

Quality of residential social services: standards, evaluation and challenges in the practice of the Czech Republic

Qualidade dos serviços sociais residenciais: padrões, avaliação e desafios na prática da República Tcheca

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How to cite:

Stárek, Lukáš (2024). Quality of residential social services: standards, evaluation and challenges in the practice of the Czech Republic. Revista Gestão & Tecnologia (Journal of Management & Technology), vol. 24, nº 5, p. 182-201

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The author declare that there is no conflict of personal or institutional interest between the research and the organizations under study.

Scientific Editor :José Edson Lara
Organization Scientific Committee
Double Blind Review by SEER/OJS
Received on 23/07/2024
Approved on 10/11/2024

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Abstract

The article deals with the quality of residential social services in the Czech Republic and focuses on the legal standards that define the minimum requirements for the provision of these services. To ensure a high level of care, various models and tools are used to measure quality, such as E-Qalin, ISO 9001 or Balanced Score Card. The text discusses the main categories of standards - procedural, personnel and operational - and analyses how they affect the quality of care provided. It also presents the differences between public and private providers and assesses the key challenges facing residential social services. This article provides an overview of ways to measure quality, highlighting the importance of continuous improvement in care and support for users.

Keywords: challenges, finance, quality of care, legislation, social services

Resumo

O artigo trata da qualidade dos serviços sociais residenciais na República Tcheca e se concentra nos padrões legais que definem os requisitos mínimos para a prestação desses serviços. Para garantir um alto nível de atendimento, vários modelos e ferramentas são usados para medir a qualidade, como E-Qalin, ISO 9001 ou Balanced Score Card. O texto discute as principais categorias de padrões - processuais, de pessoal e operacionais - e analisa como eles afetam a qualidade do atendimento fornecido. Ele também apresenta as diferenças entre provedores públicos e privados e avalia os principais desafios enfrentados pelos serviços sociais residenciais. Este artigo fornece uma visão geral das maneiras de medir a qualidade, destacando a importância da melhoria contínua no atendimento e no suporte aos usuários.

Palavras-chave: desafios, finanças, qualidade do atendimento, legislação, serviços sociais

Resumen

El artículo trata sobre la calidad de los servicios sociales residenciales en la República Checa y se centra en las normas legales que definen los requisitos mínimos para la prestación de estos servicios. Para garantizar un alto nivel de atención, se utilizan varios modelos y herramientas para medir la calidad, como E-Qalin, ISO 9001 o Balanced Score Card. El texto analiza las principales categorías de normas (de procedimiento, de personal y operativas) y cómo afectan a la calidad de la atención prestada. También presenta las diferencias entre los proveedores públicos y privados y evalúa los principales desafíos a los que se enfrentan los servicios sociales residenciales. Este artículo ofrece una visión general de las formas de medir la calidad, destacando la importancia de la mejora continua en la atención y el apoyo a los usuarios.

Palabras clave: desafíos, finanzas, calidad de la atención, legislación, servicios sociales

1. INTRODUCTION

The quality of social services provided is a key aspect that affects the satisfaction of clients and their families. Quality standards are set by law and by decrees of the Ministry of Labour and Social Affairs of the Czech Republic. According to Decree No. 505/2006 Coll., on the quality of social services, minimum standards are set that must be observed, including staff expertise, individual approach to clients and ensuring a safe and dignified environment. Measuring quality in social services is an important part of ensuring a high standard of care and support for service users. Quality in social services is constantly evolving and is defined by both objective and subjective criteria. The aim is to present different models and tools used to measure and improve quality in social services, to analyse their benefits and applications in practice. Quality in social services is understood as a complex set of characteristics and features of activities that meet the given requirements and expectations of users. It is a relative, not absolute, category that includes both quantitative and qualitative aspects. Importantly, quality should be primarily determined by the service users themselves. Quality standards are the basis for measuring and improving quality in social services. They are divided into different categories covering different aspects of the services provided. The main aim of the standards is to ensure that services are delivered effectively, safely and in accordance with the needs of the users (Malik Holasova, 2014).

The quality standards of social services are divided into several categories, the objectives and method of providing social services, the protection of users' rights.

Procedural standards - objectives and methods of providing social services, protection of users' rights, negotiation with the service seeker, agreement/contract on service provision, individual planning and course of service, personal data, complaints, relation to other resources.

Staffing standards - staffing - services, working conditions and management of service delivery, professional development of staff.

Operational standards - local and temporal accessibility, service awareness, environment and conditions of service provision (Malík Holasová, 2014).

2. RESULTS AND DISCUSION

2.1 Models and tools for quality measurement

The literature (e.g. Horecký, Lusková, 2019; Malík Holasová, 2014) that focuses on the issue of quality in social services and health care is devoted to the general definition of the term quality itself and to the discussion of different approaches to quality. Professional terminology states that the word quality is derived from the Latin *qualis*, in turn from the root "qui" - "who?" meaning "who is it?" or "what is it?" In English, the root of the word "who"- "k" leads us to words like "wish" or "desired", i.e. "desirable state" Quality in social services can also be defined as a set of characteristics and features of some activities that relate to the fulfillment of given requirements. We could also define a measure of quality in social services as a positive difference from given standards. According to this definition, quality is a measure of the 'success' that can be achieved under optimal conditions and within a given service budget. However, if we want to talk about quality, we must not leave out the area of finance. What are the overall characteristics of social service establishments that are rated as providing high quality services? The basic prerequisite is the fulfilment of all legal norms, conditions, prerequisites or quality standards, but the key determinant is the long-term satisfaction of clients and their families, which in a fundamental way creates the 'reputation' of the facility. Overall, this positive image can be supported by marketing, PR strategy or the use of various models of quality measurement and improvement, but these are only supportive and supporting activities, not the key (Mátl, Jabůrková, 2007).

If we want to talk about the quality of social services, it is necessary to distinguish its main aspects. For example, the E-Qalin model (Association of Social Service Providers of the Czech Republic, online, citation 2024-07-01) but also many other models for measuring and improving quality work with this division. Structure refers to the technical and personnel equipment and decisions within an organisation. As an example, we can think of the following areas: competences, responsibilities, setting up communication channels, training, organisational structure, staff deployment, auxiliary means - such as checklists, documentation systems, methodologies, financing, material equipment, premises, professional competences, adequacy of facilities and equipment, organisation of care, etc. Another important component

is the quality of processes, which refers to the delivery of performance in the course of the service, such as care, management and use of resources. In simple terms, it is everything that happens in the facility on a daily basis. Indicators (outcomes) quality of outcomes is understood and includes the degree of achievement of the goal in the service provided. It is the deviation, and later the alignment, between the stated goal and the goal actually achieved (assessed, for example, as the physical and psychological satisfaction of the client). In other words, if we want to measure quality, we have to quantify it, turn it into results, numbers or, if you like, indicators that we can monitor and evaluate over time.

The Association of Social Service Providers of the Czech Republic lists a number of qualitative measurements and methods, listed here according to the frequency of use of the method. The Quality Mark in Social Services: the Quality Mark is awarded for meeting certain quality criteria and is categorised according to the type of services provided, such as homes for the elderly, nursing services, etc. E-Qalin®: an innovative model focused on quality management in social services. ISO 9001: An internationally recognised standard for quality management systems that brings a range of benefits including increased efficiency and user satisfaction. CAF (Common Assessment Framework): European framework for quality assessment in public services. TQM (Total Quality Management): A comprehensive approach to quality management that focuses on continuous improvement of all processes in an organisation. EFQM (European Foundation for Quality Management): A model of excellence that provides a structured framework for assessing and improving the performance of organisations. Balanced ScoreCard: A tool for measuring an organisation's performance based on financial and non-financial indicators. Controlling: A system for managing and monitoring an organisation's performance with an emphasis on efficiency and cost-effectiveness. Benchmarking: The process of comparing performance and practices with the best in the industry to identify areas for improvement. (Association of Social Service Providers of the Czech Republic, online, citation 2024-09-01)

With the Act on Social Services (Act No. 108/2006 Coll.), Section 88 and then in the implementing Decree No. 505/2006 Coll. gave social service providers a legal obligation to comply with the so-called quality standards for social services. However, quality standards were

created a few years earlier, especially in 2000-2002, and during their creation they were compared with some standards of Western countries. The standards are supposed to guarantee a certain level of quality of the services provided. However, it can be stated that even if the standards are met, the service may not be evaluated as quality by the user, mainly for two reasons. The first is the fact that the quality standards for social services are given for all types of services, they do not address specific aspects of individual services (e.g. a residential facility meeting all standards but providing accommodation in 5-bed rooms may be evaluated by the end user as of lower quality, etc.). The standards thus fulfil the service provider's idea of overall quality across the board, which emphasises in particular human rights and the protection of service clients. The second reason is the dimension of quality mentioned in the introduction. When more or less all facilities or service providers meet the quality standards, those whose services are above standard, i.e. offer something more than the legal standard, will be assessed as 'quality providers'. Quality standards for social services are the basic principles and rules for the provision of social services and the benchmarks for assessing their fulfilment. They are not about quality management or quality management. Individual standards are assessed according to the criteria within each standard. The fulfilment of the standards is evaluated by social services inspectors who, in accordance with the inspection methodology, determine the percentage of fulfilment of the standards by the provider (Mátl, Jabůrková, 2007).

Other tools that are used include supervision and interviews: Methods aimed at supporting and developing social service workers. Care rounding: Systematic assessment of the quality of care provided in the field. Complaints management: Effective management of complaints as a tool for improving the quality of services. Self-evaluation: An internal process that helps organisations identify strengths and weaknesses and plan for improvement. The 2Q method: a specific method aimed at measuring and evaluating quality in social services (Mátl, Jabůrková, 2007).

The Association of Social Service Providers of the Czech Republic, which is, among other things, the umbrella of social services, is a mentor and supporter, created the project Quality Audits in Social Services implemented by the Association of Social Service Providers of the Czech Republic was aimed to evaluate the functioning of selected organizations, prepare

strategies and set up processes for improving the quality of services. The project also included a questionnaire survey among service providers and identification of good and bad practices. As already mentioned, measuring quality in social services is key to ensuring a high standard of care and user satisfaction. Different models and tools provide organisations with a structured approach to quality assessment and improvement. It is important to involve all stakeholders, including users, to ensure that services are tailored to their needs and expectations as much as possible (Horecký, Lusková, 2019).

The social services market includes the aforementioned actors, especially both public and private providers. Public providers are often established by municipalities, counties or the state, while private providers can be commercial entities limited liability companies, joint stock companies. Private providers often offer innovative services and higher standards of care, but may be associated with higher costs for clients (Prusa et al., 2021).

Residential social services are essential to ensure dignity and quality of life for seniors who need comprehensive support and care. These services include various types of facilities that provide accommodation, meals, health and social care, and aim to promote the autonomy, dignity and social inclusion of clients. Differences between public and private providers include aspects such as accessibility, quality of care, innovation and affordability. Public providers remain a good choice due to their affordability, stability, high quality standards and comprehensive support, making them a reliable and trusted choice for many clients and their families.

Residential social services are a key form of support for older people who, for a variety of reasons, are unable to live independently in their own homes. This service provides comprehensive care in social care facilities that are designed for long-term or short-term stays. The aim of this chapter is to provide an overview of the different types of residential social services, their definitions and basic characteristics, and to compare the differences between public and private providers.

Residential social services can be provided by both public and private entities. Each of these types of providers has its own advantages and specificities.

State social service providers are established by municipalities, counties or the state and their main goal is to provide accessible and quality care for all persons in need. Advantages of state providers include affordability, transparency, and regulation. State facilities often offer services at lower prices or with the possibility of receiving various forms of financial support. This ensures that services are accessible even to lower-income seniors. An article on the website of the journal "Social Services" discusses the lack of capacity in social services in the Czech Republic. This is mainly due to demographic changes, such as the ageing population, and the increasing number of people in need of care. The problem is compounded by a lack of facilities and staff capable of providing quality care to the elderly and other groups in need. The town of Šternberk, for example, has started the construction of a new 50-bed home for the elderly to alleviate the shortage of places. This project is due to be completed by the end of 2024 and is intended to provide full-day support and health care (Social Services, online, citation 2024-09-10).

However, despite efforts to build, renovate many facilities, the demand for social services still exceeds the supply, leading to long waiting times and the need to find alternative solutions to care for the elderly and disabled. One solution could be to increase funding and support for outreach services that enable people to remain in their home environment for as long as possible. State-run facilities are subject to strict regulation and control by state authorities, which ensures a high standard of quality and safety of the services provided. State providers have stable public funding, which ensures continuity and long-term sustainability of services. They may be non-profit organisations, churches or commercial entities. Advantages of private providers include, for example, innovation, more flexible response to individual services. Private providers often introduce new methods and technologies of care, which can lead to innovative and individually tailored services. Some private facilities offer higher standards of care and comfort, which may include more luxurious accommodation, better food and a wider range of activities. With fewer clients, private providers can often offer more personalised care and be more attentive to the individual needs and wishes of clients.

While private providers offer a variety of benefits, public social service providers remain a solid and trusted choice for many clients and their families. Some of the reasons to choose a

state provider? State facilities are subject to strict quality standards and regular inspections. This ensures that clients receive high-level care in a safe environment. State-run facilities often offer services at lower prices or with the option of financial assistance, ensuring that care is affordable for lower-income seniors. This is especially important at a time when many families are facing financial challenges. These facilities provide a wide range of services that include not only health and social care, but also a variety of activities and programs that promote the overall well-being of clients.

With stable public funding, state-run facilities offer long-term security and stability, which is crucial for clients who need ongoing care.

State-run facilities must adhere to strict codes of ethics and transparent procedures, ensuring trust and security for clients and their families. State providers often offer support programs for family caregivers, including counseling, training, and respite care, making it easier to care for seniors and reducing the burden on family caregivers.

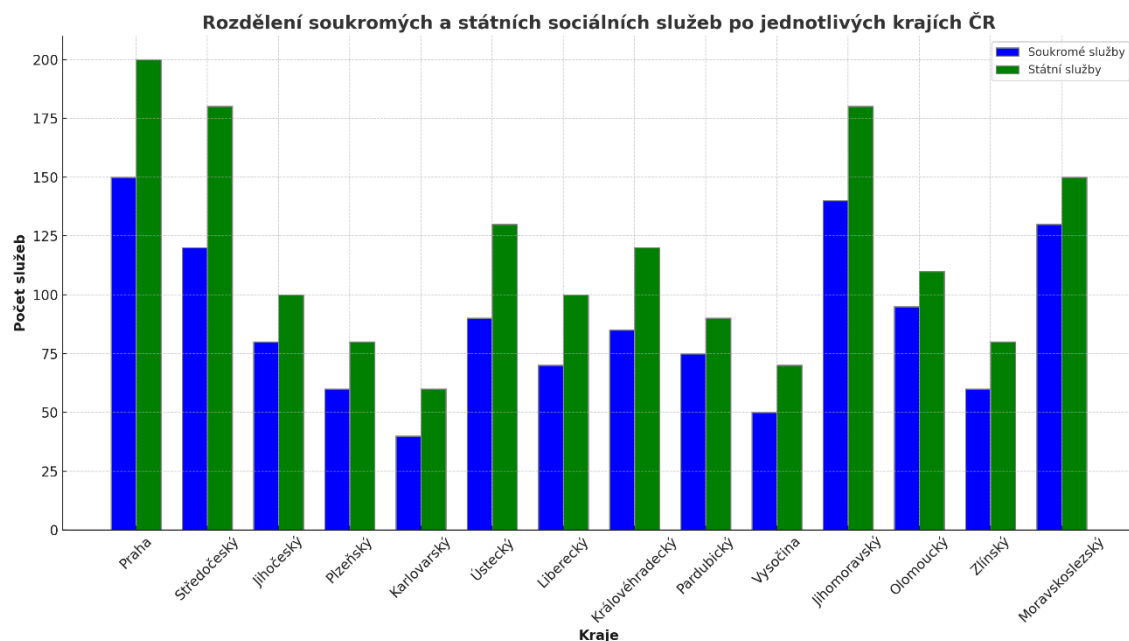


Figure 1: Distribution of private and state social services by region in the Czech Republic

Source: Ministry of Labour and Social Affairs of the Czech Republic. Selected statistical data on financing (online, cited 2024-09-12)

The chart above shows the distribution of private and state social services by region of the Czech Republic. The chart shows the number of private (blue) and state (green) social services in each region, allowing for a comparison of the availability of these services in different parts of the country.

As the graph shows, in some regions, such as Prague and the South Moravian Region, the number of private services is almost comparable to the number of state services, while in other regions, such as Karlovy Vary and Vysočina, the number of state services is significantly higher than the number of private services.

This distribution reflects differences in the availability and provision of social services between regions, with state providers often providing basic access to services in areas where the private sector is underdeveloped.

In the area of care for the elderly, it is crucial that social and health services work closely together and complement each other. These two spheres of care have a number of common elements that ensure comprehensive support for the elderly - from daily assistance to specialist medical care. This integrated approach takes into account not only the physical health but also the social and emotional needs of older people, leading to an improved quality of life.

One of the key issues of our time is the role of private providers in this system. Private providers have advantages that can complement public services. These advantages include, for example, greater flexibility in adapting to the individual needs of clients, more choice for older people and their families, but also the ability to respond more quickly to new trends and needs in society. The private sector often offers innovative approaches that can contribute to efficiency and quality of care. This model provides an opportunity to better respond to an ageing population and its increasing demands, while providing an alternative to an overburdened public sector.

In this chapter, we look at the intersection of social and health services and explore how private providers can play a key role in delivering quality care to seniors.

One of the key common elements of social and health services for the elderly is the individual approach to each client. This approach includes a detailed needs assessment that is the basis for planning and delivering services. The assessment includes the physical,

psychological and social condition of the elderly person, their abilities and limitations, family background and social network. The provision of quality social and health services requires the cooperation of a multidisciplinary team that includes social workers, nurses, doctors, physiotherapists, occupational therapists, psychologists and other professionals. This team works together to assess client needs, plan and deliver care, ensuring a comprehensive and coordinated approach. Multi-disciplinary collaboration is key to effectively addressing the complex issues of seniors and ensuring their overall well-being. Providing information to clients and their families is an important aspect of services. Transparent and understandable information about the services available, their scope, conditions and funding options is essential for clients to make informed decisions. Decision support also includes assistance with administrative matters and orientation in the social and health service system (Stárek, 2022).

Accessibility and flexibility are basic requirements for social and health services for the elderly. Services should be accessible both geographically and financially. Flexibility of services implies the ability to adapt to the changing needs of clients, for example through outreach services that allow for the provision of care in the home environment of the elderly. Promoting client autonomy is one of the key principles of social and health services for the elderly. Seniors should be able to maintain their independence and make decisions about their lives for as long as possible. Respect for dignity includes respect for the personal values, views and wishes of clients. This principle is enshrined both in codes of ethics and in the legislation governing the provision of these services. Social and health services for the elderly place great emphasis on prevention and health promotion. Prevention programmes include regular health checks, screenings, vaccinations and education on healthy lifestyles. Health promotion also includes rehabilitation and therapy services to help seniors maintain physical and mental fitness.

Social inclusion and fostering social relationships are key elements that contribute to the overall quality of life of seniors. Social services include activities and programmes aimed at promoting social contact, participation in community life and preventing social isolation. Quality and safety of care are essential to ensure the satisfaction and well-being of clients. The quality of services is evaluated on the basis of established standards that include staff competence, adherence to ethical principles and regular monitoring and evaluation of the care

provided. The safety of care includes measures to prevent risks, protect clients from abuse and neglect and provide a safe environment. Family members play a key role in the care of the elderly and their involvement is important for effective service delivery. Social and health services should support family carers by providing information, training and psychological support. Collaboration with family members ensures continuity of care and helps seniors maintain strong family ties (Dragomirecka, 2022). Although, we can support Daňek and Klugerová (2023) thought who recognise inclusive education as tool of social exclusion.

Private providers of residential social services offer a number of benefits that may be attractive to seniors and their families. These benefits include higher standards of quality and control of services, individual attention, and a wide range of financing options. Private providers often implement higher standards of quality and control. Motivated by competition and customer reviews, private facilities often strive to offer the best possible care. The main benefits in terms of control and quality include: these facilities are often subject to regular audits and certifications to ensure that high quality standards are maintained. For example, facilities certified to ISO standards or other accreditation schemes. Private providers often publish reports on quality of care and client satisfaction scores, allowing families to monitor and evaluate the quality of services. Many private facilities boast higher staffing levels per client, allowing for better and faster response to seniors' needs.

One of the key factors that makes private providers attractive is their ability to offer a personalized approach. This approach includes: personalized care plans: each client has an individually designed care plan that is tailored to their specific needs and wishes. This plan is regularly reviewed and updated. Private facilities often offer specialized services such as dementia care, rehabilitation programs or wellness, and yoga activities. These providers often allow clients more freedom in daily routines, meals and activities, which contributes to a better quality of life and satisfaction. Private providers can offer several benefits that can be very appealing to seniors, often offering a more modern and comfortable environment with better amenities, which can include private rooms, beautiful gardens, wellness and yoga centers, and more. With more staff per client and specialized services, private providers can provide a higher level of care and can be more flexible and responsive to clients' specific needs and wants, which

can greatly increase client satisfaction. They often introduce new technologies and innovative approaches to care that can improve clients' quality of life (Prusa et al., 2021).

The funding of residential services is on several levels, some of which is funded by the client, even in state-run facilities. It is the items for accommodation and food is determined by Decree No. 505/2006 Coll., which implements some provisions of Act No. 108/2006 Coll., on social services, sets specific rules and limits for payments for accommodation and food in social residential facilities. According to this decree, the following maximum reimbursements apply. The maximum amount for accommodation is set at CZK 305 per day. This amount covers the cost of providing the accommodation, which includes maintenance, energy and other operating costs associated with the accommodation. The maximum amount for meals is set at CZK 255 per day. This amount covers the cost of preparing and providing a full day's meals, which include breakfast, lunch, dinner and any other snacks during the day. Social service providers must respect these limits and ensure that payments from clients comply with the legislation in force. These days, the Chamber of Deputies is debating an amendment to this Decree in order to release this set amount according to the real needs of the facilities (Chamber of Deputies, online, citation 2024-09-25).

The price of a bed is not only made up of fixed costs, but also of variable components, so in order to make the service profitable, it is necessary to obtain additional funds to finance the service. This can be secured in several ways. The simplest, but often most expensive, option is funding from own savings or income. Clients of residential care facilities, or their families, pay for the services provided in these facilities. These payments cover the cost of accommodation, food, care and other services, but the funding also covers all the costs associated with running the facility, whether fixed or variable. An example of the highest cost is the wage bill, the cost of labour is the highest item of these costs, but also the most valuable, because the human factor is fully reflected in all the activities of working with clients. Another source of income is income from health insurance. Certain health operations and services provided in residential facilities may be covered by public health insurance. This includes, for example, the cost of health care provided by doctors and nurses. Some facilities may receive funding through sponsorship from private individuals, companies or foundations. These funds

are often used to improve the quality of services, purchase equipment or organise activities for clients. The European Union provides financial support through various funds and programmes that are designed to develop and support social services. These funds can be used to modernize facilities, train staff, and other projects that improve the quality of social services (Vojtíšek, 2018).

One of the main problems faced by social service providers is the lack of funding. State subsidies often do not cover all costs associated with operations, leading to financial problems and capacity constraints. This situation is often exacerbated by the growing demand for social services, especially in the context of an ageing population. Funding for social services can vary considerably between regions. Some areas have better access to financial resources and support than others, leading to inequalities in the availability and quality of services. The cost of providing social services is continuously increasing, mainly due to rising staff salaries, energy costs and maintenance of facilities. This trend increases the pressure on service providers, who have to find new ways of financing and cost optimization (Vojtíšek, 2018).

Family members play an irreplaceable role in the system of social services for the elderly. They are often the main caregivers and their support is crucial for the quality of life of seniors. Research shows that involving family members in elder care leads to better outcomes for clients, including improved mental and physical well-being. Reflecting on the satisfaction of clients and their family members is an essential tool for continuous improvement of the quality of social services. Regular satisfaction assessments and feedback from clients and their families enable providers to identify strengths and weaknesses in their services and adapt them to the needs of clients. Social services for the elderly are a key part of supporting older people in society. The definition of these services covers a wide range of activities from residential to outpatient to outreach services. The quality of the services provided is essential for the satisfaction of clients and their families, which requires adherence to set standards and constant reflection on feedback. The involvement of family members and the development of private providers brings new opportunities and challenges for ensuring quality care for the elderly (Dragomirecká, 2022).

Social and health services for the elderly form a fundamental pillar of support for older people in modern society. These services not only provide for basic physical needs, but also support the psychological well-being, social integration and overall quality of life of the elderly. This chapter focuses on identifying and describing the common elements of these services from the perspective of the client-user. To better understand this, we use the literature and the legislative framework that governs the provision of these services to provide a comprehensive overview of the common elements of social and health services for the elderly that are key to meeting the needs of clients and ensuring their quality of life.

According to Act No. 108/2006 Coll., on Social Services, and Act No. 372/2011 Coll., on Health Services, social and health services for the elderly are defined as a set of activities aimed at assisting persons in an unfavourable social and health situation. These services are provided in the form of residential, outpatient and field services and include both social care and health care (Act No 108/2006 Coll., on Social Services; Act No 372/2011 Coll., on Health Services).

2.2 Prospects and challenges

Can any innovations be introduced in social services? One possible solution to financial problems is to introduce innovative financing models. This may include, for example, social investment funds, which allow the mobilisation of private capital to support social services. Another option is the introduction of long-term care insurance schemes to provide stable sources of funding for long-term care for the elderly. Optimising operational costs and improving the efficiency of service delivery is another key area that can contribute to better financing. This includes the use of modern technology, improving the management and organisation of services and introducing new methods of care that can reduce costs and improve the quality of services. Support for community and home care services can also contribute to improving the funding and accessibility of social services. These services often require lower costs than institutional care and allow seniors to stay longer in their home environment, which can contribute to their overall well-being and quality of life.

Financing social services in the Czech Republic is a complex and challenging task that requires a coordinated effort from the state, regional and local governments, service providers and other stakeholders. While there are significant challenges, innovative approaches and reforms can help to ensure sustainable and efficient financing that enables the provision of quality services to all who need them. Protecting and supporting older people should be a priority that requires not only sufficient funding but also the political will and social consensus to deliver it.

The current situation of financing social services, the financing of social services in the Czech Republic is a complex system involving several key sources: the main source is state subsidies, which are distributed through the Ministry of Labour and Social Affairs. These subsidies are earmarked for the operating costs of social service providers, including staff salaries, maintenance of facilities and other costs associated with the provision of services. In addition to state subsidies, regions and municipalities also contribute to the financing of social services. These funds are often used to support local social service providers and to meet specific community needs. Users of social services, including the elderly, contribute to the costs of accommodation, meals and other services. The amount of these contributions is regulated by legislation, namely Decree No 505/2006 Coll., which sets maximum daily payments for accommodation and meals. Some social services are also funded by sponsors, charities and through grants, which can come from both national and international sources.

Types of social care - Social care involved according to law no. 108/2006 coll. about social care:

- Social counselling – this can be divided into primary social counselling, which provides people with needed information to help solve their complicated life situations. Further, it can be specialized social counselling, which is provided with stress on the needs of specific areas of social care, or to concrete groups of social care clients, for example, in partnerships counselling, family counselling, counselling for people with some handicaps, or elderly people.

- Social care services help clients gain physical or psychological independence so they can live their lives. These services include personal assistance, care services, emergency care, support for independent living, lightening services, guiding services, day-care services, day or week stationary services, residential services for people with handicaps and elderly people, and residential services with special regimes.
- Social services of social prevention – these services help to prevent social exclusion of people who might be in danger of social exclusion due to their life habits or lifestyle, which leads to conflicts with society and people living with a client. For prevention services, we can include early social care, mobile crisis help, interpreter services, asylum housing, house on halfway, contact centres, crisis help, intervention centres, low-threshold centres for children and young people, sleeping centres, services of continuous care, social active centres for families with children, social active centres for elderly people and people with some handicaps, social-therapeutical workshops, therapeutical communities, terrain programs, and social rehabilitation.
- Social services can be provided in these forms:
 - Housing – by this, we understood services connected with housing in social services.
 - Ambulant – by this, we understand services that a client visits or they are transported by it to social services centres; housing is not part of these services.
 - Terrain services – these services are provided to a client in their natural habitat (law no. 108/2006 coll. about social services) (Stárek, Zpěvák, 2024).

3. CONCLUSION

The quality of residential social services plays a key role in ensuring the dignity and quality of life of clients, especially the elderly and those with limited ability to function independently. In line with legislative requirements that define minimum quality standards, service providers focus on creating a safe and supportive environment. The standards are based on regulations such as Decree No. 505/2006 Coll. and are divided into several categories: procedural, personnel and operational. They aim to provide not only technical but also emotional support that contributes to the overall well-being and satisfaction of clients.

Various methodologies and tools are used in the field of quality measurement, including models such as E-Qalin, ISO 9001 and TQM (Total Quality Management). These tools enable providers to effectively assess the quality of care, identify weaknesses and work systematically to address them. Appropriate processes and strategies are then reflected in real increases in satisfaction for clients and their families. Emphasis on individual planning and taking into account the specific needs of clients are other key factors for quality provision of residential social services.

Differences between public and private providers create choices that match client needs and preferences. State-run facilities typically emphasize accessibility, stability and lower financial costs, which is key for the socially disadvantaged. Private providers, on the other hand, often offer innovative approaches, a higher standard of care and individual attention to client needs. Higher numbers of staff per client or access to modern technologies and methods such as telemedicine or special rehabilitation programmes are more common in the private sector, which can contribute to improved client satisfaction and well-being.

Despite efforts to provide quality and accessible social services, the residential sector is burdened with challenges. One of the biggest is the lack of funding, which brings with it the need for effective budget planning and efforts to obtain additional sources of funding, for example through grants, sponsorship or collaboration with commercial entities. Another critical issue is the lack of capacity in facilities, which leads to longer waiting times for placement in residential services, especially for the elderly. Due to demographic changes such as the ageing population, the demand for these services is increasing, which requires long-term strategic planning in the field of social services.

In order to ensure quality care in the future, it is essential not only to meet legal standards, but also to promote innovation and develop community-based approaches that focus on supporting care in the home environment. Community and outreach services that enable older people to remain in their home environment for as long as possible are an important step towards meeting their wishes and needs and can help reduce the pressure on residential care facilities. It is also necessary to strengthen cooperation between social and health services,

which enables comprehensive care to be provided and better responds to the specific needs of clients.

To achieve these goals, it is necessary to involve all stakeholders - the state, social service providers, professionals and family carers, who play a key role in the quality of life of clients. Effective support for family carers through counselling, training and respite services helps to ensure that clients receive consistent and quality care outside residential settings. Overall, the key to quality residential social services is not only adherence to set standards, but also flexibility and the ability to adapt to the changing needs of society.

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