

***The Defender recommended the heads of the homes for the elderly pay sufficient attention to effective individualised planning and recommended that the relevant personnel be trained in this respect.***

The Defender noted that the notice periods of agreements on care considerably differ between facilities. Notice periods of 7 days, two and three months can be encountered. The Defender holds the view that notice periods should be set appropriately to the social situation of the clients. They should also approximate to the conditions stipulated by the Civil Code for the relationship of leased housing. The Defender sees no reason for concluding only agreements for a fixed term. Many elderly people obviously intend to spend the rest of their lives in the social service facility and restricting the agreement is unreasonably stressful for them.

***The Defender recommended that the notice periods of agreements on the provision of social services be approximated to the notice periods stipulated in the Civil Code for the notice of termination of the lease of a flat by the landlord. The Defender also opined that the agreements in general should not be concluded for a fixed term.***

#### **Payment for the services provided**

The Defender dealt with the issue of the amounts to be refunded to clients for services not used. These cases occur especially when the user leaves the home for a temporary period (for example for a holiday). As for the refunding of advances for catering, the Defender ascertained that individual meals could not be cancelled in any of the visited facilities. Refunding is possible only in case of an absence from the facility lasting several days. Yet the price of the individual meals is set, including specification of the overheads and the cost of the meals.

***The Defender recommended that the clients be refunded also for advances for individual meals under preset conditions.***

The Defender continues to encounter a situation where some services are designated as facultative by the facilities (the client pays an extra on top of the allowance for care for them) in spite of the fact that the law designates them as "basic activities". The Defender criticises this fact and points out that the "handicap", based on which the client receives the allowance for care, should always be taken into consideration. The Defender holds the view that the facility may charge the provision of care interventions that can be subordinated to "basic activities", but not in a situation where the user is dependent on the help of another person in the relevant interventions due to his/her handicap and the allowance for care is therefore provided to him/her.

***The Defender requested that care interventions be not charged as facultative in cases where "basic activities" pursuant to the Social Services Act are concerned, to the extent that the specific user is dependent on the help of another person.***

### **3. FOLLOW-UP VISITS**

#### **3.1 HOMES FOR THE ELDERLY**

The Defender performed follow-up visits to four homes for the elderly where he wished to verify observance of the recommendations he had addressed to the management of the homes for the elderly after the visits in 2007. The Defender selected the Domažlice home for the elderly, the Kladno retirement home, the Podlesí home for the elderly, the Skalice home for the elderly, the Telč home for the elderly and the Krč home for the elderly for his follow-up visits.

The Defender ascertained that a part of the recommendations had been fully implemented by the facilities. These included, for example, the installation of bedside signalling, temperature controllers on heaters and increased specialisation with respect to elderly people suffering from dementia. There was also an improvement in the application of the standards of quality of social services and **more intense work with the individual plans**. The home rules of many facilities had also been reworked and the earlier practice of "*permitting*" or "*approving*" leave outside the home were no longer used. The homes had also accepted the recommendations directing the **possibility of locking cabinets, rooms and toilets**. Almost all the homes increased the number of their personnel, in particular carers and social workers, and the homes were also **establishing new jobs** (a worker for leisure time activities, occupational therapist, etc.). Some homes had introduced external supervision to support their personnel.

On the other hand, some measures had not been implemented, for example the **re-registration of permanent residence**. Although the internal regulations grant the clients the right to a free decision as to whether to re-register their permanent residence, in fact the personnel still force them to re-register. The personnel also often do not provide the possibility of **choosing the method of payment of pension** (the only option in some facilities still being a "*collective list*", where the pensions of all clients are remitted to the home's joint account). In some cases the personnel of the facility (primarily social workers) perform the role of the clients' guardians and the possibility of conflict of interest still persists.

As for the use of provisions restricting the freedom of movement, the personnel of the facilities pay increased attention to it (for example by documenting it more thoroughly or taking a more careful approach), but the Defender must reiterate that the use of provisions restricting the freedom of movement has accurate rules stipulated in Section 89 of the Social Services Act, which must be observed (e.g. the practice concerning the use of sideboards has not changed). A certain progress lies in the fact that clients with psychiatric diagnoses are no longer locked in their rooms.

The Defender deems the situation in the Podlesi home for the elderly as unsatisfactory. The facility has not yet adopted a revision of the home rules so as to correspond to the new legislation on social services (because the draft new text was sent one year ago to the operator (Vsetin Social Services) and the latter has not approved it to date)). A controlling approach to clients persists in the facility, the care plans concentrate only on satisfaction of basic needs (catering, housing, hygiene), and individualised planning of the provision of the service has not been introduced. Curtains for hygienic procedures are not used, the personnel is still not aware of how to use restrictive measures, sideboards for the prevention of falling are used in an entirely arbitrary manner and no records are kept of their use.

The elderly people are locked in the department for clients suffering from Alzheimer's disease without permanent presence of the personnel. Haloperidol and other psychiatric drugs are used to sedate them only on the basis of a preliminary or general consultation (the doctor is not contacted after the application and the latter is not properly documented).

It can be summarised in spite of the aforementioned shortcomings that the facilities have usually paid attention to the Defender's recommendations and implemented a number of them in practice within the framework of their capabilities.