

**Summary of the visit to the Assisted Living Center for the Elderly
operated by the Segítő Kéz Public Benefit Foundation in Écs**
(Report on Case № AJB-4469/2016)

On November 12, 2015, the OPCAT National Preventive Mechanism (hereinafter the "NPM") paid an unannounced visit to the Assisted Living Center for the Elderly operated by the Segítő Kéz ("*Helping Hand*") Public Benefit Foundation in Écs (Écs, Kápolna u. 4.).

The institution has a *capacity of 50 persons*, providing *high-level care* to residents in single and double occupancy rooms located in three separate buildings. The two-story buildings were properly maintained and fastidiously furnished. The residents—in general—were satisfied with the material conditions; however, the inspection established that the buildings were not barrier-free.

The professional staff consisted exclusively of women. According to the staff members, there was a great need for at least one male colleague, but no man wanted to take the advertised jobs on the offered salaries. According to the head specialist, there were two male residents who were unable to clean themselves on their own – in the absence of male nurses they were bathed by the female staff.

Most of the interviewed residents criticized the quality of meals, many of them comparing it to that of dishes they used to prepare themselves at home or get in other residential homes. The residents were not allowed to use the institution's cooking facility, so they were forced to consume pre-ordered meals.

The visit established that relations between the institution's professional staff and the residents were duly tight, staff members were doing a great job. Most residents spent their days in a gleeful, good mood and were satisfied with the services provided by the institution and the atmosphere surrounding them. Residents were well informed on the state of their health, staff members took care of the residents' physical and psychological well-being with skill and dedication. The members of the visiting delegation did not see any signs of violence, a mandatory by-product of lack of privacy in institutional care, and the residents did not report any incidents of violence against each other or the staff members, either. It may be explained by two factors: on the one hand, staff members tried to provide the residents with the highest possible degree of freedom matching the latter's condition and, on the other hand, residents did use that freedom, thus lessening their sense of confinement.

The institution's in-house rules tied the permission of short-term leaves from the Living Center, in the first place, to the residents' capacity to act, and made specifying the duration of leaves by incapacitated residents conditional upon the declarations of their legal guardians. However, being under guardianship in itself does not suggest that the condition of the person concerned would prevent him/her from leaving the institution of his/her own volition, or even on his/her own. According to the in-house rules, the director or the deputy director of the Living Center could deny short-term leaves only in case there was a medical opinion suggesting that the given resident's condition presented danger to himself/herself or others. The in-house rules did not elaborate on the presence of a "danger to himself/herself or others", and did not specify the protocol staff members should follow in such cases, either. The in-house rules' terminology showed some resemblance to that of the restrictive provisions of Act CLIV of 1997 on healthcare; however, the in-house rules failed to provide those guarantees that were stipulated by the legislator in the Act. As a result, the institution tried to take a restrictive measure that ignored the guarantees constituting the prerequisite for any restriction of a fundamental right.

It gave cause to serious concern that the institution failed to have any or a properly functioning complaint mechanism. Although the institution's management could suppose, based on their close relationship with the residents, that they would learn of any problem immediately, the fact is that many residents did not want, dare or thought useless to enforce their rights or interests if they were dissatisfied with the services provided to them.

It seemed to be not necessarily an institutional, but rather a systemic problem that part of the residents of the assisted living center stayed there not upon their own initiative: they had concluded their residence contracts under family, institutional or other social pressure. For those residents whose decision was not by choice, the institution did not necessarily provide such conditions that could make them forget that they were living there against their will. It is necessary to reconsider the current admission procedures in order to enable the prospective residents of assisted living centers to make responsible and independent decisions.