



OVERVIEW OF THE AUDITING INSTITUTIONS AT THE SENIOR HOUSING AND HEALTHCARE SECTOR ACROSS EUROPE

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Dr. Stefan Voß, Partner, CMS

” Every European country that we analyzed in the study has its own governance rules and regulating authorities. It was surprising that many countries have at least two different authorities which control and monitor healthcare operations. Some authorities are set up by the government. Others are organised by private institutions.

As a guiding principle, I would say that operators, and investors as well, should be very transparent and share all important information with the authorities and shareholders.

UNITED KINGDOM / ENGLAND

The four jurisdictions of the United Kingdom (England, Scotland, Wales and Northern Ireland) have different regimes in place to regulate and monitor the safety and quality of healthcare and social care/care home services. Although the overarching aims and objectives are very similar, each regulator's processes and procedures are nuanced and in practice dealings with them can be varied. The regulators are as follows:

The Care Quality Commission ("CQC") regulate all private healthcare and adult social care services based in England. The CQC ensure the quality and safety of care provided by services that deliver 'regulated activities' (for example, personal care or treatment of disease, disorder or injury). The CQC are responsible for:

- Granting registration to health and adult social care providers.
- Monitoring compliance with statutory requirements for healthcare and adult social care providers.
- Carrying out onsite inspections (both announced and unannounced), awarding a rating and publishing reports on findings.
- Taking action for non-compliance (for example, issuing warnings or cancelling registration).
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the CQC can prosecute service providers using both civil and criminal sanctions.

UNITED KINGDOM / SCOTLAND

Healthcare

Healthcare Improvement Scotland (“HIS”) is responsible for regulating independent hospitals, hospices and clinics located in Scotland. The role of HIS is to ensure that independent healthcare providers comply with standards and regulations. HIS undertake the following:

- Granting registration to healthcare providers.
- Monitoring compliance with statutory requirements for healthcare providers.
- Carrying out onsite inspections (both announced and unannounced) and publishing reports on findings.
- Taking action for non-compliance (for example, issuing improvement notices or cancellation of registration).
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the HIS has a route by which it can prosecute service providers using criminal sanctions.

Care Homes

The Care Inspectorate (“CI”) are responsible for regulating and inspecting care services based in Scotland to ensure they meet the right standards. The CI’s supervisory activities include:

- Granting registration to social care providers.
- Monitoring compliance with statutory requirements for social care providers.
- Carrying out onsite inspections (both announced and unannounced), awarding ratings and publishing reports on findings.
- Taking action for non-compliance (for example, issuing improvement notices or cancellation of registration).
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the CI has a route by which it can prosecute service providers using criminal sanctions.

UNITED KINGDOM / WALES

Healthcare

Healthcare Inspectorate Wales (“HIW”) is the independent inspectorate and regulator of healthcare in Wales. HIW is responsible for independent healthcare providers and its responsibilities include:

- Granting registration to healthcare providers.
- Monitoring compliance with statutory requirements for healthcare providers.
- Carrying out onsite inspections (both announced and unannounced) and publishing reports on findings.
- Taking action for non-compliance (for example, issuing improvement notices or cancellation of registration).
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the HIW can prosecute providers using both civil and criminal sanctions.

Care homes

Care Inspectorate Wales (“CIW”) is the independent regulator of care services based in Wales. CIW is responsible for registering, inspecting and taking action to improve the quality and safety of care services. CIW are responsible for:

- Granting registration to social care providers.
- Monitoring compliance with statutory requirements for social care providers.
- Carrying out onsite inspections (both announced and unannounced), awarding ratings and publishing reports on findings.
- Taking action for non-compliance (for example, issuing improvement notices or cancellation of registration).
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the CIW can prosecute providers using both civil and criminal sanctions.

UNITED KINGDOM / NORTHERN IRELAND

The Regulation and Quality Improvement Authority (“RQIA”) is the independent healthcare and social care regulator in Northern Ireland. RQIA through inspections, reviews, audits and the promotion of improvements, provides assurance about the quality and safety of healthcare and social care services. Its responsibilities include:

- Granting registration to healthcare providers
- Monitoring compliance with statutory requirements for healthcare providers;
- Carrying out onsite inspections (both announced and unannounced) and publishing reports on findings
- Taking action for non-compliance (for example, issuing improvement notices or cancellation of registration)
- Conducting investigations in response to concerns and complaints.
- In the most serious cases, the RQIA can prosecute providers using both civil and criminal sanctions

AUSTRIA

Primarily, there are two institutions that monitor health and social care services:

1. Care home supervisory authority (“Heimaufsicht”) for nursing homes

Each Federal State operates its own Care Home Supervisory Authority. They are responsible for the supervision of institutions that primarily provide long-term care, while medical service by doctors is limited to a case-by-case basis.

The supervisory activities include:

- monitoring compliance with statutory requirements for nursing homes and similar institutions;
- on-site examinations, both announced and unannounced;
- ongoing quality control; and
- investigations in response to specific indications or complaints.

Additionally, the Care Home Supervisory Authorities support the carriers of nursing homes through consultation and by providing training opportunities.

Sanitary Supervisory Authority (“Sanitäre Aufsicht”) for hospitals and other healthcare institutions

Each district authority (“Bezirksverwaltungsbehörde”) operates its own Sanitary Supervisory Authority. They monitor various healthcare institutions including hospitals. Not included within the scope are sanatoria and nursing homes, provided their primary purpose is nursing care and medical care by doctors is added only on a case-by-case basis.

AUSTRIA

The supervisory activities include:

- monitoring compliance with sanitary and other statutory requirements for health institutions as set out in the applicable State Laws (including building regulations and fire prevention)
- ongoing supervision and quality control
- on-site examinations by public health officers

Additionally, there are several interest groups monitoring the quality of services provided by health and social care providers. These include the Austrian Ombudsman Board (“Volksanwaltschaft”), the Patient Advocate Board (“Patientenanwaltschaft”) and the Care Home Resident Representation (“Bewohnervertretung”). Further, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection has developed a "National Quality Certificate for Nursing and Care Homes in Austria" (NQZ) together with (i) the Federal Association of Nursing and Care Homes in Austria, (ii) the Federal States, (iii) the Senior Citizens' Council and (iv) certain experts. This certificate can be awarded to those nursing homes that systematically strive to achieve the highest possible individual quality of life for their residents.

BELGIUM

The 'Care Quality Commission', an independent regulator of the health and social care system in England is responsible for auditing the care institutions. However, Belgium does have the 'Service Public Fédéral (SPF) santé, sécurité de la chaîne alimentaire et environnement' to monitor the health care system. It is responsible for assessing the quality of medical and nursing practices in health care institutions and the application of patients' rights, as well as for monitoring the international health situation and policy on infectious diseases. In addition, it is responsible for standardization and control in the fields of food, safety of the food chain, alcohol, tobacco, cosmetics and pesticides.

Additionally there is also the 'Institut national d'assurance maladie invalidité'. It is a department of medical assessment and inspection that trains health care providers to apply health care and benefit service regulations correctly, especially to prevent administrative errors. It evaluates the professional practice of health care providers and examines the appropriateness of the use of health services. It verifies that the services delivered by health care providers and the prescription of medicines are correctly executed and comply with the health care and benefit insurance regulations.

Lastly, there is the 'L'Agence fédérale des Médicaments et des Produits de Santé'. It ensures the quality, safety and efficacy of pharmaceutical products for humans and animals. The main tasks of the agency are the control of the risk to which patients are exposed during the development phase of a pharmaceutical product, the evaluation of applications for the marketing of a new pharmaceutical product, the distribution of licenses for the trade of pharmaceutical products, the collection and evaluation of all relevant information in order to trace, reduce and avoid possible side effects for the user, the control, production, distribution and delivery of pharmaceutical products, the dissemination of information on the optimal use of pharmaceutical products and the supervision of the advertising of pharmaceutical products

BULGARIA

The Social Services Act and the Rules for implementation govern the legal framework concerning social services in the Republic of Bulgaria. The state policy in the area of social services is determined by the Council of Ministers, while the Ministry for Labour and Social Policy plan, develop, coordinate, implement and control the state policy regarding social services. To perform these functions, the Minister for Labour and Social Policy is supported by the Social Assistance Agency and the Agency for Quality of Social Services.

Social Assistance Agency

The Social Assistance Agency is an administrative body under the Minister for Labour and Social Policy to implement state policy on social assistance. Its activities include providing methodological support in assessing the needs for social services, planning, creating, delivering, and developing social services. The Social Assistance Agency also coordinates the elaboration and update of the National Map for social services. It gives preliminary approval to establish, change the number of beneficiaries and change the place of provision of social services that are financed by the state budget per the National Map of social services. The Agency is also responsible for making draft proposals to the Minister for Labour and Social Policy for setting and updating the standards for financing social services financed by the state budget and for the fees for their use. It takes an active role in drafting legislative changes in the field of social services and maintains an integrated information system regarding social services in Bulgaria.

BULGARIA

Agency for Quality of Social Services

The Agency for Quality of Social Services is a legal entity with budgetary dependence on the Minister for Labour and Social Policy. It is managed and represented by an Executive Director. The Agency for Quality of Social Services is responsible for controlling and monitoring the provision of social services across Bulgaria. It also grants licenses to social services providers. It proposes to the Minister for Labour and Social Policy the development of normative standards and criteria for the quality and efficiency of social services. The Agency for Quality of Social Services also provides methodological support for compliance with the normative standards and criteria for the quality of social services. It develops criteria for the analysis of good practices for the high quality and efficiency of social services. The Agency also carries out the selection of such practices and proposes their validation at a national level.

CROATIA

Preamble: In Croatia, a social care home may be established by the public institutions, associations, religious communities, corporate entities, other domestic and foreign legal persons, and tradesmen (the “Social Service Providers”).

There are three types of supervision of the work performed by the social service providers, and it includes:

1. Internal control; Internal control is carried out by the internal organs which supervise the legality and quality of provided social services. However, Social Service Providers with a maximum of 20 users are not obliged to conduct internal control.

2. Inspection supervision; The Ministry of Labour, Pension System, Family and Social Policy. (the “Ministry”) is competent to carry out the inspection supervision as regular, extraordinary and control meaning:

- Regular inspection supervision is conducted pursuant to the annual supervision plan adopted by the Ministry no later than December 31 of the current year for the following year;
- Extraordinary inspection supervision is carried out if there is a report for supervision from the natural or legal person or if it is requested by the other state bodies; and
- Control inspection supervision is carried out in order to control the implementation of measures ordered by the inspector's decision.

CROATIA

The purpose and goal of each inspection is to determine whether the legal provisions, other regulations and general and individual acts are applied and implemented properly over the work of the Social Service Providers.

When conducting an inspection, inspector examines facilities and equipment of the Social Service Providers, hygiene and maintenance of the subject premises as well as the hygiene of clothing and footwear of workers and users. Inspector also determines, if possible, whether the diet corresponds to the recommended standards and the health condition and needs of the users. Furthermore, supervision is also carried out over the direct work of professional and other workers and over the maintenance of prescribed documentation on users, i.e. if the documentation is in line with the positive regulations. In the end, the inspector is obliged to draw up a record of the performed inspection.

3. Administrative supervision; Administrative supervision is conducted towards public social welfare centers, local and regional self-government units and other legal entities that decide on social welfare rights (not relevant here).

Other than what was stated, there are no other specific provisions that would prescribe any other specific supervision over the work of social care homes in Croatia.

GERMANY

Care home supervisory authority (Heimaufsicht)

Each federal state has established a care home supervisory authority which supervises and advises care homes (including housing for senior citizens, short term care, hospices, nursing homes, assisted living (in some federal states)) with a main focus on protecting the interests and needs of the occupants. The responsibilities of the care home supervisory authorities are:

- monitoring that statutory duties are observed (in general annual reviews are carried out by way of on-site inspections)
- remediation of defects by imposing administrative acts
- ensuring an adequate quality of care services in the care home
- providing comprehensive advice to the occupants, their relatives, employees and institutions responsible for management (Träger) of the care homes
- setting up working groups with other care industry institutions to coordinate the activities
- participating in the professional advancement of the work with the elderly and the handicapped.

GERMANY

Medical service (Medizinischer Dienst, MD (formerly: MDK))

There are 15 regional medical services (“MD”) in Germany which have various responsibilities in the health sector. MD assists the health and nursing care insurance companies with medical and nursing care-specific matters. MD ensures that the health and nursing care insurance services are provided to the occupants in accordance with objective medical criteria and that the level of quality is high. With regard to care homes the main responsibility of the MD is to carry out quality inspections in the care homes as follows:

- basis for the review is the indicator-based guidelines for quality inspections of stationary and outpatient care
- main focus is the care quality from the perspective of the occupants who are visited for the purpose of conducting physical inspections (random samples) but the structure and the organisation of the care homes are also reviewed
- the care home operator receives a comprehensive report setting out proposals for specific measures to remedy any defects
- repeat inspections to review whether the proposed measures have been implemented can be conducted.

HUNGARY

In Hungary, professional supervision of health care providers and services is carried out by the national chief medical officer (in Hungarian: országos tisztifőorvos) and the metropolitan and county government offices, as well as the district offices of the government office, acting in their public health functions, with the assistance of the professional supervisors. The above-mentioned authorities are directed by the Minister responsible for health, who belongs to the Ministry of the Interior in Hungary.

The national chief medical officer is heading the National Public Health Centre (in Hungarian: Nemzeti Népegészségügyi Központ or NNK), which is a Hungarian central body. The NNK performs management, coordination and supervisory tasks over public health, epidemiology, health promotion, health administration activities and supervises health care. The priority tasks of the NNK within its activities in the field of public health are environmental and urban health, food and nutrition, child and youth health, radiation health and chemical safety.

With regard to the supervision of senior houses, it is important to note that the supervision of municipal or state-run institutions is carried out by the public health and social affairs departments of the competent regional government offices, while there is no other supervisory body or institution with explicit responsibilities of this kind.

HUNGARY

It is also important to mention the Integrated Legal Protection Service (in Hungarian: Integrált Jogvédelmi Szolgálat), set up in 2017 that ensures the integrated implementation of citizens' rights in relation to patients', carers' and children's rights. During the performance of its main tasks, it ensures the enforcement and protection of the legally defined rights of patients, carers and children, operates the network of legal protection representatives, manages, organizes and controls the professional work of legal protection representatives.

THE NETHERLANDS

The Ministry of Public Health, Wellbeing and Sports (VWS) is the coordinating government body concerning matters of health and eldercare in The Netherlands. The VWS delegates its responsibilities concerning healthcare to a number of internal subdivisions and external affiliated institutions. These institutions are:

- Inspectie Gezondheidszorg en Jeugd (IGJ)

The IGJ is tasked with overseeing healthcare providers to ensure quality, safety and availability. Healthcare providers are required to provide self-improvement reports and quality indications. This information, together with reports developed by the IGJ, are used to determine compliance. In case the IGJ determines a case of non-compliance, it has the power to levy fines, force board compliance or make disciplinary complaints.

- Nederlandse Zorgautoriteit (NZa)

The NZa does research into healthcare providers on behalf of, and advises the VWS on matters. The NZa is tasked with ensuring availability and affordability of care. This is done through the setting of maximum-rates, determining the definition of care services and demanding transparency in healthcare billing. When the NZa determines a case of non-compliance, they can either provide instructions or levy fines.

- CIBG

The CIBG is the executive wing of the VWS and is, among other things, tasked with the approving of licenses for new healthcare providers. For a license to be granted a healthcare provider must comply with a set of quality and policy standards. The CIBG also maintains a central database to access the medical credentials of any healthcare provider.

THE NETHERLANDS

- College ter Beoordeling van Geneesmiddelen (CBG)

The CBG is tasked with determining the safety and quality of any new pharmaceuticals. All pharmaceuticals require a permit from the CBG (or – as the case may be – the European Medicines Authority) to enter the Dutch market.

- College Sanering Zorginstellingen (CSz)

The CSz is tasked with overseeing any intended sale, rental or establishment of proprietary rights of the real estate of certain healthcare institutions. Only when a transparent and open transaction process has taken place, resulting in a fair market price, does the CSz grant its approval. The CSz can nullify any non-approved transaction.

Outside of the VWS also the following institutions exist which are relevant for the healthcare field.

- Individual municipalities are tasked with ensuring (youth)care services are efficiently delivered where needed, as well as conducting fraud-inquiries into healthcare providers.

- The Authority for Consumers and Markets (ACM) is tasked with ensuring fair market competition, this also includes the healthcare market. Approval by the ACM is required before any merger, takeover or joint venture can take place. Non-compliance with the ACM can result in (percentage based) fines.

NORWAY

Norway has no supervisory authority relating specifically to the care home sector. However, all care service providers in Norway, including care home operators, whether operated publicly or commercially, are subject to supervision and government by the Norwegian Board of Health Supervision (Helsetilsynet), a national supervisory authority organized under the Ministry of Health Care Services.

The Board of Health supervision further delegates its supervisory responsibilities to the regional County Governors' offices, of which there is one for each county, 11 in total.

The Board of Health Supervision and the County Governors, collectively termed the Health Supervisory Authority (Tilsynsmyndighetene), is tasked with ensuring compliance with national law and regulations concerning the field of health care services. The main responsibilities of the health service supervisory authorities are:

- Determining what specific health care services shall be offered to the public
- Setting the minimum requirements for quality of care
- Regulating authorities and permits for providers of health care providers, both on an institutional and personnel-based level
- Determining and safeguarding the minimum rights of patients under treatment.

NORWAY

Although the above-mentioned points are the core areas of supervisory authorities' activities, the scope of supervision is wide. As health care providers are obliged by law to provide their services to patients, every such service and treatment are subject to supervision and enforcement by the supervisory authorities. The overall aim of supervision is to prevent, identify and act upon any deficiencies in the provision of services.

The supervisory activity mainly consists of providing a general picture of the quality of services. This involves collecting, organizing and interpreting information about health and social services. Such information provides the basis for evaluating whether the patients' are offered the services they require and whether the quality of services is adequate and meet the legal requirements. Reports from area surveillance are distributed to the services and to the public. The supervisory authorities may also employ "system audits" where documents and sample tests are collected and examined. A report is of the supervision is compiled and includes a description of conditions or factors that are not in accordance with acts and regulations. The supervision authority follows up any nonconformities until the requirements set forth in acts and regulations are met. Follow-up involves the management of the organization, and if necessary the owners, i.e. the municipality, the board of directors, etc.

POLAND

In Poland, there are so-called 'social care homes' and 'nursing homes/senior citizens' homes as homes for the elderly. Every care home, whether private or state-run, is subject to the relevant regulations, which specify the requirements to be met. Both are used to provide care at the applicable standard level, living, caring, support and educational services to people who require round-the-clock care due to age, illness or disability. Both are also chargeable.

The difference is that a social care home is an organisational unit of social welfare and a nursing home/senior citizens' home, can be established by a private person. The requirements to be met by a social care home and a nursing home are the same. The legislation makes no distinction between a social care home established by a social welfare organisation and a nursing home established by private person.

Supervision and control over the activities of such a center is exercised by the governor (Polish: wojewoda), who has jurisdiction over the nursing home. Care facilities - nursing homes are also subject to preventive control by the National Preventive Mechanism operating under the Ombudsman. Their functioning and operation is regulated by the provisions of the Social Welfare Act, which regulate both the standards for the operation of facilities providing 24-hour care to disabled, chronically ill or elderly persons, and the procedures for supervision and inspection and for dealing with cases of unlicensed operation.

SLOVAKIA

The institutional framework of supervision of social services and healthcare is rather complicated, with various institutions involved. Under current legislation the main supervisory body of the social services providers and senior housing providers is the Ministry of Labour, Social Affairs, and Family of the Slovak Republic (“Ministry of Labour”). Supervision is also carried out by higher territorial units and municipalities. In addition, the Health Care Surveillance Authority, The Public Health Authority and its regional public authority health offices, and district and regional headquarters of the Fire and Rescue Service are responsible for supervising respective specific aspects of social services.

The Ministry of Labour supervises compliance with this Act No. 448/2008 Coll. on social services and other applicable legislation in relation to:

- the provision of social services and the manner of their implementation, in particular in terms of compliance with fundamental human rights and freedoms;
- the conclusion of contracts for the provision of social services
- compliance with the obligations arising from the contract for the provision of a social service;
- the performance of accredited professional activities

SLOVAKIA

The municipalities and higher territorial units, which themselves provide social services and senior housing, also participate in supervision of social services provision. The authorized employee of the municipality and the authorized employee of the higher territorial unit shall control the fulfilment of the conditions for registration in the register of social services providers during the provision of a social service and the obligations of the social service provider and the management of the social service provider with the provided funding.

District and regional headquarters of the Fire and Rescue Service carry out supervision of fire protection requirements in provision of social services and senior housing.

The Public Health Authority, manages, controls and coordinates the execution of state administration carried out by regional public health offices, which are responsible for public health, including for example Covid-19 pandemic measures. The main areas of focus of those inspections include compliance of the social provider's compliance with:

- operating rules previously approved by the the Public Health Authority
- hygiene-epidemiological operating regime
- level of cleanliness and order, compliance with hygiene requirements
- level of material equipment (including the compliance with barrier-free needs)
- the nutrition and nutritional status of the elderly (including the nutritional value of the meals).

SLOVAKIA

The Public Health Authority is very active in relation to auditing social services provision, with an average of approximately 1 300 inspections per year.

The Health Care Surveillance Authority carries out the supervision over provision of health care and public health insurance. In relation to social services provision, the Health Care Surveillance Authority oversees the proper provision of nursing care and deals with cases regarding supervision of health care provision and public health insurance issues. The Health Care Surveillance Authority carries out only few inspections in this area per year, mainly because the Health Care Surveillance Authority does only act upon outside reports and thus, unlike the Public Health Authority it does not carry out preventive inspections.

New legislation on the topic in the legislative process

Interestingly, draft Act intended to improve the quality of inspections of social services is currently in the legislative process. Pending the outcome of the legislative process, the Ministry of Labour is supposed to establish a special unit that will be responsible for carrying out inspections of provision of social services. Strengthened staff capacity will increase the frequency and bring systematicity to the conduct of inspections. The newly created inspection unit is expected to have a total of 180 staff operating in all regions by 2024.

SLOVAKIA

The main responsibilities of the newly introduced Social Inspection Unit will be to:

- perform administrative supervision over the fulfilment of obligations in the application of social security law in defined areas by supervised entities, including compliance with quality standards of social services provided, fulfilment of other obligations in the field of social services, the obligation to use the monetary allowance granted to compensate for the social consequences of severe disability in a purposeful manner, the quality and scope of assistance to a people with severe disability for which a monetary allowance for personal assistance or care is provided and fulfilment of obligations in the implementation of measures for the social protection of children and social guardianship;
- exercise liability for breaches of the obligations of social services providers

SLOVENIA

Slovenia does not have a single body that measures the quality of services and brings them all together in one place, like the CQG in the UK.

In both social and health care, several bodies are responsible for monitoring, but the following two are the most important:
1.) In the field of social care, this is the Social Affairs Inspection Service (Socialna inšpekcija) which is mainly responsible for monitoring the implementation of social protection laws and regulations and for inspection of the work of public social protection institutions, concessionaires, and legal and natural persons that provide social assistance services. Social inspectors are responsible for monitoring the operation of care homes for the elderly in accordance with the law (the social side of care homes): whether the price for a particular service is appropriate, whether the home has adequate spatial arrangements, whether the residents are accommodated in the type of care that is appropriate for them, whether they are aware of their rights, and so on. Supervision is carried out as regular supervision (*ex officio*) and, following a complaint or a petition, as extraordinary supervision.

An inspection may be initiated if we consider that a social care provider is not acting in accordance with the rules governing its tasks and that we have previously exhausted other possibilities for exercising our rights.

Institutional care for the elderly is also subject to the following controls:

- Ministry of Labour, Family, Social Affairs and Equal Opportunities,
- the Ministry of Health,
- The Health Insurance Institute of Slovenia,
- The Court of Auditors.

SLOVENIA

2.) The Health Inspectorate (Zdravstveni inšpektorat) is an inspection body under the Ministry of Health. In order to protect public health, the Health Inspectorate carries out inspections to monitor the implementation of laws and regulations in various health-related areas, including minimum sanitary and health conditions in health care institutions.

The Health Inspectorate is responsible for assessing the adequacy of health care provided to residents of care homes for the elderly. On the basis of the annual inspection plan, the Health Inspectorate carries out routine inspections, emergency inspections based on reports, complaints, notifications, and follow-up inspections to verify that previously identified non-compliances have been corrected.

In addition, the following are also supervisory bodies:

- The Ministry of Health, which carries out administrative supervision in the health sector, including supervision of the implementation of regulations on the provision of health care and health insurance, and of material operations;
- Chambers with public mandate, which carry out professional supervision through consultancy, which includes supervision of the professionalism, quality and safety of the work of the healthcare provider.
- others

TURKEY

According to the Regulation on Nursing Homes and Elderly Care and Rehabilitation Centres, (“Regulation”), which is the primary regulation on nursing homes/senior citizens’ homes and social care, the General Directorate of Social Affairs and Children Protection Institution (“Directorate”) performs the provisions of the applicable legislation. There are currently no subsidies of nursing home accommodation by the government. However, elderly citizens who can prove they do not have enough income to maintain their life and do not have any assets, may stay in public nursing homes for free.

According to the Social Services Law No. 2828, which is the legal base of the Regulation, the Directorate is responsible for identifying and examining families, children, disabled and elderly people in need of protection, care and assistance, and other persons in need of social services. Also, the compliance of social service institutions operated by public institutions, real persons and private entities with the principles of the relevant regulations is subject to the control and supervision of the Directorate.

Accordingly, social service organisations, including nursing homes, shall be inspected at least once a year by the Directorate and the authorized persons of the relevant institutions shall provide all kinds of support to the inspection committee and cooperate during the inspections.

TURKEY

In the event that, as a result of the control and inspection carried out in the social service institutions owned by real persons or private legal entities, deficiencies or violations are detected according to the conditions determined by the Regulation, an administrative fine from ten times to fifty times the monthly net minimum wage amount determined each year for persons over 16 years of age shall be implemented. In case the deficiency or non-compliance is not eliminated by the organisation within the specified period, an administrative fine twice the amount of the administrative fine mentioned above shall be imposed again and an additional period not exceeding thirty days shall be given for the elimination of the deficiency or non-compliance. If the deficiency or non-compliance is not eliminated within this period, the establishment shall be closed by the Ministry of Family and Social Services.



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