Practice of the Czech NPM

concerning visiting of facilities for people with dementia and in particular of the use of chemical restraints

1. Do you carry out visits (inspections) of facilities which provide long-term care for people with dementia?

Yes, since the spring 2013 we have visited 18 facilities for elderly with dementia. Those facilities are mostly social care homes/nursery homes for elderly. Currently, we visit mainly this kind of facilities. These inspections are part of the long-term plan of the Czech NPM; we will continue with psychiatric and hospital units providing long-term care for people with dementia in 2014 and possibly 2015 as well (besides others visiting activities).

Members of the Czech NPM are all lawyers; however, one of the members of the inspecting team is always a medical expert (a doctor, a nutrition therapist, a nurse, a psychiatric nurse…). These experts were either nominated by the Czech Alzheimer Society and by the Association of Nurses or they are employees of facilities with good practice.

As a preparation for inspections of this type of facilities the members of the Czech NPM underwent almost 6-months training consisted of lectures from experts about dementia (symptoms, abilities and needs of people with dementia in different phases of the symptom, proper nutrition, safety, adaptation of the environment…) and of visits (field trips) of facilities considered as examples of good practice. Our general recommendations were prepared with experts from the Alzheimer Society.

2. If the first answer is yes, what are the most important topics that you check during your visits?

General topics:

- Material conditions of facility (capacity, family x institutional environment, capacity of the room (number of beds), number of toilets/showers, dining room, a room for leisure time activities, etc.).
- Number of personnel, number of personnel in the day/nights shift, presence of the health-care staff, visits of doctor, care provided for the personnel (supervisions, psychological help).
- Conditions for privacy (number of beds in the room, possibility to store and lock personal belongings in the room, privacy in the bathroom, etc.).
- Freedom of movement (locking of the entrance door, possibility to go outside freely, possibility to go to the garden, safety measures…).
- Legal issues (quality of the contract, payments, and involuntary placements by guardians).

Topics specialized on the needs of persons with dementia:

- Dignity of persons, especially in the attitude of personnel (help with hygiene, help with eating, the way how they address the client…).

- Autonomy of the will of the client. Can personnel communicate with person with dementia who cannot talk? Does the personnel know what he likes/dislikes, what is his favorite meal or leisure time activity, does they how his personal story etc.

- Adaptation of the environment to the needs of persons with dementia ("orientation in the reality" attitude, visible pictograms in the doors indicating bathroom, dining room etc., visible marks on the doors of clients rooms, colorful distinction of the furniture if 2 people share the room, visible marks indicating day, months, season, time in the common space/halls, safety measures…).

- Care provided: most important is probably prevention of malnutrition (risk of malnutrition is much higher with the Alzheimer disease), access to food and beverages, monitoring of depression, monitoring of pain (especially clients who cannot communicate by talking), incontinence management, …

- Safety: risk of falls (analysis of causes of the fall, prevention, documentation), risk of unattended leaving of the promises, storage of medication, constant presence of personnel etc.).

- How the personnel deal with challenging behavior of the clients with dementia. Reason analysis? Prevention?

- Using of restraints, both mechanical and chemical. Who is authorized to indicate a restraint? Are other less restrictive measures unsuccessfully tried? Is it really necessary = is it situation endangering health or life? Documentation, duration, prevention, systematic analysis of the risks. Unlawful restraints = those not indicated in the law.

- Activities during the day, how often does client go outside to the fresh air, especially clients who cannot walk by themselves, do the clients eat separately in the bedrooms or together in the dining room (in the first case what is the reason?)…

3. What rights are violated/endangered most frequently?

Quite often we criticize inadequate attention to the risk of malnutrition. The newest researches indicate that there is a direct link between state of cognitive functions and proper nutrition during the progress of Alzheimer disease.

Other very frequent violation is misusing medication as chemical restraints. Common practice is that a doctor prescribes a drug with calming (tranquillizing) effect that is not administered regularly, but "as needed" or "pro re nata". Such an administration of a tranquillizing drug is then not considered as a chemical restraint by the staff. In this case it is the personnel, not a doctor, who decides when to administer the drug. The personnel can prioritize their own needs, not the needs of the client. There is big risk of misuse of the drug. Personnel very often do not analyze the reasons of certain challenging behavior. The drug is then used commonly, not exceptionally.

Lack of personnel and often also incompetence of the staff. Very often the staff does not know how to treat a person with dementia properly. Also in some cases there was a very serious lack of personnel during the day shift. The output is that a staff is stressed, getting close to the burning out syndrome which of course, have a negative impact on clients.