> <p>flyers, information events in educational institutions</p> <p>assignment of instructors, tuition costs</p> <p>organizational fees</p> <p>costs of promotional items</p> <p>assignment of experts, expert fees, publication costs</p> <p>reconstruction costs</p> | <p><i>10. Sources of information</i></p> <p>service agreement</p> <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>annual report</p> <p>business agreement</p> | <p><i>7. Assumptions and risks</i></p> <p>failure to attract potential service providers</p> <p>no volunteers</p> |
| | | | <p><i>5. Preconditions</i></p> <p>setting up a task group in charge the implementation of the strategy</p> |

7. Communication policy

Permanent and efficient communication between the management and implementation team is an essential part of the development strategy in order to execute the action plans and to attain the proposed objectives. Furthermore, exchange of information between the funding and participating organizations as well as project management is especially crucial when a project involves external resources – in the present case financial contribution from the EEA/ Norway Grants. To ensure transparency is a fundamental requirement in all projects which receive funding from the Norway Grants. The project implementation guidelines include comprehensive information about transparency and publicity requirements. According to these documents, it is vital to make project and program results available to as many people as possible. Consequently, the Institutional Development Plan pursues a communication policy which is based on up-to-date and comprehensive information about the implementation results and includes annual reports.

This section provides an overview of communication objectives, target audiences, means of communication, activities, schedules, performance indicators, resource requirements and budget. Target audiences: external communication measures aim to address institutions, organizations and various groups, which are not part of the project institution but are associated with the project in some way. This category includes project beneficiaries, supporters, the greater public and the media.

External communication aims for instance to inform the greater public about project objectives, goals and results. Supporters must be provided information about the implementation process, emerging issues, possible alterations. Beneficiaries and service recipients must be informed about the project in general and its results as well. At the same time, they must be provided information about the various forms and preconditions of participation, they must receive information about the new services, the purchased devices and how they can use these.

Communication channels must be selected by considering the preferences of the target audience in order to ensure an efficient flow of information. Therefore, it is most essential to reach out to staff members, their friends and relations, the residents and their families. As this is a pilot project, other nursing homes in rural communities must be informed properly so that they are able to adopt best practices to enhance their own efficiency.

Continuous and comprehensive information will be provided:

- to staff members and residents of the Nursing Home,
- to organizations and institutions which are related to the Nursing Home,
- on the Internet,

- in the local, regional and national media (press releases, newspaper articles, radio and television reports, paid advertising)
- in the online platforms of the Norwegian program (website, related blogs, online forums, calendar functions)

The Internet:

The Institutional Development Plan, the documents about the project results and the annual progress reports must be made available on the official website of the village in a form that staff members, residents and their families as well as other members of the public can access these materials.

Means of external communication may include newsletters, Facebook page, YouTube videos and other forms of digital communication.

Staff members and residents of the Nursing Home, related organizations or institutions:

The Nursing Home can publish booklets which can be handed over or forwarded by post to residents and their families. Staff members and related organizations or institutions (e.g.: Local Government of Alsómocsolád, Foundation for Alsómocsolád, Autumn Light Foundation, and University of Pécs etc.).

Information must be provided on a regular basis from the beginning of the project. After the completion of the project monitoring results must be made available as well.

As the present strategy is part of the “Pilot project for Quality-Ageing”, it is recommended to organize public events where the project can be introduced and promoted. Such events may include conferences, promotional campaigns or press conferences.

Forms of media appearances:

To provide information about the project is an essential requirement of the Norway Grants. The various forms of communication which used to meet this requirement offer the opportunity to promote the institution. Therefore, it is recommended to use these forms of communication because a well-planned media campaign can raise awareness of the current project and draw attention to other activities and services as well.

It is important to know that in funding programs publicity costs may include practically any devices and any communication activities such as television or radio reports and even paid advertising as long as these are in accordance with the relevance, scope and budget of the respective project.

Press releases:

A press release is the most common form of project communication. The advantage is that press releases are easy and quick to produce and they can be forwarded within seconds to press contacts. However, some requirements must be considered in order that press releases have news values. Such a basic requirement is that the announcement must actually provide some recent and public information. A press release should not be longer than a page. To communicate more information than can be fitted in one page, it should be two pages long at maximum and must be structured by using headings.

Newspaper articles:

Besides official press releases and paid advertising, newspaper articles about project activities are also important means of communication and are usually based on press conferences or individual meetings. Personal relationships with press representatives are highly important in this respect, especially if a press conference is well-attended and receives extensive media coverage including interviews and subsequent reports.

Radio and television reports:

A good partnership with radio and television stations is crucial as well. Getting media coverage without presenting conflicts, sensations or scandals can be very difficult in the current information flood. However, interviews, short reports or talks in television or radio programs can contribute to the publicity of the project to a great extent. Such media appearances are almost required if the project objectives have a particular social and public relevance.

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Appendix

Appendix 1

List of changes in the legislation related to the document and declared after the preparation of the document in Hungarian language
15 December 2016 – 31 December 2016

| Legislative change | Date of entry into force |
|---|---|
| 461/2016. (XII. 23.) Korm. rendelet az egyes egészségügyi dolgozók és egészségügyben dolgozók illetmény- vagy bérnövelésének, valamint az ahhoz kapcsolódó támogatás igénybevételének részletes szabályairól szóló 256/2013. (VII. 5.) Korm. rendelet módosításáról | 24 12 2016, 01 01 2017, 01 11 2017., 01 11 2018, 01 11 2019 |
| 463/2016. (XII. 23.) Korm. rendelet a közfoglalkoztatási bér és a közfoglalkoztatási garantált bér megállapításáról szóló 170/2011. (VIII. 24.) Korm. rendelet módosításáról, valamint ezzel összefüggésben a pénzbeli és természetbeni szociális ellátások igénylésének és megállapításának, valamint folyósításának részletes szabályairól szóló 63/2006. (III. 27.) Korm. rendelet módosításáról | 01 01 2017 |
| 465/2016. (XII. 23.) Korm. rendelet a méltányossági nyugdíjmelés szabályainak módosításáról | 01 01 2017 |
| 466/2016. (XII. 23.) Korm. rendelet a társadalombiztosítás ellátásaira és a magánnyugdíjra jogosultakról, valamint e szolgáltatások fedezetéről szóló 1997. évi LXXX. törvény végrehajtásáról szóló 195/1997. (XI. 5.) Korm. rendelet módosításáról | 01 01 2017 |
| 1818/2016. (XII. 22.) Korm. határozat egyes települési önkormányzatok feladatainak támogatása érdekében történő előirányzat-átcsoportosításokról | |
| 40/2016. (XII. 21.) EMMI rendelet a személyes gondoskodást nyújtó szociális intézmények szakmai feladatairól és működésük feltételeiről szóló 1/2000. (I. 7.) SZCSM rendelet módosításáról | 01 01 2017 |
| 2016. évi CLXXXV. törvény a Magyarország helyi önkormányzatairól szóló 2011. évi CLXXXIX. törvény | 28 12 2016, 01 01 2017 |

| | |
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| módosításáról | |
| 2016. évi CLXXX. törvény a Szociális Munka Napjának munkaszüneti nappá nyilvánításáról | 01 01 2017 |
| 1812/2016. (XII. 20.) Korm. határozat az egyes civil és egyéb szervezetek támogatása forrásszükségletének biztosításáról | |
| 2016. évi CLXVI. törvény egyes szociális és gyermekvédelmi tárgyú törvények módosításáról | 22 12 2016, 01 01 2017, 01 04 2017, 01 01 2018, 01 01 2023 |
| 2016. évi CLXVII. törvény a társadalombiztosítási nyugellátásról szóló 1997. évi LXXXI. törvény és egyéb törvények módosításáról | 20 12 2016, 31 12 2016, 01 01 2017, 01 03 2017, 01 07 2017 |
| 448/2016. (XII. 19.) Korm. rendelet egyes szociális és gyermekvédelmi tárgyú kormányrendeletek módosításáról | 22 12 2016, 01 01 2017, 02 01 2017, 01 04 2017 |
| 449/2016. (XII. 19.) Korm. rendelet egyes társadalombiztosítási és családpolitikai tárgyú kormányrendeletek módosításáról | 20 12 2016 01 01 2017 |
| 430/2016. (XII. 15.) Korm. rendelet a kötelező legkisebb munkabér (minimálbér) és a garantált bérminimum megállapításáról | 01 01 2017 |
| 432/2016. (XII. 15.) Korm. rendelet a költségvetési szervek és az egyházi jogi személyek foglalkoztatottjainak 2017. évi kompenzációjáról | 01 01 2017 |
| 1765/2016. (XII. 15.) Korm. határozat a költségvetési szervek és az egyházi jogi személyek foglalkoztatottjainak 2016. évi kompenzációjához nyújtott támogatással összefüggő előirányzat átcsoportosításáról | |
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