Mapping long-term care quality assurance practices in the EU

Luxembourg

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Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

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European Social Policy Network (ESPN)

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

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1 What are the existing definitions of LTC quality in your country?

A law voted in 2017 (Grand-Duché de Luxembourg, 2017a) reformed the LTC insurance[1] by 1 January 2018 by amending the Social security Code (*Code de la sécurité sociale*, see IGSS, 2019b). The reform introduced a greater flexibility with regards to daily life activities, through the introduction of flat-rate billing as well as changes in the organisation and time allocated for activities, support, domestic tasks and counselling (replaced by independent support activities, coaching and home support activities) and the possibility of individual home care at night.

One of its goals was the development of a transparent and effective quality policy and control. The Social security Code defines in its new article 387bis that staffing standard and qualifications, the relevant documentation and quality indicators are the elements of the quality system, which are to be fixed for the different care provisions: essential acts of life, activities supporting independence, accompanying activities, day and night care activities, caregiver training activities and household maintenance assistance activities. To implement this law and the described quality system, the Government issued a range of regulations (*Règlements grand-ducaux*), from which three were introducing elements of quality control (Grand-Duché de Luxembourg, 2017b, c and d). These are more fully described in the next section N° 2.

The former *Cellule d'Evaluation et d'Orientation* (CEO), which was a department of the General Social Security Inspectorate (IGSS – *Inspection Générale de la Sécurité Sociale*) has become the independent State Office for Assessment and Monitoring of the long-term care insurance (*Administration d'évaluation et de contrôle de l'assurance dépendance* - AEC). The reform law entrusted the AEC with the task of quality control (according to the new article 384bis of the Social security Code, whereas the details are described in the three aforementioned regulations.

There are 4 categories of care providers: 1) Help and care networks (24 networks at the end of 2017, 26.3% of the beneficiaries); 2) Semi-stationary centres[2] (52 centres at the end of 2017, 4.5% of the beneficiaries); 3) Continuing care facilities accommodating dependent people day and night and providing them with all the assistance and care required according to their degree of dependence (52 centres at the end of 2017, 58.6% of the beneficiaries); 4) Support and care establishments with intermittent stay[3] (44 establishments at the end of 2017, 10.7% of the beneficiaries, all these figures stem from IGSS, 2019a). The first two are included in care at home; the latter two belong to the residential care sector. Comparing 2012 and 2017, 13,742 *versus* 13,860 were beneficiaries: 4,149 *vs.* 4,590 in the residential setting, 8,857 *vs.* 9,270 in the home care

[1] A global overview of the long-term care (LTC) insurance (*Assurance dépendance*) in Luxembourg can be consulted in IGSS (2019a); Pacolet et al. (2018) may also be consulted as well as Directorate-General for Economic Affairs (2019). It exists also a practical guide to the LTC insurance before the 2017 reform (Ministère de la Sécurité sociale, 2009).

[2] These could be day care centres or night care centres; currently there exist no night care centres in Luxembourg.

[3] Equally accommodating dependent people day and night and providing them with all the assistance and care required according to their degree of dependence, but allowing an alternation between the stay in the centre and the stay in a private home. These category responds predominantly but not exclusively to the needs of people with disabilities.

setting. (IGSS, 2019a). The quality definitions of the new law and the regulations apply to all these providers.

The AEC, responsible for quality monitoring and for ensuring that the provided services match the needs of the dependent person, evaluates the input, the results and the process quality (see below under 2) for details).

2 Is there a LTC quality framework (or a general healthcare and social services quality framework that applies to LTC)?

The AEC, which is entrusted by the law (which defines the norms and indicators) with the quality control, is a public office placed under the authority of the Ministry for social security. So the LTC quality framework is legally binding for all care providers, including support at home, and applies to all the six categories of care provision named in section N° 1.

The AEC, responsible for quality monitoring and for ensuring that the provided services match the needs of the dependent person, evaluates the input, the result and the process quality. Therefore, the first regulation (Grand-Duché de Luxembourg, 2017b) defines the required qualifications and staffing standards to guarantee input quality. The second regulation (Grand-Duché de Luxembourg, 2017c) defines the quality indicators to measure the results. These include:

- the percentage of dependent persons cared for by the care provider who have pressure ulcers (bedsore);
- the dependent persons cared for by the care provider for whom an evaluation of the pain was carried out, and the evolution of it;
- for the dependent persons cared for by the care provider their annual prevalence of falls and their recidivism;
- the regular (at least monthly) weight measurement (and its evolution in time) for the dependent persons cared for by the care provider, in order to control the quality of nutritional monitoring of the dependent persons cared for by the care provider; and
- the existence of a formal complaints procedure with the care provider in order to involve the dependant person and his/her family in the continuous improvement of the care provided.

With regard to the process quality, the AEC controls the quality of the documentation, according to the requirements of the same regulation (Grand-Duché de Luxembourg 2017c), including information on the dependent person cared for, the care provided, the health situation, a typical week of care and a transfer form informing about transfers to another institution.

Besides the AEC, two other bodies are consulted in organizing the quality control (Grand-Duché de Luxembourg, 2017a):

- an ‘Advisory Commission’ (*Commission consultative*, article 387 of the Social security Code, IGSS 2019b), composed of government representatives, representatives of beneficiaries and providers and the National Health Fund (CNS– *Caisse Nationale de Santé*), it gives an opinion on the instruments to evaluate and measure the dependence of a person and on other instruments used by the AEC, on the list of technical assistance devices, on the required qualifications and staffing standards and

it may be seized by governmental bodies or by the representation of the care providers on all matters with regard to the dependence insurance; and

- Convened periodically by the Minister for social security, the 'Concerted Action' (*Action concertée de l'assurance dépendance*) brings together the Ministers responsible for family affairs, health and budget or their representatives, organisations active in the fields of health, family and social action, and associations representing the beneficiaries of long-term care to examine at national level the functioning of the dependency insurance, the care networks and the institutions for dependent persons, as well as to propose improvements to the system (article 388 of the Social security Code, IGSS 2019b).

The AEC prepares a biennial report on the checks carried out in the framework of quality control that it sends to the Executive Board of the CNS as well as to the Ministers responsible for social security and health and to the competent Minister by virtue of the legislation regulating the relations between the State and the organisms working in the social, family and therapeutic domains (Code de la Sécurité sociale, IGSS 2019b, article 384bis).

This quality framework applies to all care providers.

3 In addition to the LTC quality framework (or in the absence of one), how (else) is LTC quality assured?

The National Health Fund (CNS) is responsible for paying for the care provided, while a set of providers of both community care and residential care is identified and regulated. In order to be able to operate in the context of LTC insurance, the service providers must practice by virtue of an authorisation issued by the supervisory Ministry after an accreditation process; the very precise criteria for this accreditation are laid down in a specific regulation (Grand-Duché de Luxembourg, 2017d)[4], based itself on two other regulations (Grand-Duché de Luxembourg, 2008 & 2009) which are carrying out the law regulating the relations between the State and the organisms working in the social, family and therapeutic domains (Grand-Duché de Luxembourg, 1998 as amended by Grand-Duché de Luxembourg, 2011). They must also adhere to the framework agreement negotiated between the CNS and the representative association of service providers and engage with the CNS through a service contract.

The representative organisation of the care providers COPAS (*Confédération des Organismes Prestataires d'Aides et de Soins*) became the recognised collective bargaining party for the collective labour agreement as well as for the relations with the long-term care insurance (i.e. the CNS), obviating negotiations with each single care provider.

Market entry to the care giving sector is restricted to organisations approved by the Ministry for Family based on the fulfilment of certain quality standards and after adhesion to a framework contract with the National Health Fund, which determines the rights and obligations for executing the nursing care services (Directorate-General for Economic Affairs, 2019).

[4] Nine different accreditations are listed in this regulation; each of these is based on requirements regarding for example qualifications and staffing standards, criteria for the infrastructures, documentation requirements, opening days and hours, the existence of a provider's action concept (*projet d'établissement*) etc.

The quality criteria of the quality framework are legally binding and therefore there exist no negative or positive economic incentives for complying with these criteria; also there exist no negative or positive economic incentives rewarding providers for extra efforts to improve quality.

4 How is the quality of informal care ensured and monitored?

The dependent person who is cared for by an informal carer must inform the AEC about the existence of such an informal carer. According to article 350 of the Code of social security the AEC then assesses the carer's capacities and availability to provide at least once a week assistance and care in the areas of acts of daily living, as well as his or her supervision and training needs (IGSS, 2019b).

The assessment makes it possible to assess the carer's availability in view of his or her professional situation, family responsibilities, and geographical proximity of his or her home to the one of the dependent person and to evaluate his or her psychological and physical aptitudes, as well as his or her opportunities for respite. This assessment remains valid until a new summary is drawn up following a re-evaluation.

In the case the assessment is positive, the dependent person gets a cash benefit from the dependency insurance (corresponding to the activities taken by the informal carer instead of a care network), and thus the dependent person is in a position to compensate the informal carer for the time he is providing care (according to a normal employment contract or a contract according to a simplified administrative procedure for persons employed in a private household). In the case the assessment is inconclusive, the dependent person has to entrust all care activities that were agreed upon by the AEC to one or more providers out of the four categories listed in section N° 1.

Training informal carers, for a maximum of 6 hours per year, aims to advise and empower them to perform the aid and care to be provided to the dependent person in the areas of essential life acts by transmitting them the necessary techniques and knowledge. According to an opinion of the AEC additional training for maximum two hours a year may be provided in relation with the granting of technical assistance or a technical device.

Service providers wishing to provide such trainings have to seek accreditation like all other providers in the LTC insurance frame and as laid down in a specific regulation (Grand-Duché de Luxembourg, 2017d) and have to comply with the required qualifications and staffing standards defined by another specific regulation (Grand-Duché de Luxembourg, 2017b).

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