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Inspection visit to Sillamäe Home

Dear Mrs Monika Feofanova,

On 8 April 2022, advisers to the Chancellor of Justice carried out an unannounced inspection visit to Sillamäe Home (hereinafter 'the care home') operated by AS Hoolekandeteenused.

The care home has experienced activity supervisors who have also received the necessary training for this work. Data about the staff and training had been properly recorded in the register of economic activities. The attitude of the staff towards the residents left a kind and warm impression. It could be seen that the staff had a good relationship with the residents, and interaction between colleagues was also close-knit. In complicated situations, the team members help and support each other. Documents are conscientiously filled out.

Some time ago, the building at Tervise 11 was renovated and a new building erected (at the address Tervise 17) where the 24-hour special care service under a court order is now provided. The building at Tervise 17 has two storeys and people are accommodated in four nest-like units (hereinafter called 'a family').

It is commendable that the care home also tries to take part in community life – for instance, the care home residents participated in World Cleanup Day.

The living conditions in the buildings at Tervise 10 and Tervise 12 are unsatisfactory. Several bedrooms and sanitary facilities are in need of repair and outdated furnishings and fittings need to be upgraded. Sanitary facilities must be clean and care home residents must be able to use them in privacy.

However, staff numbers should be higher in order for the staff to have time also to deal individually with residents with an enhanced need for care and assistance and residents with complicated mental disorders, while also creating a safe living environment.

Compliance with health protection requirements must be improved. Broken furnishings and fittings must be repaired and an environment created that meets people's special needs. The service of a medical nurse must be available to the extent required by law.

Sillamäe Home provides special care services to 103 residents. A 24-hour special care service under a court order can be provided to 32 people (in the building at Tervise 12). A 24-hour special care service can be provided to 71 people, i.e. capacity for 21 people in the building at Tervise 10, for 22 people in the building at Tervise 11, and for 28 people in the building at Tervise 12. The working rooms of the medical nurse are in the buildings at Tervise 10 and Tervise 17. Video surveillance is used in the department for people placed in a social welfare institution under a court order; video surveillance is installed in communal rooms, the corridor, the seclusion room and the outdoor area.

The Chancellor's advisers together with a healthcare expert carried out a tour of the care home's rooms, examined documents and interviewed staff and residents.

1. The number of activity supervisors and ensuring security

During the daytime (usually between 08.00–20.00, sometimes also 08.00−16.00), two or three activity supervisors are on duty in each 24-hour special care building of the care home (at Tervise 10, Tervise 11 and Tervise 12). Sometimes the number of activity supervisors on duty is smaller – for example, on the day of the inspection visit (8 April 2022) only one activity supervisor was at work in the building at Tervise 12. One staff member remains in each building in the evenings and at night.

During the daytime (usually between 08.00–20.00), in the building accommodating people referred to the care home under a court order, two activity supervisors deal with residents in the third and fourth family and one activity supervisor in the first and second family. Additionally, during the daytime one more activity supervisor is at work on the ground floor, assisting both the first and the second family. As a rule, three activity supervisors remain in the building at Tervise 17 for the night, so that residents in one family-like unit are without direct supervision. Although the activity supervisor on duty on the ground floor also keeps an eye on people living in the first and second family, they have to monitor one family through video surveillance, which might not be sufficient to ensure security. Care home residents also remain on their own when something happens in another family at night and the activity supervisor has to rush to assist a colleague.

Besides activity supervisors, an activity supervisor-master is also on duty between 09.00–17.00 on working days in the building at Tervise 17. A member of security staff is on duty from Tuesday to Saturday between 09.00–17.00.

At the time of the inspection visit, the care home employed more activity supervisors than prescribed under the Social Welfare Act (§ 104 subs. (1) and (3)). However, the minimum number of staff is not sufficient to ensure security and deal with residents with complicated mental disorders if some residents are left without direct supervision due to the building design and working arrangements. For instance, in a care home tense situations may occur whose resolution requires swift intervention by staff and sometimes also calling colleagues from another unit for assistance.

Under a court order, people posing a danger to themselves or others and prone to unpredictable behaviour due to mental disorder are referred to a care home. Residents receiving 24-hour special care also need individual attention and constant supervision. Consequently, staff must be prepared to resolve unexpected and dangerous situations. The Chancellor notes with pleasure that the care home has considered it important to train staff, and activity supervisors have conscientiously completed the mandatory training courses. Staff having received the required training for activity

supervisors are also able to take care of people manifesting dangerous behaviour since they have the knowledge and skills necessary for this work. For example, the staff have been trained for tense situations and even in these situations they know how to act in the best interests of care home residents. The care home has also enabled staff to attend training on autism, dementia, the Verge method, aggressive behaviour, and behaviour which is difficult to understand.

The inspection revealed that the activity supervisors have a heavy workload. People referred to the care home under a court order must be constantly monitored since they behave unpredictably. Besides them, many other people need individual attention in order to be able to practise everyday skills and engage in meaningful recreational activities. Unfortunately, activity supervisors do not have enough time to thoroughly deal with every resident and at the same time ensure the security and well-being of everyone living in a unit.

24-hour special care units are large: each building has 21–28 residents. For example, the building at Tervise 12 houses 28 residents, several of whom may manifest unpredictable behaviour. People living in the building at Tervise 10 have an enhanced need for care and attention. The staff have to undertake various duties because many residents need assistance and individual guidance with even the most common activities (eating, getting dressed, and the like). Much of the working time may be taken up in assisting residents with hygiene procedures and washing them.

Planning staff numbers must take into account that many care home residents may have difficulties understanding or guiding their behaviour due to some illness. Violent behaviour may also occur: mostly residents damage furniture and clothes but also beat themselves, other residents and staff. Since the number of residents requiring individual attention is high, the staff may fail to notice in time that someone is agitated or be unable to resolve a conflict on their own. If only one activity supervisor is on duty in a unit, it may be complicated for them to cope with a restless person while simultaneously protecting other care home residents. Many care home residents are men who may be stronger than female staff. In order to ensure a safe working environment, a sufficient number of staff must be present at all times and every staff member must be able to quickly call for assistance if necessary.

Staff in the building at Tervise 17 carry an alarm button to call for assistance. A security guard checks every week whether the system is in working order and monitors that the staff do carry the buttons with them. During the inspection visit, only one staff member was not carrying the button. Activity supervisors in other buildings call for assistance by mobile phone in a dangerous situation. However, in the event of a sudden assault it might not always be possible to make a phone call. In addition to a quality service, the safety of staff must also be ensured.

The Chancellor asks that Sillamäe Home should find a way for the staff to always quickly obtain assistance in the event of danger. For instance, work can be arranged so that a staff member does not have to stay in a unit alone. The possibility might also be considered to also start using alarm buttons in the other buildings. The Chancellor recommends discussing with care home staff what solutions would best suit in their working environment.

In order to be able to offer a high-quality special care service to residents while taking account of their specificities and needs (including safety), sufficient staff numbers must be present at all times. The rights of people in social welfare institutions must be protected, and a care home has an elevated duty of care (see Supreme Court Criminal Chamber judgment of 10 October 2019, 1-17-7111/81, para. 14, and Tallinn Court of Appeal judgment of 28 June 2019, 2-18-4391). The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or

Punishment (CPT) has noted that inadequate staff presence at a care home may be one reason for inter-resident violence.[1] For this reason, a service provider must apply appropriate precautionary measures and ensure sufficient staff numbers in order to ensure a safe environment for all.

The CPT is of the opinion[2] that low staffing levels place workers under excessive stress which may endanger their health and also affect the well-being of people in an establishment. The healthcare expert also recommended hiring more staff in order to ensure the security and well-being of care home residents.

The care home should ensure sufficient staff presence in all units at all times, so that residents should not be left without supervision. Statutory minimum staffing levels for social welfare institutions might not always be sufficient to provide a high-quality service and ensure residents' fundamental rights. The Chancellor asks that the working arrangements of the care home be reviewed in the interests of people's well-being and security.

2. Living conditions and quality of service

Residents at Sillamäe Home live in single- and double-occupancy bedrooms. The Chancellor notes with pleasure that the building at Tervise 11 has been renovated and the living conditions there have been improved. Rooms in the buildings at Tervise 10 and Tervise 12 need to be refurbished. Several bedrooms and sanitary facilities are in need of repair and furnishings and fittings in many rooms are outdated.

Some sanitary facilities were not sufficiently clean. The healthcare expert involved in the inspection visit also pointed out the outdated living conditions and the need to clean toilets. People live in a care home for a long time, so that it is important to create a home-like atmosphere for them. The CPT has also emphasised[3] that room decoration and a pleasant atmosphere are essential for residents of social welfare establishments.

The situation was different in the department at Tervise 17. This building was completed in 2021 and was designed to provide a 24-hour special care service under court order. The rooms are up-to-date and spacious. People live in the rooms alone and each room has a toilet with a shower. In each family, one room is adjusted for a person with restricted mobility. The building has a lift. Meetings with visitors can take place in a separate room. Besides this, a room for therapeutic activities and group work has been set up, as well as a room for work-related activities.

It was obvious that the building at Tervise 17 was designed with a view to creating an environment which is cosy and home-like, as well as safe. The environment was appropriate for several residents: the kitchen had integrated kitchen equipment placed in lockable cupboards and window covers placed between the panes were used in the rooms. However, the care home also accommodates autistic persons with extreme behaviour whose needs are not met by this environment. Broken furniture and other furnishings and fittings could be seen in bedrooms and communal rooms. Some doorposts had been broken and several bedrooms no longer had a door. Damage had been done to floor covering, electric switches and doorhandles. In some rooms it was no longer possible to raise the window cover due to damaged electric switches. The Chancellor

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[1] See also the CPT's factsheet of 20 December 2020 on "Persons deprived of their liberty in social care establishments", para. 5.
[2] See the CPT's report on the 2020 visit to Bulgaria, para. 31, the report on the 2015 visit to Serbia, para. 201, the report on the 2004 visit to Serbia and Montenegro, para. 186.
[3] See the CPT's report of the 2008 visit to Lithuania, para. 96, and the report on the 2008 visit to Cyprus, para. 150.

asks that, in order to ensure a safe environment appropriate for people's special needs, broken furnishings and fittings should be repaired at the first opportunity.

Furnishings and fittings in the toilets at Tervise 17 had been damaged, and for this reason some of the toilets were locked. The residents used a toilet located in the bedroom of one person. This is not an appropriate solution. If a toilet in one bedroom is also used by other residents, then the bedroom has essentially been turned into walk-through space.

Some residents in the care home damage mattresses and bedclothes. This has occurred both in the building at Tervise 17 and at Tervise 10. For this reason, during the inspection visit a mattress and other bedding were missing in the bedrooms of several people. In view of this kind of behaviour by residents, mattresses with tear-proof covers and tear-proof bedding might be used instead (e.g. in closed institutions bedding made from tear-proof material is used to prevent suicidal behaviour).

In the building at Tervise 12, the bedding and mattress of several people were extremely dirty (e.g. in rooms 1, 2 and 3). Some people had no bedding, and blankets and pillows were damaged. According to the Health protection requirements for special care institutions, bedding must be changed according to need but at least once a week. Even if a resident does not wish to use bedding, an appropriate solution must be found so that the person is able to sleep on a clean bed. Blankets and pillows should not be in a damaged condition.

The door to several toilets and showers could not be locked (in the building at Tervise 10 and Tervise 12). The Chancellor pointed out the same problem in the summary of the 2019 inspection visit. Decent living conditions are not ensured if a person is not enabled to carry out their intimate procedures in privacy. In particular, this is the case if the same sanitary facilities are used by both men and women. The doors to toilets and showers should be lockable from the inside (for example, with a thumb turn lock) but so that the staff could quickly open them from the outside if necessary. Toilet paper must be accessible to residents.

It is positive that possibilities to keep personal belongings have improved. In several bedrooms, small lockable cupboards could be seen.

Sillamäe Home has prepared weekly activity schedules (in every building according to its residents) and an activity plan for each resident (for some people also a support plan). In the frame of rehabilitation services, several activities have been planned; for example, some residents participate in horse riding therapy. Activity therapists also deal with people.

It was positive to see that many residents are engaged in work-related activity. In particular, many residents at Tervise 11 have found work through the Sillamäe Work Centre operated by the Hea Hoog Foundation. When assigning workload, a person's health status and special needs are taken into account.

Persons staying in the care home under a court order can engage in handicrafts, for instance weaving mats. Work-like activity for autistic residents is offered by the activity supervisor-master under whose guidance and with the help of pictograms residents engage in activities suitable for their capability.

In addition to work-related activities, joint library visits are organised. There is a reading group and residents go for joint walks on the promenade and in the park. Museum visits have also been organised. A cooking group takes place in the care home on Saturdays.

It is difficult to engage more passive residents in activities if too few activity supervisors are present. Each activity supervisor has to interact with quite many residents whom they have to guide and for whom they need to offer activities. More staff would also enable involvement of more passive residents in activities, deal more with people needing more attention and ensure better supervision. Finding more meaningful outdoor activities for residents would also be good. During interviews it transpired that there is a plan to upgrade the outdoor area of the buildings at Tervise 10 and Tervise 12 in the future.

Several residents told the Chancellor's advisers that previously they used to go to the day centre but now this is located so far away that they no longer manage to do so. Activity supervisors explained that going to the day centre helped to involve several people in activities: getting ready and going to the centre every day motivated them to engage in meaningful daily activities. For some people, riding on a bus and covering a longer distance to reach the day centre is no longer manageable. People also missed the larger hall at the old day centre where it was nice to participate in joint events.

The CPT has noted that as many care home residents as possible should be involved in activities.[4] This would help to prepare them for more independent living. Every resident should be offered the opportunity to participate in at least one organised meaningful activity every day.[5]

The Chancellor asks Sillamäe Home to improve the living conditions and comply with health protection requirements. Sanitary facilities must be clean and care home residents must be able to use them in privacy. Damaged furnishings and fittings must be repaired and a safe environment created which takes account of people's special needs.

3. Seclusion room and documenting seclusion

The care home has a seclusion register[6], which enables a quick overview of instances of seclusion and whether these were resolved in line with requirements. Instances of seclusion were recorded in the register. Forms for documenting seclusion (forms on incident description and application of a seclusion measure) complied with the applicable requirements. The situation preceding seclusion – measures used to calm the person down and other essential circumstances – were documented. Sufficient information is recorded about every instance of seclusion and staff have been thoroughly instructed about conduct in the event of an exceptional incident and how to record essential facts.

The seclusion room at Sillamäe Home is located in the building at Tervise 17. The seclusion room located in the building at Tervise 12 during the Chancellor's previous inspection visit (2019) is now used as a storage facility.

Under § 107(4) of the Social Welfare Act, only a room conforming to the requirements laid down for a seclusion room and enabling staff to monitor everything taking place in the room may be used to seclude a care home resident. A seclusion room must be secure, safe, lit, at the required temperature and appropriately furnished. The seclusion room at Sillamäe Home was sufficiently

[4] See the CPT's report on the 2021 visit to Serbia, para. 166.
[5] See the CPT's report on the 2020 visit to Bulgaria, para. 74.
[6] A seclusion register is also necessary to prevent the risk of ill-treatment. See the CPT's report on the 2003 visit to Estonia, para 103. See also the Chancellor's circular to providers of the 24-hour special care service of 20 February 2014, para. 2.

lit and left a fresh and clean general impression. A water bottle is kept in the seclusion room to quench thirst.

The room had an elevated platform without a mattress. Previously, a mattress had also been on the platform but it had been broken. The CPT has considered it reasonable that there should also be a mattress on the platform in a seclusion room.[7] A mattress with a tear-proof cover may be used in order to prevent breaking it.

The seclusion room has no toilet. A cardboard bedpan was kept in the room for this purpose. This solution is not appropriate. A person taken to a seclusion room must have the opportunity to use a toilet.[8] It could not be ascertained during the inspection visit what steps would be taken if a person under seclusion wishes to go to the toilet. The staff admitted that a person under seclusion should have the opportunity to use the toilet. The care home must analyse and discuss with the staff how someone in the seclusion room could use the toilet so that their dignity is respected.

A seclusion room must be safe. In the seclusion room at the care home, the door handle is within reach of a person under seclusion. A person may injure themselves with a protruding detail of this kind. In order to prevent dangerous situations and ensure the required environment, the Chancellor asks that another safe solution be found instead of the door handle. It is positive that the protruding window handle had been removed. To ensure safety, the Chancellor recommends that broken floor covering in the seclusion room be repaired at the first opportunity.

A secluded person can be monitored through a glass opening in the door. Ensuring the safety and protecting the health of a secluded person means they must be under constant supervision (§ 107(2) Social Welfare Act).[9] It is not sufficient that a seclusion room is monitored via a camera and once in a while the staff go and check what is happening in the seclusion room. The need to arrange supervision must also be taken into account when planning staff numbers because other residents may not be left to their own devices while staff are supervising a person in a seclusion room.

4. Monitoring the health of care home residents

Nursing care services at Sillamäe Home are provided by OÜ RADA Koduõendus. According to the contract and duty rotas, a medical nurse is present at the care home for 201 hours a month. To the extent of 105 hours, nursing care is offered to persons receiving 24-hour special care, and to the extent of 96 hours to persons receiving 24-hour special care under a court order.

A nursing care service to the care home is provided by two part-time nurses. Nurses monitor residents' health, communicate with specialist doctors, accompany residents during doctor's appointments, distribute prescription medicines into drug dispensers according to the treatment scheme, and undertake other nursing activities (including provision of first aid and bandaging).

Twice a month, a psychiatrist visits the care home. Consistent work with a psychiatrist has ensured that the treatment schemes of all the residents in the care home are reviewed at least once a year. In addition, attention can be paid during appointments to people who have problems more frequently and those with complaints involving mental health. This is a positive arrangement since

[7] See the CPT's 2012 report to Iceland, para. 78.
[8] See the CPT's report on the 2019 visit to Portugal, para. 113, the report on the 2015 visit to Serbia, para. 172, and the report on the 2011 visit to Latvia, para. 162.
[9] See the CPT Standards, para. 7.

it enables a quick change of the treatment scheme or offering psychiatric in-patient treatment if necessary.

The nursing care service is not ensured to a sufficient extent. Therefore, the Chancellor repeats her recommendations offered to Sillamäe Home in 2019 and asks that the care home should ensure the required nursing care service.

The nursing care service must be available at least to the extent of 40 hours a week for every 20 people referred to a social welfare institution under a court order (§ 102(6) Social Welfare Act), which means **two hours a week for each person.** For people with intellectual disabilities, at least 40 hours of independent nursing care a week must be offered for every 40 service recipients (§ 102(7) Social Welfare Act). Since 32 people are receiving the 24-hour special care service under a court order at Sillamäe Home, the extent of the nursing care service offered should be 32−64 hours a week (128−256 hours a month). The precise number of hours depends on how many residents with intellectual disabilities the care home houses.

Many people referred to the care home under a court order need **at least two hours of nursing care service a week** according to § 102(6) of the Social Welfare Act. On 31 March 2021, the companies AS Hoolekandeteenused and OÜ RADA Koduõendus entered into an agreement on amending the contract (No L-2/3239) for provision of a nursing care service, and under the amended provisions 96 hours of nursing care service a month is to be offered to people referred to Sillamäe Home under a court order. This means that, under the contract, the extent of the need for the service is three hours a month for each person, which does not comply with the requirements of the Social Welfare Act.

The nursing care service must be available at least 40 hours a week for every 40 service recipients (§ 102(4) Social Welfare Act) which means **one hour a week for each person**. Since 71 people are receiving the 24-hour special care service at Sillamäe Home, the extent of the nursing care service offered should be 71 hours a week (284 hours a month). However, according to the contract, recipients of the 24-hour special care service are offered 105 hours of nursing care a month. This means that, under the contract, the extent of the need for the service is approximately 1.5 hours monthly for each person, which does not comply with the requirements of the Social Welfare Act.

Those residing at Sillamäe Home include many people with serious mental disorders who, due to their health condition, are not always able to clearly express their grievances. Many of them are also speechless, some are able to express themselves with the help of pictograms. When in pain, people may become irritated and become a danger to themselves and others. Several residents are unable to control their emotions and behaviour, so that situations may quickly turn dangerous. The care home has a higher-than-average need to provide first aid because of incidents of self-harm as well as conflicts resulting in injury, outbursts of temper and aggression.

It is extremely regrettable that a state-owned special care services provider consistently ignores the requirements of the Social Welfare Act while offering a social service to people with mental disorders manifesting the most serious symptoms, even though the Chancellor has already previously pointed this out. Nursing care must be sufficiently accessible for all care home residents.

People living in the building at Tervise 12 used the same water glasses when taking medication. A tray with a water jug and two glasses was in the staff room. For hygiene purposes, it is essential

that every resident can drink water from their own glass or cup. The Chancellor also pointed this out in the summary of the 2019 inspection visit.

The medicine cupboard in the building at Tervise 12 contained a pill whose origin and purpose could not be explained by the activity supervisor. Unnecessary medication (e.g. leftover medicines from a treatment course or due to a change in the treatment scheme) must be properly destroyed.

The Chancellor asks Sillamäe Home to ensure nursing care service to residents in line with the specifics of the institution and statutory requirements. Unnecessary medication must be properly destroyed and each person must be given their own drinking vessel when taking medication.

5. Assessment by the healthcare expert

A copy of the assessment by the healthcare expert involved in the inspection visit is appended to this letter. With regard to the observations and recommendations contained in the healthcare expert's opinion, I ask the care home to formulate their position and submit it to the Chancellor of Justice together with replies to the observations in the letter. I expect your opinion by 30 October 2022 at the latest.

Yours sincerely.

/signed digitally/

Ülle Madise

Appendix: Healthcare expert's opinion on 5 pages

Copy: Ministry of Social Affairs, the Social Insurance Board, the Health Board, AS Hoolekandeteenused

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