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Identificación de las características de los servicios que ofrecen los establecimientos de asistencia social permanente

Identification of the characteristics of the services offered by permanent social assistance establishments

Identificação das características dos serviços oferecidos pelos estabelecimentos de assistência social permanente

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Resumen

Introducción: Actualmente el tiempo no alcanza para cumplir con los múltiples compromisos adquiridos. Esto ha ocasionado que el comportamiento de la familia haya cambiado, especialmente en lo relacionado con el cuidado de los parientes mayores, quienes son confinados a espacios públicos o privados que se dedican a su atención. **Objetivo:** El propósito de este trabajo fue identificar los servicios que ofrecen los establecimientos de asistencia social permanente en la ciudad de San Francisco de Campeche. **Métodos:** Se realizó un estudio con enfoque cuantitativo, con un alcance descriptivo transversal y un diseño no experimental. La pregunta de investigación planteada fue la siguiente: ¿cuáles son los servicios que ofrecen los establecimientos de asistencia social permanente en la mencionada ciudad de México? Para ello, se partió de la siguiente hipótesis: los establecimientos de asistencia social permanente en la ciudad de San Francisco de Campeche brindan servicios básicos en la atención de sus huéspedes. Para recabar información sobre este tema se aplicó el *Instrumento de identificación de servicios en residencias geriátricas* en cinco establecimientos: uno público (codificado como RP) y cuatro privados (codificados como RP1, RP2, RP3 y RP4). **Resultados:** Los principales resultados fueron los siguientes: en relación con la infraestructura y los ingresos económicos, la RP tiene instalaciones propias y recibe financiamiento del Sistema Nacional para el Desarrollo Integral de la Familia, así como de las mensualidades de sus huéspedes. En cambio, las cuatro instituciones privadas no tienen instalaciones propias y su única fuente de ingresos corresponde a las mensualidades que deben pagar los usuarios. Por otra parte, la RP recibe a pasantes de las licenciaturas en gerontología, enfermería y fisioterapia, quienes suelen participar en investigaciones, mientras que los establecimientos privados no son considerados como sedes de servicio social debido a que son instituciones con fines de lucro. Asimismo, y en cuanto a las principales necesidad (ítem 9), se detectó que la RP requiere ayuda económica, medicamentos, personal e instalaciones, mientras que las instituciones privadas solicitan apoyos económicos (RP1), equipos de rehabilitación (RP2), pañales e instalaciones (RP3) y pañales (RP4). **Conclusiones**: Se deben fortalecer los establecimientos de asistencia social para que amplíen su oferta de servicios, pues solo el centro de atención público, al recibir apoyo gubernamental, brinda 80 % de las áreas de atención estudiadas. Igualmente, se debe

sensibilizar a la sociedad para que compartan su tiempo con los adultos mayores que allí viven, así como realizar jornadas de donaciones de artículos indispensables para el óptimo funcionamiento de estos centros de cuidado.

Palabras clave: anciano, calidad en la atención, establecimiento de asistencia social permanente, persona mayor, residencia geriátrica.

Abstract

Introduction: There are currently times of population transition, in which we are gradually becoming a world of old people, in a world where people live faster and faster and the time is not enough, due to the commitments made, the behavior changes of the family and lack of time to care for their elders, one answer to this problem is the emergence of public and private spaces dedicated to the care of people classified as "senior citizens". Objective: This study is presented with the intention of identifying the services offered by permanent social assistance establishments in the city of San Francisco de Campeche. Methods: A study was carried out with a quantitative approach, with a transversal descriptive scope and a non-experimental. The research question is answered design: What are the services offered by permanent social assistance establishments in the City of San Francisco de Campeche, Campeche, Mexico? Hypothesis: The permanent social assistance establishments in the City of San Francisco de Campeche, offer basic services in the attention of their guests. The instrument called instrument of identification of services in nursing homes was applied to five establishments. Results: In the capacity aspect of attention, the public has greater attention capacity with 80, one of the private ones is able to attend 40 and the other 20 and 15 respectively; 80% (4/5) agree that institutional support networks should be formed to improve the care of the elderly; 80% (4/5) agree that the family requires more guidance; the best way to support these institutions is: allocating more economic resources 60% (3/5), training staff 20% (2/5), donating diapers and personal hygiene equipment 20% (2/5); As for the condition of the guests, the public has four types: they require basic care, special care, intensive care and receiving support from the family; of the private 50% (2/4) require basic care, 25% (1/4) requires special care, 25% (1/4) requires particular care according to pathologies; in the item

of services that the institution has, again the PR is the most complete with 12 (85.71%) of the fourteen proposed services, RP1 has one service (0.07%), RP2 has 9 (64.28%), RP3 has 10 (71.43%), RP4 has 8 (57.14%). Conclusions: It is necessary to strengthen the social assistance establishments, so that they expand their service offer, because only one reaches 80% of services, because they are public and receive government support; Volunteer work needs to be strengthened so that they can go to these places to share their time and, if possible, donate diapers. It is necessary to revalue the possibility of integrating these private establishments into the range of Higher Education institutions, to send them interns in social service, especially in the area of health.

Keywords: elderly person, quality of care, establishment of permanent social assistance, old man, geriatric residence.

Resumo

Introdução: Atualmente o tempo não é suficiente para cumprir os múltiplos compromissos adquiridos. Isso tem causado que o comportamento da família tenha mudado, principalmente em relação ao cuidado dos familiares idosos, que estão confinados a espaços públicos ou privados que se dedicam ao seu cuidado. Objetivo: O objetivo deste trabalho foi identificar os serviços oferecidos pelos estabelecimentos de assistência social permanente na cidade de San Francisco de Campeche. Métodos: Foi realizado um estudo com abordagem quantitativa, com um escopo descritivo transversal e um desenho não experimental. A questão de pesquisa foi colocada da seguinte forma: quais são os serviços oferecidos pelos estabelecimentos de assistência social permanente na citada cidade do México? Para tanto, utilizou-se a seguinte hipótese: os estabelecimentos de assistência social permanente na cidade de San Francisco de Campeche prestam serviços básicos no atendimento de seus hóspedes. Para coletar informações sobre esse tema, o instrumento de identificação de serviços em casas de repouso foi aplicado em cinco estabelecimentos: um público (codificado como PR) e quatro privados (codificados como RP1, RP2, RP3 e RP4). Resultados: Os principais resultados foram os seguintes: em relação à infra-estrutura e à renda econômica, o PR possui instalações próprias e recebe financiamento do Sistema Nacional de Desenvolvimento Integral da Família, bem como os pagamentos mensais de seus hóspedes. Por outro lado, as quatro instituições

privadas não possuem instalações próprias e sua única fonte de renda corresponde aos pagamentos mensais que os usuários devem pagar. Por outro lado, o PR recebe internos dos cursos de gerontologia, enfermagem e fisioterapia, que costumam participar de pesquisas, enquanto os estabelecimentos privados não são considerados centros de serviço social por serem instituições com fins lucrativos. Da mesma forma, e em termos das principais necessidades (item 9), constatou-se que PR requer assistência econômica, medicamentos, pessoal e instalações, enquanto instituições privadas solicitam apoio econômico (RP1), equipamentos de reabilitação (RP2), fraldas e fraldas. instalações (RP3) e fraldas (RP4). Conclusões: Os estabelecimentos de assistência social devem ser fortalecidos para ampliar sua oferta de serviços, uma vez que apenas o centro de atenção pública, ao receber apoio do governo, fornece 80% das áreas de atenção estudadas. Da mesma forma, a sociedade deve ser sensibilizada para que possa compartilhar seu tempo com os idosos que nela vivem, além de realizar dias de doações de itens essenciais para o funcionamento ideal desses centros de atendimento.

Palavras-chave: idoso, qualidade do cuidado, estabelecimento de assistência social permanente, idoso, residência geriátrica.

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Introduction

Adulthood in the human being is a stage that can be divided in different ways according to the perspectives of each author. In this regard, Papalia, Sterns, Feldman and Camp (2010) explain:

> The delimitation of periods of the life cycle varies with respect to different periods and different societies. However, most research divides adulthood into three periods: young adulthood (approximately 20 to 40 years of age), average adulthood (40 to 65 years of age) and late adulthood or old age (65 years or older)) (p. 8).

The stage of young adulthood is characterized by being a period during which people conclude their professional studies, have a work and family life, are very independent and mostly enjoy good health. The stage of adulthood, on the other hand, usually begins with a decline in which some diseases arising from the abuses that occurred in the previous stage arise. In this one thinks about the retirement or retirement, and great part of the conserved money is spent in medicines and treatments; In fact, progressively begins to need the support of other people to perform some basic activities of daily life, so that the human being is becoming increasingly dependent on the care of others. Finally, in late adulthood there is not only a period of important and repeated losses of family and friends, but also more time to socialize.

This is a stage that is characterized by living in spaces that have received different names in our country, according to the different official Mexican standards (NOM). For example, NOM-167-SSA1-1997 (Secretaría de Salud, 1997) in point number 4.7 describes the concept of a home for the elderly, as "social assistance establishment where senior citizens are provided comprehensive care through accommodation services. , food, clothing, medical attention, social work, cultural, recreational, occupational and psychological activities. (paragraph 27). Also, section 4.3 offers the following information for the term shelter for the elderly: "Establishment where accommodation services are provided temporarily to older adults, while they are relocated to other institutions or their families" (paragraph 23). As can be seen, this NOM combines what refers to the care of children and the elderly, so the figure of the gerontologist is not considered as part of the specialized human resource for the care of the elderly.

On the other hand, NOM-031-SSA3-2012 in paragraphs 4.7 and 4.8 refers to the concepts of establishing permanent social assistance and establishing temporary social assistance in the following manner:

> 4.7. Establishment of permanent social assistance, to any place that regardless of its name or legal status provides permanent comprehensive care for adults and older adults who have special features of care, where services are provided for risk prevention, care and rehabilitation, include accommodation, food, clothing, medical, social and psychological care, cultural, recreational and occupational activities. (para. 22).
>
> 4.8. Establishment of temporary social assistance, to any place that regardless of its denomination or legal regime, provides services and support for periods of less than 24 hours, continuous, to adults and older adults that include: alternatives for the creative and productive occupation of the free time and, where appropriate, food according to the Attention Model. (párr.. 23).

In this NOM, as can be seen, the issue of aging is given importance and special attention is given to older people through the concept of temporary and permanent social assistance, which is little known.

This same NOM also refers to two documents that are linked to quality care for the elderly in these establishments, which must be taken into consideration by those who offer these services, because that way they can be better evaluated in the visits of supervision committee inspection. The two rules are the following:

> 3.1. Official Mexican Standard NOM-168-SSA1-1998, From the clinical file. (par. 14).
>
> 3.2. Official Mexican Standard NOM-233-SSA1-2003, Which establishes the architectural requirements to facilitate access, transit, use and permanence of people with disabilities in ambulatory and hospital medical care establishments of the National Health System. (párr. 15).

Likewise, the concept of the gerontological center is another of the employees to refer to the care spaces for independent elderly people, where they have an active participation in the various planned activities. The length of stay in these sites can be long or short. In the latter case, they are known as day centers, as elderly people are cared for only while their

family members are at work. In this regard, the National Committee of Attention to the Aging (CONAEN) (2006) considers that these are medico-social services and of familiar support that offer during the day "attention to the basic personal, therapeutic and sociocultural needs of older people affected by diverse degrees of dependence, promoting their autonomy and permanence in their usual environment "(p.1). This model of a gerontological center has also been adopted by organizations such as the Institute of Social Security at the Service of State Workers (ISSSTE) and the Social Security Institute at the Service of Workers of the State of Campeche (ISSSTECAM). In these areas, retired and retired staff are offered multiple activities at no cost, such as tai chi, cooking, aerobics, sewing, embroidery and rehabilitation, as well as various sessions related to self-care, which are led by nurses and gerontologists.

Finally, we can mention the concept of geriatric center, which is used to refer to the spaces dedicated to the care of patients with pathological aging, that is, those people who have lost their independence and need help to perform the basic activities of the daily life. As can be seen, there are different names for places of care for the elderly, to which they must be offered a specialized quality care, as explained below.

Quality of care

The World Health Organization (WHO) (cited by Álvarez, 2007) has defined the quality of care in the following terms:

> It is one that identifies the health needs of individuals or the population, in a total and accurate way, and allocates the necessary resources to these needs in a timely and effective manner as the current result of knowledge allows (p. 75).

In Spain, the Fundación Cuidados Dignos (chaired by Dr. Ana Urrutia) is distinguished for creating and promoting the Libera-Care Standard, which "was born in the face of the concern of a group of professionals in the field of geriatrics and gerontology compared to the excessive use of restraints in Spain "(paragraph 2). This seeks to create a model of care focused on the person that allows humanizing the treatment patients receive in nursing homes.

In the case of Mexico, one can mention the inspection activities carried out once or twice a year by an inter-institutional team composed of the National Institute for the Elderly (INAPAM), the Directorate of Integral Care for the Elderly (DAIAM) and Civil Protection of the State, among other institutions, which are in charge of reviewing the infrastructure and medicines, as well as identifying the risk areas in those precincts to then make recommendations and verify compliance with commitments. However, it is worth emphasizing that the results of these reports are not public access, so it is impossible to access them.

However, although for many relatives it is a complex task to have to house the elderly in these areas, it must also be taken into account that in many cases these people need special care and attention that their relatives can not always offer due to the labor commitments and day-to-day domestic activities. For this reason, the recommendations offered by the Department of Veterans Affairs (s. F.) Of the United States of America in relation to the time when these centers are required are pertinent:

- Try to have your loved one participate in the selection of a long-term care facility.
- Moving your loved one to another place of residence is a big change for him and you. At the beginning, it is advisable that the visits you make are frequent and brief. Later, it may be beneficial for visits to be longer.
- Do not wait until a crisis situation occurs to find a long-term care facility. There are usually long waiting lists and limited space.
- Become familiar with the different types of long-term care facilities. Choose the one that best meets the needs of your loved one and your own (párr. 19).

Other suggestions that this North American institution offers in this regard are the following: observe the characteristics of the infrastructure of the centers, as well as the staff that serves the guests. To do this, the department said: "Present without warning in different days and hours, observe the staff while working, talk with patients and employees, check for unpleasant odors" (Department of Veterans Affairs, sf, para. . 5).

These recommendations are very accurate and can be applied in the Mexican population, since the ultimate goal is to take the elderly into account in order to make them feel involved in the decisions that must be adopted in this new stage of life.

Previous studies

Agostini and Pereira (2015) point out that the isolation to which some older adults are subjected can aggravate their mental stability, since these people usually suffer from diseases such as dementia or psychosis; for this reason, they recommend knowing the characteristics of these places to identify the activities that are incorporated into their routine program, to make the best decision in the selection of the place for the family member.

In this sense, the work of Corugedo et al. (2014), who point out the following:

> Almost all the elderly have a low perception of quality of life, only one perceives the quality of life at the middle level and none high, so that it is not associated either with age or sex in a significant way, with a predominance of the range of 60-69 and 70-79 years of age, and of the masculine sex over the feminine one (párr. 29).

A similar finding is reported by Martínez et al. (2011), these researchers indicate that certain spaces of geriatric residence, can negatively affect the level of quality of life of people. In this sense, they point out that of the total population of their study, "9.6% had a good quality of life; 47.1% had an insufficient quality of life; 33.7% had poor quality of life and the remaining 9.6% had poor quality of life "(p.704 and 706).

Likewise, Cardona-Arias, Álvarez-Mendieta and Pastrana-Restrepo (2014), in a study carried out in Medellín (Colombia), comment that the elderly of that city "present conditions of economic, social, environmental and general health vulnerability; in geriatric homes there is a greater deterioration in the quality of life related to health "(paragraph 1). This research, therefore, confirms the idea that the entrance to a geriatric residence can undermine the health

of people, because at this age, they have a hard time adapting to this new way of life, where they are usually isolated from society .

In this regard, the work carried out by Blanca, Linares and Grande (2011) on the unfavorable effects that these centers can have on the physical and mental health of older people is appropriate:

> As for the aspects that they consider to favor their well-being: to keep their basic needs met, the residence assimilated as the home, the cleanliness, to have an individual room, haste in the satisfaction of their requests, to speak and be heard, changes in the routines and small trips, good weather and pleasant temperature, satisfactory social relations maintained both with the staff and the companions of the center as well as with the relatives and friends who live outside, to carry out activities that they consider significant. Regarding the negative aspects: the highly structured and normalized lifestyle of these centers, the changes of the caretaker staff, the economic circumstances, the cold and bad weather, the lack of privacy (párr. 7).

Now, although it is true that most of the spaces used as asylums are remodeled buildings that offer shared rooms for the elderly with the purpose of reducing expenses, it should also be anticipated that there are some attentions that can be improved, such as having more patience with them or give them brief tours of pleasant places to keep in touch with society.

Another significant research is the one developed by Becerra-Martínez, Godoy-Sierra, Pérez-Ríos and Moreno-Gómez (2007), who show that socialization with people other than those they see daily in the geriatric residence makes it more pleasant to stay in these places, because one of the biggest concerns of the elderly is to be forgotten:

> Older adults report not feeling fear of death, however, they expressed concern and fear of being forgotten by their loved ones and by the society outside of this place, since they commented feeling good when someone visits them, encourages them or talks with them , because they share their experiences (p. 36).

In this regard, the suggestions of Álvarez (2007), who commented that to improve the quality of care of a gerontological center, it is necessary to comply with these six aspects:

> 1. Plan assistance according to the objectives to be achieved.
>
> 2. Have the physical, technological, procedural and, fundamentally, professional structure adequate in number, qualification and implication.
>
> 3. Have basic indicators of feasible achievement that reach the relevant areas of assistance and allow us to monitor them.
>
> 4. Guarantee a learning process that allows the adaptation and improvement of all the people of the organization.
>
> 5. Maintain continuous innovation in the care processes that allow us to implement improvement actions based on the needs of the users detected.
>
> 6. Always focus assistance on improving the welfare of the people we serve and look for evidence to improve their quality of life (p. 83).

All the previous suggestions, of course, should foresee that in some cases it is inevitable to restrict the exits and the contact of older adults with other people, given the mental fragility of some of them, as pointed out by Salinas Martínez and Banda Arévalo (1991):

> Frequently, in half of the cases the exits of the patients are restricted, as well as the schedule of visits. We insist that the existence of these limitations to the autonomy of patients are often impossible to avoid, especially in the case of patients with serious problems of judgment or function. The fact that half of the asylums avoid these types of problems is commendable (p. 62).

It is important to maintain the connection of guests with society, isolate them and avoid exits enrarece the environment and causes tension, maintain the relationship with the social environment motivates and improves their mood, always must make outputs.

Materials and method

Objective and hypothesis

The objective of this study was to identify the services offered by permanent social assistance establishments in the city of San Francisco de Campeche (Mexico). For this, a study was carried out with a quantitative approach, cross-sectional descriptive scope and non-experimental design. The research question asked is: what is the quality in the care of nursing homes in the aforementioned city of Mexico? Also, the hypothesis formulated was this: the permanent social assistance establishments offer a basic attention to their guests.

Population

In the first place, a search was made of the spaces that in the city of San Francisco de Campeche (Campeche, Mexico) offered care to the elderly. In this exploration, five centers were located, of which one was public and four private. All were assigned a code to reference them (table 1):

Tabla 1. Código asignado a los centros que conformaron la población objeto de estudio

Nombres del centro	Público o privado	Código asignado
Dirección de atención integral al adulto mayor	Público	RP
Residencia geriátrica y club de día	Privado	RP1
Centro gerontológico	Privado	RP2
Residencia y casa de día para el adulto mayor	Privado	RP3
Residencia geriátrica	Privado	RP4

Fuente: Elaboración propia

Instrument

In this research, the Service Identification Instrument in nursing homes was used (Quintanar, 1999), which consists of 26 items, which have been formulated to investigate the following aspects: identification of the characteristics of the spaces and data of the responsible for the information (position, age, sex, schooling), data of the institution (name, address, telephone, public or private type, capacity of attention, age of entry, minimum and maximum age of stay).

It is worth noting that 24 questions have between three and six options, except number 20, which offers fourteen response options. Question 25 focuses on the type of funding they receive and question 26 is an open question for final comments.

Results

The data collected show that the public institution (PR) director was 64 years old, while the director of a private institution was 33 years old. In the remaining three, the managers were 29 years old. All those responsible for these care centers were women and they had a team of coordinators.

Regarding the level of studies, the person in charge of the public center had a master's degree, while those in charge of the four private institutions had a bachelor's degree.

On the capacity of attention of the five geriatric residences, it can be said that the RP can accommodate 80 people (it currently has 78); RP1 did not provide this information, although it currently serves 10 people; the RP2 has a capacity for 15 people (it currently houses 12); the RP3 has capacity for 40 people (currently it hosts 28), and the RP4 can receive 20 people (currently 14 reside).

In relation to infrastructure and economic income, the PR has its own facilities and receives financing from the National System for the Integral Development of the Family, as well as the monthly payments of its guests. On the other hand, the four private institutions do not have their own facilities and their only source of income corresponds to the monthly payments that users must pay.

The RP receives interns from the bachelor's degrees in gerontology, nursing and physiotherapy, who usually participate in research, as well as nursing technical schools. Private establishments are not considered as social service centers because they are for-profit institutions. Even so, the authorities of these care centers argued that they have enough money to hire the required personnel, which could be questioned, given the high costs that these institutions must pay in the lease of the facilities used and salaries for the Staff that caters to guests. Coupled with this, it should be noted that some elderly people do not pay for their stay in the premises because they were abandoned by their relatives or because they were picked up from the street, complicating the financial situation of the private establishments.

On the other hand, and in terms of the main needs (item 9), the PR stated that it requires economic aid, medicines, personnel and facilities, while private institutions requested economic support (RP1), rehabilitation equipment (RP2), diapers. and facilities (RP3) and diapers (RP4).

In addition, and on the most difficult decisions that these institutions must face (item 10), the following can be named: hospitalization of an elderly person in the hospital (RP); preparation for death (RP3 and RP4); the exit of an elder (RP and RP2), and reject the application for an income (RP and RP1).

For this reason, four of these institutions agree that institutional support networks should be created to improve the care of the elderly (item 16), and that relatives should be given more guidance (item 17).

Regarding the best way to support these institutions (item 18), three centers recommended allocating more financial resources, two indicated that staff should be trained, and two others thought that more diapers and personal hygiene equipment should be donated.

Likewise, and regarding the type of care that residents in these centers should receive (item 19), the PR indicated that they need basic care, special care, intensive care and family support; while two private centers mentioned basic care, one special care and another particular care according to the pathologies.

Likewise, regarding how globalization affects the elderly (item 20), the PR considered that the three options, while two private ones selected only one, relates to the opinion that this situation generated other needs in the family of the old man Likewise, a center of attention indicated that it is more difficult to obtain the necessary resources and, in the free response, one of the private residences said that "there is no culture of care in institutions for the elderly".

With regard to the technological conditions with which the care centers are equipped (item 21), it was found that the RP has better rehabilitation, diagnosis and computation supplies, while three private institutions have technical facilities for the elderly, and one of they rehabilitation and computation equipment.

Regarding the services that the institutions have (item 22), again the PR was the most complete with 12 of the 14 proposed services; In contrast, RP1 only reported one service, RP2 stated that it had 9, RP3 said it had 10, and RP4 indicated that it worked with 8. In general, it can be said that four of the five nursing homes have medical care. own and

external, rehabilitation, occupational therapy and cooking, as well as spiritual support and administrative area.

Regarding the source of financing (item 23), the PR has public, government and patronage donations; while the private ones have as their only source of income the monthly payment of relatives or residents.

Finally, the years in which the five social assistance establishments emerged were the PR in 1985, the PR1 in 1996, the RP2 in 2015, the PR3 in 2012 and the PR4 in 2016 (this offers attention only to women).

Discussion

From the data gathered in this research it can be pointed out that the terms that are currently used by the society to refer to the care centers of the elderly (better known as: nursing homes, nursing homes, geriatric residence or gerontological center) they do not coincide with the concept determined by NOM-031-SSA3-2012 (Secretaría de Salud, 2012), that is, establishment of permanent social assistance, which demonstrates the lack of knowledge of the institutions that offer these services.

On the other hand, this same NOM establishes the services that these assistance centers must provide, of which most agree with what is referred by private institutions, although with the following details: for example, if permanent integral attention is provided, but with certain limitations due to lack of personnel. In the aspect of rehabilitation and psychology, they do not have a physiotherapist or a psychologist, so a basic service is provided in these areas, which is performed by the gerontologists who work there. Regarding medical care, when older adults get sick they must go to a health center or pay for a private medical consultation, to which they must add the price of the medicines. Also, cultural and recreational activities are limited due to lack of transportation for all guests. Likewise, the main occupational activities promoted have to do with certain crafts, with which the fine motor skills are developed and the lottery game is used to improve attention and memory.

Conclusion

After analyzing the data obtained, it can be affirmed that the objective proposed in this study has been met, since the services offered by the permanent social assistance establishments have been identified. Likewise, the hypothesis proposed initially is accepted, since it is shown that the services provided by permanent social assistance establishments are basic. It is concluded that in spite of the material, economic and human support resources, that through the clinical practices of the university students, who receive the Public Residence, they have needs waiting to be attended, arising the concern of the condition in the that private residences are found, since they must pay a monthly rent for the property and do not receive the human support of the university, obviously their needs to be covered are exponential, and it is important to encourage voluntary work and philanthropy on the part of society, to influence the improvement of the quality of care in these spaces, which will gradually increase with the demand of families with elderly people who, due to work commitments, can not attend.

For future research, the following recommendations are presented: Strengthen social assistance establishments so that they expand their service offer, since only the public center, upon receiving government support, provides 80% of the attention areas studied; Sensitize society so that they can share their time with older adults who live there, as well as make days of donations of essential items for the optimal functioning of these care centers; To promote the importance of voluntary service in educational institutions so that they can join the work of caring for the elderly; Promote interaction between higher education institutions and private care centers so that the latter receive interns, who can contribute to the care and development of different activities with older adults and verify in future investigations the application of the following four norms related to the operation of permanent social assistance establishments: NOM-031-SSA3-2012. Social care. Provision of social assistance services to adults and seniors at risk and vulnerability, NOM-168-SSA1-1998 of the clinical file, NOM-233-SSA1-2003, which establishes the architectural requirements to facilitate access, transit, use and permanence of persons with disabilities in ambulatory and hospital medical care establishments of the National Health System and Apply to the permanent social

assistance establishments the self-evaluation guide table with the 100 recommendations proposed by the Spanish Society of Geriatrics and Gerontology, as This way we can work on quality and continuous improvement for the services of day care centers for the elderly (see annex).

Acknowledgment

This research was carried out thanks to the collaboration of the five geriatric residences located in the city of San Francisco de Campeche: Home for the Elderly of the National System for the Integral Development of the Family, House of the Grandmothers, House of the Grandparents, Fengari and House Big.

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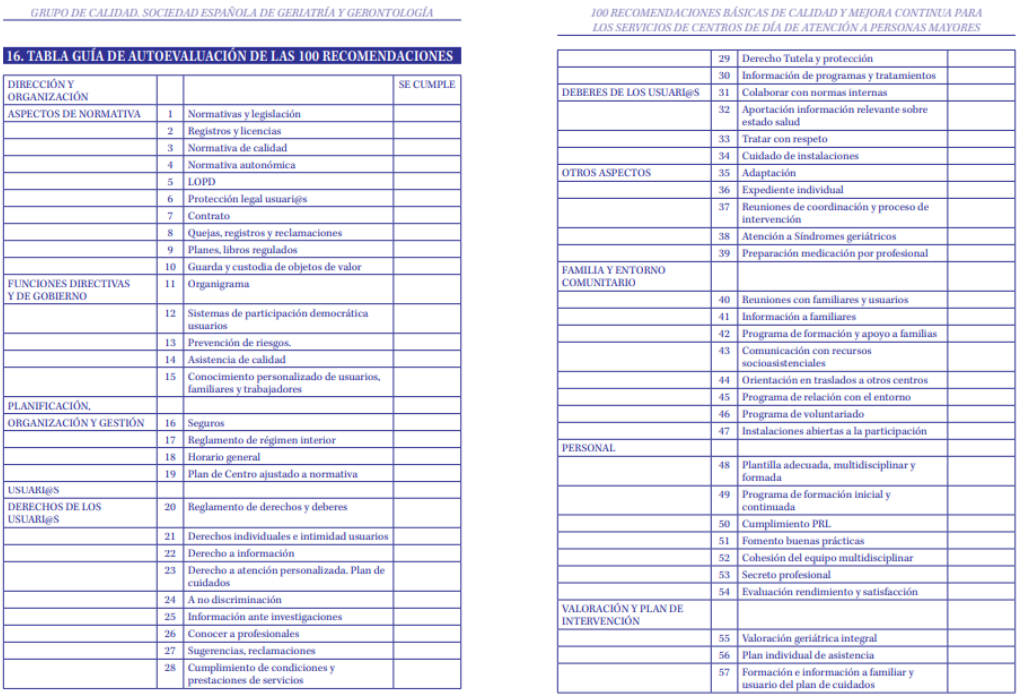
Anexos. Tabla guía de autoevaluación con 100 recomendaciones propuestas por la Sociedad Española de Geriatría y Gerontología



GRUPO DE CALIDAD. SOCIEDAD ESPAÑOLA DE GERIATRÍA Y GERONTOLOGÍA

16. TABLA GUÍA DE AUTOEVALUACIÓN DE LAS 100 RECOMENDACIONES

DIRECCIÓN Y ORGANIZACIÓN			SE CUMPLE
ASPECTOS DE NORMATIVA	1	Normativas y legislación	
	2	Registros y licencias	
	3	Normativa de calidad	
	4	Normativa autonómica	
	5	LOPD	
	6	Protección legal usuari@s	
	7	Contrato	
	8	Quejas, registros y reclamaciones	
	9	Planes, libros regulados	
	10	Guarda y custodia de objetos de valor	
FUNCIONES DIRECTIVAS Y DE GOBIERNO	11	Organigrama	
	12	Sistemas de participación democrática usuarios	
	13	Prevención de riesgos.	
	14	Asistencia de calidad	
	15	Conocimiento personalizado de usuarios, familiares y trabajadores	
PLANIFICACIÓN,			
ORGANIZACIÓN Y GESTIÓN	16	Seguros	
	17	Reglamento de régimen interior	
	18	Horario general	
	19	Plan de Centro ajustado a normativa	
USUARI@S			
DERECHOS DE LOS USUARI@S	20	Reglamento de derechos y deberes	
	21	Derechos individuales e intimidad usuarios	
	22	Derecho a información	
	23	Derecho a atención personalizada. Plan de cuidados	
	24	A no discriminación	
	25	Información ante investigaciones	
	26	Conocer a profesionales	
	27	Sugerencias, reclamaciones	
	28	Cumplimiento de condiciones y prestaciones de servicios	

100 RECOMENDACIONES BÁSICAS DE CALIDAD Y MEJORA CONTINUA PARA LOS SERVICIOS DE CENTROS DE DÍA DE ATENCIÓN A PERSONAS MAYORES

	29	Derecho Tutela y protección	
	30	Información de programas y tratamientos	
DEBERES DE LOS USUARI@S	31	Colaborar con normas internas	
	32	Aportación información relevante sobre estado salud	
	33	Tratar con respeto	
	34	Cuidado de instalaciones	
OTROS ASPECTOS	35	Adaptación	
	36	Expediente individual	
	37	Reuniones de coordinación y proceso de intervención	
	38	Atención a Síndromes geriátricos	
	39	Preparación medicación por profesional	
FAMILIA Y ENTORNO COMUNITARIO			
	40	Reuniones con familiares y usuarios	
	41	Información a familiares	
	42	Programa de formación y apoyo a familias	
	43	Comunicación con recursos socioasistenciales	
	44	Orientación en traslados a otros centros	
	45	Programa de relación con el entorno	
	46	Programa de voluntariado	
	47	Instalaciones abiertas a la participación	
PERSONAL			
	48	Plantilla adecuada, multidisciplinar y formada	
	49	Programa de formación inicial y continuada	
	50	Cumplimiento PRL	
	51	Fomento buenas prácticas	
	52	Cohesión del equipo multidisciplinar	
	53	Secreto profesional	
	54	Evaluación rendimiento y satisfacción	
VALORACIÓN Y PLAN DE INTERVENCIÓN			
	55	Valoración geriátrica integral	
	56	Plan individual de asistencia	
	57	Formación e información a familiar y usuario del plan de cuidados	

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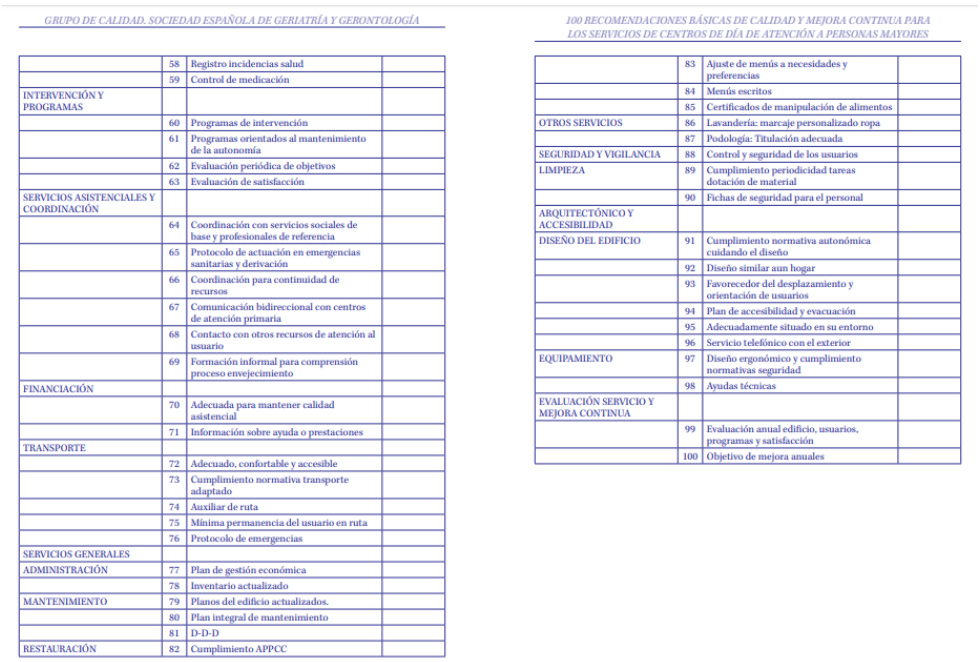

GRUPO DE CALIDAD. SOCIEDAD ESPAÑOLA DE GERIATRÍA Y GERONTOLOGÍA

100 RECOMENDACIONES BÁSICAS DE CALIDAD Y MEJORA CONTINUA PARA LOS SERVICIOS DE CENTROS DE DÍA DE ATENCIÓN A PERSONAS MAYORES

	58	Registro incidencias salud	
	59	Control de medicación	
INTERVENCIÓN Y PROGRAMAS			
	60	Programas de intervención	
	61	Programas orientados al mantenimiento de la autonomía	
	62	Evaluación periódica de objetivos	
	63	Evaluación de satisfacción	
SERVICIOS ASISTENCIALES Y COORDINACIÓN			
	64	Coordinación con servicios sociales de base y profesionales de referencia	
	65	Protocolo de actuación en emergencias sanitarias y derivación	
	66	Coordinación para continuidad de recursos	
	67	Comunicación bidireccional con centros de atención primaria	
	68	Contacto con otros recursos de atención al usuario	
	69	Formación informal para comprensión proceso envejecimiento	
FINANCIACIÓN			
	70	Adecuada para mantener calidad asistencial	
	71	Información sobre ayuda o prestaciones	
TRANSPORTE			
	72	Adecuado, confortable y accesible	
	73	Cumplimiento normativa transporte adaptado	
	74	Auxiliar de ruta	
	75	Mínima permanencia del usuario en ruta	
	76	Protocolo de emergencias	
SERVICIOS GENERALES			
ADMINISTRACIÓN	77	Plan de gestión económica	
	78	Inventario actualizado	
MANTENIMIENTO	79	Planos del edificio actualizados.	
	80	Plan integral de mantenimiento	
	81	D-D-D	
RESTAURACIÓN	82	Cumplimiento APPCC	

	83	Ajuste de menús a necesidades y preferencias	
	84	Menús escritos	
	85	Certificados de manipulación de alimentos	
OTROS SERVICIOS	86	Lavandería: marcaje personalizado ropa	
	87	Podología: Titulación adecuada	
SEGURIDAD Y VIGILANCIA	88	Control y seguridad de los usuarios	
LIMPIEZA	89	Cumplimiento periodicidad tareas dotación de material	
	90	Fichas de seguridad para el personal	
ARQUITECTÓNICO Y ACCESIBILIDAD			
DISEÑO DEL EDIFICIO	91	Cumplimiento normativa autonómica cuidando el diseño	
	92	Diseño similar aun hogar	
	93	Favorecedor del desplazamiento y orientación de usuarios	
	94	Plan de accesibilidad y evacuación	
	95	Adecuadamente situado en su entorno	
	96	Servicio telefónico con el exterior	
EQUIPAMIENTO	97	Diseño ergonómico y cumplimiento normativas seguridad	
	98	Ayudas técnicas	
EVALUACIÓN SERVICIO Y MEJORA CONTINUA			
	99	Evaluación anual edificio, usuarios, programas y satisfacción	
	100	Objetivo de mejora anuales	

Tomado de: Sociedad Española de Geriatría y Gerontología (s. f.). *100 recomendaciones básicas de calidad y mejora continua para los servicios de centros de día de atención a persona mayores*.

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