Modernization of the service provision system

JANUARY 2017

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1 Situation Analysis

1.1 The geographic scope of the operational program

Alsómocsolád is located in the north-northeastern part of Baranya County, on the picturesque slopes of Mecsek Mountains, in the Hegyhát region. In the East, it is bordered by hills, in the west by lakes, which contribute significantly to the recreational capacity of the town. Alsómocsolád is a village with a current population of 340. In spite of its low population, it is a very dynamic and ever-renewing town that represents a modern approach. It has an active role in the implementation of "Pilot program for active ageing" project. The overall objective of the pilot program is to raise the standard of care for the elderly in Hungary's rural towns, in particular in Alsómocsolád. In the future quality and active ageing will become more important, which means living an active, longer quality life, as well as needing institutional elderly care as late as possible. Quality and active ageing is important for everyone. It is important, when we think of our parents, it is important if we think of ourselves, and it is also important when we think of our children. One thing is certain, once everyone reaches this age and there is no way to escape or run away, but it is possible to prepare for it and make the most of it. That is what this small village of 340 inhabitants has recognized and represents as a pioneer.

1.2 Efficiency and quality problems in elderly care services

Our country is classified among the aging societies. This is due to the increase in the number and proportion of elderly people, which can be explained by the decline in birth rate, as well as the increase in life expectancy. This trend is similar in Alsómocsolád. Today, there is a growing number of people above the age of 80, which was uncommon a few decades ago. Longevity is also a challenge for care systems. We need to ensure in advance that a large-scale medical and social care system capacity is available for the care of persons in the state of dependence associated with longevity. In general, people are living longer, have fewer children and retire earlier than a decade ago. This imbalance has an effect on the labor market, the social welfare and protection system, as well as the health care system. Elderly self-care will have an increasing significance in terms of financial security of elderly people, as the social welfare system cannot cope with this growing burden. All of these changes require that the activation of the elderly as well as prevention take on priority status in organizations engaged in elderly care service. Consequently, a new employment policy should include the expansion of elderly employment opportunities (part-time employment as an atypical form of employment), the elimination of age-based discrimination (provision of contribution allowance in case of employing workers over the age of 55), the development of

elderly-friendly working environment. The main objective is to move towards high-quality and active aging. Caring for and motivating the elderly alone are not enough. This approach must be promoted intergenerationally. Not only senior citizens but also younger generations must be addressed in order to raise awareness and to delay the third and fourth life stages, where long-term care usually becomes inevitably. It is also important that this care should primarily be other than care in an institutional environment. It is necessary to launch a long-term process to achieve these objectives[1]

It is emphasized everywhere that prevention is essential in elderly care. Furthermore, health and social care professionals also play a central role in the rehabilitation and maintenance of physical fitness. Discrimination against age in health and social care must be eliminated. We need to focus on prevention, and if a disease has already developed, the quality of life must be improved so that retired people can remain active for a long time. Currently, we differentiate between basic services and specialized forms of care in elderly care in Hungary.

Primary care options traditionally include a government subsidized meals program and home care.

In the government subsidized meals program at least one meal a day must be provided to those in need, who are unable to provide it for themselves and their dependents permanently or temporarily due their age, state of health or other conditions (disability, addiction, homelessness). Those in need can have the meal in a specific location or take it home; if they are unable to do so (e.g. due to a disease), the service providers deliver the lunch to their homes. The local government determines in local acts who and in what way is entitled to receive such benefits, whereby the impairment of earning capacity and pensions are taken into account.

Home care must be provided in every village, regardless of the population number. The target groups are the elderly, sick or disabled persons who need assistance to accomplish essential everyday tasks (bathing, shopping, cleaning, administrative procedures, cooking, washing, heating etc.). Domestic care aims to provide an independent way of life and to maintain the current medical conditions and to ensure a hygienic living environment. It also plays a preventive role, as it can help prevent the development of emergencies. The service now mainly provides care for elderly persons. Home care must be provided for a period of time that is determined to be suitable for daily care necessities, but not more than 4 hours per day. The amount of the service charge is estimated for each person individually.

Domestic assistance with a signaling system is a service for elderly or disabled people or psychiatric patients in need because of their health and social situation, who live in their own homes and are

[1] Gyarmati Andrea: Aktív időskor: új paradigma a II. világháború utáni európai szociálpolitikában In: Kapocs (2009) VIII. évf. 1. szám (40)

capable of using the emergency unit appropriately. Its objective is to avert crisis situations that arise during the maintenance of independent living. It provides the security an old, sick person needs: it makes a dispatcher service available 24 hours a day, which, when signaled, sends a carer, or if needed a doctor, an ambulance to the elderly, sick person, but in particular cases, it calls the police. Signaling home care is not a required duty for local governments, so it is only available in some areas. The service is subject to payment, the amount of which is determined for each person individually.

Daycare for the elderly aims to provide opportunities for the elderly in need. Not only their homes are maintained, but they are also provided with day care, social relations and meals during the day, while their basic hygiene needs are met as well. The range of services includes, inter alia, organization of leisure activities, providing access to primary health care and specialist care as required, helping with administrative procedures, organization of work, advice on and help with lifestyle.

Specialized care comprises the members of institutions providing residential or temporary housing.

Residential care facilities for the elderly (temporary care for the elderly) is a temporary housing form introduced by Act III of 1993 on social administration and social benefits (hereinafter: Social Law). It is designed to temporarily (up to a one year period, which can be extended with another year on the basis of medical opinion) provide continuous care for the elderly who are temporarily not able to take care of themselves due to their illness or other causes. The care must be requested in writing from the head of the institution. A service charge is required, the amount of which is determined for each person individually.

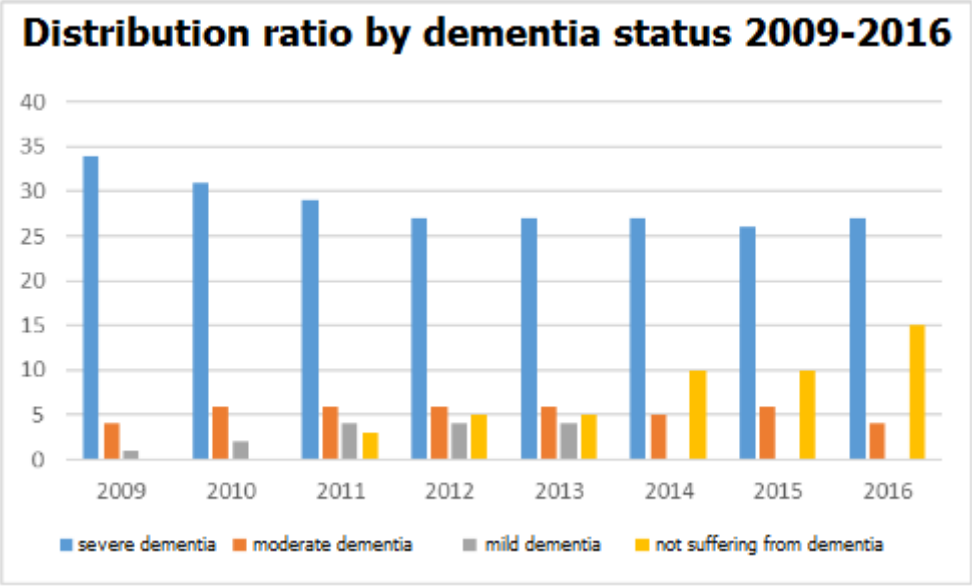
Only those can get into facilities that provide care service and long-term residence – retirement homes who are in need due to their age, state of health or social situation; cannot be adequately cared for in their own homes, can only be cared for by institutions providing personal care. The Social Law originally provided nursing and health care for elderly people above the retirement age whose health condition does not require regular hospital treatment. Institutions providing nursing and health care provide three meals a day, clothing, mental health care and medical care. The institution is responsible for providing complex health care activity, which means a continuous 24-hour service. Persons with moderate or severe clinical picture who suffer from dementia are cared for in separate care units or groups. A service charge is required, the amount of which is determined for each person individually[2].

[2] Udvari Andrea: Az időesllátás helyzete Magyarországon (kutatási jelentés) 2013.

1.3 The state of elderly care

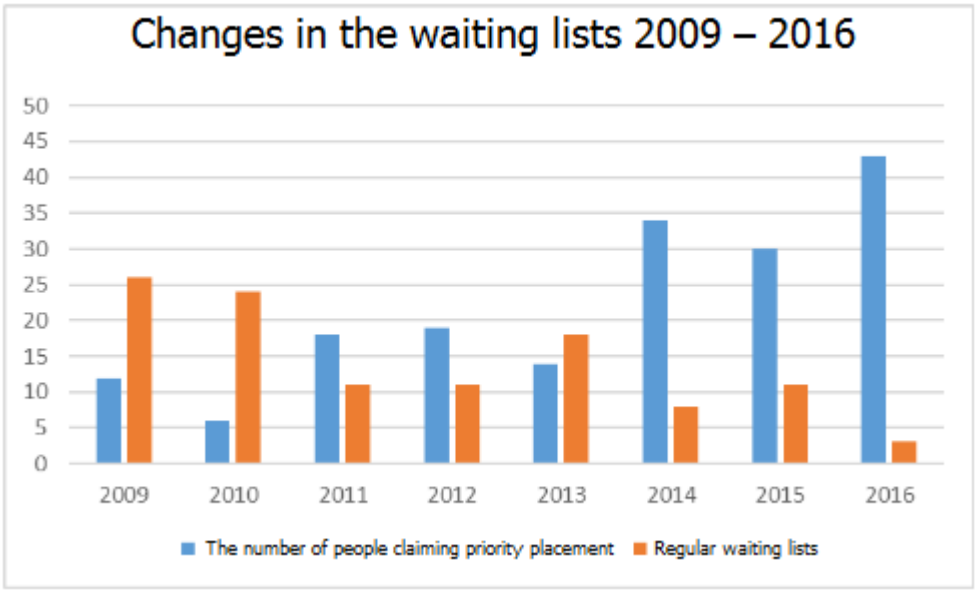
In Hungary there are nearly 700 institutions that provide temporary or permanent residential accommodation for senior citizens. Even so, the waiting time for a spot in retirement homes may exceed one year due to the long waiting lists. There is an increasing proportion of people with dementia from which the ratio of elderly people with severe dementia is very high. Due to this, there is an increased demand for nursing and health care, which requires the preparedness of personnel performing these professional duties as well as the acquisition of specific knowledge. As the National Institute of Family and Social Policy (Nemzeti Család- és Szociálpolitikai Intézet) SROP 5.4.1. (TÁMOP 5.4.1.) Standards explained in the material about residential home for the elderly, today in Hungary elderly care belongs to two areas: the competence of health and social care system. In the current legislation there is much overlap and parallelism between the two spheres. Although the number of chronic hospital beds has increased in the redesigned health system, their operation is much more expensive than residential social institutions. The human resources of the hosting provider (long-term residential) social institution system are able to provide more complex and humane services than chronic care. (Client-centered standards, 22)

In terms of dementia, the distribution of the residents in the Autumn Light Nursing Home (Őszi Fény Idősek Otthona) shows a high rate of elderly persons with severe dementia.



The Autumn Light Nursing Home also has a waiting list. Its space utilization, since the law allows, rises to over 100% in some months, but even so, there were some who were waiting for the entry for more than three years. A significant number of elderly people on the waiting list have a priority

spot on the waiting list, which means that their placement needs take priority due to state of health or need for care.



The majority of the Hungarian institutions are operated by the local government. In addition, the ecclesiastical, non-profit and entrepreneurial institutions are also present, the number of which shows an increasing trend. Most of the institutions have mixed profiles, addicts and psychiatric patients can be found besides the elderly. The majority of these institutions are large; smaller and familial homes can be found mainly in the entrepreneurial, ecclesiastical and non-profit sector. The financing of the homes is based on three pillars: normative state funding, usage fee paid by the residents and aid from the concerned authority. In the case of institutions maintained by the local government, the distribution of these is even. Considering the condition of the buildings, there are significant differences; there is a relatively small number of buildings constructed for this particular function. The Autumn Light Nursing Home meets the requirements of modern care. It is going through continuous development, expansion and modernization. Its operators and maintainers do their best to provide the best possible conditions for the residents and employees alike. In most nursing homes technical equipment usually lags behind the European norm. The Autumn Light seeks renewal and modernization by tenders: building energy development have been made by an energy tender by combining renewable energy sources, resulting in a new and embellished home. By tender in 2009, the facility was able to purchase equipment that helps with the movement and care of the residents (wheelchairs, patient lifts, portable first aid bag, modern nurse call system); in 2010 an AED-type defibrillator was provided to the medical room; in 2011 2 electric patient beds and mattresses as well as equipment that benefit the proficiency of mental health care were purchased.

The innovative, generative, and people-oriented operational needs of the Autumn Light Nursing Home point to the future age, it is conscious and innovative, and also tailors its operation to the needs and processes constantly, which sets a good example for similar institutions in Hungary.

1.4 The presentation of the North-Hegyhát Micro-Region Union (Észak-Hegyháti Mikrotérségi Unió), trend analyses

In March 2014, with the unity of the local governments, economic operators, institutional and governmental organizations in the villages of Alsómocsolád, Bikal, Mágocs, Mekényes, Nagyhajmás, the North-Hegyhát Micro-Region Union was created, which aims to achieve their common development plans. One development strategy, which can also be linked to strategies for elderly care, "Born to be healthy"– growing old healthily, being able to work, active ageing – Complex health program is based on prevention, and strengthens the process of active aging. The concept of active aging covers the expansion of employment opportunities, the development of elderly-friendly working environment, the use of life-long learning methodology, the improvement of health and social care. An important objective is to allow the elderly to stay in their own familiar surroundings, their own home or a specially designed flat or apartment and live their daily life there as long as possible; as well as to delay the time of moving into a residential home. The design of an appropriate environment is a new approach to make long-term care easier. The accessibility of the apartment enhances the daily activity of older people, increases their independence and reduces their depression. In order to support the objectives mentioned above, the major aim of the social welfare system must be to keep activity, healthy life consciousness, mentality always in mind, regardless of age, sex or health status.

1.5 The current presentation and systematizing of the processes of 'Autumn Light' Nursing Home

Those in need because of their age, state of health and their social situation are provided with primary care, day care and specialized care according to their status and situation by Autumn Light Nursing Home. Its specializations are care for people with dementia / Alzheimer, Parkinson's disease, hypertension, diabetic and musculoskeletal disorders. The home has been operating since 2006, it currently has 100% occupancy. The "Generation Bridge" program is an active advocate with the aim of reaching the cooperation of the elderly with the child and youth age groups in order to achive integration. Thus, the task of the day-care system has been extended as well. The Home sets a good example in organizing educational and awareness-raising programs, internet- clubs.

The institution has Organizational and Operational Rules (hereinafter OOR), which include the operational rules of the institution, as well as how to carry them out. The facility has professional programs linked to the OOR that records the processes of residential care, day care and government subsidized meals program.

The institution provides a complete package of services including a variety of standard and optional service: long-term residential social care for the elderly, residential care for patients with dementia, day care for the elderly, day care for patients with dementia, government subsidized meals program, cafeteria services for on-site employees. I will guide you through the summarization and systematization of the current processes of the institution collectively on the basis of the comparison of the professional program and the client-centered standards (SROP 5.4.1.) developed and recommended by the Institute of Social Policy and Labor (Szociálpolitikai és Munkaügyi Intézet).

Residential care:

The recipients of residential care receive complex care. They are under regular nursing supervision and professional care, yet they can enjoy a homely environment as well as experience emotional and physical safety. The institution designed the services of the residential care in a way that the residents, the individuals can be at the center. This is a very important expectation of the institution management. It should be operated in a personalized manner according to individual needs.

The proposed standards in order are the following:

I. Right to quality housing:

   Standard 1: Ensuring a homely and safe environment

The facility provides a capacity of 42. The residential institution has good material and personal conditions. There are twin rooms and triple rooms, two of which have their own bathroom (shower + toilet). The bathroom is equipped with grab bars and bathroom chairs. Each room has a TV, landline phone, separate lockers for each individual, bedside table, couch with storage for comfort, and a refrigerator is also provided. There is possibility for one person to be placed in a single room in the apartment. The institution does not have a separate department for residents with dementia, but residents with similar mental state and care needs are placed in the same room.

In terms of info communication and transport, the building is barrier-free. The placing of the rooms in the building meets the health and care status of the recipients. The rooms have adequate floor space and they are labeled clearly. In order to ensure personal values, lockable furniture is available.

When the rooms were designed, it was an important factor that everyone should be able to bring their keepsakes to feel even more comfortable in their room. A stimulating environment is an essential element of improving and maintaining mental health for both the healthy elderly and the

demented elderly persons. The institution takes advantage of this; colorful walls, ornaments and photos decorate the building. The possibility of self-transport is ensured with spacious and bright corridors, grab bars and handrails. The dining room is comfortable, bright and hygiene; hand washing and hand disinfection before the meal are ensured. When designing the furniture, it was an important factor to make self-catering and assistance with meals as needed possible in a way that is not humiliating or unpleasant. The lounge is comfortable space with large windows and furniture designed in accordance with user requirements where group and individual sessions can also be organized. Upstairs there will be a separate employer-therapy room, which can later help mental health activities. A small prayer room is provided for exercising faith, which includes a growing number of private artifacts and religious objects. The development plan of the institution for 2017 includes the creation of a room that provides privacy where the resident is able to meet family members separately. The implementation of the advanced nursing tasks is ensured by the medical room that is well-equipped and meets the standards of the National Public Health and Medical Officer Service (ÁNTSZ). There is a patient room in the facility, which is suitable for the isolation of infectious patients, and equipped with disinfectable furniture and modern patient beds that are appropriate to the increased nursing tasks. The patient room is being developed to be more stimulating by using healing colors, which can make the patients' mood better.

The institution has aids that enhance quality and comfort of life. These include: patient lift, bathing chair, wheelchair, special wheelchair, walkers, walking stick, rollator etc.

The institution provides a homely and safe environment for the recipients, which is the first quality requirement for such retirement homes. It is provided that the recipients of the institution can spend their daily lives in a homely environment that is shaped and personalized by themselves, yet supplemented with professional care.

II. Right to quality service:

The institution provides a living environment which is tailored to the personal abilities and needs of the senior citizens. Thus, their quality of life can be maintained on an appropriate level even in the institutional life.

Standard 2: Quality of Life

The basis for ensuring adequate living standards is proper and thorough pre-care. Pre-care is carried out by the head of the institution, who is accompanied by the mental health professional or the nurse. During pre-care, they consult with family members, relatives, family doctors, and other social service institutions about the patient in order to obtain as much information about him/her as possible as well as to be able to determine care needs more accurately. Pre-care is not just about the

person who needs care, but also about the community in the institutions. The community is prepared for the arrival of the new resident in order to facilitate integration, community relations, and the formation of social relationships. This is always very important because the arrival of a new member means a big challenge in the life of the home. Mental work actually begins at this point, as appropriate - broad - contact, informing, credible and open communication is already part of the integration process. Detailed information about the institutional life and cohabitation rules are provided. The applicants are encouraged to visit the institution where they want to move later personally if possible. During pre-care the needs of the applicant are assessed comprehensively in a demonstrable and verifiable manner. This assessment and the condensed version of the first interview can be found in the personal dossier of the applicant, it is a required element. In the first interview, it is important to clarify the roles, and that the applicant is aware of the purpose of the interview. The interview is a first encounter, a first impression, so it is very important to make it the confidence-building contact and reduce the applicant's anxieties and uncertainties.

If there is a long period of time between the submission of the application and the moving, the employees of the institution try to have regular contact with applicant. This confirms the feeling in him/her that he/she is expected in the institution. It is ensured that the future residents get invited to the open programs of the institution. This kind of contact and relationship building is the job of the mental health workers. The meeting immediately prior to moving into the home focuses on practical arrangements.

Pre-care is followed by the establishment of institutional legal relationship, which is, on the one hand, a documented admission procedure, on the other hand it means the detailed information of the resident and his/her relative / legal representative. The establishment of institutional legal relation becomes effective by signing the agreement. The tasks related to the documentation can be alarming for the elderly; so much attention is payed to how it is carried out. The employees of the institution help with the understanding of the text by their sympathetic, attentive professional attitude. A personal inventory is compiled of personalities and their value. The resident / legal representative is provided with all information necessary to know whom and in what manner they can contact in case of complaints regarding compliance with the Agreement.

Standard 3: Physical and mental well-being

The elderly living in the residential institution are provided with care that is proper for the needs of the institution, as well as high quality nursing. They support the preservation of mental health, activity and social relations, and ensure preservation of human dignity even in the last phase of their lives.

The Nursing-care standard defines the care service activities according to the extent of dependency in residential care, as well as its criteria and monitoring possibilities. Sustainable healthy aging can be achieved by geriatric thinking and preventive approach. The institution provides care in accordance with this requirement. This means that the institution provides only as much care as the individual's dependence justifies.

The residential institution provides professional health care for the recipients. The nursing care aims to improve the patient's condition, preserve and restore health, alleviate suffering. It provides information on health promotion, medical care (2 x 2 hours per week), basic nursing if necessary, access to specialist and emergency care, as well as hospital treatment and supply of medicines and medical aids according to the specified conditions.

In the institution mental health activities are carried out, which aim to offset the process of the decline of residents' spiritual and mental ability and adaptability in a positive way. Their objective is the preservation and development of the existing skills which helps them live in harmony with themselves in spite of their illness, mental and physical decline. The mental health care of the recipients is provided by the mental health nurses and professional staff, who have the appropriate qualifications. They provide the residents with personalized activities that take the seasonal characteristics into account. The institution supports the development and cultivation of social relations among the residents by organizing trips, recreational programs and cultural events. In addition to care, the preservation of the residents' ability of self-sufficiency is important.

The prime comprehensive provision of the institution includes all the necessary services for everyday lifestyle, the absence of which would violate the basic rights of the recipients. The comprehensive provision includes the supply of clothing and textiles as well as their cleaning and maintenance. The comprehensive provision also includes the organization of the full board meals. In addition to the mandated minimum conditions, they seek to ensure high quality services that are tailored to the needs of the elderly. In order to achieve this, the institute operates its own kitchen, where 2 menu options are offered. Special diet or kidney-friendly diet planned by a dietitian are provided. The meals are part of the services that fundamentally affect the residents' satisfaction, and are directly related to each branch of the care process. Services for the preservation of the quality of life connected to the meet of physical and psychological needs form a complex whole to ensure the possibility for the welfare of the residents and their safe care. (Client-centered Standards, 48)

III. Right to quality service:

Standard 4: Competent employees

The professional workers in the elderly residential care institutions - caregiver, nurses, social workers, mental health workers, organizers of occupational activities, physiotherapists - constantly update their acquired expertise and their skills according to the levels of their knowledge. They seek to learn new methods and maintain, improve as well as protect their professional personality. In confirming these expectations, the institution has the infrastructure required for care and personal care.

The head of institution has qualifications required by law, and is trained as a certified specialist social worker. 11 nurses and caregivers work in the establishment. In terms of professional qualifications, four of them are caregivers and nurses, two of them have NTR accredited qualification in nursing. One of them is a caregiver and organizer, two of them are general nurses and assistants, one of them is a social assistant, one of them is an assistant nurse without qualifications. The mental health tasks for both patients with dementia and the elderly are provided by one mental health worker who is qualified as social assistant.

During the operation of the institution, continuous development and training opportunities are provided for the worthy employees in order to make them learn more about their professional field. The institution consciously educates its employees further in order to ensure the appropriate professional manpower supply even from within the institution by promotions or preparation for higher professional work.

The condition of providing quality service is that the employees can enjoy in the workplace, and a safe as well as proper working environment is assured. This is important because only those can perform their work devotedly and wholeheartedly who are in a good mental and physical condition. Therefore, it is necessary to ensure background support with supervision for the employees. In the provision of personal social services the workers are affected by many mental threats, which can lead to burnout in the long run.

Attached you can find the systemized workflow of the retirement home, based on the conditions defined in SROP (Social Renewal Operational Program- TÁMOP) 5.4.1. Research pillars of The Institute for Social Policy and Labour (Szociálpolitikai és Munkaügyi Intézet). This is the recommended professional approach.

Step One: Course of the recruitment process:

Name of the process	**Description**	**Person in charge**	**Document title**
Submitting the application to the institute or to the body authorized for referrals	• Submitting the application • Registration • Notification about the registration of the request and the first appointment of the Pre-care. • According to the Act III of 1993 on Social Administration and Social Benefits.20/A(1) (Sztv.20) It has to be recorded in the registry retroactively.	Applicant and/or their legal representative	Disclaimer about the payment of the institutional usage fee Copies of personal documents Forms Application
Acceptance and registration of the application			Application, Logbook Notification about the registration of the request and the appointment of the Pre-care
Pre-care Acquiring the certificate about care needs and income certificate.	The head of the institution is requested to inspect care needs and issue the relevant certificate.		
Pre-care	Pre-care: • Happens within 20 days following the application's reception. • Orientation about the social and health situation of the person applying for institutional accommodation. • Notification – agreement about	Head of institution	Pre-care form Application

	the contents of the scheme, the expected amount of the fee, single contribution or the allowance of usage fee. • Handing over the policy and agreement-scheme. • Inspection of care needs		
Inspection of care needs.	The inspection of care needs happens simultaneously with Pre-care.	Head of institution	Copies of personal documents Pre-care form I. Application Form regarding the inspection of care needs
Issuing the certificate			Certificate about the result of the inspection of care needs from the head of the institution
Evaluation of the urgency for determining the accommodation order	In case of a vacancy, the applicant or their legal representative shall be notified • about the starting date of occupation of the vacancy, • about the duties regarding institutional accommodation. This concerns state maintained, as well as non-state maintained religious institutions that are run with a supply contract.	Extraordinary commission	Notification letter Information about the vacancy
Is there free capacity in the institute?		Head of institution	
Sending	In case of a vacancy, the applicant		Information about

notification about filling the vacancy	or their legal representative shall be notified • about the starting date of occupation of the vacancy, • about the duties regarding institutional accommodation.	Head of institution	the vacancy
Has the patient receiving care or someone else agreed to pay the institutional fee?			
Initiation of income assessment	This assessment must be carried out, if neither the initiator of the care service nor someone else agrees to pay the current institutional usage fee (for a 3-year period). This happens simultaneously with the request for inspection of care needs. Page "C" of the application form is necessary		Application Certificates about the amount of income
Is the application acceptable?	According to the certificate from the head of the institution, and Article 68 of The Act III of 1993 on Social Administration and Social Benefits (Sztv.) cannot be treated in a retirement home. The acceptance of the application is not influenced by the sum in the income certificate.	Head of institution	Application Forms Certificate about the result of the inspection of care needs from the head of the institution
Sending the referral	Sending the referral resolution to the institution that will see about		Referral resolution Pre-care form

resolution to the institution	the further duties. Applied in case of the usage regulation of the local decree! Income certificate as well when necessary.		Income certificate Certificate about the result of the inspection of care needs from the head of the institution
Refusing the application, justification attached, notifying the applicant	Certificate from the head of the institution, and according to Article 68 of The Act III of 1993 on Social Administration and Social Benefits (Sztv.) cannot be treated in a retirement home.		
Do they accept the certificate and the refusal of the application?		Applicant and/or their legal representative	
Chance to file an appeal		Applicant and/or their legal representative	
Acceptance of the certificate / decision		Applicant and/or their legal representative	
Sending notification to the applicant about filling the vacancy	In case of a vacancy, the applicant or their legal representative shall be notified • about the starting date of occupation, • about the duties regarding institutional accommodation		Notification letter
Revision of	The completion of registered		Revision notes

applications older than one year	needs (applications) has to be reviewed every year to check their justification. In case of needs registered together with the referral resolution, the revision is the duty of the referring body.	Head of institution	Application
Consultation	Prior to taking the institutional accommodation, it is recommended for the head of the institution to conduct a clarifying consultation. Its objective: preparation for providing service (both personal and material requirements) in the host institution.		Pre-care form

Step Two: Enrolling in residential care

Name of the process	**Description**	**Person in charge**	**Document title**
Moving in, signing the agreement	During the moving procedure, the head of the institution, the maintainer or the person delegated by them signs an agreement with the person receiving care or their legal representative.	Head of	Application Forms Copies of personal documents Agreement
Notification about the cost of medicine and medical accessory that the institution pays for or can pay for instead of	Simultaneously with the signing of the agreement, the head of the institution, the maintainer or the person delegated by them informs the person receiving care about the cost of medicine and medical		Basic list of medicinal product supplies Mandate for acquiring medicinal products/medical accessory

the resident.	accessory that the institution pays for or can pay for instead of the resident.	institution	
Notification about the amount of personal usage fees	Notification about the amount of institutional and personal usage fees (or advances). Simultaneously with the signing of the agreement, the head of the institution, the maintainer or the person delegated by them informs the person receiving care about the amount of single contribution and the amount of payable personal usage fees (or fee advances 29/1993. Government Decree (II. 17.) Article 5.) (Sztv.)		Application Forms Certificate of income assessment Written notification about the personal usage fees or advances Personal usage fees registry sheet
Moving in – creating the asset- and property inventory	During the moving procedure, the properties, tangible and intangible assets are to be registered in an inventory.		Handover record (in case of custody services) Directory of property brought in Local rules on asset- and property handling Inventory sheets
The first visit of the institution's doctor	After moving in, the institution's doctor examines the person receiving care as detailed in Article 14 (3) of 9/1999. (XI. 24.) 'SzCsM' Government Decree.	Doctor	Application Forms Observations made during the examination

Step Three: Care services – activities of basic care

Name of the process	**Description**	**Person in charge**	**Document**
Evaluation of care services	Evaluation of needs The care service plan made with the involvement of the person receiving care and/or their legal representative within the framework of individualized treatment and carrying out the said plan. 1. Registering personal history 2. Conducting physical examinations 3. Collection laboratory data 4. Classifying data 5. Documenting data	Work team creating the care plan	Care history Individualized care sheet Individualized care plan
Is dementia treatment necessary?		Work team creating the care plan	
Is creating a treatment plan necessary?		Doctor	
Creating a care plan		Work team creating the care plan	Care history Individualized care plan
Creating a treatment plan	- description of health situation – description of treatment activity – element of support activity – expected date of treatment – course and result of treatment If a person in care also requires	Medical team	Care history Treatment case history (disease course sheet)

	treatment due to their condition, a treatment plan needs to be drafted as part of the individualised care plan.		
Granting necessary elements of physical care Granting necessary elements of medical care Granting necessary elements of mental care	1. Present condition 2. Scheduling duties recommended for improving or maintaining condition 3. Elements of assistance 4. Evaluation of achieved result	Work team creating the care plan	Individualized care plan Care history
Carrying out treatment instructions	Needs of the person receiving care: - Need for rest - Need for motion - Hygienic needs - Nutritional needs - Fluid intake needs - Continence needs - Medication - Granting environmental hygiene	Person in charge of activity	Treatment instructions
Documentation of activities	1. Managing the care sheet 2. Individualized healthcare sheet (compulsory in case of healthcare, recommended in other cases)		Individualized care sheet Individualized care plan Individualized healthcare sheet - recommended
Inspection of		Doctor	Documentation of

performance and efficiency of activities			inspection built into workflow
Inspection of performance and efficiency of activities	Inspection of performance of activities	Head of care unit	Individualized care sheet Individualized care plan Documentation of inspection built into workflow
Is there a change in the condition of the person receiving care?	In case of extraordinary deterioration/improvement in condition.	Work team creating the care plan	
Is further advanced treatment necessary for the person receiving care?		Doctor	
Closure of treatment activity		Medical team	
Annual evaluation, feedback	Annual revision of the care plan.	Work team creating the care plan	Individualized care plan Evaluation of the assigned work team

Step Four: Medical practitioner care

Name of the process	**Description**	**Person in charge**	**Document**
Determining the aiding and obstructing factors	- full time doctor - several professional certifications - well-equipped doctor's practice	Head of institution	Guardianship agreement Internal rules

	- hospital or specialist practice either in or near the settlement - alternative for patient transport - immediate patient care - doctor working in weekly hours - lack of immediate life-saving intervention from doctors - deficient cooperation from person receiving care or their relative - person under guardianship - distance from hospital or specialist practice - insecurity within the care team		
Alerting the doctor to the need for medical treatment		Head of care unit	
Granting medical treatment	Evaluation of the condition of person receiving treatment Anamnesis status	Doctor	Medical history
Granting basic treatment	Personal hygiene, medication, aid in nutrition, fluid intake, movement and position changing, as well as continence.	Head of institution - nurse	Final report Event log Individualized care plan

Granting medical treatment to patients suffering from dementia	Further involvement of environment for dementia patients.	Doctor	Event log Medical record
Medical treatment occurring within team work	Doctor's instructions to the medical team.		Individualized care plan Treatment plan Medical documentation Individualized care sheet
Continuous update and contact with the persons receiving care and relatives	Conducted by doctor or head of care unit depending on competence	Head of care unit Doctor	Event log
Granting basic medical treatment		Doctor	Medical documentation
Granting access to emergency, on-call medical treatment	Activity with the intent of preventing acute, life-threatening conditions, and lasting harm.	Charge nurse	Event log Out-patient sheet
Granting access to specialized medical treatment that requires no referral	Granting access to necessary specialized medical treatment. Making an appointment for inspection. Requesting ambulance or medical vehicle. Using a take-home vehicle.	Head of institution - nurse	Individualized care plan Event log Individualized medicine register sheet
Granting access to specialized medical treatment that	Granting necessary specialized medical treatment. Making an appointment for inspection. Requesting ambulance or		Specialized doctor's recommendation Event log

requires a referral	medical vehicle. Using a take-home vehicle.	Doctor	Individualized care plan Referral Individualized medicine register sheet
Granting access to hospital treatment	Organizing access to hospital treatment. Organizing means of entry into hospital in acute cases and with scheduled appointments.		Final report Event log Individualized medicine register sheet Individualized care plan Referral
Granting medicine and medical accessories	Granting necessary pharmaceutical products, personal care products, as well as necessary medical accessories (physical rehabilitation, incontinence).		Doctor's recommendation Individualized medical usage register sheet Event log Specialized doctor's recommendation Individualized medicine register sheet
Giving health maintenance education	Granting attendance to various presentations about healthy lifestyle, and individualized guidance.	Medical team	Event log Program guide
Organizing screening tests	Preventing the occurrence of diseases.		Copies of personal documents Test results
Granting vaccinations	- separation - treatment within the	Doctor	Order of business

	institution - preventing the occurrence of infectious diseases - transportation to hospital - alerting NPHMOS (ÁNTSZ) when necessary		
Supervision activities by doctor	Valid care plan Continuous management of event log Care service activities Care service documentation Individual and environmental hygiene Nurturing activity		

Step Five: Care services:

Name of the process	**Description**	**Person in charge**	**Document**
Decision about the necessity of special treatment		Doctor	
Granting the presence of personal material requirements		Head of institution	Treatment plan Treatment instructions Treatment case history (disease course sheet) Individualized medicine register sheet Event log

Ordaining special treatment activities		Doctor	Treatment case history (disease course sheet) Treatment plan Treatment instructions Individualized medicine register sheet Event log
Conducting special treatment activities	In accordance with treatment protocols, within the boundaries of competence. Activities: Rehydration. Tube feeding (nasogastrialis). Tube feeding (jejunostomy, gastrostomy, PEG). Cleaning of tracheal cannula, changing the trach. Changing indwelling catheters, catheterization, bladder emptying. Enema. Treating decubitus, ulcers. Oxygen therapy. Respiratory therapy. ECG and TENS machines. Taking test samples (Blood and urine)	Head of institution - nurse	

	Physiotherapy. Lasting analgesia. Special treatment activities related to care for dying patient.		
Documentation of special treatment activities		Person conducting special treatment	Event log Individualized medicine register sheet Treatment plan Treatment instructions Treatment case history (disease course sheet)
Inspecting the conduction and documentation of special treatment activities		Doctor Head of institution - nurse	
Documentation and signing of the inspection itself		Head of institution - nurse	
Evaluation and closure of special treatment activities		Doctor	

Step Six: Mental Health Care

Name of the process	**Description**	**Person in charge**	**Document**

Contacting and keeping in contact with the person requesting care	During pre-care.	Mental health worker	
Assistance in fitting in	- notifying residents, employees in advance - education about local peculiarities - administration (partly social issues) - involvement and supporting of relatives	Mental health worker Head of care unit	Medical documentation Care history Individualized healthcare sheet – recommended Care plan
Lifestyle support	- Practicing a religious life (constitutional rights) - Conversation (Spontaneous communication, exchange of information that may occur at any moment during everyday life. A type of social interaction, respect for human dignity and personality) - Crisis handling - Conflict handling (detecting the problem, verbalizing emotions, clarifying demands, seeking solutions) - Help maintaining family (and social) relations (The existence and maintenance of social	Mental health worker	Individualized care sheet Individualized care plan Policy Care history Event log Individualized healthcare sheet - recommended

	relations is an essential need for humans and it also has a supportive role. This does not necessarily signify blood relations. The patient's 'relative' is the person appointed by the person receiving care – regardless of any factors.) - Coping with loss - Easing anxiety - Improving quality of life, making everyday lifestyle more comfortable. - Involving volunteers (a voluntarily offered activity involving no compensation that benefits a person or a group of people)		
Accompanying dying patient Supporting relatives	Supporting the dying patient by the involvement of relatives/priest, compassionate communication, acceptance of emotions, respecting certain needs, advanced care, organizing/attendance in funeral.	Head of care unit	Individualized care sheet Event log
Supporting housemates	Promoting special tolerance and patience	Head of care unit	Event log

	Detecting and dissolving anxiety, fear Detecting and handling reactions of grief		Individualized care sheet
Supporting employees		Head of care unit	
Paying last respects (attendance in funeral)		Head of institution	

Step Seven: Occupational activities

Name of the process	**Description**	**Person in charge**	**Document**
Determining the main principles of the occupational activity	Expedience Volunteering Continuity Regularity Moderation Variety Evaluation Recognition	Head of institution	Individualized recommendation plans Program advertisement
Determining the policy of occupational activities based on the principles	• Demand survey • Facilities offered by the retirement home 1. physical 2. intellectual – cultural 3. recreational 4. self-improving or therapeutic /dement, movement aiding/	Mental health worker	Career path Yearly, monthly and daily program plans Admission documentation
Determining	Aiding factors may be:	Mental health	

aiding and obstructing factors	- Personal requirements - Material requirements - Financial resources - Innovative employees and patients Obstructing factors may be: - Passive attitude from people in care - Change in health condition - Lack of material – personal requirements - Lack of credibility - Shortage of resources	worker	
Securing the institution's cost effectiveness	- planning - utilization	Finance director	Claimed allowance Financial documentation Approved budget
Granting physical occupational activities	Organizing sociotherapeutic jobs inside the institution 1. So-called jobs around the house 2. Easy physical jobs – supporting job 3. Protective clothing and working clothes policy	Mental health worker	Registry Payment policy - treasury certificate Monthly/annual closures
Granting self-improving or therapeutic occupational activities	- Occupational activities for patients with dementia – Self-improving physical therapies – Training of patients with alcohol problems – Psychotherapeutic activities for large groups (Only	Mental health worker	

	when personal requirements are given) – Review and description of health and mental state – Creating an individualized care plan – Process monitoring - Evaluation		
Granting recreational activities	- individual – team – community Granting circulation in the types of occupational activities Opportunities for patients to give performances	Mental health worker	Orders of business for national, religious holidays Approved cost-effective programs
Granting intellectual-cultural activities	- individual – small groups /like a club/ - large groups – community Setting up short term and long term goals in activities – Evaluation – Recognition		
Drafting report, evaluation	Summarizing annual report based on quarterly evaluations. Periodical evaluation of occupational activities Satisfaction survey		

1.6 SWOT analysis

Strengths	**Opportunities**
The institution is permitted to exercise special care and as a result, it is already reacting to the increasing demand for treatment and special	Reducing congestion in the existing employee workforce. Opportunities in arranging recruitment. Providing apprentice(s) to

treatment.	accompany mental health specialists.
The institution fully meets the demand for specialists.	Granting continuous professional development (e.g. one specialized training per year)
They have complete professional coverage and present their well-functioning systems for good training practice	Managing and maintaining a social care centre and a network
The building conforms to the demands of modern care. By 2017, there will be a new, larger and more modern building and courtyard awaiting members and employees, all made more barrier-free.	In case of amortization, purchasing equipment and utilization of environmental technologies. Environmental property building, reorientation towards self-sufficiency (own garden and kitchen garden), which is both expanding activities and presenting employment.
The exploitation of opportunities in tenders leads to a capability to improve technical equipment on a yearly basis, thus being able to provide a higher quality service.	Enhancing financial viability, further improving the quality of service.
Innovative professional community	More tenders in social and infrastructural areas. (Subregional, etc.)
Forming good partnerships in the region.	Forming new relationships, perhaps even on a business level, possibly involving venture capital in supporting the institution.
Keeping in touch with the other generations. Shared programs with schools, nursery schools, organizing field trips. By 2017, there will be a playroom inside the home, where the children of relatives can play while parents and grandparents are chatting.	Opportunity to create a child care or nursery school in the home.
	Creating apartments for home care on an institutional level. It is a home, but in professional security.

Granting regular team building programs.	Creating devoted employees, a good community.
Weaknesses	**Threats**
Continuously changing legal background	Lack of stability and sense of security, the constantly changing legislation causes uncertainty and plays down creativity.
There is no single encompassing professional central organization.	It can go at the expense of professionalism, if there is no single well-established encompassing central organization that provides guidelines and clarifies uniform quality and standards.
Demographic changes are the adverse effects of economic cycles. The aging index is ever increasing.	Since financial viability is not secured, the circle of recipients may shrink.
With the advancement of treatment and special treatment activities, the balance is continually moving towards health services.	Changed demands leave the social care system puzzled, the manpower and (professional) preparation finds it hard to respond.
The human resources assigned to social care related tasks do not match the demands for human resources assigned to treatment related tasks.	The care-service activities put a disproportionately large physical burden on employees, which may cause congestion and possibly lead to increasing turnover of staff. Granting unsuitable service for an individual.
The prestige of social work related employees is inadequate. Their pay also lags behind the health related areas.	Lack of professionals, difficulty of recruiting professionals, especially now that their duties include more and more treatment related work.
There are sizable differences in neediness for care that originate from the severity and frequency of self-sufficient deficiency. This difference is not secured by the current client-centered grant.	The grant based on the number of clients does not cover the actual neediness for care, which might cause financial viability to fall in the long run. On the other hand, the headcount of specialists cannot be determined by the

	capacity. Instead it should be determined by the service packages assigned to neediness for care, in order for the adequate headcount to be secured.
Currently, there are few volunteers and apprentices involved with the operation due to the inaccessibility (the town is only approachable by one road – difficult for public transportation)	Congestion for employees, the available limit for apprentices is not used up. Opportunities in improving transportation (public transportation) so that youth can get to the settlement/place of apprenticeship in time.
The supervision of employees on a planned, regular basis is missing.	The congestion of employees and burnout can at first cause decline in work quality, and eventually even the departure of the employee.
The head of the institution (temporarily) is single-handedly responsible for the day centre, residential care, and according to the plans, she will also handle domestic care in 2017. There is no block of intermediate section leaders who could help her with the supervision of divisions. This would relieve much of her burden.	The fragmentation can lead to the weakening of management's planning, organizing duties, as well as process controlling functions. In the long run they can cause decline in motivation or burnout for the head of institution.

2 Strategy

2.1 Complementing the strategic environment

There is a Heritage impact assessment created for Alsómocsolád, which plays an important role in community development with its programs for the resident and local communities. Whether it is a sport activity, event or organizing children's shows, they all stir up the community, which promotes solidarity. Since this might lead the retirement home to gain a reputation even abroad, it could attract new people and families who are open to settling down and would like to move to Alsómocsolád either because of the quality health-care or work. The retirement home also plays an important role in the generation bridge project, as it has relations with several schools, nursery schools, universities, and encompasses several lectures, events or research topics that have attracted youth to the operation of the institution.

2.2 The goal and priority system of the program

The goal of the basic social service in Hungary today is to ease the disadvantages originating from institution shortages, to grant access either to services that aim to fulfil basic needs or to public services, and to help completing individual and community level needs. The main priority of the Autumn Light Nursing Home's operation (Őszi Fény Idősek Otthona) is to provide a complex, quality service, in which the people receiving care can feel at home and in safety even with regular nursing care and treatment from doctors/specialized doctors. It is a crucial point that the centre of the services is the human, who is granted an individualized care based on an individualized care plan. An important professional requirement and goal for both employees and the management is the constant professional improvement and willingness to improve. For the patients suffering from dementia, it is the preservation and improvement of existing abilities and the deceleration of deterioration.

2.3 Complementing other operative programs

In 2013, the Local Government of Alsómocsolád (Alsómocsolád Község Önkormányzata), in cooperation with its partners, submitted a tender for the implementation of the project titled 'Pilot Project for Quality Aging' (Mintaprogram a minőségi időskorért) to a call for tender titled 'Capacity-building of Local Governments for Enhancing Quality of Public Services and for Promoting Local Economic Development' (Önkormányzati kapacitásfejlesztés a helyi közszolgáltatások minőségének javítása és a helyi gazdaságfejlesztés érdekében) announced within the framework of the Capacity-building and Institutional Cooperation Program (Kapacitásfejlesztés és intézményközi

együttműködés program) under the period of Norwegian Financial Mechanisms (Norvég Finanszírozási Mechanizmus) 2009-2014. The overall goal of the project is to improve the quality of elderly care in the small-village areas of the rural territories of Hungary. The primary immediate goal is humane capacity building in the public sector and elderly care, which in turn creates opportunities for changes in attitude, for conscious actions, for involving old people living in small settlements in local community life and for creating conditions for an active and happy ageing. The secondary immediate goal is to reach quality services in elderly care in Alsómocsolád. To that end six triple rooms in the Autumn Light Nursing Home (Őszi Fény Idősek Otthona) will be turned into double rooms and hot water will be provided by solar energy. One room will be fitted to accommodate individual and therapeutic needs, one gym specially fitted for the elderly and a management room, which will be the Retirement Home's methodological and consultation centre. The kitchen will be expanded and equipped so that it will be suitable for special dishes and the restaurant will also be expanded. Strategic documents will be made to support the Retirement Home and the Local Government in preparation for the 2014-2020 programming period. The project will be realised with the Norwegian Association for Adult Learning (Norvég Felnőttoktatási Szövetség) and the Foundation for Alsómocsolád (Alsómocsoládért Alapítvány) as partners, and the University of Pécs (Pécsi Tudományegyetem) as associated partner.

As a result of the project, a well-prepared human capacity will be established among the mayors and employees of the small settlements, as well as the management and nurses of the region's retirement homes. This will allow other settlements to launch supportive measures about an active ageing - as in the model settlement. Due to their new skills, the professional staff will be able to perform their management and nursing duties with higher quality. An important result of the project will be the formation of quality services, which among other things encompasses making elderly accommodation more comfortable and the enrichment of nursing activities. Strategic materials will be drawn up to help the local government and the Autumn Light Nursing Home in preparation for the next period. Written learning materials will be created for certain parts of the trainings. Every new piece of information and knowledge will be shared on the project's website; therefore people will be able to follow the project's unfolding from not only Southern Transdanubia, but also from other small settlements in the country. New methods will be established in elderly care through creative seminars involving Norwegian and Hungarian experts and university students. The project symbolizes solidarity between generations by making contact between the elder and younger generations possible through various methodological programs. The Methodological and Consultation Centre (Módszertani és Konzultációs Központ) that will be established within the

frameworks of the Autumn Light Nursing Home with the support of domestic and foreign partners will be an important accomplishment of the program.

2.4 Vision and setting goals

This small village is full with new approaches and ideas. It can create something new in every moment. Be it a movement for encouraging physical activity or advocating a healthy diet. These initiatives help and give joy to the people living in Alsómocsolád and to the area. Every program is infused with family centered and personalized care. The Autumn Light Nursing Home is an important factor for the people of Alsómocsolád that with its programs brightens everyday life, moreover the nursing home provides job and volunteering opportunities for the locals. The Autumn Light Nursing Home plays an important role in the mutual vision of the small village, as it is a complex institution that on one hand fulfills basic roles. Government subsidized meals program, daytime care, residential care, all of these on an exceptionally high level, based on personalized care plans. Moreover, it serves as a resource center, which ensures knowledge transfer and sorts out the already acquired knowledge that can be found in Hungary on the field of elderly care. Furthermore, it also generates new processes. On the other hand, the nursing home is also concerned with the future, so it helps with preparations for an active and quality life for the elderly. So the institution is not just concerned with seniors, care programs start substantially earlier. Furthermore, supports families that unexpectedly need to care for an elderly person. Physical and mental health is always important, even more so at an old age. As well as balancing the social well being of a person. Numerous diseases that threaten mental harmony can be avoided and identified with conscientious check-ups. In keeping senior mental health, activity and mobility and their preservation play an important role. The intensity and quality of personal activity reflects how young one feels. The basic conditions for mental health are keeping the ability to feel happiness, remain physically active and socially integrated. We can speak of productivity when an elderly person can achieve the maximum in relation to his or her abilities and life situation, so the person is physically and socially active when we take his or her actual life situation into account. A productive senior person is not hindered by personal or situational disadvantages, negative effects on self-estimation, respectively depression, neglection and resentfulness. A productive elderly person and personal harmony is valuable for society, as well. So the case is not that seniors are simply financed by society, rather they still remain a useful and valuable part of it. Social appreciation contributes to the self-estimation raising aspect of being active. This is what we would like to achieve at Autumn Light Nursing Home. This is what motivates this community, this cohesive little group.

3 Priorities

3.1 1. Priority: defining elderly care and improvement areas

It is important that the senior care of the future is based on prevention and innovation. This is what the Autumn Light Nursing Home stands for. The services are centered and focused on the people: Not the illness, not the condition, the person is important. It is crucial to secure a quality and active life for everyone even on a service or institutional level. The service reaches its goal when its nature is personalized and not generic. Be it represented by an institution or a simple service. The head of the institution and staff follows this creed, in which the person is in the center, with personalized care, family centered attitude, high degree professionalism that focuses on prevention and desires constant improvement. In unity with the requirements of the internationally recognized quality senior life approaches, the following aspects should be considered:

1. Rights and duties: on one hand the concept of active aging formulates rights for the elderly (independence, social participation, dignity, care, self fulfillment), on the other hand these are in connection with duties on a personal level (for example the person needs to do everything to remain active). At the nursing home the ground rules and requirements are serving these concepts, these are also communicated to the relatives, so everyone can see and know what is allowed, what is the approach for living well and undisturbed with others at the institution.

2. Prevention and integration: prevention should be the priority regarding the function of social and health care systems, so the goal is the preservation of good health and the ability to care for oneself for as long as possible. To achieve this objective, these two fields should be integrated. There are condition check-ups that are repeated after a certain period, to show the direction, result, and area of intervention.

3. Approach to life-course: it is based on the notion that seniors cannot be considered as homogeneous service users and personal differences grow with age. The approach covers all stages of life and determines their characteristics and needs. For example, for the early stage of life growth and improvement are characteristic, for the middle aged the peak of abilities, for seniors retaining self-care and avoiding disability. There is an effort at the nursing home to create more and more programs and activities that are aimed to improve the health conditions of the residents. Strengthening their already existing abilities and improving what can be improved.

4. Cultural change: there needs to be a paradigm shift about the way we think about elders, mainly focusing on refuting stereotypes. If someone is old that does not mean that the person is ill, too. This stereotype should be destroyed. Aging does not translate into the loss of personal value and

social responsibility. Utilizing volunteer work and social responsibility opportunities play an important role in this.

6. Multigenerational solidarity: improving the sense of responsibility between the younger generations and seniors. The Generational Bridge too at the institution aims to strengthen this as well, that is to bring generations closer to each other and show the beauty of old age.

3.2 2. priority: Modernization of the senior care service supporting processes

Aging is not problematic on its own, but nor the economy nor the social welfare system is prepared to undergo comprehensive reforms in order to sustain the health care systems. Pensions, social and health service expenditures are more and more a burden on society, because of the aging population and high life expectancies. The demographic changes show that families less and less fulfill the role of the natural safety net and care functions. These raise the importance and need for institutional care services. The instability of families, divorces, differing value systems, the change of working life, unmarried employees are preferred, work abroad etc. rising unemployment. The basis of the societal vision of the National Strategy of Aging Matters is that every age-group should have the chance for a fulfilling and worthy life, and for a humane ending at the last stage of life. The following measures may contribute to these efforts:

Developing common care methods and standards. The goal is not to employ those standards in the case of every person, but to provide the same quality and appropriate personalized care services for every patient. The available services and needs should be in harmony that is the access to services for the elderly people should be provided in a way that they suit their needs and at the same time the services are appropriate quality wise on every level.

- Competency based development of social vocational training system. Practice oriented trainings, organizing mutual development days. In this way the communication between retirement homes and hospitals could be more efficient, which in return would improve the quality of the service.
- Establishing a collective common institute, that collects information, ensures the flow of it and provides legal certainty, so it would give a safe background.
- Modernization of residential social homes (renovations). The Autumn Light Nursing Home will be renovated until 2017, so there will be a separate venue for mental hygiene activities, and several rooms with 2 beds.
- Appropriate caretaker staff, so there will be no need for a nurse to take care of more than four residents.
- Moral appreciation, support and supervision of senior caretakers. The prestige of being a social worker is disappearing, while the professional requirements are rising, so appropriate motivation is

key. It is important that the employees like their workplace and feel there at home. Then their work performance can be higher, too. It is important to have trainings to help with avoiding burnout.

- Emphasizing the role of volunteering, participation of university students at mental hygiene activities, possibly bringing research topics to the institution.

In order to avoid exclusion develop integrated services and programs that promote social inclusion, and involve as many generations as possible.

- Aid the seniors with accurate information, so they can consciously choose from the different housing and care forms suited for their needs, commercially based services included.

- Create and develop integrated care forms that enable seniors to receive care at their homes. Family members should be instructed how to take care of their senior relatives at home. (For example: diet, using medical instruments, how to give a blood diluting injection)

- There is a need for improving geriatric care systems and the treatment of patients with dementia.

- Improve the social recognition of elderly people working within their families or volunteering. Support an active social life, integration into a community, active citizen life.

3.3 3. Priority: modernization of the organizational and operational rules

The goal of the Organizational and Operational Rules (henceforth: OOR) to set the organizational structure and form of the institution, its inner organizational divisions, name and responsibilities of the organizational units, moreover the professional cooperation of the organizational units, their possible substitution order, inquiries about the OOR including employer rights.

The OOR of the Autumn Light Nursing Home Integrated Social Institution follows legal provisions and it was written in February 09, 2016. Its main sections are:

I. Introductory provisions
    a. Legislative regulation
II. Main characteristics of the institution
    a. Name of the institution
    b. Founder and supervisory body of the institution
    c. The public function of the budgetary authority by national law
    d. The classification of the institution by type, management, management authority
    e. Services provided by the institution
    f. Basic activity of the institution, specialized tasks
    g. Assets for providing services
    h. Claim over the assets
    i. Business operations and scope of the institution

j. Choosing the head of the institution
k. The right to represent the institution
l. Employment status of the employees of the institution
m. Founding year of the institution

III. Task of the institution
a. Providing care and home care
b. Government subsidized meals program
c. Day care for the elderly and people with dementia

IV. Structure of the institution
a. Care providing and nursing tasks:
i. Care-service provided by the institution
b. Catering tasks
i. Catering for the care recipients
ii. Government subsidized meals program
c. Hygiene tasks
d. Day care for the elderly and people with dementia

V. Tasks of organizational units of the institution
a. Care unit
b. Health care services
c. Physical care
d. Mental hygiene care
e. Catering unit
f. Hygiene unit
g. Day care for the elderly and people with dementia
h. Operational tasks

VI. Managing the institution

VII. Tasks of the caregivers of the institution
a. Nurse fulfilling chief nurse tasks
b. Nurse
c. Nurse and care provider, home care
d. Social mental hygiene assistant
e. Doctor
f. Manager of catering
g. Dietitian

h. Physiotherapist
i. Non-certified care provider and nursing assistant
j. Daycare social care provider
k. Daycare and mental hygiene for people with dementia

VIII. Advisory bodies for the management
a. Board of Directors
b. Meeting for the management of units
c. General meeting

IX. Work schedule of the institution

X. Advocacy for the care recipients
a. Members of the advocacy forum
b. Advocacy forum

XI. Auditing
a. Auditors

XII. Part of the Organizational and Operational Rules: Professional activities (residential, daycare, government subsidized meals program)

Reading the OOR I got the impression that its logical structure is hard to follow. Its structure and overlapping processes are hindered by that the professional activities are listed as appendices in the OOR, which are separate units, so it is hard to achieve a unified structure. Several pieces of information, which I would search for in the relevant section of the OOR, can only be found under the professional activities. In my opinion this breaks the structure and logic of the OOR. In case of improvement this should be a priority. Creating a consolidated logical structure.

The table of contents is missing from the OOR. The document contains important information; a table of contents would provide transparency, so the desired sections could be easily located without flipping through the whole document several times. While reading the main sections of the OOR one can see that it is heavily fragmented, because of many highlighted parts it is hard to follow and understand the text despite that it contains all important information. What I suggest is that information should be in blocks and summarized in a single section. For example, the Introductory Provisions and the Main Characteristics of the Institution can be combined into one section.

Recommended structure:

1. GENERAL PROVISIONS:

1.1. Goal of the Organizational and Operational Rules.

1.1.1. Defining documents for the operation of the institution (legislative regulation)

1.1.2. Deed of foundation (who is the founder, its contents in one sentence)

1.1.3. Other documents: (including the various rules supporting the professional and financial work descriptions found in the appendix of the OOR, only touching on the subject of work instructions, so the reader can find them when needed.)

1.2. Most important information about the institution: name, location, tax number, statistical code, financial institution maintaining the account, financial account, telephone, and other information which the institution deems important. Achieving transparency should be the goal. This section is highly unclear in the original document, with lot of disruptive information, there are not just characteristics and pieces of information present, but responsibilities and professional tasks as well, which belong to a bigger section. So related pieces of information are not at the same place in the document.

1.3. Organizational and Operational Rules of the Integrated Social Institution

1.3.1. Managing body of the institution

1.3.2. Number and issuing date of the deed of foundation

1.3.3. Care services

1.3.3.1. Task of the institution

1.3.3.2. The status and business rights of the institution

1.3.3.3. The effect and scope of the Organizational and Operational Rules

2. TASKS OF THE INTEGRATED SCOIAL INTSITUTION

List of the basic tasks in a table, like in the original OOR, in a clearly structured form.

2.1. Care giving and home care

2.2. Government subsidized meals program

2.3. Day care for the elderly and people with dementia

3. STRUCTURE OF THE INSTITUTION

3.1. Status and order of appointment of the head of the institution

3.2. Tasks and influence of the head

3.2.1. Head of the institution

3.2.1.1. Tasks

3.2.1.2. Responsibilities

3.2.1.3. Solely the tasks of the head

3.3. Tasks and influence of the institution

3.3.1. Director of day care

3.3.1.1. Tasks

3.3.1.2. Responsibilities

3.3.2. Manager of catering

3.3.2.1. Tasks

3.3.2.2. Responsibilities

3.3.3. The caregivers of the institution

3.3.3.1. Chief nurse

3.3.3.1.1. Tasks

3.3.3.1.2. Responsibilities

3.3.3.2. Nurse

3.3.3.2.1. Tasks

3.3.3.2.2. Responsibilities

3.3.3.3. Home care nurse and care provider

3.3.3.3.1. Tasks

3.3.3.3.2. Responsibilities

3.3.3.4. Social mental hygiene assistant

3.3.3.4.1. Tasks

3.3.3.4.2. Responsibilities

3.3.3.5. Doctor

3.3.3.5.1. Tasks

3.3.3.5.2. Responsibilities

3.3.3.6. Dietitian

3.3.3.6.1. Tasks

3.3.3.6.2. Responsibilities

3.3.3.7. Physiotherapist

3.3.3.7.1. Tasks

3.3.3.7.2. Responsibilities

3.3.3.8. Non certified care provider and nursing assistant

3.3.3.8.1. Tasks

3.3.3.8.2. Responsibilities

3.3.3.9. Daycare social care provider

3.3.3.9.1. Tasks

3.3.3.9.2. Responsibilities

3.3.3.10. Daycare and mental hygiene for people with dementia

3.3.3.10.1. Tasks

3.3.3.10.2. Responsibilities

3.4. Advisory bodies for the management

3.4.1. Board of Directors

3.4.2. Conference for the management of units

3.4.3. General meeting

3.5. Compensation for public servants working at the institution (this section is missing from the original OOR, but in my opinion this is important in terms of organization.

3.5.1. Regular personal benefits

3.5.2. Allowance

3.5.3. Allowance of the head of the institution

3.5.4. Non-regular personal benefits

3.5.4.1. Jubilee premium

3.5.4.2. Commission

3.5.4.3. Compensation for travel expenses

3.5.4.4. Compensation for required employee work apparel

3.5.4.5. Meal allowance

3.6. Work duty and obligations, disclosure of professional secrets (this section was present or missing in several instances in the original OOR)

3.6.1. Work schedule

3.6.1.1. Nursing home

3.6.1.2. Kitchen

3.6.1.3. Club for the elderly

3.6.2. Paid Annual Leave (approving and regulations)

3.6.3. Order of substitution

3.7. Indemnity

3.8. Financial responsibilities

3.9. Advocacy for care recipients

3.9.1. Relationship between the supervisory body and the institution (as well present in the original OOR in several sections)

3.10. Order of the institution's management

3.10.1. Internal rules for aiding the management of the institution (this is not present in the original OOR)

3.11. Protecting standards at the institution

3.11.1. Emergency procedure in the case of a bomb alert

3.11.2. Emergency procedure in the case of a fire alert

4. Closing provisions:

I would like to suggest this logical structure for the OOR, so information will be organized and focused.

3.4 4. priority: Determining partner groups required for a quality service

In order to provide an efficient and quality service, the different service forms need to be linked to each other, each other's competency limits must be known and respected, connection points need to the established to satisfy needs in the most appropriate manner. It is important that the utilization of professional knowledge is efficient and simultaneously has a preventive effect that is the patient should not be forced to need a higher level of health care service, because of the lack of professional and interprofessional cooperation. In this way offering an expensive and low efficiency service can be avoided. Expectedly cooperation between different social services will be stronger, there will be a nationwide consolidated approach, and the practice and need for cooperation between other services linked to social services. In the light of each other's competencies and knowledge there will be a more professional service. The workload of the employees will be lower, they will not be forced to complete tasks that are above their professional readiness and need unnecessary efforts. Knowing and utilizing opportunities for cooperation means that more people will be able to access the services. The management of the institution sees the cooperation with the health care system as an essential tool for improving the quality of the services (Client based standards, 95) This need for cooperation was confirmed by the management of Autumn Light Nursing Home. As constant knowledge transfer is needed to constantly improve the quality of the services, and further extension of partner connections as well, especially in the areas where in consequence of the health care system's competency, certain services are lacking or nonexistent.

Currently the Fund for Alsómocsolád (Alapítvány Alsómocsoládért) and The Norwegian Association for Adult Learning are working together for creating quality elderly care. The basis for the cooperation with the Fund for Alsómocsolád (Alapítvány Alsómocsoládért) are common goals like lowering the social burdens of pensioners, managing and launching community building programs, and equal opportunity initiatives.

NAAL is a non-governmental umbrella organization working at a national level in Norway. They are focused on adult education and their central administration is located in Oslo. Their goal is to advocate the common interests of the associations and their members towards the Government, the Parliament and the Ministry of Education. This foreign partnership helps to get to know new methodology opportunities in the field of elderly care. Regarding partnership groups we would like to mention the cooperation with professional organizations. On one hand this is professional advocacy, on the other hand it gives for social and health care professional representation. The elderly living in nursing and care homes typically suffer from chronic and serious diseases, in the majority of the cases they require professional health care. Ensuring professional health care for the elderly is an institutional duty that can be organized in several ways. One option for the institution is to acquire a special care permit like how the Autumn Light Nursing Home did in 2012. The other option is to cooperate with professionals and develop partnerships in the field of health care.

- family doctors: writing prescriptions, providing medical care when needed,
- using nursing service,
- dietetic: creating a special diet
- rehabilitation specialist: undertaking physical rehabilitation tasks,
- National Public Health and Medical Officer Service (ÁNTSZ), and other professional authorities, passing authority audits
- economic operators: long-term affordability
- Educational institutions
- Equal opportunity and advocacy bodies
- Government bodies
- non-governmental bodies: they might be helpful for giving funds and providing volunteers.
- Media: Provides public exposure, that helps acquiring funds and informs the populace. It plays an important role in the management of the institution.
- Police, jurisdiction

During cooperation between the different partners, agreements have to serve as a basis for building and maintaining mutual connections.

4 Activities

4.1 Logical framework matrix

Goals	Activities: how to achieve them
Ensuring education on an institutional level	Identifying topics with the help of questioners
	Delivering the questioners to the target audience (family doctor, paramedic, relatives, Facebook pages, partner organizations)
	Assessing and summarizing the questioners.
	Following the assessment, finding the appropriate professional.
	Defining the target and control groups, so the efficiency of the education can be measured in the perspective of one to two years.
	Communicating with universities and partner organizations in order to employ the appropriate professional.
	Classrooms, and assigning event rooms based on their capacity.
	Annual professional trainings
	Publishing 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 on diet, physical activity, addictive substances and their detrimental effects on health, providing information about pharmaceutical drugs and dietary supplements.
	Organizing open days quarterly for relatives and institutions.
	Creating an IT interface for storing and expanding on the publications.
External communication of the institution	Publishing about the daily life, events, successes etc. at the nursing home illustrated with pictures in the local papers, pamphlets. Creating a Facebook page or website for the institution in order to inform about its programs and its best practice.
Developing an interactive	Providing practice opportunities for the inner trainings, PCs and laptops for the care recipients.
	IT developments.

digital system	Constant access to the internet, maintaining the interest in the webpage, widening the circle of acquaintances. Organizing Facebook campaigns.
Constant trend analysis	Innovation workshop for university students, external specialists, social workers, nurses, with the creation of focus groups, on a quarterly basis.
Introduction of preventative services	Besides the basic examination of sight, hearing and the orthopedic tests, there is an extra need for providing special examination in order to predict possible illnesses and diseases to be able to react in time. These examinations are optional above the age of 65. These preventive examinations are to detect high blood pressure, arteriosclerosis, diabetes in its early stage and to unveil possible serious adverse reactions. It is recommended to have preventative examinations on possible mouth tumors. As a part of the aims of public health, and the targeted screening tests, it is also recommended to have breast, cervical and prostate tests in every two years, as well as to have colocteral and rectum examinations based on laboratory tests of the blood of the stool for men and women between the age of 50-70 in order to detect possible stomach and colocteral cancer, or gastroenterological bleeding. The mammographic screening, the x-ray test on the soft parts of the breast is recommended especially for women aged 50-64, particularly after menopause. It is imperative to record the results of the complex tests, when a patient becomes resident: health status, mental status, feeling of autonomy, the system of relationships, role of intimacy, tolerance have to feature among the test areas. Self-assessment is also an important element, but it must be complemented with the opinions of the relatives and later on, with the comments, observations of the professional employees, which feature in the individualized care plan.
Primer prevention	By the necessary vaccinations, advice on promoting healthy lifestyle, nutrition, activity, and on avoiding behavior that is harmful for health. As well as by providing secondary

	monitoring tests in order to detect other diseases, the consequences of diseases and risk factors of other medical condition.
Secondary prevention	The doctor of the institution ensures regular health and medical tests, medical consultation, prevention, monitoring tests prescribed by medical law, and regular orders of pharmaceuticals, as well as, if necessary, access to specialized care for the residents. Recipients might also obtain advice on opting for appropriate lifestyle in order to maintain or regain skills, abilities and health state. With preventive purposes, they could also get information and support on diet, physical activity, pharmaceuticals, commonly used drugs, food supplements. Assessments on dietary are carried out quarterly in order to prevent risks of malnutrition and obesity. Moreover, as a result of regular assessments the risk factors of the nutrition are known and treated individually.
Tercier prevention	By providing social, employment, mental health, and health services that are for either maintaining the functional abilities of the individual, or delaying possible deterioration of those. And also by getting in touch with entrepreneurs, providing tools and financing opportunities, and also by maintaining relationship with patrons.
Providing healthy nutrition in the settlement	By providing special nutrition and consultation for patients with diabetes, with the employment of a specialist cook prepared for the needs of these patients. Also by providing special diets, offering consultation on healthy nutrition linked to diseases for the relatives. Perhaps by publishing a special recipe book, even online, with regular updates.
	Approach to healthy lifestyle, movement for physical activity.
Healthy attitude, Movement for physical activity	By inserting the importance of the physical activities into everyday life, also by promoting the use of the gym and playground for elder people. Besides this, promotion of competitions, movements aiming at promoting the importance

	of the physical activity among nursing homes, with rewards for those who achieve remarkable results. Also by providing lectures on the importance of the physical activities every two months led by a reliable and credible lecturer. As well as by fitness tournaments and introducing new forms of physical activities for the residents, by expanding the possibilities to spend the free time of elder people usefully.
Prevention on the level of the employees	With appropriate assessments of performance, feedbacks, confirmation, and incentive mechanism. With the promotion of workplace as a supportive group, also with providing common experiences. With improving the working conditions, and also with decreasing congestion, and crises by making processes more transparent, and by more administrative support. With providing opportunities for professional development by participating in further training programs. With setting up teams and organizing discussions of cases, collegial consultations. In more serious case, with providing chance to change job title. With flexible (pre-planned) holidays. With providing regular supervision. With providing team-building activities. With providing sport days.
Forming approach for integration	With organizing programs that aim to eliminate stereotypes: with the help of local media which presents the results and problems related to the care of elder people. Regular columns in local newspapers, and programs on local TV channels would be useful for elderly.
Engaging with children and youths	By contacting schools and kindergartens in order to get more youths and children in touch with elder people. By ceremonies, social occasions By providing opportunities for elder people to attend extracurricular activities at schools for preserving heritage,

	transferring their knowledge to the younger generations (by teaching youngsters how to make traditional crafts and or to sing folksongs). By setting up a playing room for those children who visit the residents with their parents in order to make them happy, and also the residents feel themselves glad, when they can see children playing. By co-operation with students in research topics, having them involved in mental health programs. By organizing events with youngsters, i.e. 'Let's take a selfie with your grandparents,' 'Let's adapt your grandparents', other events together with youth people; trips, spending time actively.
Planned provision of recreational opportunities	With integrating aromatherapy, music therapy and phototherapy into the everyday activities both on the level of the employees and the residents. With promoting the use of gym, massage and rehabilitation.

5 Implementation and monitoring

5.1 Checking and measuring the institutional processes, order of process, human resources

In the client-centered standards set in the SROP (Social Renewal Operational Program - TÁMOP) 5.4.1, those values and criteria have been defined that are recommended to be applied during the process of standardization in the field of health care:

1. Personal fulfilment. The objective of the nursing home is to make it possible for the residents to realize their potential emotional, social, intellectual and physical skills and abilities.

2. Dignity. For those, who are dependent on the help of others, self-esteem also depends on what kind of conditions are provided for them.

3. Independence. Living together with others means that the residents need to be aware of the needs of others, they need to respect those as they all have basic rights, such as free will and choice.

4. Individuality. The employees of the nursing home have to be adaptive to the needs of the individuals, and they need to ensure the possibility of the practice and the compliance of the religious, spiritual and cultural traditions or - either dietary or ritual - instructions.

5. Respect/appreciation. It gives a distinctive individuality for both the resident and the employees, if the life history of the individuals is known and respected. The abilities, the experiences and the talent of the people with care needs must be appreciated and respected. 6. Feelings. The residents may have the right to choose their friends and it is significantly pivotal for them to have the chance to have intimate and personal relationships both in the nursery home and outside of it.

6. The opportunity of choice and taking risks. Taking risks has to be regarded normal. The residents should not be hindered in any kind of activities based on solely the fact that there is risk situated (as usual). Their routine activities have to be supported to the greatest possible extent.

7. Registration. There is a need for keeping registers that contain certain personal data. The appropriate professional health workers must have information regarding the patient's health at their disposal. However, these information and registers are highly confidential, and need to be kept accordingly.

As the base of the NIS' (Nemzeti Idősügyi Stratégia - National Gerontological Strategy) project for society is to need to provide appropriate opportunities for every age group to live a full and complete, active and worthy life in any stage of life, it also prescribes to provide right of having a humane ending of life for those, who are at any stage during its course. So the Autumn Light Nursing Home intends to provide this basic objective for all of its residents and employees. It aims to provide conscious preparation for active and quality ageing, encompassing every participant (the resident of the nursing home, resident or employee in Alsómocsolád, relatives, and foreigners) of

this process. This can be achieved by developing a service-management system that meets the challenges of modern times with its ongoing upgrades, and which system prepares for quality ageing. It also provides services that are essential to ensure a quality life in a certain age, in a certain condition. Services should be supervised on a regular basis..

In order to provide quality services, the processes at the institution have been regulated, and self-regulation systems have been implemented to make performances comparable, and so that each and every resident is to get service of the same quality from every employee. Regulations are beneficial for the employees as well, as they create a sense of professional security, and they also give a permanent and fixed system of expectations. Besides the compulsory regulations, special regulators have been implemented in the institution based on special, custom demands for quality. System of regulations used in the institution:

I. Regulations linked to the operation of the institution:

1. Treatment of documents
2. Regulation on the operation of the representative forum
3. Regulation on medication
4. Regulation on protective clothing and workwear

II. Economic regulations

1. Regulation on accounting
2. Regulation on money-management
3. Regulation on materials management, inventory and scrapping.
4. Regulation on protection of property

III. Regulations on technical activities

1. Regulation on health and safety at workplace
2. Regulation on fire protection
3. Regulation on motor vehicle use

Besides the regulations, several principles have been laid down that have been educated for every employee involved, and those have been reviewed with them:

Principle on completing tasks related to mental health

Disciplinary rules and confidentiality obligation for the nursing and care staff

Protocol for taking care of elder people with dementia

For the indicators of the residential nursing homes, SROP (Social Renewal Operational Program - TÁMOP) 5.4.1 has suggested indicators, with which a tendency can be demonstrated for a given period.

These indicators are the following:

Indicator	**Numerator**	**Denominator**	**What it may imply**
Utilization	Number of patients	Total capacity	The reputation, the qualitative renown of the institution.
Rotation of clients (care period on average)	The sum of the clients' stay in the nursing home	Number of clients taken care	If too low: the fluctuation of clients is quick, which might imply bad conditions, or quitting If too high: permanent conditions, balanced services
Mortality rate	Number of clients passed away within one year	Total number of clients	The high care requirements of the clients in the nursing home.
Incontinence	Number of those clients who have become incontinent in the nursing home		Extra nursing tasks
Number of dementia clients	Number of those clients who has become demented in the nursing home		The high ratio of demented clients results special take caring tasks.
Cognitive rehabilitation	Number of clients taking part in rehabilitation		High number implies successful rehabilitation, professional quality. If the number is increasing, it implies growing interest and activity.
The satisfaction of the clients carried out: annually:			Based on assessments
General satisfaction %	Number of clients, who are satisfied generally		

Mental environment	Number of clients, who are satisfied with the mental environment	Total number of clients	If high: professional recognition, satisfaction.
Nursing staff	Number of clients, who are satisfied with the nursing staff		
Communication of the nursing staff	Number of clients, who are satisfied with the communication of the nursing staff		
Accommodation, physical environment	Number of clients, who are satisfied with the physical environment		
Health care	Number of clients, who are satisfied with health care		
Nutrition	Number of clients, who are satisfied with nutrition		
Programs	Number of clients who are satisfied with the programs		
Indicators reflecting on the staff			
Capacity of skilled healthcare workers	Total number of skilled healthcare workers	Staff numbers prescribed by law	Adequacy in professional qualification

Fluctuation of skilled healthcare workers	Number of the quitting skilled healthcare workers	Total number of skilled healthcare workers	If too high: problems at the workplace, or a result of a non-treated burnout syndrome. Or problems with remuneration
Qualification	Number of employees having qualification prescribed by law		Requirements prescribed by law
Further training	Number of employees taking part in further training programs		High demand for development, expectations for funded qualitative developments.
Supervision	Number of employees taking part in supervision programs		The mental health support for the employees is successful.
Employees programs organized	Programs that facilitate relaxation, regeneration		The morale of the staff, working atmosphere + mental health

5.2 Internal audit

Internal audit is an internal checking process. These checking processes are important managerial duties, during which professional non-compliance might be revealed. It is a kind of internal qualitative checking, an effort for internal compliance. The audit can be carried out according to certain criteria either by physical inspection (or maybe by awarding points; by using indicators), or simply by visual inspection, conversation.

In the Autumn Light Nursing Home, the checking process encompasses all fields of social care (Government subsidized meals program, nutrition, durable residential care), as well as practice, administration, and the execution of prescription set in law and in code of professional standards.

The audits are carried out each half a year. Auditing of the financial fields (setting the usage fee; invoices; money management; payment and refund of the usage fee) are carried out quarterly. Auditing is embedded in the process of making statements and registers on which normative grants are based.

Auditing is carried out by: the director of the nursing home checks the food catering manager; the director of day care; the chief nurse, as well as the administration; the registers made by the food catering manager and the club leader; treasury accounts; other registers, and whether the professional requirements are fulfilled. The director of day care checks the director of the nursing home in terms of the management of usage fees, and other types of money management; the statements required to apply for normative grants (patients with or without dementia; register of residents and absentees). The director of day care also checks whether the director of the nursing home fulfils his or her duties (management of applications of the patients; examination of their supply of care; pre-care; and whether the requirements set in law regarding the management of the register are met.) The results of the experiences and the audits carried out are kept in written records. The audits are carried out according to a checking criteria system in the nursing home.

This checking criteria system is as follows:

1. The number of employees, the standard of the professional qualification complies with the Government Decree No I/2000.
2. The programs of the professional further training programs comply with the training plans.
3. Has any submission of application taken place?
4. Has any investment, refurbishment or upgrade on equipment taken place?
5. Has external auditing taken place? If so, has it identified any kind of shortcomings?
6. Number of deceased people, statistical data
7. Checking the mental health projects
8. Have the residents' assembly and employee's meeting taken place according to the pre-agreed schedule?
9. Has any kind of complaints been lodged against the institution?
10. Have the statistics been reported in due time? (on paper or via internet)
11. Do the new residents have contractual agreement, document on referral?
12. Are the necessary administrative documents managed for every resident?
13. Usage fee
14. Applications - waiting list
15. New residents
16. Has the Rules for Organization or Operation or the Professional program been modified?

17. Are the compulsorily expected documents hanged on the walls (operating license, usage fee, the contacts of the legal representative of the residents).
18. Have the compulsory training, retraining on safety at work, and fire safety taken place?
19. Have planned changes taken place according to the feedbacks?

5.3 Establishing responsibilities and competences

Post	**Main responsibilities**	**Competence**	**Supervised by**
Head of the institution	The professional operation of the institution (health care and mental health services)	The director of the institution represents the institution as a legal actor, he or she is entitled to have or to abandon rights and obligations.	Mayor
	Budget management of the institution	Settlement of cash payments through accounts to be correct	
	Subledger accounting, and making the payroll	are to meet the accounting and other legislation in force.	
	For proper operation of the institution. Also for the public-health state of the location and spaces of the institution and for securing the safety of its properties and fire protection.	Management of remuneration; modification of appropriations; compensation, as well as exercises powers of signature and measures.	
	For the tasks and duties carried out in the institution and within the location of it. For securing the working conditions for the employees, and responsible for compliance with the safety regulations.	Has official authority over the staff, therefore is entitled to command to any employee of the institution in any case related to work.	Mayor

	Convocation of the residents' assembly when necessary, but at least once a year, as well providing information for the residents and their relatives/legal representatives concerning with the changes.	Obligation to provide information	
Post	**Main responsibilities**	**Competence**	**Supervised by**
Director of day care	Leader of the department that carries out daytime specialized tasks and duties in the institution	Performing temporary duties occasionally	Director of the institution
	Controls and coordinates the care staff of the day care directly, as well as the duties and work of the specialist for mental health.	Money management (i.e. collection of the usage fees, pharmaceutical expenditure) set in the regulation with reports.	
	Participation in the audits set in the Rules for Organization or Operation half a year.		
Food catering manager	Professional operation of the HACCP-system.	Performing temporary duties occasionally.	
	Ensuring compliance with the regulations of the National Public Health and Medical Officer Service (ÁNTSZ).		Head of the nursing home
	Monitors the legislative changes	Tasks to control: Warehouse, traceability, hygiene, inspection of kitchen.	

	Responsibility for the warehouse		
	Responsible for the continual supply for the institution as well as for kitchen technology.	Cooperation with the dietetic professional.	
Chief nurse	Organizing the quality care of the residents.	Money management (management of money for pharmaceuticals)	Doctor of the institution Director of the institution
Skilled health worker	For securing qualitative and professional healthcare duties		Director of the institution
Post	**Main responsibilities**	**Competence**	**Supervised by**
Specialist for social mental health.	Ensuring cultured environment, physical and mental development to achieve quality ageing.	Money management	Director of the institution
Doctor	Prevention, treatment		engagement contract
Physiotherapist	Regular contact with the doctor, carrying out therapy sessions according to the doctor's instructions.	Leads the movement therapeutic group sessions.	engagement contract

5.4 Monitoring

Monitoring is based on continuous data collection, according to which the management can assess the progress of the activities in view of the intended objectives.

According to the SROP (Social Renewal Operational Program - TÁMOP) 5.4.1 made by the Territorial Group of Experts, Labor and Social Policy Institute for Residential Care, there are

multiple approaches to measure caring services. One of them is the satisfaction survey of the residents, the other is the satisfaction survey of the residents' relatives. The visible improvement of the condition, and measuring the ability of self-sufficiency also give objective results. There are further appropriate indicators available on actual improvement or deterioration of the condition, when the activities set in the care plan in order to improve the physical and mental condition are carried out within the pre-scheduled timeframe. Documentation of the caring activities also serves as a type of monitoring which provides opportunity to continue or modify the given activities.

5.5 Controlled self-assessment

Previously I have elaborated the determination of the standards set in the SROP (Social Renewal Operational Program- TÁMOP) 5.4.1 program also in the social field, which standards would guarantee general professional quality expectations. However, it is also an important factor in the performance, how the human/employee/resident perceives these standards, and how they rate their appliance and benefits. When we talk about quality and quality-control, we should not discard assessing the performance. The performance assessment is about the quality of the caring duties of the institute. We will assess the situation of the institute and look at the objectives regarding the future within this framework. The purpose of the assessment is to enhance the performance of the leaders and the subordinates by improving gradually, and particularly, those abilities, skills, knowledge and experience that are necessary to fulfil those tasks and duties of theirs that are necessary to realize the quality aims of the institute. In order to achieve this, during the performance assessment it is required:

- to survey the needs for training
- to support the initiatives for development
- self-assessment of the employees
- to determine the objectives of the developments
- to research, expand and improve the tools and resources required for development
- to overview the activities of the employees according to the execution plan of duties, record of working time and job descriptions.

The function of the performance assessment is to serve as a tool to help the institute to achieve the qualitative objectives during the institutional operation by

- determining performance-related expectations for the leaders and for the subordinates.
- harmonizing objectives and determining a uniform system for performance assessment.
- ensuring performance development for the employees

The consequences of the performance assessment can be used in the cases when

- rewarding is based on performance
- it must be investigated, why the performance does not meet the required level.
- when the professional competence of the employee must be evaluated for further employment (i.e. in case of contractual employment.)

Why is it so important? István Varga elaborates in his study aptly entitled 'Is quality assurance possible in the social sphere?' This study summarizes perfectly why there is a demand for quality assurance. The number of applicants for numerous social services has been growing, as has the awareness of those who intend to obtain the service. More and more people look up the services offered, they try to choose the best service for their money. This creates a strong competition, and competition always forces improvement and effectiveness, which mean improvement of quality in the long run.

5.6 System of review

The continually sustainable and improving performance can be secured only in that case, if there is regular feedback made, based on a defined checking criteria system. The operation of the system has to be supervised and assessed continually. The objective of the review are to unveil the defects and weaknesses in the regulation and in the operation of the system in time; to cease those; to introduce measures to prevent the same problems occurring again, and to monitor the results of these measures.

The Autumn Light Nursing Home, therefore, puts special emphasis on the system of review, because precisely this system ensures the continually sustainable quality. In order to guarantee that the quality of the services offered by the nursing is on the expectable level for everybody, several regulating systems have been implemented, made by the leader of the nursing home using specialized materials. These are internal regulators: The internal quality management system, handbook of infection control and the elaboration, implementation and operation of the professional program of nursing care. The checking of the institutional operation is carried out half a year, while the audit of the finance management quarterly. Performance assessments are made at the end of the year, which is a part of the reward scheme; therefore performance plays an important role regarding remuneration. On the employment level, job and process descriptions, the checks of the points of the regulations and the analysis of the experience during working give the basis of the performance assessment. The performance assessment is made by the leader of the nursing home in consultation with the mental health care specialist, and the chief nurse at the end of the year. This assessment also has impact on the payment of the end-of-year bonuses.

6 Assessment

Regarding the assessment of the services of the Autumn Light Nursing Home, I can state that special attention is paid to the residents' individual sensitivity, abilities, demands and needs in the nursing home. To this end, they put emphasis on achieving personalized treatment. It is important to maintain day-to-day personal contact, communication, as well as to pay attention to their problems and needs during both the mental health group therapy, and while carrying out caring tasks. During their work, they actually do what they offer and individual care needs are really considered to the fullest extent. They do this with the objective to make sure that the residents regard the nursing home as a place where they can make themselves at home. Their particular priority is to ensure high quality care and professional work, as well as conserving their existing skills and maintaining them on the same level. These are backed with clear rules, with a process-based and transparent expectation system.

They regard unlimited respect and empathy to elder people as a pivotal principle. They want to help elder people to perceive their age not as a burden or being dependant on others, but rather to help them keep their happiness and harmony as time is passing. They achieve this with enormous patience, empathy, and tireless professional development. This effective client-centered service can be provided only by working together as a team in order to become the best possible. If needed, they can change, can secure new financial possibilities, they make partnerships on professional forums, or provide information for the relatives of the residents. Their work represents quality and altruism.

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ZÁROL EVELIN: AZ ÖNKORMÁNYZATI IDŐSÜGYET ÉRINTŐ IRÁNYVONALAK MAGYARORSZÁGON DISSZERTÁCIÓ – PTE

BTK INTERDISZCIPLINÁRIS DOKTORI ISKOLA, PÉCS, 2013. 1. HAZAI JÓ GYAKORLATOK - FALUGONDNOKI / TANYAGONDNOKI SZOLGÁLAT 1993.III.TÖRVÉNY 57. ÉS 60.§

GOSZTONYI GÉZA: A SZTENDERDIZÁCIÓRÓL ÉS A MINŐSÉGBIZTOSÍTÁSRÓL. (SZOLID PROJEKT MEGBÍZÁSÁBÓL)

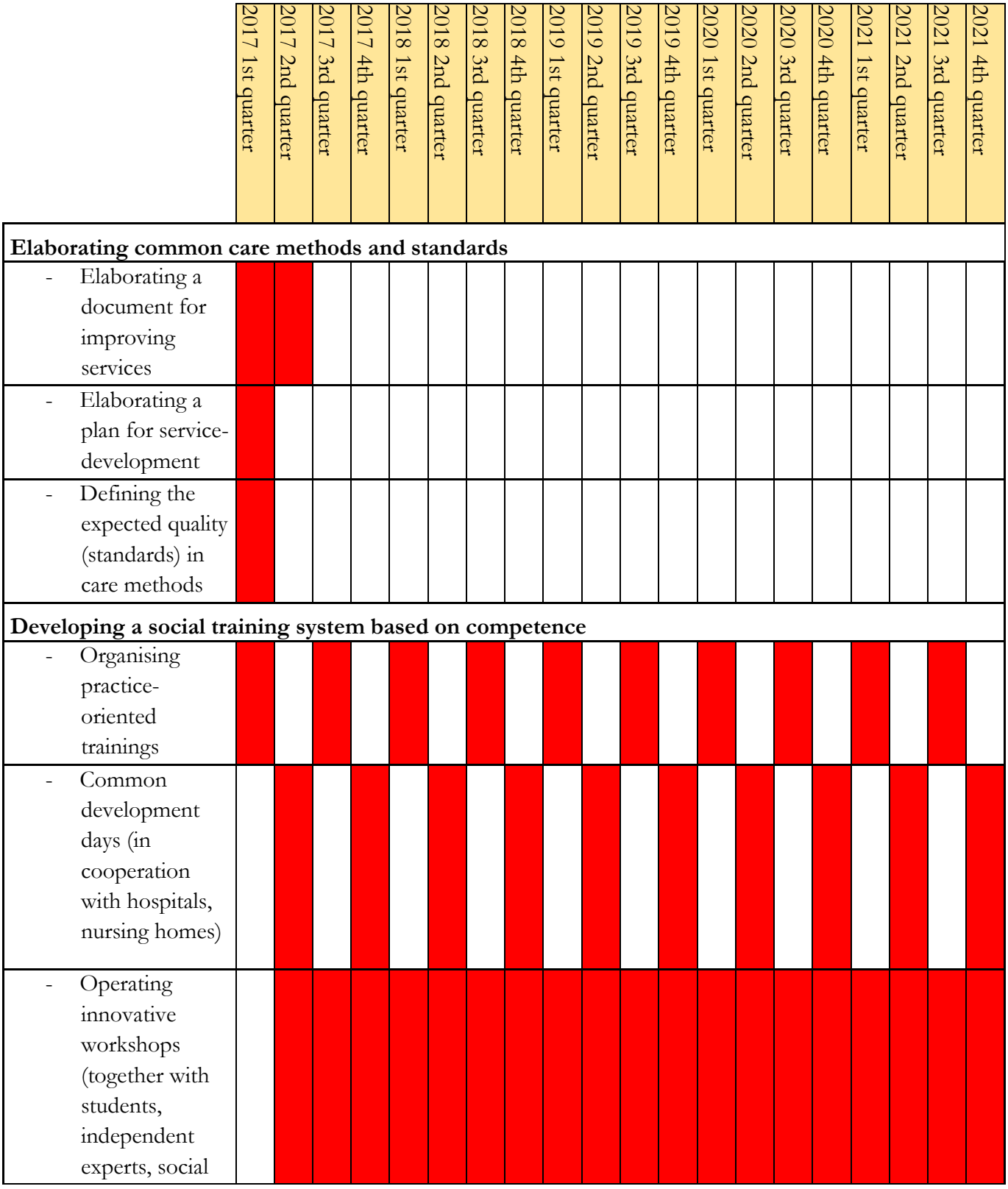
VARGA ISTVÁN: LEHETSÉGES-E A „MINŐSÉGBIZTOSÍTÁS" A SZOCIÁLIS SZFÉRÁBAN?

TERÜLETI SZAKÉRTŐI CSOPORT BENTLAKÁSOS IDŐSELLÁTÁS (2011): SZTENDERDEK AZ IDŐSEK SZÁMÁRA BIZTOSÍTOTT BENTLAKÁSOS SZOCIÁLIS SZOLGÁLTATÁSOK TERÜLETÉRE VONATKOZÓAN – NEMZETI CSALÁD- ÉS SZOCIÁLPOLITIKAI INTÉZET TÁMOP 5.4.1., BUDAPEST

Appendix

Appendix 1

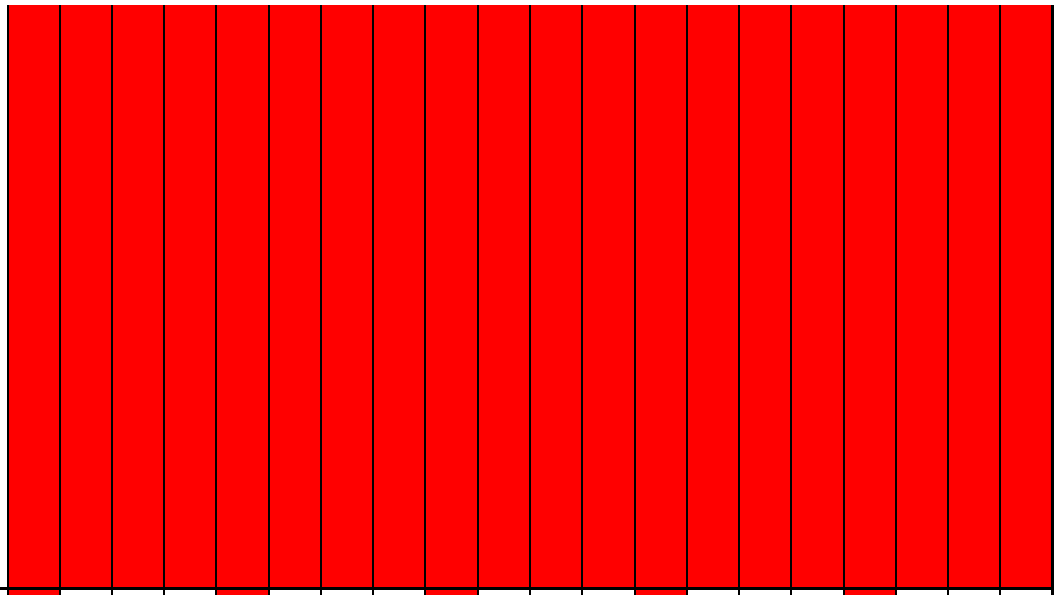
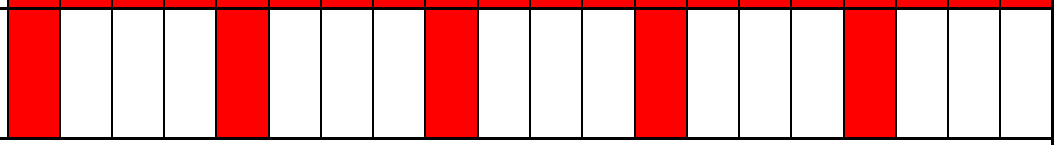
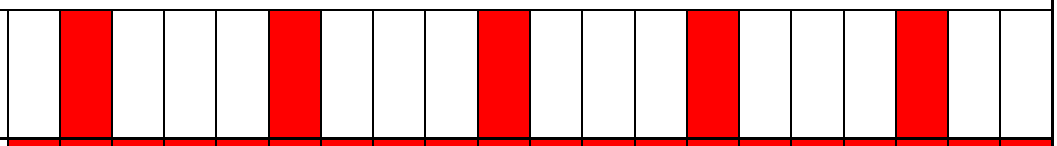
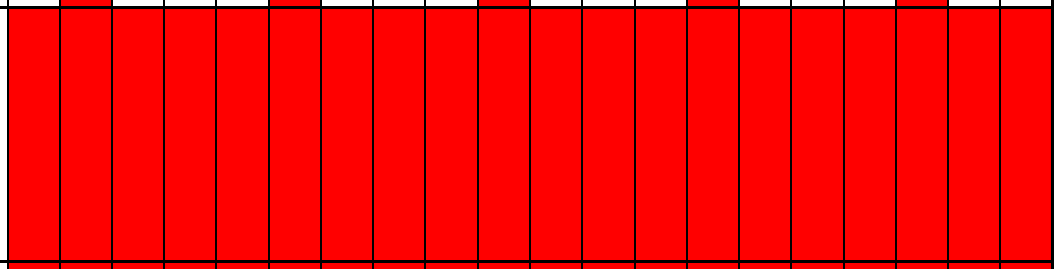
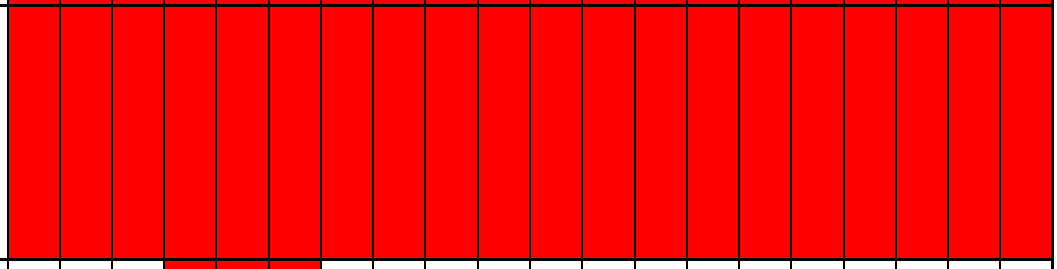
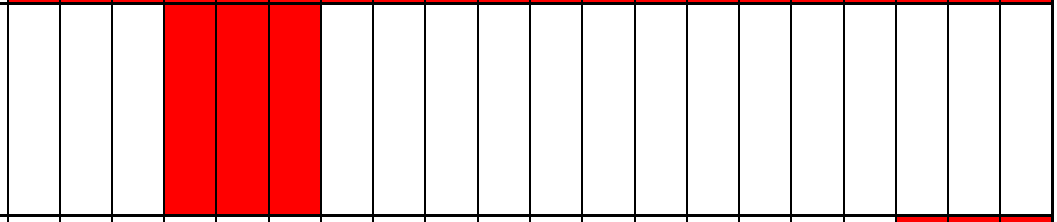
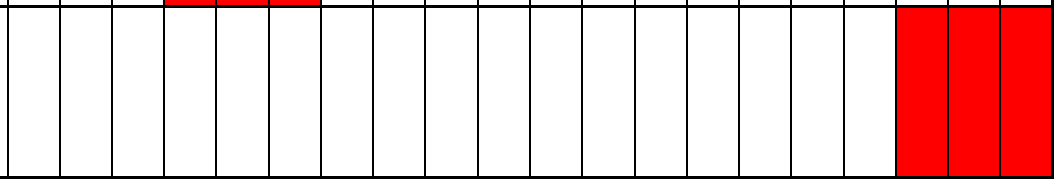
Gantt chart: For modernising the processes that support services for elder care



workers, and nurses)	
- Methodological materials	
Providing a common umbrella body	
- Cooperation among the nursing homes in the Southern Transdanubia region	
- Set up and use of a common database	
- Institutional cooperation	
- Academic cooperation	
- Providing annual consultation, process control, feedback, and specialized training courses	
Modernising and upgrading the social residential institutions	
- Construction, alteration (activity room, increasing the number of the double rooms)	
- IT-developments (setting up internet connection, providing computers for residents)	
- Setting up a website or a Facebook page	

of the institution with the aim to promote its programmes and its good practices				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
- Building apartments																				■	■
Providing the appropriate number of nursing staff																					
- Scouting and involving volunteers	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
- Involving volunteers	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Acknowledging employees working in elder care																					
- Providing motivation (financial and moral)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
- Trainings to prevent burnout		■				■				■				■				■			
- Supervision		■				■				■				■				■			
- Organising team-building programmes				■				■				■				■					
- Recreational possibilities (massage, rehabilitation)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
- Training programmes for directors			■				■				■				■				■		
- Organising sport days (for employees/ residents)		■				■				■				■				■			
- Pre-planned granting of holidays				■		■		■		■		■		■		■		■			■
Emphasising the role of voluntarism:																					
- Involving	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

university students into mental health programmes																			
- Introducing research topics related to elder care by cooperating with universities																			
- Involving more and more volunteers at the institution by taking advantage of the training organisation																			
Preventing exclusion:																			
- Providing integrated services																			
- Getting in touch with local media to provide egular media ppearance (with regular articles)																			
- Improving digital literacy																			
- Creating community space, and activity corner																			
- Involving the youth, organising common programmes																			
- Preparing relatives professionally																			

- Getting in touch with schools, kindergartens, organising common events with them: handicraft afternoons with elder people, transferring knowledge to the younger generations	
- Organising active pastime with the youth	
Healthy approach	
- Movement for promoting physical activity	
- Organising lectures on the importance of physical activity every two months	
- Providing special meals for those with diabetes, consultation on dietary issues	
- Preparing a special recipe book, publishing it on the internet.	
- "From our own garden to our own kitchen" project	

Appendix 2

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 nyugdíjemelés 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 módosításáról	28 12 2016, 01 01 2017

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 átcsoportosításról	
1766/2016. (XII. 15.) Korm. határozat az államháztartás központi alrendszerébe tartozó szervek és a helyi önkormányzatok közötti feladat- és intézmény átadás-átvételéről	

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Mintaprogram a minőségi időskorért
Pilot project for quality ageing
HU11-0005-A1-2013
Hungary, Alsómocsolád 2016–2017

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