An elderly couple in a weak condition was left without help in Pöytyä in August–September 2022

T2022-01

PREFACE

Under section 2, subsection 2 of the Safety Investigation Act (525/2011), the Safety Investigation Authority, Finland, decided to investigate an incident, in which an elderly couple in a weak condition was left without help in Pöytyä in August–September 2022. The authorities found the old persons at their home. When found, one of them was dead and the other was in a poor condition.

The purpose of a safety investigation is to improve public safety, prevent accidents and hazardous situations and mitigate the damage caused by accidents. A safety investigation is not conducted in order to allocate legal liability.

Jukka Seppänen, Lic.Phil, was appointed as the Head of the Investigation Team and Senior Safety Investigator Hannu Hänninen, Päivi Porkka, D.Med.Sc., and Lieselotte Sneitz-Varjakoski, M.H.Sc., were appointed as members. Emergency Medical Service Field Supervisor Jouni Kujala was appointed as the special expert for emergency medical services. Chief Safety Investigator Dr. Hanna Tiirinki was the Investigator-in-Charge.

A safety investigation examines the course of events, the causes and consequences of the events, the search and rescue actions performed, as well as the actions taken by the authorities. In particular, the investigation determines whether sufficient attention was paid to safety during the activities that led to the accident as well as in the design, manufacture, construction and use of the devices and structures that caused the accident or hazard or were subjected to it. In addition, it is determined whether the management, monitoring and inspection activities were organised and carried out appropriately. If necessary, possible deficiencies in the rules and regulations concerning safety and the authorities must also be investigated.

The investigation report includes an account of the course of the accident, the factors leading to the accident and its consequences, as well as safety recommendations addressed to the appropriate authorities and other instances regarding measures that are necessary in order to promote general safety, prevent further accidents and dangerous situations, prevent damage, and improve the effectiveness of the operations of search and rescue and other authorities.

An opportunity to issue a statement on the draft investigation report was reserved for those involved in the accident as well as the authorities in charge of monitoring the sector, in which the accident under investigation occurred. Their comments were taken into account when finalising the investigation report. There is a summary of the opinions at the end of this investigation report. In accordance with the Safety Investigation Act, statements by private individuals are not published.

The investigation report has been translated into English by Semantix Oy.

This investigation report and the summary were published on 15 June 2023 on the website of the Safety Investigation Authority, Finland at *www.turvallisuustutkinta.fi*.

Investigation ID: T2022-01
Investigation report 3/2023
ISBN: 978-951-836-646-4 (PDF)

Cover image: SIA

CONTENTS

1 EVENTS

1.1 Course of events

On 7 September 2022 in Pöytyä, the police found an elderly couple in distress at their home. The 87-year-old woman was found dead, and her 76-year-old husband was found in a weak condition, unable to move.

Before the situation turned into a crisis, the man had acted as the informal carer of his wife. They lived in a terraced house. Previously, the couple had been able to live independently without regular outside help despite both of them suffering from serious underlying medical conditions. The woman's ability to move and function were significantly reduced. The couple did not have an official home care client relationship, but home care had visited to help them a few times due to the woman falling down, for instance. The couple had no close relatives.

The condition of the couple had worsened in the late summer of 2022. When the man had not been able to get up from the TV chair on his own in the early afternoon of 28 August 2022, he had called home care and asked for help. During the phone call, he had asked good-humouredly if the home care workers had heard of an informal carer who could not get up from a chair himself. A pair of practical nurses from home care had arrived at the scene to help the couple and made them coffee and sandwiches. The woman and the man who had been helped out of the chair had been able to move around the residence without difficulties. Expired food was found in the fridge, but otherwise the residence had been fairly clean.

In the assessment of the pair of nurses, it was evaluated that the couple had needed help, and one of the nurses had used the Hilkka system[1] to ask the home care geriatrician[2] to talk with the couple and discuss a service needs assessment for them[3]. The pair of nurses had considered that there was no need to agree on visits from home care for the couple while they were waiting for a service needs assessment.

One of the practical nurses from the afternoon had visited the couple again in the evening to check the situation. At that time, the man had been able to move without help. The practical nurse had agreed with the couple on home care coming to visit them on the following day, too, and written about it in the internal communications notebook at the home care office.

When the home care nurse had tried to enter the couple's home at 10:40 on the following day, 29 August, no one had come to open the door for the nurse. The curtains of the residence were closed. The nurse tried to reach the man again twice by telephone, but failed. There were empty parking spaces in the car port. The nurse thought that the couple had taken the car and gone to tcare of errands. The nurse had recorded in the woman's heath data that the door had not been opened and that no one had answered the phone. The nurse had not opened the man's health data. The nurse had also recorded the failure to reach the couple in the home care office notebook. However, the nurse had not expressed concern about the couple.

---

1 The Hilkka system is an enterprise resource planning and client information system for home care, services provided at home and housing services by municipalities and private service providers.

2 A geriatrician (Bachelor of Social Services and Health Care) is an expert in working with senior citizens and older people.

3 The message sent to the geriatrician: "Today in the afternoon, we went to help the gentleman up from the armchair together [with practical nurse x]. He is the informal carer for his wife, the wife suffers from e.g. (the illnesses are mentioned). The husband also suffers from many kinds of illnesses. Apparently they had not eaten during the whole day, sandwiches and coffee were made and offered to them during the visit. Moldy food was thrown away from the fridge. They were willing and even eager for a service needs assessment, it is clear that they would need help at least with some things. Would you call them and agree on a time to visit when you can?"

In the morning of 29 August, the geriatrician had read the message sent by the home care practical nurse about the need for a service needs assessment for the couple and interpreted that the need was not urgent. After two days, the geriatrician had asked the municipality's open care service advisor[4], who knew the man as an informal carer, for the man's telephone number. The geriatrician had not attempted to call the man yet at that time. The geriatrician was on study leave during 1–2 September. During that time, the geriatrician's substitute was the open care service advisor, who only took care of urgent matters as the substitute. The geriatrician was at work the next time on 5 September, at which time the geriatrician attempted to call the couple at the man's number at 13:31. However, no one had answered the phone. The geriatrician was not sure if the phone had rung, or if anything could be heard on the line. The geriatrician did not record the failed attempt to reach them. The next day, 6 September, no attempts to reach the couple were made. At that time, the deadline of seven days specified by law[5] for initiating a service needs assessment had been reached.

The home care workers who had discussed the condition of the couple and their need for help amongst themselves had not found the situation particularly concerning. No attempts to investigate the situation more carefully had been made, and no follow-up visit had been agreed. The home care workers had understood that the geriatrician would take further care of the couple's case.

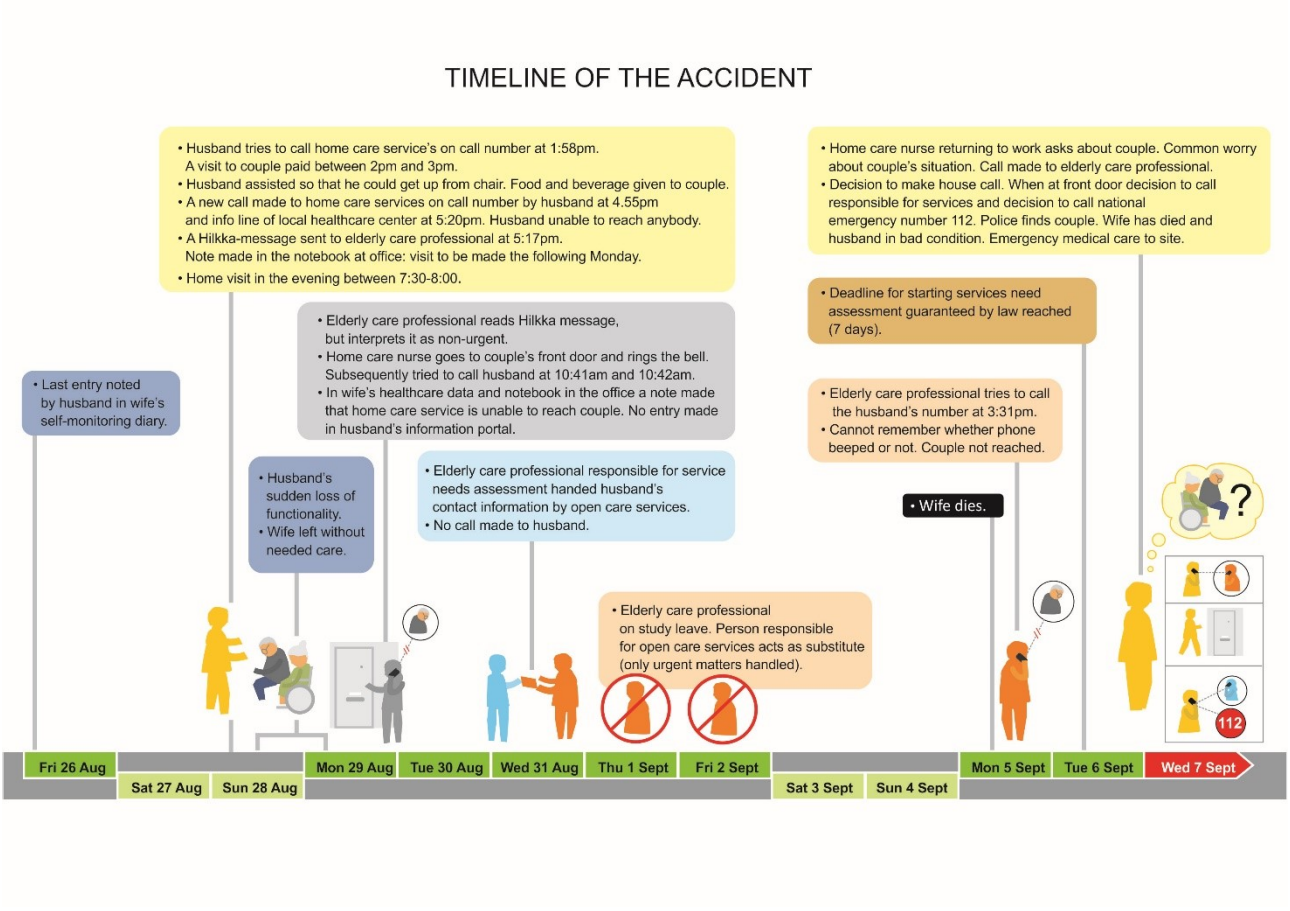
When the home care practical nurse doing the rounds who had visited the couple on 28 August returned to the office of the Pöytyä Home Care Services on 7 September, the nurse asked about the couple's situation. The team discussed the matter and the nurse doing the rounds called the geriatrician. It was discovered that no one had been able to contact the couple, at which point a collective concern arose about the situation. In order to find out about the condition of the couple, a pair of practical nurses went to visit them before ten o'clock in the morning. However, no one came to open the door, and the curtains were closed. The couple's car was at home, but no mail had been picked up after 28 August. The home care work partners discussed the situation over the phone with the person responsible for home care services. After this, one of the home care practical nurses called the emergency number, and the Emergency Response Centre called the police to the scene. The home care work partners received permission from the Emergency Response Centre to leave the scene, and they returned to the home care office.

The police patrol entered the residence using the neighbour's master key after 11:00. In the residence, the man was lying on the floor, dehydrated and in an extremely poor condition, but conscious. The woman was lying on the floor, dead. According to the man, they had caught a very bad cold. He was not able to estimate how long they had been lying on the floor. Due to the severe damage caused by lying still, the man had ended up lying down on the floor before the woman. The police patrol called an ambulance to the scene.

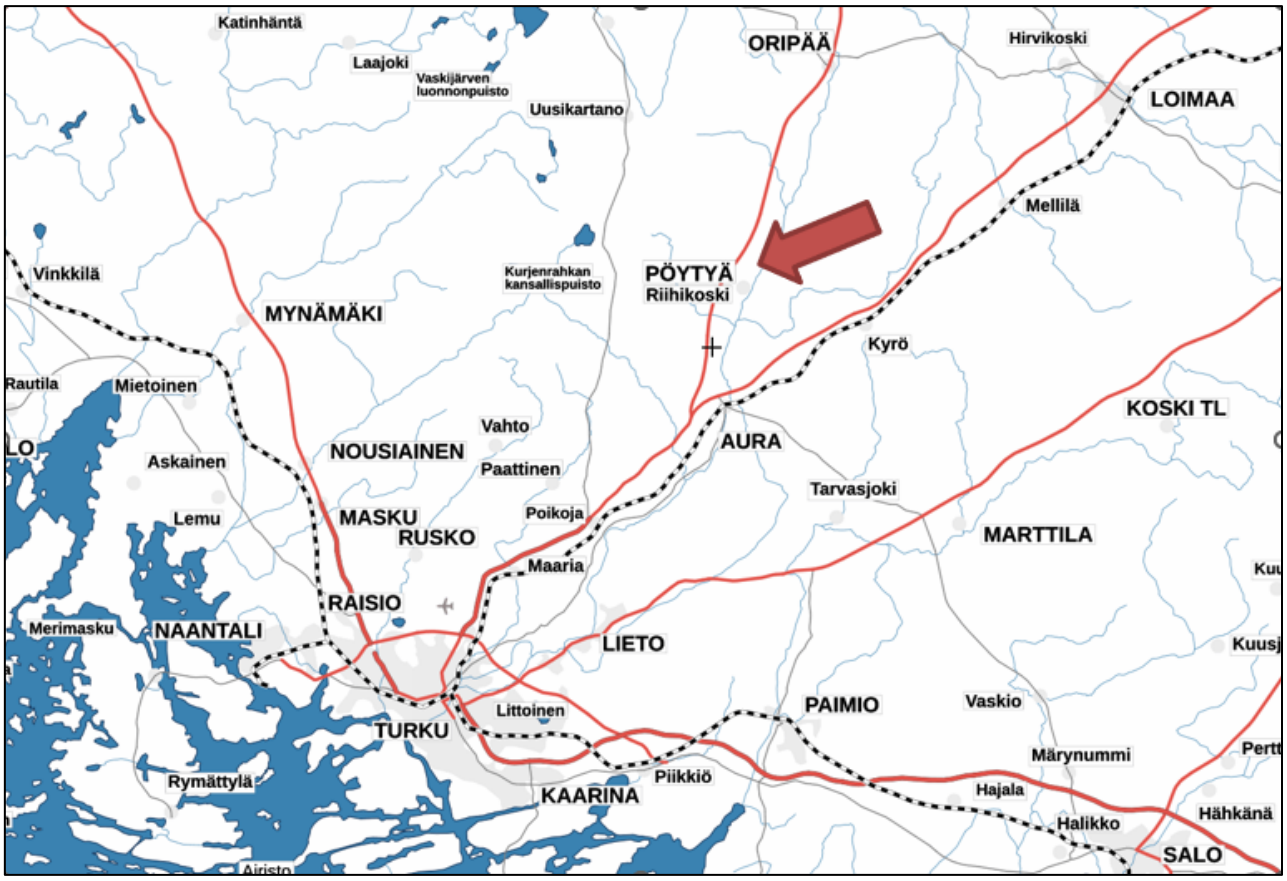
---

4 According to the report of the open care service advisor, the advisor would normally have gone to see the couple in person, because this was a family with an informal carer. The open care service advisor and the geriatrician decided that the geriatrician would take care of the service needs assessment instead of the open care service advisor, which would also provide the view of another person on the situation of the couple.

5 Social Welfare Act1301/2014, section 36.



Kuva 1. The accident on the timeline. (Image by the SIAF)



Kuva 2. The municipality of Pöytyä is located in the region of Southwest Finland. There are close to 8,200 people living in Pöytyä. (Map: © The National Land Survey of Finland 4/2023, arrow: SIA)

1.2 Alarms and rescue activities

The home care practical nurse called the Emergency Response Centre on 7 September at 10:02. Based on the information provided by the home care practical nurse, the duty officer at the Emergency Response Centre specified the task as a police task with the code 390 (rescue task focusing on the protection of an individual), with the basic urgency level B. The task was first on standby at the Emergency Response Centre, after which it was assigned to the Loimaa Police Station's patrol PVS233. The police patrol stopped its independent traffic control task and reported that it was on its way to the site at 10:30. After this, one of the police officers called the person who made the report and asked for more information about the task. The patrol arrived at the scene, i.e. the residence of the couple, at 10:58.

Upon the request of the police, the Emergency Response Centre called an ambulance to the scene at 11:42. Unit EVS1228 from emergency medical services went to take care of the task with the code 774B (past seizure). The unit had been returning from its previous task and was available in the centre of Lieto. The unit arrived at the residence of the couple at 12:06. The police also called a car from the funeral parlour to the scene.

The employer offered the home care workers in the incident psychosocial support via occupational healthcare. According to home care, the police prohibited the parties involved from talking about the incident. There were no defusing discussions. The debriefing session with occupational healthcare and the employees involved that had been arranged was cancelled. However, the home care employees were able to visit a psychologist privately.

1.3 Consequences

The woman had died two days before the police found her dead on the floor of her home. Because the man had ended up lying on the floor first, the woman had been left without the daily medication she needed.

The man was hospitalised after the incident. He could not be interviewed during the investigation due to his weakened condition.

As a result of the mental strain/stress caused by the case, some home care workers needed sick leave to cope with the situation . As a result of the widespread media attention received by the incidentcase, the management of the municipality's healthcare and social welfare services received personal threats from private individuals.

The municipality has conducted its own investigation into the case. The police have also conducted an investigation on the case.

2 BACKGROUND

2.1 Operating environment, equipment and systems

2.1.1 The healthcare and living arrangements of the couple

The couple lived in a one-storey terraced house built in 1982. To make moving around easier, handles had been installed into the residence and support rails had been attached to the walls. The residence had an alarm and security camera system, which reacted if the entrance door or terrace door were opened. The man and the woman had personal phones, but the couple did not have any technology to make calling for help easier, such as a safety phone or bracelet.

The couple owned a car, which they had used to move around and take care of matters. The man had changed the car to a model that allowed for the the woman to get in easier. The car could be driven directly tothe front door, which made it easier for the woman to move around. The couple had used their own care earlier in the week preceding the incident and prior to the deterioration of the situation.

Kuva 3. The work of the husband of the couple as an informal carer included many different kinds of care measures and tasks. (Image by the SIAF)

The couple had visited the doctor at the Health Station in their own municipality as well as the university hospital of the hospital district. The man had obtained assistive devices and treatment equipment for the woman at the health centre. The woman had a wheelchair for longer trips.

The couple did not have an official home care client relationship, even though they had used home care help on some occasions in the previous years. When the man had been in the hospital himself, they had temporarily used a substitute carer as well as interval periods at the service centre.

The man who acted as the informal carer had been taking care of the woman diligently before suddenly falling ill. The daily care measures carried out by the man included e.g. cooking, helping with dressing up, washing, going to the toilet as well as changing hygienic covers. Every day, the man had taken the woman's health-related measurements that were monitored due to her underlying medical conditions as well as taken care of her medications, including injected medications. The man had kept a regular diary of the values measured from the woman. The self-monitoring diary had no gaps until the morning of Friday, 26 August 22, when the final entry was made, a bit less clearly than the previous entries. No entries were found for Saturday or Sunday 28 August, when the man had not been able to get up from the chair himself any longer. This indicates the deterioration of the man's condition before the situation became critical.

2.1.2 Home care system

Like other municipalities, Pöytyä has been[6] obliged to organise home care services for its residents[7]. The Pöytyä Home Care Services have been included in the municipality's services for elderly people and they have been a part of the healthcare and social welfare services of the municipality. The purpose of the home care service has been to ensure that people can manage the activities of everyday life in their home and living environment. As a whole, home care has consisted of the home care service and home nursing tasks. Home care has also included support services: meal service, safety phone service, bathing service, clothing care service, rehabilitative day activities and shopping service. These services have been agreed with the Home Care Services.

The municipality of Pöytyä has provided the home care services, as well as other services for elderly people, mainly by itself. A private service provider has also been used for recruiting substitutes. The Pöytyä home care personnel has included: 1 first-level manager, 5 nurses, 22 practical nurses/nursing assistants, 3 practical nurses as substitutes, 2 physiotherapists/occupational therapists, 1 day activity instructor and 6 persons in a substitute pool.

In Pöytyä, clients have been referred to the services they need via service counselling by the open care advisor. The home care service needs assessment in Pöytyä has typically been conducted by the geriatrician starting from 2021, when one of the home care nurse positions was changed into the position of a geriatrician.

The requests for a home care service needs assessment for elderly people have usually been made by a family member, the clients themselves, a partner in cooperation or an authority. The requests have been sent to the geriatrician or the open care advisor via e-mail, secure e-

---

6 Starting from 1 January 2023. the home care services in Pöytyä are provided by the Wellbeing Services County of Southwest Finland.

7 Social Welfare Act 1301/2014.

mail or by telephone. Home care has been instructed to send the request to the geriatrician via secure e-mail. Based on the requests, the geriatrician and the open care advisor have made an urgency assessment. The aim has been to take care of cases that are considered urgent without delay. The aim has also been to conduct all assessments within seven weekdays from the arrival of the request.

In a service needs assessment,[8] the geriatrician has talked with the client and, if necessary, the family members. The client's ability to function and need for care have been taken into account in the service needs assessment. The client's everyday ability to function as well as the need for home care and other support services has been assessed during a home visit. The assessment has been made by using an assessment form and by interviewing the client and a family member. The officeholder's decision on a home care service need has been made by the open care advisor based on a proposal by the geriatrician.

The Basic Security Board of the municipality of Pöytyä had made a decision on the criteria for home care services starting from 1 January 2022. The criteria aimed to clarify the allocation of home care services for the people who need them and who require the most support with coping at home due to their illness or reduced ability to function. A person accepted as a client of home care has been assessed as being still able to live alone at home with the support of family members and home care and as a rule, capable of moving independently by using assistive devices. In order to receive home care, the client also had to have different kinds of healthcare and social welfare service needs.

In Pöytyä, a home care on-call number has been given to informal carers. Informal carers have been instructed to call the number when a person receiving informal care has needed help. A nurse with a permit to administer medications has had the on-call telephone. In practice, either a permanent employee or a long-term substitute has therefore had the phone. The on-call phone has been with a nurse, including during client visits. The nurse has answered the phone in addition to other nursing duties, and the nurse may not have been able to properly focus on the caller's situation. It is also true that the on-call number has been primarily intended only for the use of home care clients and their family members, and therefore calls for help have usually involved persons known to the nurses. Usually, there has been time to take care of the tasks in the order, in which the requests have been made.

Pöytyä has not had written instructions on receiving calls to the on-call phone, and the home care employees have not been given training on it. According to the instructions, all nursing activities, also including calls that contain advice to clients, must be recorded in the patient information system. Home care has taken care of the matters reported in the calls to the on-call phone, or the client has been instructed to call another appropriate party. It has also been possible to agree that the nurse will arrange further measures, such as a request to the geriatrician for a service needs assessment.

The home care workers would not have had the technical ability to view the health information of persons other than those with a home care client relationship, even if they had used the client information system. In Lifecare, the rights of home care have been

---

[8] The result of the service needs assessment and the planned services have been entered into the Lifecare system. If the client is considered to need home care, the home care team is also notified about this separately. During the following two weeks, a rehabilitative assessment period is implemented for the client, during which an RAI assessment (Resident Assessment Instrument, a standardised information gathering and observation toolkit) is conducted for the client together with the client, a family member and home care. After the assessment period, a decision on the services needed by the client is made. If no home care client relationship is started, the client is given guidance and advice on the availability of other kinds of services as well as the contact information of the geriatrician and the open care advisor for the future, if the client's situation deteriorates, for instance.

technologically restricted, and home care workers have only been able to see the home care's own entries, measurement forms and the list of medications. The home care workers have not had the right to use the healthcare Kanta services[9], because the service has been under social services. The viewing rights had already been restricted for several years.

The municipality of Pöytyä had specifically prohibited home care workers from using the information systems to view the information of people, who had not yet been officially registered as home care clients. In the information security instructions, the employees had been warned against viewing the information of any other persons than those with a home care client relationship under the threat of imprisonment and dismissal. Becoming a home care client has been possible after a service needs assessment. Among the home care workers, the home care client relationship has been interpreted to begin only after a positive home care service decision. The open care advisor has not had access to the up-to-date health information of the clients, either. If the advisor has become concerned about the state of health of an informal carer, the advisor has sent the informal carer to the Health Centre for a health examination. In the case now being investigated, the home care workers had understood that they did not have the right to view the couple's health information. They did not have comprehensive information on the couple's health and situation for an assessment of an urgent need for assistance.

In the case currently under investigation, the home care workers did not have detailed information on the informal care arrangements of the couple, either. In particular, they were not aware of all of the assistance measures that the man was expected to manage every day as an informal carer. The sudden deterioration of the man's ability to function had not caused concern as such for the home care practical nurses, even if the person in need of help had exceptionally been an informal carer instead of a person receiving informal care. The practical nurses had considered lifting the man of the couple out of the chair as a normal assistance task, which they carried out often with their own patients.

In the situation, the practical nurses largely focused on the everyday basic functions, such as whether the couple had eaten or if there was any food in the fridge. The client was not examined or interviewed systematically, and no measurements on his state of health were taken.[10] No one was consulted during the situation; instead, one's own visual observations and the client's word were trusted.[11]

Home care workers have not always had the opportunity to consult a doctor directly. In Pöytyä, the number of the on-call physician at TYKS (Turku University Hospital) has been given to the nurses, but according to them, it has usually been necessary to queue there. Alternatively, home care practical nurses have been instructed to call a home care nurse or the responsible employee. In practice, there have been no instructions for exceptional

---

9 The national Kanta information system service provides digital services related to healthcare and social welfare client information.

10 In Pöytyä, home care services could take the following measurements: body temperature, blood pressure, blood sugar, SpO2, CRP, Hb.
Compared to emergency medical services, home care usually only has a very limited range of examination or measurement equipment available. Emergency medical services usually always conduct interviews and measurements following the same procedure. The measurement and examination equipment are sufficient, and the basic selection is the same nearly everywhere.

11 As a rule, a physician should be consulted in all tasks of emergency medical services that do not lead to the patient being transported. According to the instructions, a physician must be consulted if no clear reason for the patient's symptoms is found, for instance. In non-urgent tasks, a basic healthcare physician or similar is consulted, and in the case of an emergency patient, an emergency medical care physician or the on-call physician at the intensive care unit is consulted. Because consultation is a part of everyday routine in emergency medical services, the procedures created for it are easy and a doctor can be reached quickly. However, there may sometimes be major differences between individuals and areas.

situations, and therefore there has been variation in operating practices. There have not been any consistent instructions on consultation, either.

The couple's ability to cope at home was assessed with less information than usual, because the couple had no close relatives. Close relatives have played an unwritten and unofficial role[12] in supporting home care. Home care workers have contacted family members and asked them about the health of clients and their ability to cope. They have been an easy and effortless way to find reliable information on the ability of the clients to cope with everyday life. Close relatives have typically also been active themselves and demanded home care services for their family members.

In Pöytyä, the practice has been to record events in home care very briefly. The home care workers have been advised to make short entries and avoid unnecessary entries. There has also been considerable variation in recording practices between nurses. In Pöytyä, home care events have been recorded both electronically and in the home care message notebook. Home care nurses who have previously worked in other municipalities have typically made more detailed and comprehensive entries than nurses who have worked in Pöytyä for a long time. For example, the home care services in Espoo and Turku have had more detailed and informative recording procedures.

2.1.3 Informal care system

At the time of the incident, an informal care agreement had been made with approximately 40 people in Pöytyä.[13] In 2021 in Pöytyä, the number of people from 65 to 84 years of age receiving care was 66 (the persons receiving care who were 85 years or older are missing from the statistics). According to the database, there were 87 informal carers who had made an agreement and 61 persons from 65 to 84 years of age being cared for in 2022.

In Pöytyä, informal care has been monitored by the open care advisor of the municipality. The advisor has offered and presented the available services as well as safety phones, among other things, to the informal carers. The open care advisor has drawn up informal care agreements and been in contact with informal carers approximately every year or year and a half. Informal carers have been given a paper document with important telephone numbers to contact, if necessary.

In Pöytyä, the other support offered to informal carers mentioned in the Act on Support for Informal Care[14] has been realised as monthly meetings of the informal carer peer group meetings. However, participation in the peer group meetings led by the open care advisor has been dependent on the informal carer's personal activity.

The man of the couple who acted as the informal carer had not participated in the activities of the peer group. Participating in the meetings is difficult or impossible, if the person receiving informal care cannot be left alone at home, and there is no substitute care or support from e.g. family members available.

The support, to which informal carers are entitled, has also included the possibility to take informal carer's leave. Arranging for the leave has depended on the informal carer's own initiative. The man had only used informal carers leave when he had gone to be examined due

---

12 The role of close relatives is emphasised when older people move from owner-occupied/rented housing first to service housing and later when moving from service housing to living in a nursing home. In general, older people in municipalities have not been proactively encouraged to move into housing that offers more attention and care.

13 According to the Act on Support for Informal Care (937/2005, section 2), an informal carer refers to a family member or another person close to the person being taken care of who has made an informal care agreement.

14 937/2005.

to his serious underlying medical condition or during treatment periods at a hospital. From time to time, there has been a separate substitute carer for informal care in Pöytyä.

2.1.4 The technological operating and equipment environment of informal and home care

The practical nurses who visited to help the couple had used the Hilkka system that operates on mobile devices. The Hilkka system enables home care workers to have client information with them in the field and make different kinds of notifications and requests remotely. The system can also be used as a communication channel among the personnel. The location information in the system can be used for purposes such as choosing the nurses' driving routes.

With the Hilkka system, home care workers can see the essential and necessary information during client visits. During a home visit, nurses can check the mobile application and make entries in connection with the visit on matters such as the client's basic information and list of medications and measurements, collect client feedback and start and stop the task by using the system. The mobile application also makes structured entries possible[15]. Information can also be recorded while the phone is outside the coverage of the mobile telephone network.

The Hilkka system has made work management more up to date and reduced paperwork. In the Hilkka system, client information is recorded in electronic format. Shift planning has not been done in the Hilkka system. However, the working hours of employees have been transferred from the shift planning system to Hilkka for the information of the person carrying out the division of labour. With the clients' permission, their information is available at the different offices. With regard to patient information, the Hilkka is only integrated in the visit information and daily entries, so that the Hilkka entries are visible in Lifecare, but the Lifecare entries are not visible in Hilkka. The list of medications is not visible in Hilkka, either, but home care can check the list in Lifecare. Home care has no way to access the Kanta or E-resepti systems.

[15] Structured information consists of patient and client information structured in different ways.

Kuva 4. Hilkka system menu on a Pöytyä home care phone. (Image by the SIAF)

Lifecare is a patient and client information system widely used in Finland by both basic and specialised healthcare. The system has also been used in Pöytyä.

Via the Lifecare client information system, the home care workers can access the home visit entries of registered home care clients, but are unable to get information on the heald centre visits of home care clients from the system for example. This information must be requested specifically and updated in the home care information system to make the up-to-date information available to home care. The results of measurements taken during a home visit cannot be entered into the Lifecare mobile application; instead, they must be recorded afterwards in the Lifecare information system at the home care office. Correspondingly, the client information entered into Lifecare on a terminal at the home care office cannot be read via the mobile application.

The rest of the social services in Pöytyä have used Effica as the client information system. In Pöytyä, no information has been transferred between the Effica and Lifecare systems, which means that it has not been possible to cross-reference entries on potential shared clients within the social services.

Implemented under the National Institute for Health and Welfare (THL), the Technology supporting smart ageing and care at home programme (KATI, 2020–2023)[16] promotes the use of new technology solutions in independent living, home care and other

[16] THL (2023**)** Technology supporting smart ageing and care at home programme (KATI) https://thl.fi/en/web/thlfi-en/research-and-development/research-and-projects/technology-supporting-smart-ageing-and-care-at-home-programme-kati-.

services brought home. Technology is used to reform home living operating models and services. At the same time, the possibilities of elderly to live independently and safely at home are developed and the wellbeing of home care staff at work is improved. The programme will be implemented through six regional KATI projects, in which new technology is introduced in preventive services and home care.

2.2 Circumstances

At the time of the incident, the Pöytyä Home Care Services had enough personnel for normal operation. As the geriatrician from Pöytyä social services had been on study leave away from work for two weekdays, no service needs assessments had been made during his time of absence. The open care advisor had acted as the geriatrician's substitute, but in practice, the geriatrician had only taken care of urgent matters. The open care advisor had had fewer informal carers under supervision than the maximum according to the recommendation. The information systems functioned as normal.

2.3 Recordings

The Emergency Response Centre call recordings and recordings of the radio communications in the public authority network available were available to the investigation. Information from these recordings was used for investigating the contents of the emergency calls, the alarms given by the Emergency Response Centre and the rescue activities, among other things.

The investigation also studied the couple's healthcare and social welfare client and patient information. Of these, the couple's use of healthcare and social welfare services as well as information related to their state of health, history of illnesses and social welfare service needs was investigated.

Information on the monitoring of telecommunications was requested concerning the telephone subscriptions of the man and the woman during the period 26 August – 7 September 2022. Friday 26 August 2022 was the day when the man acting as the informal carer had made the last entries in the self-monitoring diary, and Wednesday 7 September 2022 was the day when the police entered the residence.

According to the telecommunications information, the man had called the home care on-call number twice on Sunday 29 August 2022: for the first time at 13:58, when the line was open for 1 minute 55 seconds, and for the second time at 16:44, when the line was open for 1 minute 19 seconds. The home care practical nurses went to visit the couple based on the first call. The practical nurse who acted as the telephone duty officer cannot remember the second call.

The subscription for the on-call number in Pöytyä has had a queue function in use. When the line has been busy, the other people calling the number have been listening to an announcement by the operator telling them to wait without disconnecting the call. In the telecommunications monitoring information, listening to this announcement has been shown as the line being open. Because the home care practical nurse acting as the telephone duty officer cannot remember the second call, it is likely that the man of the couple who called the on-call number at 16:44 only listened to the queue announcement mentioned above. This subscription has not had a call-back service or an answerphone making it possible to leave a message available.

The man had also called the medical care advice line of the Pöytyä Health Centre at 17:20. Then the line had been open for 56 seconds, but at that time, only an answerphone had been

available on the advice line. During the first minute, the announcement for the answerphone for the number stated the opening hours of different emergency departments and the possibility of calling the emergency number 112.

This means that three calls from the man's subscription had been made to healthcare and social welfare on-call numbers on the same day. To find out if the man had already asked for help before, information was asked separately on calls made to the home care on-call number from the man's subscription during the previous month, 26 July – 26 August 2022. There were none. The Emergency Response Centre was asked if any assignments such as ambulance visits at the couple's address had taken place during the past year, but there had not been any assignments.

No other calls had been made or received from either of the couple's subscriptions during the weekend of 26–28 August 2022. An attempt to call the man's number on Sunday at 16:16 had been made, but no one had answered this call. The caller is not connected to the case currently under investigation.

The home care nurse that had attempted to visit the married couple on Monday had called the man's number twice in a row, at 10:41 and 10:42. Neither of the calls was answered.

The geriatrician reports having attempted to call the man once on 5 September 2022 at 13:31. This call is no longer visible in the telecommunications information of the man's subscription, likely because the battery of the phone had discharged before it took place.

The alarm and security camera system installed in the couple's residence had no recordings from the week of the incident

2.4 Persons and organisations related to the accident as well as safety management

2.4.1 Persons involved

The woman of the couple was an 87-year-old pensioner. She had underlying medical conditions that required regular medication and reduced her physical ability to function as well as her cognitive abilities. The woman needed assistance with her everyday functions, and was not able to take care of her own medications. Her ability to move was significantly reduced, and she was only able to walk for short distances at home with the help of support handles or with a rollator outside the home.

The man of the couple was a 76-year-old pensioner. He also had underlying medical conditions that required regular medication and reduced his physical ability to function as well as his cognitive abilities. The man had acted as the informal carer for the woman since 2016. Despite his illnesses, the man had been able to take care of the woman until August 2022. The man had taken care of all matters independently. As the informal carer, he had carried out many care measures every day. In addition, he had been able to use the car to take care of matters for the couple and drive the woman to places, if needed.

The couple did not have any children or other close relatives. At the Pöytyä Home Care Services, the couple had been considered to be active and able to take care of themselves despite their illnesses.

The investigation looked into the woman's need for help over a few years. Home care had already come to help the couple in 2015, when the woman's ability to walk deteriorated significantly. At the time, the decision to call an ambulance was made. In October 2016, the man had contacted home care services, because he had become concerned about how the

woman would cope if something happened to himself. At the time, it was recorded in the client information that the couple had not felt that they needed services yet, but they had been considering a safety phone. It was agreed at the time that the next home care visit would take place a month later.

The decision on an informal care allowance was made soon after this, in November 2016. The measurement of the RaVa value indicating the ability to function and the MMSE memory test had already been carried out approximately a week earlier. The support decision stated that the person receiving care needed many kinds of assistance with her everyday functions, and that the medication and the related measurements were "completely on the responsibility of the informal carer". The amount and content of services offered to support the informal carer was recorded as monthly peer support meetings; however, the man had not been able to participate in them due to the binding nature of the care duties. A few home care visits for the autumn of 2016 had been specified in the decision, and their goal had been to investigate the situation and assess the potential need for other assistance. The lack of children, close relatives and other support network had not been mentioned in the decision.

After the autumn of 2016, the couple had needed help from home care once per year on average. Usually, the reason had been that the woman's legs had not been able to support her and that she had fallen down so that the man was not able to lift her up alone. In addition, home care had visited the couple to administer vaccinations and assess the need to install support handles. In early 2021, the municipal open care advisor had made an assessment visit, at which time the woman's situation was found to be unchanged. However, the woman did not move around much. After this, substitute informal carers had visited the site somewhat more often. The woman had also had interval periods in care while the man himself was in hospital in June–September 2021. The open care advisor had spoken with the man of the couple on the phone for the last time in the autumn of 2021. The last entry on visiting the home of the couple dates from April 2022, when a physiotherapist visited to assess the need for rehabilitation and assistive devices. The physiotherapist had described the situation of the couple as similar as before. It was assessed that the man was active and invented solutions to make everyday life easier. At the time, the couple did not identify any special challenges in their own everyday life. They did not feel any need for home rehabilitation, either, but had a positive attitude towards it.

Home care practical nurse 1 had graduated as a practical nurse around twenty years ago. The practical nurse had worked in all Pöytyä home care teams and service homes as an itinerant nurse.

Home care practical nurse 2 had graduated as a practical nurse around twenty years ago. The practical nurse had been a regular employee in the Pöytyä home care team.

Home care practical nurse 3 had graduated as a practical nurse less than ten years ago. The practical nurse had worked initially with Turku Home Care Services, and later in Pöytyä as a regular employee in home care.

Home care practical nurse 4 had graduated as a practical nurse a few years ago. At first, the nurse worked in home care in Turku. The nurse had been working as a regular employee for the Pöytyä Home Care Services for approximately a year.

The home care nurse's whole career had involved care for elderly, the last six years of which as a nurse.

The home care geriatrician had been working in Pöytyä for 22 years, initially as a practical nurse. After studying as a geriatrician, the person had worked as a geriatrician for approximately one year and a half.

The person responsible for home care services had worked as a first-level manager for home care. The person had worked in the task from the start of 2022, initially as a substitute and starting from April 2022 as an officeholder. The person responsible for home care services had completed a Master's degree in elderly care in 2018. In addition, the person had graduated as a nurse in 2009 and had a previous practical nursing degree from 2004. The person had been working for the municipality of Pöytyä for a long time, first as a practical nurse at the local health centre. The person had been working in home care starting from 2013. The person had been absent for two years in the meantime and returned to Pöytyä in the autumn of 2021. The person had been working in home care under the Head of Basic Security of Pöytyä.

The open care advisor of the municipality had been working in the position in Pöytyä for six years. The advisor had studied as a social advisor, previously domestic aid. The advisor's whole career had involved working in care for elderly as a supervisor in home services as well as an enhanced service housing unit and a home care nurse, among other things. The advisor's supervisor was the Head of Basic Security in Pöytyä.

2.4.2 Safety management in home care

The municipality of Pöytyä has been the primary supervisory authority of the social services in its region. Therefore, it has monitored its home care services itself in accordance with its self-supervision task[17]. However, high turnover in the role of the Head of Basic Security and home care supervisory tasks has made the self-supervision of home care more difficult.

The Head of Basic Security and an expert nurse have audited the self-supervision plan[18] and its implementation. Home care has been assessed in relation to the instructions[19] of the municipality. The expert nurse has updated the self-supervision plan as needed. The self-supervision plans have been reviewed together with the personnel. The latest joint update round before the incident currently being investigated was made in May–June 2022. There is no documentation on joint updates before that. As a whole, the self-supervision plan had been updated the last time in 2020.

In the safety management of social services, there have been deficiencies in seeing the overall picture and assessing weak signals. Medication management has been emphasised in the safety management. Home care has not had its own operations manual. The large amount of instructions in relation to the time and opportunities of the employees to review the instructions has been a major practical challenge in safety management. Despite the large amount of instructions, the employees of the Pöytyä Home Care Services have not had instructions available for various exceptional situations, such as a situation, in which the client cannot be reached.

---

17 The self-supervision plan describes how the operating unit supervises, monitors and assesses the quality and safety of operations in practice. In an ideal situation, the self-supervision plan is a tool for the quality and development of services. It describes the procedures for purposes such as preventing and correcting the risks and dangerous situations observed. Self-supervision is based on identifying the risks to client and patient safety related to the operations and specify safe operating procedures.

18 Section 47 of the Social Welfare Act decrees that a self-supervision plan is mandatory for a social welfare unit.

19 *Pöytyä: Pöytyän kunnan sosiaalipalveluiden asiakasmaksut ja kriteerit 1.1.2022 alkaen. (The client fees and criteria for the social services of the municipality of Pöytyä starting from 1 January 2022.)* Document approved by the Basic Security Board.

It has been possible to report safety incidents to the HaiPro system in the home care system[20]. Employees have been expected to file a report in the[21] HaiPro system concerning incidents that endanger the safety of a patient or client and have caused or could have caused harm to the patient or client. The report has been filed anonymously in the system. The purpose of the HaiPro system has been to make it possible for the work community to learn from patient safety incidents and help with developing the operations of the unit.

In Pöytyä, the personnel have been instructed to draw up a HaiPro report on all exceptional situations concerning a client or patient. In addition to actual dangerous situations, Pöytyä has desired HaiPro reports for quality deviations, too, such as delays in scheduled work, processes that do not function or shortcomings mentioned by a client. The aim has been to process the deviation reports in personnel meetings and, if necessary, a plan has been drawn up based on them to correct the situation. The effectiveness of the plan made has been assessed every month at the personnel meeting, if possible. First-level managers have processed deviation reports and reported them to upper-level managers as needed. The HaiPro reports related to medications have been sent to the nurse responsible for medications for processing. As of January 2022, all HaiPro reports have been processed systematically. Starting from April 2022, the home care first-level manager has also had a degree of Bachelor of Health Care, Nursing, at which time all HaiPro reports made have been sent to the manager for processing.

During the last six years (from 2017 to 11/2022), the employees of the Pöytyä Home Care Services have filed a total of 334 HaiPro reports, that is, approximately 55 reports per year. Roughly 80% of the cases reported involved dangerous situations that occurred for a client, and approximately 20% have involved near misses [22]. Most of the reports filed are related to dispensing or administering the client's medication: a wrong dose of medication or a medication of incorrect strength has been dispensed to the client, the medication has not been dispensed at all or it has not been administered to the client, or the medication has been administered to the client at the wrong time. A common cause for a report has also been the client falling down or falling off something. However, an estimate of the risk of falling down has only been made in seven cases and an estimate of the risk of falling off something in five cases. Many of the reports have not been identified or the incident has not been specified; instead, only the type of the incident has been selected in the HaiPro system. If a patient safety incident has not been specified, processing it in the work community or under the leadership of the supervisors is difficult.

In Pöytyä, the party filing the report has usually found that challenges in oral or written communication and flow of information, training, orientation, skills or operating methods have contributed to the incident occurring. The most common suggestion as a measure to prevent the recurrence of the event has been processing it inside the unit.

In the internal communications of home care, a paper notebook on home care visits has been used; it has been stored in a locked area at the home care office. The home care workers have used the notebook to communicate about care visits made between shifts and the need for visits. In the case currently being investigated, too, entries about the visits to the couple's home had been made in the notebook, even though the couple did not have a home care client relationship yet. Using the notebook as a practice is poor and vulnerable considering the

---

[20] A similar reporting system, SPro, has been available for social welfare tasks, in which shortcomings or threats of shortcomings in the implementation of social services are reported. The SPro is not as widely known or used as the HaiPro system, but it has been used by the Espoo Home Care Services in parallel with HaiPro.

[21] Reporting is not mandatory.

[22] A dangerous incident is an event that causes the client or patient harm. A near miss is an event that could have caused the client or patient harm.

modern opportunities for information systems and the organisation of work. The home care services of larger municipalities[23] have had more efficient and reliable methods of internal communications.

For safety management, the home care personnel resources have been sufficient according to the municipality. There has been no need to limit access to home care in any particular way due to the number of personnel. However, the home care service has not included night care. According to the municipality, implementing it would require ten more home care employees.

In the job orientation of the Pöytyä Home Care Services, the municipality's own orientation instructions and forms have been used. The orientation form has acted as a checklist of sorts. The aim has been to use it to ensure that employees receive sufficient information on the medication, operation of home care, daily functions and nursing, ethics, making entries, partners in cooperation and instructions on what to do in different situations. Studying the instructions has remained the employees' responsibility.[24]

2.4.3 The supervisory role of the National Supervisory Authority for Welfare and Health (Valvira)

The highest authority supervising the field of healthcare and social welfare has been the National Supervisory Authority for Welfare and Health (Valvira). The Authority has supervised the appropriate operation of healthcare and social welfare services, granted permits in the administrative branch of healthcare and social welfare and steered Regional State Administrative Agencies towards uniform permit, guidance and supervision practices. The supervision has been both systematic and reactive. Reactive supervision has been based on incidents, the reports filed on them as well as complaints.

The National Supervisory Authority for Welfare and Health has been tasked with the steering of the six Regional State Administrative Agencies in Finland. The Regional State Administrative Agencies in Finland have transferred the processing of cases to the National Supervisory Authority for Welfare and Health according to the division of labour, if necessary. Concerning the operation of home care, the National Supervisory Authority for Welfare and Health has typically supervised major cases, matters of principle and extensive cases that cross the borders of Regional State Administrative Agencies. Therefore, the National Supervisory Authority for Welfare and Health has not supervised informal carers directly; instead, according to its task description, it has supervised the appropriateness of social work and decision-making related to informal care.

Together with the Regional State Administrative Agencies, the National Supervisory Authority for Welfare and Health has annually reviewed a joint healthcare and social welfare supervision programme[25] and the topics for systematic supervision for the next year Other duties of the National Supervisory Authority for Welfare and Health have included monitoring

---

[23] In Espoo Home Care Services, the custom has been to record the matter in the additional client information field of the Hilkka mobile application, if something necessary should be taken to the client during the next visit, for instance.

[24] Correspondingly, two nursing instructors have worked at the Espoo Home Care Services, tasked with the orientation of new employees. At the start of the employment relationship, new employees have been offered a two-day orientation training, during which the operating methods, instructions and practices of home care have been reviewed.

[25] The National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies have a joint healthcare and social welfare supervision programme for the years 2020–2023. It guides the joint systematic supervision of healthcare and social welfare by the supervisory authorities. The supervision is targeted especially at the services with the greatest deficiencies in their availability, quality or timeliness. One of the goals of the supervision programme period 2020–2023 is to promote, support and ensure the self-supervision of units.

access to care and the dimensioning of nurses. In practice, the National Supervisory Authority for Welfare and Health has not been aware of what happens in individual municipalities other than the random cases in reactive monitoring. The supervision of informal care has not been within the scope of its duties.

Correspondingly, the Regional State Administrative Agency has supervised home care regionally. This means that the operation of the Pöytyä Home Care Services has been supervised by the Regional State Administrative Agency for Southwestern Finland.

The case in Pöytyä currently under investigation was not reported to the National Supervisory Authority for Welfare and Health; instead, the Authority itself noticed the incident in the media. After this, the National Supervisory Authority for Welfare and Health confirmed with the Regional State Administrative Agency for Southwestern Finland that it had started handling the case. In such cases, the National Supervisory Authority for Welfare and Health has sent a written request for information to the municipality in question. If client and patient safety has become endangered, the National Supervisory Authority for Welfare and Health has contacted the care unit directly and provided guidance related to the case.

Services for elderly care was one of the focus areas of the healthcare and social welfare supervision programme of 2021, with special attention being paid to the organisation of services provided at home, the contents and registration of the home care services, and the monitoring of health care in the services for elderly. During the autumn of 2021, the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies made six guidance and assessment visits to six healthcare and social welfare regions, covering 25 municipalities. The aim of the Authority during the visits was to ensure that client and patient safety was realised. The goal was also to support the development of the quality work and services of the units so that the employees were familiar with the self-supervision plan and its importance. The objective was to draw up self-supervision plans that were sufficiently concrete to guide the work in practice.

Development needs were discovered in the home care services for elderly. Needs for development were identified in e.g. medication safety, the reporting obligation concerning shortcomings related to the service, self-supervision plans as well as the practical realisation of care and service plans.

In the autumn of 2021, the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies conducted a survey[26] for home care workers, which received responses from 415 people. The survey was related to the healthcare and social welfare supervision programme. Out of the home care workers who responded to the survey, 38% were not familiar with the reporting obligation in accordance with the Social Welfare Act and the related process. Not all of those who had filed a report were aware of what the report had led to. 30% of the survey respondents did not know or were not sure about the significance and contents of the self-supervision plan of their unit. 36% of the respondents estimated that the client's service had not been realised in accordance with the goals set in the care and service plans.

[26] National Supervisory Authority for Welfare and Health (2021) *Vanhusten kotihoidon valvonnassa löytyi useita kehittämiskohteita*. Press release 13 December 2021. 25 January 2023. https://www.valvira.fi/-/vanhusten-kotihoidon-valvonnassa-loytyi-useita-kehittamiskohteita.

2.4.4 The supervisory role of the Regional State Administrative Agency

The operation of the Pöytyä Home Care Services has been supervised by the Regional State Administrative Agency for Southwestern Finland. The Regional State Administrative Agencies have supervised the arrangement of services by the municipalities as well as the operation of both public and private service providers. The Regional State Administrative Agencies have steered the municipalities in their supervisory responsibilities through guidance letters, discussions and steering and assessment visits, and they have made both scheduled and unannounced inspection visits to nursing homes.

Reports about shortcomings have played an important role in the supervision by the Regional State Administrative Agency for Southwestern Finland. Reports have been drawn up by clients, their family members and employees of the units. Based on the reports, the Agency has made an assessment on what measures should be taken. A traditional procedure has involved requesting written reports from the parties related to the case. However, the shortcoming that has occurred has been required to pass the Agency's threshold for initiating an investigation before it has led to any measures. The start of investigation measures has also been affected by the supervision history of the target unit, so that similar previous shortcomings have been taken into account. The Agency has also made inspection visits to the units based on a case-by-case consideration. Personnel from the municipality's social welfare supervision have usually participated in the inspection visits. The Regional State Administrative Agency had not made an inspection visit to the Pöytyä Home Care Services during the years before the case currently being investigated.

The Agency has received noticeably few reports of shortcomings related to home care compared to the reports related to the round-to-clock care of elderly. In 2021, typical causes in complaint and supervisory matters concerning care services for elderly included: insufficient dimensioning of care personnel by the service provider, deficient professional skills of the personnel, shortcomings concerning the personnel structure, inappropriate behaviour by the personnel or poor treatment of the client, deficiencies in the implementation of medication, deficiencies in the availability of services, procedural errors related to decision-making or administrative procedures, or deficiencies in self-supervision.

2.5 The organisations that participated in the rescue activities and their readiness

The emergency medical service assignment was an urgent B assignment, and therefore the Emergency Response Centre alerted the emergency medical service unit that would reach the site the fastest. The unit involved was the medical service unit VS1228 stationed in Lieto, which was in round-the-clock readiness. The closest emergency medical service station to the site was in Aura, but the unit of that station was on another assignment at that time.

Pöytyä was in the area of the Southwestern Finland Police Department. The nearest police station was in Loimaa, where there were between one and three uniformed police patrols in readiness depending on the situation and need. At the time of the incident, there was also an investigative patrol at the Loimaa police station, which noticed the new assignment in the police field management system already before the patrol that went on the assignment (PVS233). The investigative patrol preliminarily investigated the background of the couple and transmitted the information to the patrol on its way to the assignment.

2.6 Regulations, orders and instructions

According to the Constitution of Finland[27] everyone has the right to receive indispensable subsistence and care as well as adequate social, health and medical services.

The purpose of the Social Welfare Act[28] is to promote and maintain wellbeing as well as social security, reduce inequality and promote inclusion. It is also aimed at ensuring, on equal grounds, the necessary and sufficient social services as well as other measures to promote wellbeing that are of high quality. The Act is also intended to promote a client-focused approach in social welfare services as well as the right of the client to good service and treatment.

When assessing the best interest of clients, it must be ensured that the clients receive support that is sufficient and timely regarding their needs.[29] When implementing social welfare, special attention must be paid to ensuring that the best interests of clients in need of special support are realised. Social services must be provided for purposes such as supporting the ability to cope in everyday life and the need for support related to housing, in addition to the need for support due to ageing.[30] Home care is a part of social services.

The Act[31] provides for urgent assistance and conducting a service needs assessment. When an employee of social services has found out about a person in need of social services during their duties, the employee must ensure that the person's need for urgent assistance is assessed immediately. In addition, the person is entitled to a service needs assessment, unless conducting an assessment is clearly unnecessary. The service needs assessment must be started immediately and completed without undue delay.

The service needs assessment must be initiated on the seventh weekday at the latest from the day when the client, a family member or person close to the client or the client's legal representative contacted the authority responsible for social services in order to receive services. The professional appropriate for a service needs assessment is responsible for the service needs assessment[32].

The purpose of the Act on the Status and Rights of Social Welfare Clients[33] (Social Welfare Clients Act) is to promote a client-focused approach and the confidentiality of the client relationship as well as the right of the client to good service and treatment in social services. Client refers to a person who is applying for or using social welfare services. Clients are entitled to receive social services of good quality from the party implementing social services.

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons[34] (Act on Services for Older Persons) does not provide for the start of a social services client relationship, and therefore the general social welfare acts, that is, the Social Welfare Act and the Act on the Status and Rights of Social Welfare Clients, must be followed in the case. In the Act on the Status and Rights of Social Welfare Clients, a client refers to a person who is applying for or using social welfare services.

---

27 731/1999, section 19.
28 1301/2014.
29 1301/2014, section 4.
30 1301/2014, section 11.
31 1301/2014, section 36.
32 817/2015, section 3.
33 812/2000.
34 980/2012.

Home care[35] refers to a service that ensures that people are able to cope with functions that are a part of everyday life in their home and living environment. Depending on the individual needs of the clients, home care includes care and attention, activities that promote interaction and the ability to function, other activities supporting the person's ability to cope, and home nursing. Home care is provided when a person's ability to function is reduced due to advanced age, illness, injury or other reason. Home care must be provided based on the person's needs regardless of the time of the day.

Informal care is governed by the Act on Support for Informal Care[36], which is aimed at promoting the implementation of informal care in the best interest of the person receiving care by ensuring sufficient healthcare and social welfare services as well as the continuity of care and support for the work of the informal carer. Among other things, the Act provides for the criteria for granting support for informal care, the services supporting the care duties of the informal carer, the leave arranged for the informal carer and substitute care of the person receiving care, the informal care allowance and revising it, the care and service plan, the informal care agreement as well as the pension and accident insurance cover of the informal carer.

According to the Act, training and education for the care tasks must be arranged for the informal carer, if necessary. The condition of the informal carer and the carer's ability to cope can be monitored by arranging both wellbeing and health examinations as well as healthcare and social services supporting the wellbeing and care duties of the informal carer, if necessary. The Act does not specify how or how often the potential monitoring mentioned above should be arranged, or how the need for health examinations and other services should be assessed.

The amount and contents of the services supporting the informal carer's duties must be recorded in the care and service plan. The Act has not specified the intended type or extent of these services.

According to the Act, an informal care agreement is made until further notice, and it is only made as fixed-term for special reasons. The Act does not include any obligations on revising the agreement, but the agreement and its contents "can be revised, if necessary". Until the end of 2022, an informal care agreement was drawn up as a commission agreement between the informal carer and the municipality responsible for providing treatment.[37] According to the Act, an informal care allowance can be granted if the health and functional capacity of the carer meet the requirements of informal care, and if informal care together with the other necessary healthcare and social welfare services is sufficient with regard to the wellbeing, health and safety of the person receiving care.

The Act on Support for Informal Care or other regulations on the matter do not include a risk assessment related to drawing up an informal care agreement, or in other words, looking at the whole situation from the perspective of what will happen to the person receiving care if the informal carer suddenly becomes ill or dies unexpectedly, for example.

The Government proposal as an Act on Informal Care[38] discusses the goals of the Act. According to the Government proposal, the services in informal care have previously focused mainly on the person receiving care. However, the carer's wellbeing and ability to work

---

35 Social Welfare Act 1301/2014, sections 19a, 20.
36 937/2005.
37 Starting from 2023, the agreement is drawn up as a commission agreement between the informal carer and the wellbeing services county responsible for the arrangements.
38 HE 131/2005.

should be taken into account more by using the methods of healthcare and social welfare.[39] When making a decision on an informal care allowance, the need for social services supporting the informal carer's duties and targeted at the informal carer must be assessed. The grounds mention that when making the decision, a comprehensive assessment must be made on whether the carer can manage the tasks related to informal care.

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons[40] provides for the general obligations of the municipality and the wellbeing services county concerning the matter, meeting the service needs of an older person and ensuring the quality of the services. The overall purpose of the Act is to support the wellbeing and health of the older population and their ability to function and manage independently, and to improve the opportunities of the older population to participate in the preparation of decisions that affect their living conditions and the development of the services they need.

The municipality[41] must draw up a plan to support the older population. Advice services that support the wellbeing, health, functional capacity and independent living of the older population must be provided to them[42]. In addition, they must be offered health examinations, appointments and home visits that support wellbeing, health, functional capacity and independent living in particular for those members of the older population whose living conditions and life situations are considered, on the basis of research results or general life experience, to involve risk factors increasing their need for services.

The healthcare and social services must be timely and adequate to the needs of the older persons. The municipality[43] is responsible for seeing to it that an older person's need for social and health care services supporting their wellbeing, health, functional capacity and independent living will be investigated comprehensively together with the older person and, as necessary, their family members, other persons close to them, or a guardian appointed for them.

A healthcare or social welfare professional with extensive expertise is responsible for investigating the service needs. The investigation must be started immediately and completed without unnecessary delay after it has been assessed together with the older person, in connection with the advice services, health examinations, appointments or home visits mentioned above, that the person needs regular services to support their functional capacity or cope with their ordinary daily routines[44].

According to the amendment to the law in 2020[45] the RAI assessment system must be used for assessing an older person's functional ability, if the person needs regular social services according to the assessment of the professional mentioned above. The RAI assessment system

---

39 According to the Government proposal, taking the carer's wellbeing and ability to function better into account "is necessary, because informal carers feel that their physical state of health is poorer than average. Informal carers suffer from chronic illnesses more frequently than other people of the same age. Typical physical illnesses include strain on the back due to lifting, musculoskeletal diseases and headache. Informal carers also suffer from emotional stress, isolation -- as well as the loss of freedom and identity. -- The informal care of a patient with dementia is exceptionally arduous. The prognosis of the disease is poor. The disease also causes psychotic symptoms, such as sleep problems and wandering around. -- In some cases, the informal carers being bound to the care and attention of the person receiving care may [also] raise the threshold for reserving the time to take care of their own health."

40 980/2012.

41 As of 1 January 2023, the wellbeing services county.

42 980/2012, section 12.

43 As of 1 January 2023, the wellbeing services county.

44 980/2012, section 12.

45 565/2020.

must also be used when an older person is already receiving services provided by the municipality or wellbeing services county, and the client's condition changes significantly. The National Institute for Health and Welfare must ensure that the RAI assessment system is available and that training is offered for using the system.

In addition, the Act provides for the self-supervision implemented by the municipality or wellbeing services county. A plan must be drawn up for the purpose, and it must be kept publicly available. The realisation of the self-supervision plan must be monitored and the services must be developed based on feedback collected regularly from older persons, their family members and persons close to them as well as the personnel of the unit.

The Act on the Social Welfare Client Documents[46] provides for the general obligations on recording client information and the uniform procedures applying to operators in the field of social welfare. Social welfare professionals and other personnel participating in the work with clients are obliged to record sufficient and necessary information for organising, planning, implementing, monitoring and supervising social welfare services.[47] The obligation to record client information begins when the service provider has received information about the person's need for services or started to implement a social service. The entries must be made without delay[48]. The persons providing the services must have access to the necessary client documents they need to carry out their duties[49]. According to the Act, the National Institute for Health and Welfare provides more detailed instructions on the structure of the documents and all of the details that must be recorded in the social welfare client documents.

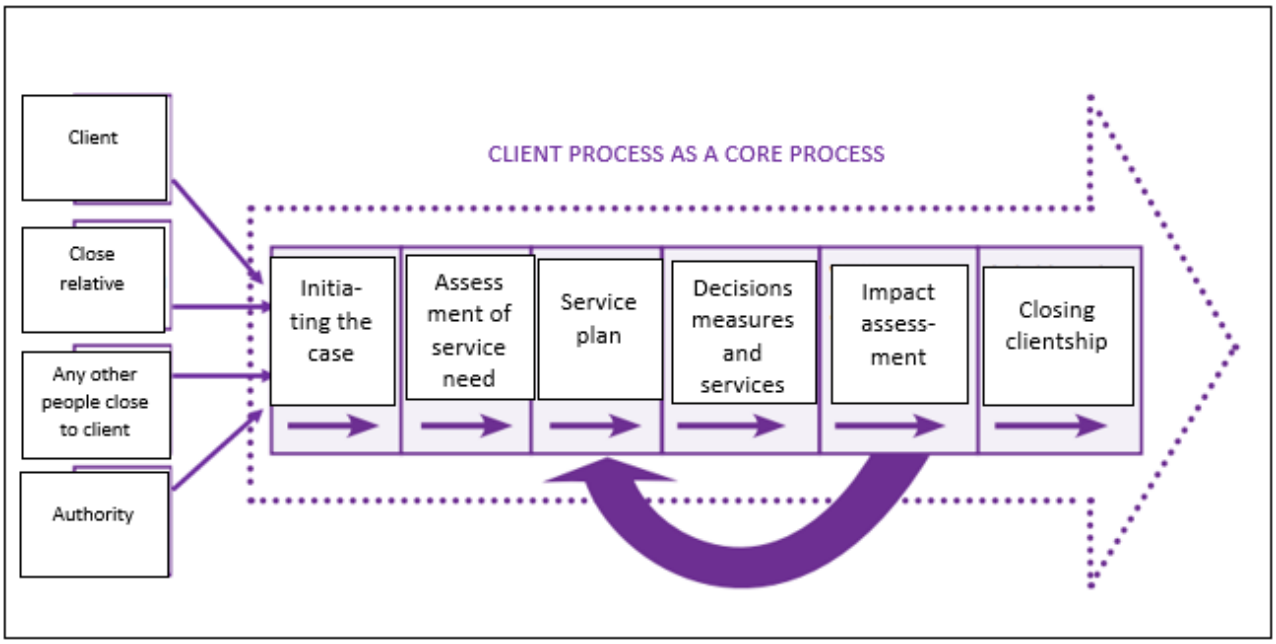
The document entries of a healthcare professional always constitute patient records, regardless of the organisation, in which the client is treated or cared for.[50] Therefore, a healthcare professional working in a social welfare unit also creates patient record entries. The Decree of the Ministry of Social Affairs and Health on Patient Records requires that entries of each of the patient's service events must be made in the patient records.

According to the Health Care Act,[51] healthcare services include, among other things, guidance and advice related to factors that protect mental health as well as the necessary psychosocial support for the individual. Everyone should also have the opportunity to get the support they need.[52] After crises experienced at work, psychosocial support may be a part of the services arranged by occupational healthcare: According to the Act on Occupational Health Care[53] employers shall organise occupational healthcare at their own expense to prevent and control health hazards and risks related to work and working conditions and to protect and promote the safety, health and ability to work of the employees.

46 254/2015.
47 A provider of public social welfare services for older persons must join as a user of the Kanta service by 1 September 2024 at the latest. Joining electronic archiving requires that the client information must be recorded in the client information systems in use in a structured format.
48 254/2015, section 4.
49 254/2015, section 7.
50 94/2022, section 11.
51 1326/2010.
52 C.f. the Act on the Status and Rights of Patients (785/1992), which states that all persons who are permanently resident in Finland are entitled to health and medical care required by their state of health.
53 1383/2001.

According to the Recommendations for the Task Structure of Professional Social Services Staff,[54] the case being instituted is in itself a part of the six-phase client process of social welfare and social services. After the first phase, or (1) taking up the case, (2) an assessment of service needs is carried out, after which the process progresses to (3) drawing up a service plan, (4) making client-specific decisions and implementing measures and services, (5) impact assessment and finally (6) conclusion of the client relationship. The different phases must be linked together forming a whole with the aim of effective service that has an impact on the client's situation.

The client process starts when the person themselves, the people close to the person, an authority or another party expresses the person's need for services and the case is taken for processing. The professional responsible for the client process being instituted in each service area decides whether the case is within the scope of social welfare and social services, and if it requires a service needs assessment. A service needs assessment is conducted in the next phase of the client process, if the case is within the scope of social welfare and social services. If necessary, parties other than the professional groups of social welfare participate in the service needs assessment.



Kuva 5. Client process in social welfare and services. (Image by Ministry of Social Affairs and Health, edited by SIA)

According to the instructions of the National Supervisory Authority for Welfare and Health, an applicable degree in the field of healthcare and social welfare is required from home care employees as a rule. If a person working in home care does not have such a degree, the person is not allowed to work alone during a shift and cannot participate in tasks related to medication without training in medication. Care assistants can be used in assistive duties as

---

54 Sarvimäki, P. & Siltaniemi, A. (Eds.) (2007) *Recommendations for the task structure of professional social services staff.* Publications of the Ministry of Social Affairs and Health, Finland 2007:14. Helsinki: Yliopistopaino. 20 April 2023. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/73389/URN%3aNBN%3afi-fe201504223872.pdf?sequence=1&isAllowed=y.

well as the work partner of a trained healthcare and social welfare professional in accordance with the recommendation of the Ministry of Social Affairs and Health.

The instructions on the RAI system (Resident Assessment Instrument) by the National Institute for Health and Welfare are collected on the website of the organisation. The RAI system is a standardised toolkit for information gathering and observation. The new system is intended for the service needs assessment of older persons or persons with intellectual disabilities as well as the assessment and monitoring of care, rehabilitation and service plans.

The RAI system consists of several different assessment tools that are suitable for different purposes and target groups. The aim is to determine the clients' service needs in a consistent and multifaceted manner by using the system. With the information provided by the RAI system, the aim is to design the services individually and target them based on who needs them.

The deployment of the system is supported in 2021–2023 with a separate project. The project "RAI-arviointivälineistön kansallisen käytön toimeenpanon tuki" (Support for the national deployment of the RAI assessment system) offers help and training for the organisations that organise and provide services both in the deployment and use of the system as well as the utilisation of the RAI information.

In Pöytyä, the RAI assessments started in 2022, and they have applied to the regular home care clients. In 2021, Pöytyä had a plan for the adoption of RAI assessments. The aim was to conduct an RAI assessment for home care clients every six months. RAI has not been used in Pöytyä in informal care.

The COPE Index (Carers of older people) published in Finnish by the research department of the Social Insurance Institution of Finland (Kela)is designed to help informal carers and the professionals who work with them in assessing the strain caused by informal care and the informal carer's need for support. Contrary to the instructions of the municipality of Pöytyä itself, the COPE Index has not been used there.

According to the National Institute for Health and Welfare, using the COPE Index as a preliminary information form when investigating experiences in informal care is recommended. In addition to that, self-assessment questions on the health, mood and ability to move of the informal carer should be used.

The COPE Index is used as an assessment tool and to support discussion when determining an informal carer's need for support. The questions included in the index provide information on how the informal carer feels about their own situation. This makes it possible to find and agree on the forms of help and support offered to the informal carer together with the professionals and informal carers. The COPE Index is suitable for assessing the situation of informal carers who take care of an older person or spouse as well as those taking care of their children. There are separate instructions for each group on how to use the index.

There are instructions on how to record client events on the website of the National Institute for Health and Welfare. Consistent records ensure that the client and patient information in use is comprehensive and of good quality.

In structured records, information in set format is saved and recorded by using common and previously agreed structures. For example, the entries in a case history are grouped into themes, and different views are used to connect them to a specific content or treatment. In social welfare, documents are grouped by document type. They include, for example,

documents on the institution of a case, service needs assessment, client plan, client report and decision.

On the national level, several guides have been produced to support consistent records; the most important of these is "Potilastiedon kirjaamisen yleisopas" (General guide on recording patient information). In addition to this, more detailed specialised field or service and professional group-specific instructions have been provided for recording patient information. Local recording instructions for home care have been drawn up in different areas based on municipality-specific needs. Some of the instructions have been implemented in cooperation with universities of applied sciences as a final project, for example. Such development projects had also been implemented in Pöytyä in 2010 and 2018.

In the Pöytyä Home Care Services, the instructions on recording client or patient information have always been general. Home care personnel have had instructions related to structured records and the content and requirements on recording daily visit entries. There has also been a clear process description for assessing the client's risk of falling down. In addition, instructions have been provided for recording the assessment made in the client's information. The instructions have been available for situations, in which a home care client relationship already exists. There have been no instructions for exceptional situations in which the client cannot be reached, for instance.

Together with the Association of Finnish Local and Regional Authorities (Kuntaliitto), the Ministry of Social Affairs and Health has drawn up quality recommendation[55], with the aim of guaranteeing a good quality of life and improved services for the elderly who need them. The quality recommendations have sought solutions for ensuring the health and ability to function of the whole older population.

One of the individual recommendations is to organise customer and service counselling so that the counselling 1) forms a customer service package which includes advice, assessment of service needs, service decisions and monitoring their implementation, and 2) the coordination of service packages for customers with multiple disorders and memory disorders, especially those who use a lot of services at home, will be ensured.

According to the Criminal Investigation Act,[56] the police must follow the principle of minimum intervention and the principle of proportionality in the pre-trial investigation. The investigation may not encroach upon the rights of anyone beyond what is necessary for the achievement of the purpose of the pre-trial investigation, and the pre-trial investigation measures may not cause anyone unnecessary harm or inconvenience. The pre-trial investigation measures must be justifiable in proportion to the offence under investigation, the need for clarifying the matter and the age and health of the person who is the subject of the measure. The police must also treat the parties involved in the pre-trial investigation in a sensitive manner.

Pöytyä has drawn up its own ageing policy programme for the years 2021–2025. The programme includes goals and measures to promote the wellbeing and health of the older population in Pöytyä and their ability to function and manage independently through healthcare and social welfare services, other activities and cooperation networks. The

---

55 Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities (2020) *Quality recommendation to guarantee a good quality of life and improved services for older persons 2020–2023. The Aim is an Age-friendly Finland*. Publications of the Ministry of Social Affairs and Health 2020:29. Helsinki: Ministry of Social Affairs and Health. 03 January 2023. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162595/STM_2020_37_J.pdf?sequence=1&isAllowed=y.

56 805/2011.

municipality's strategy emphasises preventive services and their development. The programme is the municipality's response to the quality recommendations of the Ministry of Social Affairs and Health and the requirements of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons in order to ensure good old age[57]. The document states that statistically, there are more older persons in Pöytyä than in Finland on average.

Starting from 2021, home visits for promoting wellbeing have been made with 80-year-old persons outside the scope of municipal services in Pöytyä every five years. In addition to the statutory services, the municipality has offered peer support intended for older informal carers, free guided exercise as well as activities arranged in cooperation with the third sector.

2.7 Other reports

2.7.1 Report by the Parliamentary Ombudsman on the services of older people living at home

In 2021, the Parliamentary Ombudsman and the Human Rights Centre commissioned a survey on the access to services of people aged 70 years or over who live at home and their service needs. According to the survey, older people living at home do not always receive the services they need from municipalities. Based on the results of the survey, the Parliamentary Ombudsman raised a concern and stated that there was a need to assess the realisation of the rights of persons living at home without the support of family members or other people close to them in particular.[58]

2.7.2 Proposal by the National Institute for Health and Welfare for a national coordination model for age technology 2023–2027

In February 2023, the National Institute for Health and Welfare published a proposal for a national coordination model for age technology and measures for 2023–2027.[59] The aim of the proposal is to make the development, deployment and impact assessment of wellbeing technology that supports living at home more effective. The objective is to promote the wellbeing and safety of elderly living at home with the measures of the proposal. Another objective is to promote the wellbeing at work of home care professionals. The National Institute for Health and Welfare proposes that it should coordinate the utilisation of age technology on the national level. The coordination task would aim at strengthening the cooperation and flow of communication between the actors. The proposal for a coordination model was designed in the Technology supporting smart ageing and care at home programme (KATI) of the National Institute for Health and Welfare together with interest groups. The proposal presents nine national measures that together with the coordination of the National Institute for Health and Welfare cover the tasks and goals set for the coordination model in the decision in principle of the age programme. The proposals for measures include the following perspectives and actions:

---

57 Quality recommendation to guarantee a good quality of life and improved services for older persons 2020-2023: The Aim is an Age-friendly Finland. Publications of the Ministry of Social Affairs and Health 2020:29. http://urn.fi/URN:ISBN:978-952-00-8427-1.

58 The Parliamentary Ombudsman and the Human Rights Centre (2021, in Finnish) https://www.oikeusasiamies.fi/documents/20184/38506/70+vuotta+t%C3%A4ytt%C3%A4neiden+kotona+asuvien+henkil%C3%B6iden+palvelujen+saanti+ja+palvelutarpeet.

59 Anttila, H. (ed.) (2023) *National coordination of age technology: towards continuity and cooperation: Proposal for the national coordination model for age technology and for related measures for 2023-2027*. Discussion Paper 7/2023. Finnish Institute for Health and Welfare (THL). 03 January 2023. https://www.julkari.fi/handle/10024/146136.

1) The perspective and participation of the older and ageing person
2) Product development, testing and support for the export of age technology solutions
3) Development of age technology expertise and training healthcare and social welfare professionals
4) Coordination of the technology units of wellbeing services counties
5) Utilising assessment information
6) The report "Teknologia asumispalvelujen uudistajana" (Technology in the renewal of housing services)
7) Further development of the wellbeing and health technology directory and communications
8) Further development and internationality of the Hyvinvointimessut Wellness Fair
9) Cost-effectiveness, quality and transparency through analytics and ethical artificial intelligence.

2.7.3 Current situation of informal care in Finland

Informal care is the most notable form of care in Finland.[60] According to Carers Finland, more than a million Finns help a loved one regularly in everyday life. Of them, approximately 350,000 have the primary responsibility for the care of a loved one. They ensure that the person who needs help has the chance to live in their own home. According to Carers Finland, approximately 60,000 of the informal care relationships are binding and challenging. In 2021, there were 50,200 informal carers operating with an agreement[61].

An informal care arrangement creates significant savings for society. The estimated annual costs of the care of elderly in Finland would be EUR 2.8 billion higher without the care provided by family members[62]. The Act on Support for Informal Care is realised in different ways in different municipalities and associations of municipalities[63].

Informal care is an established part of the welfare service system and it is linked to the set of other services for elderly: home care, institutional care and intensified service housing. In addition to the home care services, informal carers use the services of nursing homes or intensified service housing to arrange for care during their days off. The persons receiving care can be clients of all services for elderly.[64]

Informal care has not been free from problems. A key practical challenge in services for elderly has been how to fit together the right to provide and receive care on one hand and a diverse range of services on the other hand[65]. A significant development target in informal

---

60 According to the definition of the Finnish Network for Organisations Supporting Family Caring, a carer is a person who takes care of their family member or other loved one who cannot cope independently with everyday activities due to an illness, disability or other special need for care.

61 Kehusmaa, S., Ilmarinen, K., Jokinen, S. & Kauppinen, S. (2022) *Omaishoidon tuen kansalliset myöntämisperusteet – THL:n ehdotus*. Finnish Institute for Health and Welfare (2018). Discussion Paper 43/2022. Helsinki. 10 January 2023. https://www.julkari.fi/bitstream/handle/10024/145176/URN_ISBN_978-952-343-927-6.pdf?sequence=1&isAllowed=y.

62 Kehusmaa, S. (2014) *Containing the costs for care. Use of services, informal care and rehabilitation of frail elderly living at home*. Studies in social security and health 131. Helsinki: Kela, the Social Insurance Institution of Finland.

63 Kehusmaa, S., Ilmarinen, K., Jokinen, S. & Kauppinen, S. (2022) *Omaishoidon tuen kansalliset myöntämisperusteet – THL:n ehdotus*. Finnish Institute for Health and Welfare (2018). Discussion Paper 43/2022. Helsinki. 10 January 2023. https://www.julkari.fi/bitstream/handle/10024/145176/URN_ISBN_978-952-343-927-6.pdf?sequence=1&isAllowed=y.

64 Tikkanen, U. (2016) *Omaishoidon arki. Tutkimus hoivan sidoksista*. Department of Social Studies. Publications of the Faculty of Social Sciences 5. Helsinki: University of Helsinki. 15 November 2022. https://helda.helsinki.fi/bitstream/handle/10138/160970/omaishoi.pdf?sequence=3&isAllowed=y.

65 Tikkanen, U. (2016) *Omaishoidon arki. Tutkimus hoivan sidoksista*. Department of Social Studies. Publications of the Faculty of Social Sciences 5. Helsinki: University of Helsinki. 15 November 2022. https://helda.helsinki.fi/bitstream/handle/10138/160970/omaishoi.pdf?sequence=3&isAllowed=y.

care is to create services and forms of support[66] that suit the situation of each informal carer and person receiving care.

In different municipalities, information on informal care has been recorded in the clients' information in the healthcare and social welfare system in a variety ways. For instance, unlike in Pöytyä, in the wellbeing services county of Central Ostrobothnia (Soite) information about a client acting as an informal career has been added to the client's information in the healthcare and social welfare system. The information makes it easier to arrange for assistance to the person receiving informal care, if the informal carer suddenly becomes ill or injured.

The social and psychological wellbeing of informal carers deteriorated as a result of the coronavirus pandemic. Informal carers were left alone, and not all parts of the existing support networks were strong enough. The restrictions implemented in Finland led to the functions that had supported the everyday life of many informal carers being interrupted.[67]

2.7.4 ASCOT-SU instrument

ASCOT-SU-mittari (Engl. The ASCOT-SU instrument (Adult Social Care Outcomes Toolkit, Service Users questionnaire) is an indicator of quality of life that is used to survey the quality of life of informal carers. The indicator includes eight different aspects of quality of life: 1) control over daily life, (2) personal cleanliness and comfort, (3) food and drink, (4) accommodation cleanliness and comfort, (5) personal safety, (6) social participation and involvement, (7) occupation and (8) dignity. The informal carers assessed their situation in each of the aspects by using four alternative answers depending on how good they considered their situation to be.[68]

The Finnish-language ASCOT is a well-working and internally consistent measuring instrument[69]. The clients' situations change often, which means that new assessments must be made and agreements updated every year[70]. However, indicators on informal carers' ability to cope have not been systematically used in Finland.

2.7.5 Operating models for elderly care in Innokylä

Innokylä[71] is an open online service for joint development and sharing information regardless of the industry. The aim of Innokylä is to support the development and description of operating models in particular as well as sharing good practices for the use of others. In

---

66 Ministry of Social Affairs and Health (2019) *Reform of home care for older people and informal care for all age groups 2016–2018*. Reports and Memorandums of the Ministry of Social Affairs and Health 2019:29. 15 November 2022. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161532/29_2019_Ikaihmisten%20kotihoidon%20ja%20kaikenikaisten%20omaishoidon%20uudistus%2020162018.pdf?sequence=1&isAllowed=y.

67 Sihto, T., Leinonen, E. & Kröger, T. (2022) *Omaishoito ja COVID-19 pandemia. Omaishoitajien arki, elämänlaatu ja palveluiden saatavuus koronapandemian aikana*. YFI Publications 13. Jyväskylä: University of Jyväskylä. 03 January 2023. https://jyx.jyu.fi/bitstream/handle/123456789/80448/1/Omaishoito%20ja%20covid-19-pandemia_final.pdf.

68 Nguyen, L. (2018) *ASCOT – vaikuttavuusmittari Britanniasta Suomeen*. OPTIMI – Terveys- ja sosiaalitalouden uutiskirje (3/2018). 16 December 2022. https://thl.fi/fi/web/sote-uudistus/talous-ja-politiikka/optimi-terveys-ja-sosiaalitalouden-uutiskirje/2018/ascot-vaikuttavuusmittari-britanniasta-suomeen.

69 Nguyen, L. (2018) *ASCOT – vaikuttavuusmittari Britanniasta Suomeen*. OPTIMI – Terveys- ja sosiaalitalouden uutiskirje 3/2018). 16 December 2022. https://thl.fi/fi/web/sote-uudistus/talous-ja-politiikka/optimi-terveys-ja-sosiaalitalouden-uutiskirje/2018/ascot-vaikuttavuusmittari-britanniasta-suomeen.

70 Kehusmaa, S., Ilmarinen, K., Jokinen, S. & Kauppinen, S. (2022) *Omaishoidon tuen kansalliset myöntämisperusteet – THL:n ehdotus*. Finnish Institute for Health and Welfare (2018). Discussion Paper 43/2022. Helsinki. 10 January 2023. https://www.julkari.fi/bitstream/handle/10024/145176/URN_ISBN_978-952-343-927-6.pdf?sequence=1&isAllowed=y.

71 The parties responsible for the operation of Innokylä are the Association of Finnish Local and Regional Authorities, SOSTE Finnish Federation for Social Affairs and Health and the National Institute for Health and Welfare. The operation of Innokylä is steered by the Ministry of Social Affairs and Health. www.innokyla.fi.

Innokylä, more than 500 operating models related to services for elderly care have been described.

Approximately 100 operating models related to home care have been presented in Innokylä, of which 32 are complete models. There are dozens of larger packages related to home care collected on the website, such as different kinds of development projects and programmes. Several dozens of operating models related to supporting elderly living at home have also been developed and described in Innokylä.

Plenty of operating models related to informal care have also been developed. They include operating models related to the informal care of elderly as well as electronic technology or digitalisation in different areas.

2.7.6 Informal care and home care practices in Espoo

As a comparison, the instructions and practices in the Espoo Home Care Services were studied during the investigation. Espoo has a centralised service guidance unit, called the Seniori-info, which has acted as a multi-professional team. A social worker has also been included in every one of the teams. When elderly themselves or their family members have become concerned about the person being able to cope at home, they have called Seniori-info on weekdays during office hours. After the contact, the service advisor of Seniori-info has drawn up a preliminary assessment of the person's situation and, if necessary, referred the person to a period at a rehabilitation unit for a more detailed assessment of service needs.

A client relationship with Social Services may have been considered as initiated when an employee of the Social Services has contacted the person for the first time in order to agree on the reform of service needs. Seniori-info has had the right to view the client's information when they have received a contact and the matter has been related to the care of the client or lack thereof. The team has reviewed the contacts annually. An electronic alarm system had not been used. A record of contacts has been kept manually, and it has been ensured that the time limits for a service needs assessment as defined by law have been kept.

The Espoo Home Care Services have been implemented either through traditional home visits, or remote home care. Remote home care clients have been required to be able to manage their tasks with remote guidance, such as take their medication in front of a screen. Regular home visits have also been made to most of the clients in remote home care. The Espoo Home Care Services have also received help from things such as electronic opening of the client's front door by telephone and medication robots in implementing medication, and some clients have also had safety alarms on their doors. The nurse-specific client list for the workday has been shown in the Hilkka mobile application. Every day before the nurses have gone to make home visits, the client list of each nurse has been reviewed and checked to ensure that the names of all of those on the route are also visible in Hilkka.

In Espoo, a home care nursing instructor has been responsible for the orientation; the instructor has arranged a two-day orientation period for new employees. The orientation has reviewed all instructions in case of urgent situations. The instructions for personnel on recording matters have mentioned that every contact with a customer must be logged.

The employees at the Espoo Home Care Services have had a written quick guide for all kinds of different sudden situations. The quick guide has included instructions on how to assess the client's state of health and social situation as well as instructions on what to do as well as consultations. In addition, there have been instructions for different kinds of exceptional situations in Espoo, such as "Kotona tehtävä työ – ohje erityistilanteisiin" (Home care work – instructions for exceptional situations) and "Sopimus kuinka toimitaan Espoon kotihoidossa

jos asiakas ei avaa ovea käynnillä" (Instructions on what to do in Espoo Home Care Services if the client does not open the door during a visit).

In Espoo, informal carers with an agreement have been monitored by the Seniori-info informal care team. A personal worker has been appointed for all informal carers; the worker has observed the situation of the informal carer during client visits and by telephone. The informal carer has had an informal carer card with information on the person receiving informal care, the informal carer and a family member who can be contacted, if something happens to the informal carer and the carer is prevented from taking care of the person in their care. Informal care teams have discussed matters related to informal care weekly, such as practices, client cases and proposals for solutions. If the informal carer's own situation has turned into a caregiving crisis, this has been reported to the Seniori-info service, where the informal carer's personal worker has been notified of the situation becoming more difficult. Anyone who has been concerned about an older person has been able to make a report. The informal carers in Espoo have usually been actively in contact with their personal worker, which has made it easier for the informal carer to stay up to date concerning informal care notifications. The oldest informal carers have been encouraged to visit the doctor for a health examination once per year.

If it has been estimated that the person receiving informal care needs special support due to their ability to function, the aim has been to make multi-professional joint home visits more frequently than in the normal practice. The level of care needed by the person receiving informal care has been assessed at home visits using established indicators, such as the RAI assessment of the ability to function or the MMSE memory test. At the same time, the suitability of the informal carer for their duties and their ability to meet the needs of the person receiving care have been assessed. In addition, it has been assessed how challenging and binding the help provided by the informal carer is. After the home visit, the care and service plan of the person receiving informal care have been updated and the need for updating the decision on the informal care allowance has been assessed.

The informal care allowance has not been granted or it has been possible to terminate it, if the informal career has had an illness that can be assumed to reduce their ability to function, or if their ability to function, state of health or life situation clearly limit their ability to act as an informal carer. In such situations, the personal worker has been able to arrange for support and care for the person receiving informal care through other services.

A proactive care plan has been drawn up with the informal care families in home care with the aim of identifying at-risk family members in time. What to do in case the informal career themselves becomes ill or injured has been recorded in the client's care and service plan. Seniori-info has carried out informal care assessments annually or more frequently, if necessary.

Separate operating models have been developed in Espoo for problematic client groups: an at-risk client process for clients identified as having risk factors that predict a reduction in the ability to function, and a crisis client process for clients, whose overall situation has already become a crisis.

If the client has refused the services, the at-risk client process has been followed. The non-urgent cases assessed as being the most difficult among the at-risk clients have been discussed in a multi-professional working group that meets once per month; its members have included home care personnel and a special expert of social work from Seniori-info. If the situation has been acute and the nurse considers that person receiving informal care is

being abandoned, the crisis client process has been followed. In that case, a social worker has conducted an intervention in the family and kept in touch with the family at regular intervals.

2.7.7 KomPAssi project in Southwest Finland

In the KomPAssi project, an operating model for client advice and guidance for elderly has been established; it has focused on meeting the client and a client-oriented assessment of the situation. The KomPAssi project was implemented in Southwest Finland in 2016–2018 as a part of the project ”Kehitetään ikäihmisten kotihoitoa ja vahvistetaan kaikenikäisten omaishoitoa” (Developing the home care of elderly and strengthening the informal care of persons of all ages) of the Ministry of Social Affairs and Health . In Southwest Finland, approximately 200 professionals participated in the development; they included workers from client guidance and informal care as well as management and contact persons from work with elderly. The parties providing feedback and the respondents of the assessment survey included client advisors, clients, family members, persons receiving informal care and informal carers. According to the report[72] assessing the results of the project, consistency of processes and operating models in service counselling and guidance was reached at the regional level.

Among other things, the project compiled matters that required a reaction during a client contact. One of the tools on the matter was called by the title of the section "Concern arises – identifying different kinds of client groups". According to it, concern about the client's situation should arise when 1) the client's problem is not clear or unambiguous, when 2) the client contacts client guidance repeatedly, when 3) the client has recurring visits, cancellations or non-cancelled appointments to healthcare or social welfare, or when 4) there is a suspicion of a specific risk. As subsections of section 1) the tool mentions, among other things, a suspicion that the situation in informal care is reaching a critical point (the carer becoming exhausted is mentioned as an example), a suspicion of problems with nutrition, a suspicion of a problem with the physical ability to function, or the root cause of the contact remaining unclear.

The project also developed an initial information form for advice and guidance for older persons, which includes some questions on informal care. It must already be determined in the initial information whether a situation involving informal care is linked to the contact. If this is the case, both the scope of the informal care (the form mentions using the toilet, dressing up, washing and eating as examples) and how binding the care is time-wise must be determined. The urgency of the service needs assessment that may be offered to take care of the situation must also be assessed on a four-degree scale: immediately, within 1–3 days, within 4–7 days and within over 7 days.

In addition, the project developed an ICT system that makes it possible to monitor centralised client advice and guidance and report on the activities. A KomPAssi service offering platform was implemented in the project; it is an information search and advice platform intended for older persons and informal carers in the region of Southwest Finland. The objective was to arrange advice services and guidance of uniform quality by taking advantage of an online platform and services. The platform was to be usable with different kinds of technologies, including mobile ones. The platform combines the guidance and advice as well as services

[72] Ritvanen, J. (2018) *KomPAssi project – Establishing a regional operating model for client and service guidance for elderly people in Southwest Finland*. Reports and Memorandums of the Ministry of Social Affairs and Health 2018: 53.

offered to older persons by different operators, and it presents different kinds of technological services to support living at home.

In Pöytyä, the open care service advisor has used the criteria for the informal care allowance from the KomPAssi project. The open care service advisor has also participated in a centralised service guidance and informal care support group call using the Atsor information system as a tool. Otherwise, the KomPAssi project, its parts or tools have not been used in Pöytyä.

2.7.8 The Satakati project in Satakunta

The Satakati project has been implemented in the Satakunta region; the project involves the adoption of wellbeing technology to ensure that elderly can live at home. Such technology includes tablets, medication reminders, smart locks, sensors, safety locators and remote measuring equipment. The number of home care clients who use technology has been approximately 250. Home care operating models and processes have also been developed in the Satakati project. For example, workshops have discussed how the data generated by the technology should be used, and how technological alerts and alarms should be categorised.

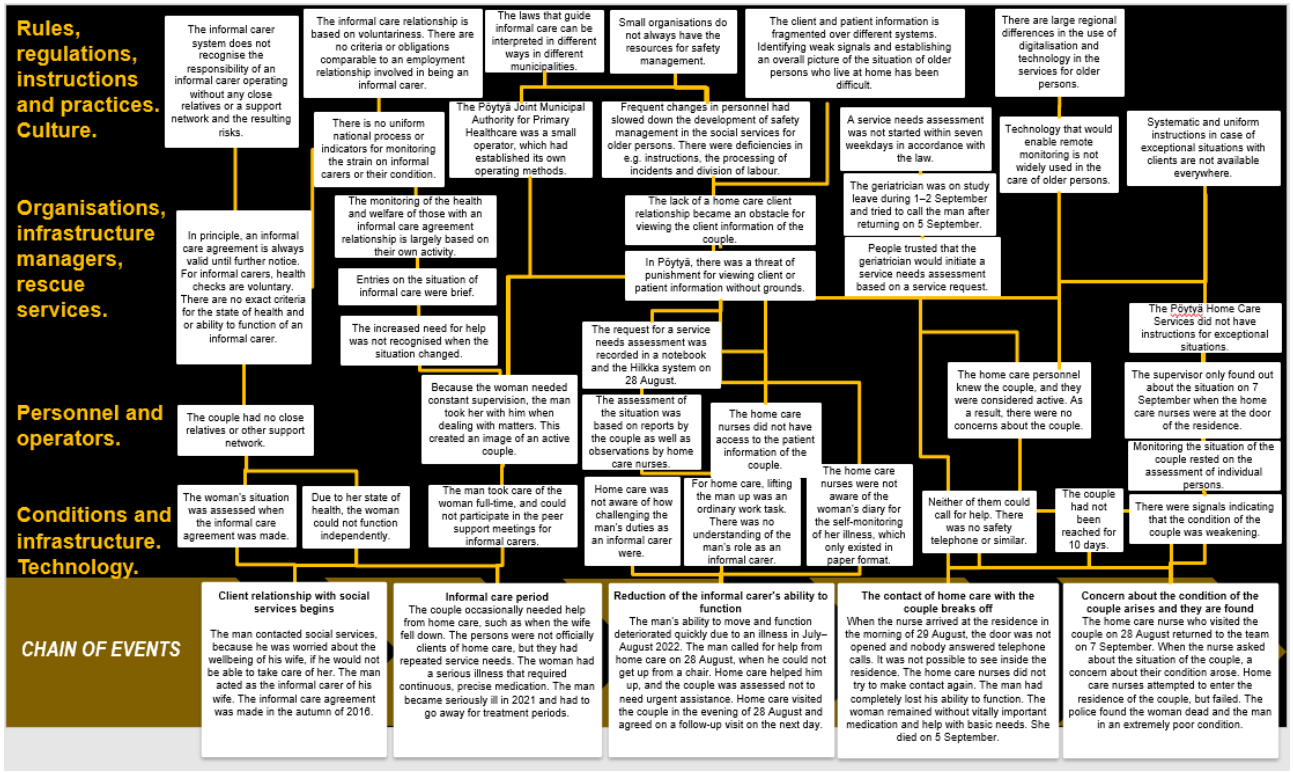
The technology has included a phone application that enables remote monitoring and makes it possible to review the data generated by technology. It allows family members living elsewhere, for instance, to monitor the situation of their loved one, and the application can also be used for communicating with the loved one via video. At the moment, nearly 300 family members in the entire Satakunta region use the application.

2.7.9 The "Tulevaisuusmatkalla" (On the way to the future) development project in Pöytyä

In 2018 in Pöytyä, the development project "Tulevaisuusmatkalla – vireät palvelukokonaisuudet" (On the way to the future – active service packages) was started. It was intended to reform the service structure and range of services for elderly by the municipality of Pöytyä in the areas of service guidance, services for informal care, services supporting living at home as well as the housing of elderly. The aim of the service structure reform was to meet the changing and growing future service needs of elderly. The project covered the whole service structure for elderly. The objective of the project was to strengthen the services that enabled elderly to maintain their ability to function, have a good quality of life and live safely at home. During the project, the processes and service descriptions of services for elderly were written out in a visible format, which made it possible to assess and measure their functionality better.

3 ANALYSIS

The Accimap method further developed by the Safety Investigation Authority has been used in the event analysis [73]. The structure of the analysis text is based on the Accimap diagram drawn up during the investigation. The accident is described as a chain of events at the bottom of the diagram. Factors revealed in the background of the chain of events are discussed in the diagram at different levels of analysis.



Kuva 6. T2022-01 ACCIMAP analysis diagram. (Image by the SIAF)

3.1 Event analysis

An elderly couple in a weak condition did not receive help in Pöytyä in August–September 2022. Home care had not reached the couple in ten days. The police found the couple in their home on 7 September 2022. The woman was dead and the man was in an extremely poor condition.

3.1.1 Client relationship with social services begins

The man of the couple had been taking care of his wife for at least 10 years. In 2016, he had contacted social services, because he had been worried about the wellbeing of his wife if he was not able to take care of her. The informal care agreement was valid until further notice, and it had been drawn up in 2016. The woman's situation had been assessed at that time. Due to her state of health, the woman had not been able to function independently. The couple had no close relatives or other support network.

---

73 Rasmussen, J. & Svedung, I. (2000) *Proactive Risk Management in a Dynamic Society*. Karlstad, Sweden: Swedish Rescue Services Agency.

In principle, the informal care agreement has always been valid until further notice, meaning that no preparations have been made in the informal care arrangement for assessing the ability of an informal carer to continue carrying out their duties systematically and at regular intervals. For informal carers, health examinations have been voluntary. There have been no exact criteria for the state of health or ability to function of an informal carer. The informal care system has not recognised the responsibility of informal carers operating without any close relatives or a support network and the risks due to the lack of a support network.

3.1.2 Informal care period

The couple had formed a client relationship with social services when they had concluded the agreement on informal care. The couple had also occasionally needed help from home care after the wife had fallen down. The man and woman were not officially clients of home care, but they had had recurring service needs. The woman had a serious illness that required continuous, precise medication. The man had fallen seriously ill in 2021, and at that time, he had had to go to the hospital for examination and treatment periods.

Caring for the woman was a very binding commitment. The man had been taking care of the woman full-time, and had not been able to participate in the peer support meetings for informal carers. Because the woman had needed constant supervision, the man had taken her with him when dealing with matters. This created an image of an active couple for the home care services.

Gradually, the condition of the couple weakened. The increased need for help was not recognised when the situation changed, however. For their part, the brief entries on the couple's situation in informal care affected this. In fact, the personnel should be conscious of the obligation to record client contacts.

The monitoring of the health and welfare of those with an informal care agreement relationship has largely been based on their own activity. There has not been any uniform national process or indicators for monitoring the strain on informal carers or their condition. Monitoring has been difficult, because the informal care relationship has been volunteer-based. There have not been any criteria or obligations comparable to an employment relationship involved in being an informal carer.

3.1.3 The informal carer’s deteriorated ability to function

The man's ability to move and function had deteriorated quickly due to an illness in July–August 2022. The man had called home care for help on 28 August, when he had not been able to get up from a chair. The home care work partners had helped him out of the chair. Home care had made the assessment that the couple did not need urgent assistance. After the visit by home care, the man had called the home care on-call number and the advice line of the health centre without receiving an answer from either one. Home care had visited the couple again in the night of 28 August and agreed on a follow-up visit on the next day.

For home care, lifting the man up had been an ordinary work task. No concerns had arisen about the man's ability to cope as an informal carer. This was influenced by the home care practical nurses not knowing about the number and challenging nature of the man's duties in providing informal care. The assessment of the situation was based on the reports of the couple and the observations of the practical nurses. The practical nurses had also understood that they were not allowed to look at the couple's health information and therefore not the detailed information about illnesses and medications, either. The information would have shown that the man and the woman were more seriously ill than what they appeared. The

practical nurses had not been aware of the woman's diary for the self-monitoring of her illness, which had only existed in paper format. With the incomplete information, the practical nurses had nevertheless made a service needs assessment request for the couple in the Hilkka system on 28 August. The request had also been recorded in the home care notebook.

The lack of an official home care client relationship had become an obstacle for viewing the client information of the couple. In Pöytyä, the home care employees had also been warned not to review client and health information without grounds under the threat of punishment. The municipality of Pöytyä is a small operator, which had established its own practices.

Despite the legislation providing guidance, there has been major variation between different municipalities in the services provided for informal carers.[74] As its name indicates, the Act on Support for Informal Care from 2005 mainly discusses support, that is, the monetary compensation paid for informal care and leave for informal carers. The perspective of ensuring the comprehensive wellbeing of the informal carer and the person receiving informal care is not strong enough in the legal text.

Frequent changes in the managerial positions of Pöytyä Social Services have slowed down the development of client and patient safety and the safety management of social services for elderly. There have been deficiencies in e.g. instructions, the processing of incidents and division of labour. Small organisations do not always have the resources for safety management.

The client and patient information is fragmented over different systems. Identifying weak signals related to changes in the ability to function and establishing an overall picture of the situation of elderly who live at home has been difficult.

3.1.4 The contact of home care with the couple breaks off

A nurse went to make the agreed visit to the couple's home in the morning of 29 August. However, the door was not opened and nobody answered telephone calls. It was assumed that the couple had gone shopping. In reality, the couple had been at home at the time, and the man had apparently already lost his ability to function. It was not possible to see inside the residence.

After the man had ended up lying down on the floor, the woman had been left without vitally important medication and help with basic needs. Neither of them had been able to call for help. They did not have a safety bracelet or a safety phone. The woman had died on 5 September.

The home care employees had not attempted to contact the couple again, because taking care of the matter had been delegated to the geriatrician. No one was worried about the man and the woman, because they were thought to be more active and in better condition than what their actual state was.

---

[74] The Act on Support for Informal Care briefly states that the municipality, or the wellbeing services county as of the start of 2023, must "arrange the informal carers, *if necessary,* -- healthcare and social welfare services that support their wellbeing and care duties". The legal text does not define the meaning of the words "if necessary" or how the need in question must be determined. In the Government proposal for an act on support for informal care (discussed more extensively above in Chapter 2.6 and footnote 37) the matter has been described in more detail, while making a statement on the recommended operating methods at the same time. According to the grounds of the bill, when making the decision on an informal care allowance, "a *comprehensive assessment* must be made on whether the informal carer can cope with the duties included in informal care [and] the need for social services targeted at the informal carer and supporting the informal carers duties must also be assessed".

Monitoring the condition of the couple and their ability to cope had depended on their own activity. It would have been technically possible to monitor the woman's illness remotely. The technology that would enable remote monitoring has not been widely used in the care of elderly. There have also been large regional differences in the use of digitalisation and technology in the services for elderly.

3.1.5 Concern about the condition of the couple arises and they are found

The couple had not been reached for ten days. The home care practical nurse who had visited the couple on 28 August returned to the home care team on 7 September. The practical nurse asked about the couple's situation, at which point a shared concern about their condition arose. The practical nurses attempted to enter the residence of the couple, but failed. The police found the woman dead and the man in an extremely poor condition.

There had been warning signs that the condition of the couple was weakening, but the system did not have procedures for collecting such signals or resources allocated for the purpose. Monitoring the situation of the couple had rested on the assessment of individuals. The home care supervisor only found out about the couple's situation a moment before they were found.

Systematic and uniform instructions in case of exceptional situations with clients have not been available everywhere. In some municipalities, there have been instructions in case of exceptional situations in which the client cannot be reached, for instance.

4 CONCLUSIONS

1. The care of the woman of the couple was solely dependent of the man who was acting as an informal carer. The social services had not identified the challenging care responsibility of an informal carer operating without any close relatives nor the risks related to the lack of a support network.

   Conclusion: *The lack of family members or a support network of aged informal carers is not always identified or taken into account. For older informal carers operating without any close relatives, a comprehensive assessment should be conducted on whether they are able to cope with their duties.*

2. In Pöytyä, the situation of informal carers had been monitored every 1–1½ years through inspection visits or by contacting the informal carer by telephone. There have not been any uniform or mandatory national criteria, processes or indicators for monitoring the strain on informal carers or the state of health of the informal carer and the person receiving informal care. Indicators have not been used systematically, and no party has had an overall picture of the strain on informal carers.

   Conclusion: *The situation of older informal carers operating without any close relatives, the strain they are under and the potential changes in their functional capacity should be monitored and assessed systematically and sufficiently often, taking their individual situation into account.*

3. The client and patient information is fragmented over different information systems. The challenges in fitting information systems together can cause risks to client and patient security in healthcare and social welfare. Providing an overall picture of elderly people living at home is difficult as weaks signals pertaining to their wellbeing and state of health stem from scattered sources.

   Conclusion: *Client and patient information systems should serve the users so as to make it easier to generate the necessary overall picture of the state of health and wellbeing of elderly clients easily.*

4. The healthcare and social welfare services in Pöytyä had specifically under the treath of punishment prohibited the review of client and patient information of persons other than those with a client relationship. Therefore, the home care employees had not dared to review the couple's health information, which had led to an inadequate assessment of the couple's situation.

   Conclusion: *Safety management in healthcare and social welfare should be constructive and transparent. The system should encourage workers to study client and patient information when the task requires it.*

5. It would have been possible to use remote technology to monitor the state of health of the woman of the couple. However, remote technology has not been widely used in the care of elderly. Regional variation in the use of remote technology has increased inequality.

   Conclusion: *Remote technology can improve the safety of elderly living at home. Remote technology must be used more on the national level in the care of elderly living at home.*

6. There have not been any instructions in Pöytyä in case of exceptional situations with clients, such as managing an informal carer's rapidly changing situation or failing to reach

a person. Actions in an exceptional situation have been based on the employee's own assessment.

Conclusion: *The wellbeing services counties must have comprehensive and uniform instructions for exceptional client situations.*

7. An informal care agreement usually binds the carer around the clock. Informal carers are required to be active themselves in order to arrange for the leave provided for informal carers.

Conclusion: *When there are no close relatives or other support network available, the system should ensure that informal carers would have an equal opportunity to participate in activities that support wellbeing.*

5 SAFETY RECOMMENDATIONS

5.1 Comprehensive assessment, monitoring and forecasting of the health and wellbeing of older informal carers and the strain they experience

The lack of family members or a support network of older informal carers is not always identified or taken into account. For older informal carers operating without any close relatives, a comprehensive assessment should be conducted on whether they are able to cope with their duties. The situation of older informal carers operating without any close relatives, the strain they are under and the potential changes in their functional capacity should be monitored and assessed systematically and sufficiently often, taking their individual situation into account.

The Safety Investigation Authority recommends the following:

The National Institute for Health and Welfare ensures that the wellbeing services counties start using indicators intended for assessing and monitoring the functional capacity of informal carers and their ability to cope, and that the information they generate is used to develop informal care. [2023-S14]

Different kinds of indicators have been developed for assessing the state of health and ability to function of older informal carers, but they have not been systematically used on the national level. Changes in the condition and ability to function of informal carers can have a critical impact on the health and wellbeing of the person receiving informal care and endanger the safety of living at home. It must also be possible to use indicators and tools to identify risks related to the ability to cope and function of informal carers proactively. Coordinating the healthcare and social welfare services as a whole together with the informal carer is also essential.

5.2 Developing the technological and remote monitoring of elderly people living at home

Remote technology can be used to promote the safety of eldelry living at home and increase the feeling of safety. The number of elderly living at home will increase significantly in the near future. Remote technology is used to varying degrees. Technology that enables remote monitoring can be used to help especially those elderly living at home who do not have close relatives or a support network. Remote technology should be financially available for everyone who needs it.

The Safety Investigation Authority recommends the following:

The Ministry of Social Affairs and Health ensures that the wellbeing services counties promote the safety of older people living at home by taking advantage of remote technology and digitalisation. [2023-S15]

Development should be carried out in cooperation with wellbeing services counties, research and educational institutions as well as other interest groups. The inclusion of clients and service users is also important. In the Technology supporting smart ageing and care at home

(KATI) programme, it has been proposed that the National Institute for Health and Welfare should be responsible for the coordination.

5.3 Operating models for exceptional situations

In home care, exceptional situations in encounters with clients and patients are an everyday occurrence. For example, care tasks can include assessing changes in the state of health or social situation and encountering unfamiliar clients. Too often, home care employees have ended up in situations with clients, in which they do not know how to act or which party they should consult. There are no uniform instructions on what to do in surprising situations; instead, the practices used in the wellbeing services areas vary.

The Safety Investigation Authority recommends the following:

The National Supervisory Authority for Welfare and Health (Valvira) guides the wellbeing services counties in cooperation with Regional State Administrative Agencies to ensure that home care services have comprehensive operating models for exceptional situations. [2023-S16]

The operating models should be practical. Good practices should be shared widely between wellbeing services counties by taking advantage of Innokylä, for instance.

The assessment of exceptional situations may require reviewing the client's social welfare or health information. The personnel must be aware of the right to review the client information or patient requires necessary for carrying out the work task.

5.4 Measures that have been taken

The Regional State Administrative Agency for Southwestern Finland asked, as the authority supervising healthcare and social welfare operations, the Basic Security Board of Pöytyä to submit the self-supervision and internal investigation documents drawn up concerning the case of the couple in Pöytyä for the Agency's information by 11 November 2022. The Agency ended up investigating what kind of conclusions about the operation of home care had been drawn and what measures had been taken. On 25 November 2022 the Regional State Administrative Agency found that the basic security of Pöytyä had appropriately assessed the course of events, identified the risks and shortcomings that occurred in the operations and taken the necessary self-supervision measures.

With regard to recording practices, the Regional State Administrative Agency instructed the basic security of Pöytyä to review the guide "Sosiaalihuollon asiakastietojen käsittely" (The processing of client data in social welfare) published by the Office of the Data Protection Ombudsman in September 2022.

The Regional State Administrative Agency for Southwestern Finland did not request a report on the incident from the Basic Security Board of Pöytyä, because it knew that the police and the Safety Investigation Authority were investigating the case.

In the municipality of Pöytyä, the recording instructions in home care were specified and updated. The communications practices were reformed and instructions on them were provided. The internal notebook practice of home care was abandoned. The rights of home care employees to view the health information of persons were expanded in March 2023. The service needs assessment process was described. In addition, instructions on how to order

safety phones and what to do in exceptional client situations were drawn up. The home rehabilitation and assessment period process was also reviewed and updated. The personnel were notified about the new instructions via e-mail. During the development day on 4 October 2022, the personnel were trained to use the instructions and additional updates to them were made together. According to the notice published by the basic security of Pöytyä on 31 October 2022, more training will be added to the assessment of the need of care.

BIBLIOGRAPHY

Written sources

Anttila, H. (ed.) (2023) *National coordination of age technology: towards continuity and cooperation: Proposal for the national coordination model for age technology and for related measures for 2023-2027*. Discussion Paper 7/2023. Finnish Institute for Health and Welfare (THL). 03 January 2023. https://www.julkari.fi/handle/10024/146136.

Kehusmaa, S., Ilmarinen, K., Jokinen, S. & Kauppinen, S. (2022) *Omaishoidon tuen kansalliset myöntämisperusteet – THL:n ehdotus*. Finnish Institute for Health and Welfare (2018). Discussion Paper 43/2022. Helsinki. 10 January 2023. https://www.julkari.fi/bitstream/handle/10024/145176/URN_ISBN_978-952-343-927-6.pdf?sequence=1&isAllowed=y.

Kehusmaa, S. (2014) *Containing the costs for care. Use of services, informal care and rehabilitation of frail elderly living at home*. Studies in social security and health 131. Helsinki: Kela, the Social Insurance
Institution of Finland.

Nguyen, L. (2018) *ASCOT – vaikuttavuusmittari Britanniasta Suomeen*. OPTIMI – Terveys- ja sosiaalitalouden uutiskirje 3/2018). 16 December 2022. https://thl.fi/fi/web/sote-uudistus/talous-ja-politiikka/optimi-terveys-ja-sosiaalitalouden-uutiskirje/2018/ascot-vaikuttavuusmittari-britanniasta-suomeen.

Rand, S., Malley, J., Netten, A. & Forder, J. (2015) Factor structure and construct validity of the Adult Social Care Outcomes Toolkit for Carers (ASCOT-Carer). *Quality of Life Research* 24(11): 2601–2614.

Rasmussen, J. & Svedung, I. (2000) Proactive Risk Management in a Dynamic Society. Karlstad, Sweden: Swedish Rescue Services Agency.

Ritvanen, J. (2018) *KomPAssi project – Establishing a regional operating model for client and service guidance for elderly people in Southwest Finland*. Reports and Memorandums of the Ministry of Social Affairs and Health 53/2018.

Sarvimäki, P. & Siltaniemi, A. (Eds.) (2007) *Recommendations for the task structure of professional social services staff.* Publications of the Ministry of Social Affairs and Health, Finland 2007:14. Helsinki: Yliopistopaino. 20 April 2023. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/73389/URN%3aNBN%3afi-fe201504223872.pdf?sequence=1&isAllowed=y.

Sihto, T., Leinonen, E. & Kröger, T. (2022) *Omaishoito ja COVID-19 pandemia. Omaishoitajien arki, elämänlaatu ja palveluiden saatavuus koronapandemian aikana*. YFI Publications 13. Jyväskylä: University of Jyväskylä. 03 January 2023. https://jyx.jyu.fi/bitstream/handle/123456789/80448/1/Omaishoito%20ja%20covid-19-pandemia_final.pdf.

Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities (2020) *Quality recommendation to guarantee a good quality of life and improved services for older persons 2020–2023. The Aim is an Age-friendly Finland*. Publications of the Ministry of Social Affairs and Health 2020:29. Helsinki: Ministry of Social Affairs and Health. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162595/STM_2020_37_J.pdf?sequence=1&isAllowed=y.

Ministry of Social Affairs and Health (2019) *Reform of home care for older people and informal care for all age groups 2016–2018*. Reports and Memorandums of the Ministry of Social Affairs and Health 2019:29. 15 November 2022. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161532/29_2019_Ikaihmisten

%20kotihoidon%20ja%20kaikenikaisten%20omaishoidon%20uudistus%2020162018.pdf?sequence=1&isAllowed=y.

Tikkanen, U. (2016) *Omaishoidon arki. Tutkimus hoivan sidoksista*. Department of Social Studies. Publications of the Faculty of Social Sciences 5. Helsinki: University of Helsinki. 15 November 2022. https://helda.helsinki.fi/bitstream/handle/10138/160970/omaishoi.pdf?sequence=3&isAllowed=y.

Investigation materials

1) Site investigation materials
2) Information about the home and living situation of the couple
3) Hearings
4) Home care situation notebook
5) Instructions on how to operate by the Pöytyä Social Services
6) Telephone recording information
7) Photographs and records of questioning by the police
8) Interview of the Carers Finland association and materials
9) Instructions by the Espoo Home Care Services
10) Information on the investigation into the cause of death
11) Adult Social Care Outcomes Toolkit (ASCOT) method. https://www.pssru.ac.uk/ascot/.

SUMMARY OF STATEMENTS REGARDING THE DRAFT INVESTIGATION REPORT

The Ministry of Social Affairs and Health does not issue a statement, but in its message, it notes that the conclusions of the investigation are correct and the recommendations that follow them are to be supported. According to the Ministry, it is important to take the conclusions and recommendations into account in developing services for older persons.

In its statement, the National Institute for Health and Welfare focuses on the reforms of the Social Welfare Act. The Institute reports that section 41 of the Social Welfare Act (710/1982) has been amended on 1 January 2023. According to the current Act: "If absolutely necessary in the interests of a person in obvious need of social welfare on the grounds of severely endangered health, development or safety, and if the need for social welfare cannot otherwise be ascertained, a social worker is entitled, on an order from a senior social welfare officeholder appointed by the wellbeing services county, to gain entry to the dwelling or other place of residence of such person in order to determine the need for welfare. If entry to the dwelling or other place of residence is prevented, the social welfare authority shall ask the police authorities for executive assistance as referred to in section 22 of the Act on the Status and Rights of Social Welfare Clients."

The National Institute for Health and Welfare also notes that section 20, subsection 1, paragraph a of the Social Welfare Act (1301/2014) has been amended on 1 January 2023. According to the current Act: "An authority of the state, municipality, association of municipalities or wellbeing services county as well as another public corporation, the Social Insurance Institution of Finland, the Finnish Centre for Pensions, a pension trust or other pension institution, insurance institution, education provider, provider of a social service, community or operational unit carrying out healthcare and nursing activities as well as a healthcare professional is obliged to provide to the wellbeing services county upon its request, free of charge and notwithstanding secrecy provisions, the information and reports in its possession significantly impacting the social welfare client relationship that, due to the duty imposed by law on the wellbeing services county, are necessary to determine the client's need for social welfare, arrange social welfare and implement the related measures and to check the information provided to the wellbeing services county."

The Institute further specifies that section 20 of the Social Welfare Act has been repealed as of 1 January 2024, and in the future, the right of access to information and the disclosure of data will be provided for by the Act on the Processing of Client Data in Healthcare and Social Welfare (703/2023), which will enter into force on 1 January 2024.

In addition, the National Institute for Health and Welfare describes the features of the ASCOT-SU indicator and the COPE index in connection with the recommendation addressed to it. Finally, the Institute notes that as regards the use of indicators of the ability to function, attention should be paid to the recommendation of the TOIMIA network on the consistent and ethical use of indicators of the ability to function.

The National Supervisory Authority for Welfare and Health (Valvira) specifies the description of its task and role according to the investigation report in its statement. According to the Authority, it supervises the appropriate operation of healthcare and social welfare services, grants permits in the administrative branch of healthcare and social welfare and steers Regional State Administrative Agencies with the aim of uniform permit, guidance and supervision practices throughout the country. Furthermore, the Authority notes that even though the supervisory authorities do not supervise informal carers, they nevertheless

supervise the appropriate operation of social services and decision-making related to informal care.

According to the National Supervisory Authority for Welfare and Health, it is preparing a national healthcare and social welfare supervision programme for a four-year period in cooperation with the Regional State Administrative Agencies. The targets of supervision with their focus areas, the supervision methods and the knowledge base of supervision are updated annually. The overarching theme of the supervision programme for 2020–2023 has been self-supervision. According to the Authority, the objective of the supervisory authorities has been to promote and ensure the self-supervision of those that organise and provide services.

Services for older people was one of the focus areas of the healthcare and social welfare supervision programme of 2021, with special attention being paid to the organisation of services provided at home, the contents and registration of the home care services, and the monitoring of health care in the services for older people.

The National Supervisory Authority for Welfare and Health also wishes that the unofficial Finnish term "kotihoitaja" (home nurse) should not be used in the investigation report. Finally, the National Supervisory Authority for Welfare and Health proposes a change to the recommendation, in which it is instructed to ensure in cooperation with the Regional State Administrative Agencies that the home care services of wellbeing services counties have comprehensive operating models for exceptional situations. The National Supervisory Authority for Welfare and Health wants the task of ensuring the recommendation in question to be transferred to the wellbeing services counties.

The Regional State Administrative Agency for Southwestern Finland proposed specifications and corrections to the parts of the investigation report that describe its supervisory role and tell about the measures carried out after the accident.

The Wellbeing Services County of Southwest Finland specified that at the time of the incident, home care only had technologically restricted rights to view the health information of persons. The wellbeing services county also emphasised the systematic processing of HaiPro reports starting from January 2022. The Wellbeing Services County of Southwest Finland also specified the role of the geriatrician on 7 September, the day when the couple was found. It also specified the section of the investigation report on psychosocial support.

The National Police Board emphasises in its statement the conclusion of the investigation report stating that client and patient information systems should serve the users so that it would be possible to generate the necessary overall picture of the state of health and wellbeing of older clients easily.

The National Police Board also highlights the conclusion, according to which the safety management in healthcare and social welfare should be open, constructive and transparent and the system should encourage workers to study client and patient information when the task requires it.

The police recognises the challenges stated in these conclusions on establishing the overall picture of clients and safety management in healthcare and social welfare. According to the police, the challenges may lead to actual problems without sufficient rights, comprehensive competence or structural cooperation practices.

According to the National Police Board, in certain cases different authorities should receive health and other similar information indirectly related to the case more smoothly, so that the

matters related to each person and family could be taken care of immediately in the right way during all stages of life.

According to the police, the access to information between different actors, especially the authorities, and ensuring it as well as the competence of the actors in these matters should be promoted better than it currently is. In addition, the cooperation between all actors should be developed so that working together would be more structured and managed. This would be the best way to safeguard the care, attention and safety of older persons as well as combat and prevent social exclusion and cross-generational problems throughout society.

Carers Finland considers it important that due to the case under investigation, the Safety Investigation Authority has assessed the situations and risks of informal care involving older couples more extensively. According to the association, the authorities and decision-makers can use the conclusions and safety recommendations of the investigation to take measures to minimise the risks, reduce the strain on informal carers due to the care and promote wellbeing.

Carers Finland proposes specifications in the use of definitions and numbers related to informal care in the investigation report. The association also notes that a close relative of an older person is not automatically a part of that person's support network.

According to the association, the Act on Support for Informal Care does not define monitoring and the arrangement of the necessary help and support sufficiently clearly, even if this is emphasised in the preliminary work and implementation instructions of the Act. According to Carers Finland, the people responsible for informal care may have too many duties so that they do not have time left for monitoring the situation of informal carers and/or persons receiving care. The association emphasises that systematic information and documentation is needed from the wellbeing services counties on how things such as coaching and guidance, health and wellbeing checks, home care services and leave arrangements are offered to informal carers.

According to Carers Finland, the status of an informal carer operating with an agreement must be shown in the client's preliminary information in the healthcare and social welfare information systems. This means that in case of emergency, it is shown that this person acts as the informal carer of a person dependent on the constant assistance of an informal carer, and who may not have any other assistance. However, the association states that this would not have helped in the Pöytyä case.

Carers Finland states that the survival and safety of many people with disabilities or serious chronic illnesses and fragile older people in a vulnerable position is dependent on the access to information of healthcare and social welfare operators. Being too cautious may lead to accidents, or even abandonment. According to Carers Finland, open discussion and joint development of expertise is needed so that client information can be used appropriately.

Carers Finland emphasises that assessing the situations of informal carers regularly is important, and the risk assessment must specifically be weighted in the assessment. However, the threshold for informal care must not rise so high as to be too challenging. According to the association, informal care is possible when the informal carer and the person receiving care have enough services supporting the physical, mental and social ability to function as well as financial support. Coordinating the healthcare and social welfare services as a whole together with the informal carer is also essential.