



REPORT
ON THE SITUATION OF HUMAN RIGHTS
IN PANEVĖŽYS COUNTY ADULT CARE ESTABLISHMENTS:
PUBLIC ESTABLISHMENT SAINT JOSEPH CARE HOME, PASVALYS DISTRICT
SERVICE AND EMPLOYMENT CENTRE FOR THE ELDERLY AND DISABLED,
PUBLIC ESTABLISHMENT PASVALYS HOSPITAL, JOTAINIAI SOCIAL CARE HOME,
PUBLIC ESTABLISHMENT BIRŽAI PARISH SAINT VINCENT DE PAUL CARE HOME,
PUBLIC ESTABLISHMENT ONA MILIENĖ CARE HOME FOR THE ELDERLY,
KUPIŠKIS CENTRE FOR SOCIAL SERVICES AND LEGAILIAI SOCIAL CARE HOME

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I. NATIONAL PREVENTION OF TORTURE AND
GENERAL INFORMATION ON THE VISITS

1. After the Seimas of the Republic of Lithuania by 3 December 2013 Order No XII-630 ratified the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter referred to as the “Optional Protocol”) and made amendments to the Republic of Lithuania Law on the Seimas Ombudsmen (hereinafter referred to as the “RLLSO”) according to which the Ombudsmen of the Seimas of the Republic of Lithuania were assigned the task to carry out the national prevention of torture in places of detention by conducting regular visits to them (provisions Articles 3 and 19¹ of the RLLSO), the Seimas Ombudsmen’s Office of the Republic of Lithuania (hereinafter referred to as the “Office”) has become the national preventive mechanism.

When carrying out national prevention of torture, the Seimas Ombudsmen shall exercise broad powers: they shall be entitled to choose the places of detention they want to visit and the persons they want to interview, have access to all places of detention and premises located therein, their installations and facilities. Furthermore, the Seimas Ombudsmen shall be entitled to have private interviews with the persons deprived of their liberty without witnesses, as well as with any other person who may provide relevant information, conduct visits to places of detention accompanied by selected experts.

2. For the purposes of carrying out the national prevention of torture, the Seimas Ombudsman and the Head of the Office Augustinas Normantas together with the advisors of the Human Rights Division of the Office Juras Taminskas, Kristina Brazevič and the chief specialist Deimantė Karužienė and the chief specialist Vytautas Valentinavičius carried out inspections regarding the situation of human rights (in September 2015) in eight adult care establishments in Panevėžys County (hereinafter referred to as the “care establishments”, “establishments” or “CE/CEs”): Public Establishment Saint Joseph Care Home (hereinafter referred to as the “Saint Joseph Home”), Pasvalys District Service and Employment Centre for the Elderly and Disabled (hereinafter referred to as “Pasvalys Centre”), Public Establishment Pasvalys Hospital (hereinafter referred to as “Pasvalys Hospital”), Jotainiai Social Care Home (hereinafter registered to as “Jotainiai Home”), Public Establishment Biržai Parish Saint Vincent de Paul Care Home (hereinafter referred to as “Biržai Parish Home), Public Establishment Ona Milienė Care Home for Elderly (hereinafter referred to as “O. Milienė Home”), Kupiškis Centre of Social Services (Subačius Care Home for the Elderly; hereinafter referred to as “Kupiškis Centre”) and Legailiai Social Care Home (hereinafter

referred to as “Legailiai Home). A further visit (on 8 March 2016) to Pasvalys Centre and Kupiškis Centre was made with a view to assessing if the situation regarding human rights has changed after the first visit to the afore-mentioned establishments.

3. In the course of the inspections the heads, administrative personnel and other employees of the CE as well as the residents and their relatives people were contacted. Furthermore, the living rooms, kitchens, activities rooms and other premises were examined, different registers and documents (resident files, individual social care and nursing plans, register of assessment of personal nursing needs, register of procedures, book of complaints, proposals and requests and other documents) were inspected.

II. RELEVANT LEGAL ACTS, CASE-LAW, INTERNATIONAL STANDARDS

4. The main legal acts applicable in conducting inspections at the care establishments are as follows:

- 4.1. Constitution of the Republic of Lithuania;
- 4.2. European Convention on Human Rights;
- 4.3. Convention on the Rights of Persons with Disabilities (hereinafter referred to as the “Convention on Persons with Disabilities”);
- 4.4. Universal Declaration of Human Rights;
- 4.5. United Nations International Covenant on Economic, Social and Cultural Rights;
- 4.6. Charter of Fundamental Rights of the European Union (hereinafter referred to as the “Charter”)
- 4.7. Civil Code of the Republic of Lithuania
- 4.8. Labour Code of the Republic of Lithuania;
- 4.9. Republic of Lithuania Law on the Social Integration of the Disabled;
- 4.10. Republic of Lithuania Law on Social Services;
- 4.11. Republic of Lithuania Law on the Right to Obtain Information from State and Municipal Institutions and Agencies;
- 4.12. Republic of Lithuania Law on the Health System;
- 4.13. Republic of Lithuania Law on Public Health;
- 4.14. Republic of Lithuania Law on the Rights of Patients and Compensation of the Damage to their Health;
- 4.15. Resolution No 875 of the Government of the Republic of Lithuania of 22 August 2007 “On the Approval of the Rules for Examination of Applications from Persons and Servicing thereof at Public Administration Institutions, Offices and Other Public Administration Entities”;
- 4.16. Resolution No 978 of the Government of the Republic of Lithuania of 10 October 2006 “On the Approval of the Methodology for Financing of Social Services and Calculation of Funds” (hereinafter referred to as the “Methodology for Calculation of Services”);
- 4.17. Resolution No 583 of the Government of the Republic of Lithuania of 14 June 2006 “On the Approval of the Description of the Procedure of Payment for Social Services” (hereinafter referred to as the “Description of the Procedure of Payment for Social Services”);
- 4.18. Annex 4 to the Description of the Rules Concerning Social Care “Rules Concerning Long-Term (Short-Term) Social Care of Elderly People and Adults with Disabilities Applicable to Social Care Homes and Group Living Homes” Approved by Order No A1-377 of the Minister of Social Security and Labour of the Republic of Lithuania of 14 July 2014 (hereinafter referred to as the “Annex 4 to the Description”);
- 4.19. Standards for Working Time Costs of Social Care Staff approved by Order No A1-317 of the Minister of Social Security and Labour of the Republic of Lithuania of 30 November 2006 (hereinafter referred to as the “Standards for Time Costs”);
- 4.20. Order No A1-93 of the Minister of Social Security and Labour of the Republic of Lithuania of 5 April 2006 “On the Approval of the Catalogue of Social Services” (hereinafter referred to as the “Catalogue of Services”);

4.21. Hygiene Standard HN 125:2011 “Adult Residential Care Establishments: General Health Safety Requirements” approved by Order No V-133 of the Minister of Health of the Republic of Lithuania of 10 February 2011 (hereinafter referred to as the “Hygiene Standard HN 125:2011”);

4.22. Order No V-1051 of the Minister of Health of the Republic of Lithuania of 13 December 2006 “On the Approval of the Description of the Procedure for Storage of Medicinal Products and Entry in the Accounts in Personal Health Care Institutions” (hereinafter referred to as the “Description of the Procedure for Storage of Medicinal Products and Entry in the Accounts in Personal Health Care Institutions”);

5. It is to be noted that when assessing treatment of the persons deprived of their liberty and the conditions of detention of such persons it is important to follow not only national and international legal acts, but also the case-law of the courts of Lithuania and international courts, recommendations (documents) of the competent international institutions with wide powers:

5.1. 20 April 2010 decision of the Constitutional Court of the Republic of Lithuania, rulings dated 26 January 2004, 29 September 2005, 21 June 2011, 1 May 2016 and other rulings;

5.2. Judgement of European Court of Human Rights (hereinafter referred to as the “ECHR”) in the case *D.D. v Lithuania* (petition No 13469/06) and other cases;

5.3. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment and Punishment (hereinafter referred to as the “CPT”) which has carried out prevention of torture in the European region countries already for 25 years has introduced and applied the Standards for Treatment of Persons Deprived of Their Liberty (CPT/Inf/E (2002) 1 – Rev. 2015). Having carried out inspections regarding treatment of persons in places of deprivation of liberty (detention), the CPT provides the particular countries with its recommendations concerning prevention of torture and other inhuman or degrading treatment and punishment. The standards established by the CPT provide for the generally acceptable and applicable standards for protection of human rights which are also accepted and implemented by the states in good faith, observed and complied with by the states;

5.4. The concern of a majority of modern societies of the states as to the status of elder persons, their rights and role in the daily life is expressed in 16 December 1991 Resolution No 46/91 of the UN General Assembly which lays down the attitude of the United Nations to old age: each year of an elderly person must be adequate. This may be achieved only by creating conditions for elderly people to be independent, take an active part in the society, have social, legal and medical protection, be able to express themselves, be respected and safe. The afore-mentioned document sets out the principles which must underpin the actions addressed to older persons (provided for in different measures, national programmes of the states, wordings of the objectives and priorities of social policy). The principle of independence implies that older persons should have equal access to income-generating resources (adequate food, water, clothing, shelter and secure environment) and activities (employment, education, qualification improvement). The principle of participation must help older persons to remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations. The principle of care means that older persons should have access to social and legal services to ensure optimum level of physical, mental and emotional well-being. The principle of self-fulfilment implies that older persons should have access to the educational, cultural, spiritual and recreational resources of society helping to disclose their opportunities for active participation in the community life. The principle of dignity implies that an impartial attitude to elderly people should be developed in the society and prevention of physical and mental abuse of such people should be implemented that all older persons should have equal opportunities to live in dignity and security and be free of discrimination on the grounds of age, origin, social status, belief, opinions or on other grounds;

5.5. On 19 February 2014, the Committee of Ministers of the Council of Europe (hereinafter referred to as the “Committee”) adopted Recommendation Rec(2014)2 to Member States on the promotion of human rights of older persons in order to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all older persons, and to promote respect for their inherent dignity.

The Recommendation Rec(2009)6 on ageing and disability adopted by the Committee in 2009 underlines the autonomy and independence of older persons with disabilities (ageing people with disabilities who grow old having experienced a disability for much of their lives and older people with disabilities (those who experience disability at a relatively advanced age)) as well as the necessity for enhancing the quality of services, in particular, ensuring the number of highly qualified nurses required for provision of high level care.

5.6. The European Charter of the Rights and Responsibilities of Older People in Need of Long-Term Care and Assistance adopted in 2010 on the basis of partnership among the European and national non-governmental organisations is also an important document establishing the guidelines on protection of rights of older persons (hereinafter referred to as the “Partnership Charter”).

III. METHODOLOGY FOR PERFORMANCE OF THE FUNCTIONS OF NATIONAL PREVENTION OF TORTURE

In the course of performance of national prevention of torture, questionnaire-based inspections, thematic inspections and in-depth inspections are carried out.

In 2014, the majority of conducted inspections were questionnaire-based. When this type of inspection is selected, questionnaires adapted to each institution are completed; these questionnaires cover the most important issues related to ensuring security and suicide prevention, use of special, constraining and disciplinary measures, material keeping (living) conditions, nutrition, health care and organisation, ensuring persons’ independence and autonomy as well as provision of information and examination of complaints. These questionnaires are prepared taking into account the requirements provided for in national and international legal acts as well as the standards of the Committee against Torture.

Preparation for inspections included a review of the requirements provided for in legal acts, the standards of the Committee against Torture and their reports following visits to Lithuania as well as collection of material on the institution to be inspected. Questionnaire-based inspections were not notified in advance. All inspections lasted no more than one day. No inspections lasted several days or were carried out during rest days or bank holidays.

In addition to questionnaire-based inspections, in-depth and thematic inspections were also conducted. An in-depth inspection was performed in the Foreigners’ Registration Centre with the participation of several members of the Seimas Committee on Human Rights. Following an inspection, a report was drawn up; the report contained detailed information on the situation of human rights and freedoms in the Centre, risk factors, problems identified and the best practice. Thematic inspections were carried out in children’s socialisation centres where an assessment was made of the procedure for placement into tranquillisation rooms and conditions of keeping in these rooms.

Following each inspection, reports were prepared with conclusions about noticed shortcomings and recommendations for eliminating them. The reports with the said recommendations were submitted to heads of institutions inspected, and if necessary, to other responsible institutions. All reports on inspections in places of restriction of liberty are made public on the website of the Seimas Ombudsmen’s Office.

Competent institutions must examine proposals (recommendations) of the Seimas Ombudsmen, consult the Seimas Ombudsmen regarding possible measures for implementation of the proposals (recommendations) and notify the Seimas Ombudsmen of the results of implementation of the proposals (recommendations) they issued. Seeking to ensure proper implementation of recommendations, the Seimas Ombudsmen carry out feedback monitoring of the situation of human rights. Therefore, a lot of attention was paid in order to observe the implementation of the recommendations issued, namely, the information submitted by institutions on the implemented recommendations or recommendation implementation plans was carefully analysed and lacking information was requested. On one occasion, in case of doubt as to whether the recommendations were indeed implemented, the institution was visited after the working hours and the information submitted by officials was verified on site.

While performing the national prevention of torture, it is crucial to use experts, namely, persons with special knowledge and competence who are able to assess the situation by applying expert knowledge supported by practical skills. In 2014, the following documents were prepared: a list of experts including representatives of various state institutions, research establishments and NGOs who expressed their consent to help the Seimas Ombudsmen in the performance of the function of national prevention of torture, a draft description of the procedure for inclusion of experts in inspections of places of restriction of liberty, and a draft model agreement on provision of expert services. The plan is to conduct, in 2015, 10 inspections of places of restriction of liberty with the inclusion into the team of at least one external expert representing a corresponding area.

IV. AREAS UNDER INSPECTION AND DETERMINED CIRCUMSTANCES

6. The inspections were carried out assessing the main issues in terms of protection of human rights and prevention of torture, taking into account the legal acts set out in Chapter II hereof, the CPT Standards and the recommendations laid down in the CPT reports on the inspections carried out in Lithuania, the case-law of the courts of Lithuania and the ECHR and recommendations (documents) issued by competent international institutions having broad powers.

In the course of inspections the factual circumstances in relation to living conditions and the situation of human rights were examined and assessed in terms of the following areas: data on the care establishment, place, territory thereof, movement to/from the care establishment; residents; employees; security measures, restrictions and treatment of residents; independent living conditions; individual social care plan; accommodation and hygiene conditions; food; clothing; health care; communication, occupation, participation in political life, freedom of religion, translation/interpretation and other services; availability of information and examination of enquiries; inspections carried out by other institutions; leaving the establishment forever.

Upon assessment of the factual circumstance in terms of the afore-mentioned areas, systemic violations of human rights are identified and attention is drawn to the good practice applied by the CE with a view to improving the living conditions of persons. The report further lays down the shortcomings identified in the course of the inspections (indicating the establishment(s) where the shortcomings were identified in brackets) illustrating with examples of good practice, the carried out legal assessment, the respective conclusions drawn and the recommendations for elimination of identified shortcomings issued to the competent institutions.

Section 1 **RIGHT TO LIFE**

The right to life set forth in Article 19 of the Constitution is an innate right of each person; the human life is a special value revealing the human integrity and extraordinary essence which, according to the Constitution, must be protected and defended by the State; the human dignity (see Section 3 hereof), the right to life and the right to the best health possible (see Section 5 hereof) are closely related (rulings of the Constitutional Court of the Republic of Lithuania dated 9 December 1998, 16 May 2013).

The right to life is also related to ensuring the security of an individual. Following the case-law of the ECHR, the State has the positive duty to assume measures to guarantee the safety of persons including the ones accommodated in care establishments. This implies that the State must organise supervision of the persons placed in care, i.e. ensure sufficient and qualified personnel, equip the premises of the CE in which the residents could safely stay and move and create conditions for convenient movement in the territory of the establishment (the stairs, lifts and railing must ensure safe movement, rest areas, benches, shelters, summerhouses have been arranged), ensure safety of the residents in cases of a fire and similar cases and allow for the possibility to call for necessary assistance.

1. Regarding organisation of work

1.1. Composition and number of personnel.

Proper organisation of the activities of the CEs may be achieved only by ensuring the number of personnel (social workers, assistants, health care specialists and other specialists) according to the requirements provided for in the legislation.

The number of positions of the personnel ensuring social care must be not lower than provided for in the Standards for Working Time Costs of Social Care Staff; high quality social care must be provided to the persons 24 hours a day; the ratio between the personnel and persons receiving social care at day and during the night regulated by legislation must be established (Paragraphs 19.1–19.3 of Annex 4 to the Description.). The CPT Standards also set forth that staff resources should be adequate in terms of numbers, categories of staff and experience and training at all times, including at night and weekends (8th General Report [CPT/Inf (98) 12], Paragraphs 30 and 42). In the Partnership Charter this is referred to as protection from neglect and lack of diligence in providing support, care or treatment (Paragraph 1-2.10).

The composition and minimum number of personnel providing social care according to separate groups of social care recipients are provided for in the Standards for Working Time Costs. Standards for Working Time Costs of the personnel providing long-term (short-term) social care for elderly people per elderly person are as follows: social worker – 0.04–0.1 position (i.e. one employee should take care of 10–25 residents), individual care personnel (assistant nurse) – 0.08–0.3 position (i.e. one employee should take care of 3–12 residents); the Standards for Working Time Costs per elderly person with severe disabilities are as follows: social worker – 0.03–0.06 position (i.e. one employee should take care of 16–33 residents), individual care personnel (assistant nurse) – 0.3–0.5 position (i.e. one employee should take care of 2–3 residents). The positions additionally created for all residents of the establishment (or services of specialists organised without creating a new position in the establishment): chief social worker (or head of the social work division or deputy head for social affairs of the establishment: up to 50 residents – 0.5–1 position, more than 50 recipients – 1–2 positions), physician (up to 100 residents – 0.5–1 position, more than 100 recipients – 1–1.5 positions), nurse (10–30 residents – 1 position), physical therapist (or masseur or ergotherapist: 30–70 residents – 1 position), employment specialist (or special or informal education instructor: 25–50 residents – 1 position), psychologist (up to 100 residents – 0.5–1 position, more than 100 recipients – 1–2 positions), pastoral care specialist (0.5–1 position) and dietitian (0.5–1 position). According to the standards, one employee working at night should work with not more than 45 residents.

After the inspections it has been determined that in some CEs the number of employees meeting the afore-mentioned Standards for Working Time Costs (for the positions) is not guaranteed for the CE residents (taking into account the number of residents):

- social workers (Pasvalys Centre (the number of positions is lower than the standard), Legailiai Home (the chief social worker position (0.5) is vacant) (at the employee's request and by the order of the director, the employee was allowed to be absent from work and was not paid any wage since 1 March 2015), one position of social worker);
- nurses (O. Milienė Home (the number of positions is lower than the standard));
- individual care personnel (nurse assistants) (Biržai Parish Home (the number of positions is lower than the standard), Jotainiai Home (one nurse assistant position is vacant)).

It should be noted that in order to ensure the minimum standards for the number of employees, such number of employees is not sufficient:

- in the event of diseases, taking of leave and similar situations; this is particularly relevant to small (up to 30 residents) establishments. For example, in care establishments with only one social worker (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre) services may not always be ensured in case of leave or disease (during the inspection, only one position of social worker was filled in Legailiai Home and at that time the employee was on leave; thus, the services of social worker were not available to the residents);

- sometimes individual care employees (nurse assistants) have to work alone and, in such case, they are not able to carry out all works in a timely manner (Pasvalys Centre, Kupiškis Centre). For example, it was observed how one employee had to feed 30 residents including 17 residents with severe disabilities at the same time and the residents complained that the assistants not always had time to inform them of the time for waking up, breakfast, lunch and dinner, come up to each resident and see what they need and expressed a wish for employment of an additional employee for such works (Kupiškis Centre);

- additional positions of a nurse and assistant for work with persons affected by dementia is necessary (according to the administrative personnel of Biržai Parish Home);

- insufficient number of employees (in particular, on weekends) who would ensure the possibility for persons with reduced mobility, lying in bed to spend some time outside (Saint Joseph Home, Kupiškis Centre);

- although the number of employees at night met the Standards for Working Time Costs, the residents pointed out that such number of employees could not satisfy their needs at night and on weekends (Saint Joseph Home).

1.2. Professional competence of personnel

The competence of personnel working in social care establishments is particularly important. Each employee providing social care to an elderly person or a person of working age with disabilities (including severe disabilities) must improve his/her qualification on a regular basis through participation in the personnel qualification improvement programmes (Paragraph 22.2 of Annex 4 to the Description). CPT has also emphasised the importance of properly chosen and qualified personnel (11th General Report [CPT/Inf (2001) 16], Paragraph 26).

During the inspections the administrative personnel and employees of the establishments were asked if they lacked information on human rights: several employees answered that they lacked such information (Saint Joseph Home, Pasvalys Centre, Pasvalys Hospital, Kupiškis Centre). Nevertheless, in the light of the fact that violations of human rights were identified in other establishments (see Section IV hereof), it should be concluded that employees of other establishments also lack information on human rights and protection of human rights. Employees of a majority of the establishments, except for Jotainiai Home, have not participated in any training programmes in relation to the rights of the disabled, older persons. During the visits to the establishments it was noticed that the employees have not been adequately informed of application of the requirements provided for in the Convention on Persons with Disabilities, mental health care and, not in all cases, the personnel have improved their skills of dealing with aggressive behaviour, conflict psychology and violence prevention (how to notice signs of violence, abuse, bullying, what measures should be assumed in such cases) as well as skills in the areas of rehabilitation services, rights of patients, mental health law and social care law.

1.3. Working hours and remuneration

Everyone has the right to receive fair pay for work (Article 48 of the Constitution); thus, organisation of internal activities of the CE must be based on fair pay for work and appropriate workload, i.e. significant amounts of overtime can easily result in high levels of stress in staff and their premature burnout, a situation which is likely to exacerbate the tension inherent in any establishment (11th General Report [CPT/Inf (2001) 16], Paragraph 26).

The main work of employees providing social services is taking care of others and dealing with the problems of the recipients of services. Such work requires not only substantial expertise, but also communication skills, perseverance, comprehension, sympathy and affection. Employees have to work in risky, emotional pressure conditions: for example, work with disappointed residents who do not wish anything anymore, persons of unpredictable behaviour, persons with different health problems, addicted persons. The work which requires close, often and intense contact with other persons is exhaustive. In pursuance of ensuring proper quality of social work, the workload of such employees should be appropriate and the remuneration should be fair and attractive.

According to the data provided by the inspected CEs, the weekly workload of the employees predominantly was 38 hours (Pasvalys Hospital), 40 hours (Jotainiai Home, O. Milienė Home, Biržai

Parish Home) or 48 hours (Saint Joseph Home, Pasvalys Centre, Kupiškis Centre), thus, it should be stated that the working time (overall workload) in the afore-mentioned establishments does not go beyond the requirements provided for in the law (Article 144 of the Labour Code, maximum working time, including overtime, must not exceed 48 hours per 7 working days). Nevertheless, during the visit to Legailiai Home, it was established that during the period from 1 September 2015 to 31 December 2015 the social worker had too high workload, since she held her own position (full time) and the chief nurse position (full time).

The average (gross) wage of the employees working directly with the residents is minimum (during the period from 1 July 2015 to 31 December 2015, the minimum monthly wage amounted to EUR 325) or slightly higher than the minimum wage (the highest wage of the social employee indicated by one care establishment amounted to EUR 507.40). In the light of the afore-mentioned information concerning complex social work, it should be concluded that the minimum wage for such work is not fair.

Furthermore, it should be noted that the State Tax Inspectorate of the Republic of Lithuania carried out an inspection and identified violations of the requirements of the legal acts governing safety and health at work and employment relations: a bonus which makes 30–50 per cent of the basic salary was not paid to social workers and their assistants for direct work with the disabled and the professional risk to safety and health of employees was identified and assessed in all workplaces (the inspection was carried out on 15 June 2015 in Legailiai Home). During the visit to Legailiai Home, the afore-mentioned violations have already been eliminated.

Thus, the heads of the CEs should take into account the duty of the employer and the administration to provide proper organisation of the employees' work, comply with the requirements of labour laws and other legal acts, regulating safety and health of the employees, and take care of the employees' needs (Article 229 of the Labour Code).

1.4. Teamwork

The CPT standards emphasise not only importance of the composition and competence of the personnel, but also the fact that it is important that the staff of different categories meet regularly and form a team (8th General Report [CPT/Inf (98) 12] Paragraph 45).

According to the data provided by the CEs, employees in their work are guided by their job descriptions, their work is supervised by the administrative personnel, heads of divisions or the responsible employees appointed for supervision of work of the establishment. For example, in Kupiškis Centre a commission which controls how personnel fulfil their duties has been set up. The identified shortcomings are recorded in a notebook of shortcomings. If duties are fulfilled in a negligent manner, the head of the establishment is notified and the respective measures are applied.

Regular consultations on treatment, care and other work-related issues are held in the establishments. For example, a meeting with the administrative personnel, heads of divisions, social workers and nurses as well as meetings of social workers are held on a weekly basis, a meeting of service personnel (social workers, nurses and assistants) are held on a monthly basis in Jotainiai Home.

Teamwork in Pasvalys Centre and Jotainiai Home is considered as a positive step: individual social care plans (hereinafter referred to as the "ISCP") for the residents of the establishment are drawn up by a team of six employees who directly or indirectly work with the resident.

2. *Regarding the safety of residents*

The residents of the CEs must be provided with such conditions which would allow them to feel safe, i.e. they should be allowed the possibility to use the emergency alert system (hereinafter referred to as the "EAS") at any time and receive emergency assistance which is necessary at that moment; accidents in relation to changes in the person's health condition or violations of their rights should be properly identified and dealt with, safety in cases of a fire and other emergency cases should be ensured.

2.1. Emergency alert system

If necessary, the person must be guaranteed the possibility to quickly (without leaving his/her living room) to call the personnel if this is necessary due to his/her health condition, the EAS must be installed in the living rooms, hygiene rooms (Paragraphs 12.7, 16.10 of Annex 4 to the Description).

In the course of the inspections at the CEs and assessment of the possibility to use the EAS it has been determined that:

- the EAS has been installed not in all establishments (O. Milienė Home, Legailiai Home (the EAS has been planned only in the new block));
- the EAS has been installed not for all residents (Pasvalys Centre, Jotainiai Home (currently being installed), Biržai Parish Home); not installed in the personal hygiene premises (Pasvalys Centre);
- during the inspection the EAS did not function (Biržai Parish Home) or functioned improperly (Pasvalys Centre (the alert was displayed only in the monitor screen on the first floor and if the alert was received from a room on the second floor, the number of the room was not displayed)). During the second visit to Pasvalys Centre, the EAS was properly functioning, i.e. the employees were given the receivers and, in case of a call, detailed information was displayed in the EAS monitor screen.

2.2. Registration of accidents

The residents must be guaranteed personal protection against violence, exploitation, discrimination, abuse, and harassment. All accidents in relation to changes in personal health care or violations of human rights must be recorded, the reasons of such accidents must be analysed and decisions on how to avoid such accidents in the future must be taken (Paragraph 6.6 of Annex 4 to the Description). Recording of such cases in a special register is required for proper examination and analysis of the reasons and assuming of measures to prevent such cases in the future as well as observing the statistics and tendencies of such events in the establishment.

During the inspections it has been determined that in one establishment such events are not recorded in a special register (Saint Joseph Home).

2.3. Safety of residents in cases of a fire and other emergency cases

The persons living in social care establishments must be guaranteed that the layout and equipment of the territory, common use premises and living premises of the CE were consistent with the purpose of the rules concerning social care, the rules and requirements concerning construction, design, sanitary-hygiene, works and fire safety applicable to such construction works and satisfied the needs of elderly people (Section V “Environment and Accommodation” of Annex 4 to the Description). During the inspection, escape routes of residents were evaluated (from the upper floors, i.e. first and second floors etc.), it was clarified if the residents would know what to do in case of a fire etc.

During the visit to the establishments it was noticed that in some establishments the stairs from upper floors to the ground floor were so steep and narrow that, in case of a fire, residents would not be able to evacuate in time due to their poor health condition and/or disability (Saint Joseph Home) and the escape stairs were outside the building and in order to reach them, the residents should get through the window (O. Milienė Home) and not all residents were aware how to act in case of a fire (Saint Joseph Home).

There were also several positive examples where the premises of the CEs had wide doors, wide and slanting stairs; thus, even in case of a fire, elderly residents could rather easily escape. Furthermore, it should be mentioned that both residents and personnel know what measures should be assumed in case of a fire (Jotainiai Home).

3. Regarding movement in the territory of the establishment and adaptation of premises for the persons with disabilities

The “disability” shall mean a long-term deterioration of health due to a disorder of bodily structure and functions and adverse environmental factors resulting in diminished participation in public life and decreased possibilities of functioning (Article 2(6) of the Law on the Social Integration

of the Disabled). A person with special needs must be ensured adapted environment necessary for daily life and receipt of services; guaranteed possibilities to easily move in the territory and premises of the social care establishment, safely use rest and recreation areas in the territory of the social care establishment (Paragraph 16.10 of Annex 4 to the Description); personal hygiene premises should be easily and quickly accessed, convenient to use, ensuring privacy and safety (Paragraph 17.6 of Annex 4 to the Description); it should be ensured that the height of the windows and the place of the bed in the rooms of persons with reduced mobility enabled observing the environment through the window being in a sitting or lying position (Paragraph 18.4 of Annex 4 to the Description).

In the course of the inspections it has been determined that in the majority of the CE the residents were provided with the possibilities to safely and conveniently climb the stairs that were not steep and slippery, there were enough railing and benches to take a rest (Pasvalys Centre, Kupiškis Centre), there was a possibility to use a lift or elevator (Pasvalys Centre, Biržai Parish Home), the hygiene premises were covered with non-slippery tiles (Kupiškis Centre), fire safety ponds were enclosed, the paths were woodblocked (Kupiškis Centre), the territory of the establishments were lightened, the outside doors and gates of the CE were locked during the night (in a majority of the establishments), the information on the notice board was in large letters (Kupiškis Centre).

Nevertheless, not all residents of the establishments were guaranteed a safe, properly arranged and appropriate social care place and environment, provided with the possibilities to easily move in the territory and premises of the social care establishment and safely use the rest and recreation areas.

During the visits to the CEs it was determined that one establishment (O. Milienė Home) was entirely not adapted for persons with reduced mobility although such persons were accommodated in one of the two buildings.

There were identified several shortcomings in relation to adaptation of the environment for persons with reduced mobility in other establishments preventing residents from free movement in the CEs: there was a doorsill on the way to the dining room (Saint Joseph Home), a doorsill on the way to the lavatory (the building of Legailiai Home in which the administrative premises were equipped), not all corridors had railing (Jotainiai Home).

Furthermore, it has been determined that in some places the personal hygiene premises were not adapted or only partially adapted for persons with disabilities (such premises were in Jotainiai Home, Biržai Parish Home).

Persons with reduced mobility (lying) are taken outside not in all establishments (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre, Legailiai Home). Persons with such disabilities in O. Milienė Home are accommodated on the first floor although no elevator or lift is equipped. Persons in Legailiai Home are not enabled to use an elevator in the establishment on a continuous basis; during the inspection it was locked. According to the manager of the afore-mentioned establishment, only one employee of the maintenance division is entitled to switch on the elevator and, as a rule, this is done when it is necessary to bring a lying resident to the medical institution.

Not in all establishments persons with reduced mobility are guaranteed that the height of windows and/or place of the bed in the living room enabled observing the environment through the window being in a sitting or lying position (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Biržai Parish Home, O. Milienė Home), only a high masonry fence may be seen through the window in several rooms (Saint Joseph Home).

Section 2

FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Prohibition of torture means prohibition of any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted a resident of the care establishment financed by the government.

Protection from abuse in the first place derives from Article 3 of the Convention which prohibits in absolute terms torture or inhuman or degrading treatment or punishment. The prohibition of such treatment directly applies to persons in private institutions. (Explanatory Memorandum of Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of human rights of older persons, Paragraph 29). The ECHR has noted that elderly people living in institutions are particularly vulnerable and often they cannot bring the shortcomings of care and other shortcomings to the attention of other persons by themselves (case *Heinisch v Germany (No 2827/08)*, Paragraph 71). The United Nations Human Rights Committee has also put emphasis on the vulnerable situation of elderly persons placed in long-term care homes, which in some instances has resulted in degrading treatment and violated their right to human dignity Concluding Observations of the United Nations Human Rights Committee, 2004, No CCPR/CO/80/DEU, Paragraph 17). Thus, the personnel of a care establishment plays an important role, i.e. sufficient and qualified personnel and proper accommodation condition in a care establishment is the main guarantee ensuring freedom from torture or cruel, inhuman or degrading treatment (Concluding Observations of the Committee on Economic, Social and Cultural Rights, 2011, No E/C.12/DEU/CO/5, Paragraph 27).

The shortcomings identified during the inspections carried out at the CEs are related to the composition, number and competence of the personnel, working hours and remuneration (see Section 1 hereof) and living conditions (see Section 4 hereof) and suggest the conclusion that the residents are not protected against violations of this right.

4. Regarding mistreatment of personnel and being informed of what to do and where to apply

The environment created by personnel in the care establishment and treatment of persons in care are of particular importance to the residents of the establishment. Residents must be guaranteed the environment which is based on mutual trust, respect and love of the person and employees of the social care establishment, the relationship between the personnel and the person must also be based on the principles of mutual understanding and agreement (Paragraphs 9, 20.5 of Annex 4 to the Description).

During the visit to the establishment the residents were complaining about mistreatment of personnel. And the residents of O. Milienė Home complained that the employees were yelling at them, forced doing things the residents did not want to do. The residents of Legailiai Home pointed out that the employees were “particularly irresponsible, carried out their work in a rushed manner and did not provide necessary assistance”.

In pursuance of preventing mistreatment of personnel, it is important to ensure that all institutions were licensed, subject to a declaration regime, to inspection or to any other mechanism which ensures, in particular, that the quality of care delivered is adequate. (Analytical Outcome Paper of Normative Standards in International Human Rights Law in Relation to Older Persons drawn up in 2012 by the Office of the United Nations High Commissioner for Human Rights, p. 31). It is also important for social care establishments to ensure that the residents were informed of the channels through which they can report mistreatment (Paragraph 9.3 of the Partnership Charter). The person must be informed of his/her right to apply to the administration, personnel of the social care establishment or institutions outside the social care establishment for physical, psychological, material or financial, sexual violence, discrimination or violations of other human rights that has taken place or may take place. The person’s right of access cannot be restricted and the person must be informed of this (Paragraph 12.9 of Annex 4 to the Description).

The visits to Pasvalys Centre, Pasvalys Hospital, Jotainiai Home and Kupiškis Centre have shown that all residents have been explained and they are aware of their rights and duties in case of mistreatment of an employee or another resident in respect of him/her. Nevertheless, the residents of

Saint Joseph, Biržai Parish Home and O. Milienė Home pointed out that they were not aware how to behave in a situation of mistreatment by personnel and other residents.

Section 3 ***DIGNITY AND AUTONOMY***

Article 21(3) of the Constitution provides for that it shall be prohibited to degrade the dignity of a human being. The duty of the legislator to guarantee proper protection of the human rights and freedoms in regulation of the relationship related to implementation of the human rights and freedoms is one of the assumptions ensuring human dignity as a constitutional value; the state institutions and officers are obliged to respect human dignity as a special value; violations of human rights and freedoms may inure human dignity. The State must develop such social care system which would help to maintain the living conditions consistent with human dignity and, if necessary, provide the person with necessary social protection (20 April 2010 decision of the Constitutional Court of the Republic of Lithuania concerning interpretation of the provisions of the rulings delivered by the Constitutional Court of the Republic of Lithuania on 25 November 2002, 3 December 2003, 16 January 2006, 26 September 2007, 22 October 2007, 22 November 2007, 24 December 2008 and decision dated 15 January 2009).

The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life (Articles 1 and 25 of the Charter). Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons is one of the main principles established in the Convention on the Rights of Persons with Disabilities (Article 3). Thus, respect to dignity of an older, disabled person must be guaranteed for all persons irrespective of mental disorders, disabilities, diseases and in a situation of an end to life.

Autonomy is described as a possibility of an individual to make own choices and take decisions. The freedom of choice is expressly established in the Description of the Rules Concerning Social Care which puts emphasis on the importance and appropriateness of the choice of each resident. The persons shall be involved in making of decisions concerning his/her life in the social care establishment with regard to his competences and possibilities, he/she shall be heard, his opinion, practical experience shall be assessed, and mutual understanding between the persona and personnel shall be sought. The resident is entitled to express his/her wishes for the functions, treatment of the personnel working in the social care home, choosing the person(s) living in the same living room etc. The resident shall be heard by "his/her own person" (chosen employee of the establishment). The possibility to publicly express own view, practice preferred region, the possibilities to participate in society should not be restricted (Paragraphs 8.3, 9.1 – 9.3 of Annex 4 to the Description).

5. Regarding the concept of incapacity

The concept of full incapacity was set forth in the legal acts of the Republic of Lithuania till 1 January 2016. Pursuant to Article 2.10(1) of the Civil Code, a natural person who as a result of mental illness or imbecility is not able to understand the meaning of his actions or control them may be declared incapable under judicial procedure and a guardian shall be assigned to him. By a decision of a guardian, the person may be placed in a care home. The incapable person shall be placed under guardianship. During the inspections it has been found out that legally incapable persons were placed in Legailiai Home, Jotainiai Home and Pasvalys Centre by a decision of their guardians. The two latter establishments have been appointed as the guardians of several residents.

A major step in the area of protection of persons with disabilities has been made after ratification of the Convention on the Rights of Persons with Disabilities by Lithuania, according to which, persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life and states Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity (Articles 12(2)–12(3)). Furthermore, the European Court of Human Rights in its judgement in the case *D.D. v Lithuania* (petition No

13469/06) has identified a violation of the applicant's right to contest her indefinite involuntary placement in the social care home before the court, i.e. deprivation of liberty, since, according to the legal regulation in force, the courts of Lithuania were not involved in involuntary placement of the person in the social care home and judicial procedure review of the lawfulness of placement of persons in such establishments on a periodic basis or at reasonable intervals. Furthermore, such review could not be initiated by a legally incapable person. The guardian of the applicant was the social care establishment about which she has repeatedly complaint. Therefore, the court has pointed out that, in such cases, when contesting placement in the establishment before the court, the institutionalised person must be ensured the right to a separate legal representative.

On 1 January 2016, the amendments to the Civil Code providing for that incapacity only in the particular area may be declared and guardianship of the person shall be established and legal consequences of incapacity shall arise only in relation to such area came into force. Thus, necessary decisions in the areas identified by the court shall be taken by the person's guardian and the person may independently act in other areas. The person shall be entitled to apply to the court for declaring him/her as fully capable or capable in the area in which has been declared incapable on an annual basis. If the person or other persons fail to apply for annulment of the decision on declaring the person incapable in the respective area delivered by the court, the condition of the person shall be reviewed by the Commission of Review of the Condition of Incapable Persons set up or acting in the municipality in which the person who is incapable in the respective area lives and the commission shall make a decision on the expediency to apply to the court for the court decision (Article 2.10¹ of the Civil Code).

It should be noted that the court decisions on declaring persons incapable delivered before the effective date of the new amendments must be reviewed within two years.

6. Regarding listening to the views of the residents

The CE residents shall be entitled to express their preferences as to their roommate(s) or other issues. In cases where several persons live in the room, the interests, tempers, needs of the persons accommodated in one room must be taken into account listening to the person's preferences as to the roommates and evaluating the ability of each person to adapt to the roommate (Paragraphs 9.1, 12.8 of Annex 4 to the Description).

During the inspections a majority of the residents (Saint Joseph Home, Pasvalys Hospital, O. Milienė Home, Kupiškis Centre) pointed out that after they moved to the care home, they were not asked with whom they would prefer to live and about their preferences as to their roommate. It was established that in one establishment 4 residents lived in one room and two residents were constantly arguing and the administrative personnel of the establishment failed to assume any measures to accommodate them in separate rooms. During the additional visit to Kupiškis Centre, it was determined that the administrative personnel of the establishment have already assumed actions and that, where possible, the preferences of the residents as to the roommate would be taken into account.

Last but not least, it is important to encourage the residents to express their opinion and strengthen their self-confidence. For example, several residents of Pasvalys Centre indicated that they wanted a massage, but they hesitated and did not dare to request that the administrative personnel provided such possibilities.

7. Regarding individualisation of the residents' clothing

In order to ensure the dignity of residents, the establishment should promote self-esteem and self-worth ensuring that each person worn only the clothing and footwear issued to him/her, thus, acknowledging the person's individuality. It should be noted that the CPT has also emphasised that it should also be noted that the practice observed in some psychiatric establishments of continuously dressing patients in pyjamas/nightgowns is not conducive to strengthening personal identity and self-esteem; wearing of non-individualised clothing does not contribute to strengthening of the personality and self-esteem [CPT/Inf (98) 12] Paragraph 34).

During the inspections it has been determined that the residents of all CEs had clothing and footwear according to the season and if the person did not have his/her own clothing, the establishment took care of his clothing. Nevertheless, not all residents of the CE had individualised clothing (Pasvalys Hospital, Jotainiai Home, O. Milienė Home, Legailiai Home, Kupiškis Centre (some outwear)), the residents who did not have own clothing were dressed with the hospital pyjamas (Pasvalys Hospital), the residents of one CE were complaining that they did not know where their clothing were taken by the personnel and another resident complained that he was provided not with his own clothing and if he refused to put them on, the personnel would yell at him (O. Milienė Home). The personnel indicated that they did not need to individualise (label) the residents' clothing, since they knew what particular clothing belonged to the residents and the residents were conscious and would not agree to put not another person's clothing (Kupiškis Centre). Besides, according to the personnel, a majority of residents had mental disorders and they did not care of their clothing (Jotainiai Home). Such residents use common clothing except for the cases where the relatives of the residents wish that the resident had his/her own clothing. It should be noted that there were no problems concerning individualisation of clothing in other visited CEs; on the contrary, the clothing of residents were labelled (inside) indicating the person's name and/or surname and in some places the first letters of the name and surname were indicated. Besides, according to the personnel, only new and high quality clothing were purchased for the residents (Kupiškis Centre).

Section 4 **DECENT LIVING CONDITIONS**

Creation of decent living conditions is one of the guarantees ensuring human rights. The grounds of social security are set out in Article 52 of the Constitution. Article 25 of the Universal Declaration of Human Rights provides for that everyone has the right to a standard of living, including food, clothing, housing and medical care and necessary social services. The residents of the Republic of Lithuania shall have the right to have a healthy and safe physical and social environment as well as information about any danger to health existing in the environment (Article 84(1)(1) of the Law on the Health System). Social care establishments shall be obliged to ensure safe and healthy living conditions for their residents (Paragraph 17.9 of Annex 4 to the Description).

Furthermore, public health care and health enhancing aimed at health promotion, prevention of deterioration of the quality of consumer goods, food products, drinking water should be ensured at as far as it is practicable. Social care establishments must protect the residents against communicable diseases spread by food or drinking water, or invasions of such diseases, as well as against food poisoning. (Articles 31, 87(1)(5) of the Law on the Health System).

8. Regarding the living environment

The living condition of a person must be cosy and the environment must be close to home environment, i.e. the living room must be equipped not only with minimum furniture, the residents must also be satisfied with fitting-out of the living premises, they must be allowed a possibility to have own furniture and other personal belongings in their room (provided that this does not pose danger to his safety or safety of other persons) (Paragraph 18.1 of Annex 4 to the Description).

During the visits to the CE it has been determined that the environment is not sufficiently close to home environment in all living rooms (Jotainiai Home, O. Milienė Home), the rooms do not differ from the premises of the institution providing inpatient personal health care services (Pasvalys Hospital).

It is to be noted that the home environment is best ensured by the administrative personnel of Kupiškis Centre where all internal premises and the territory surrounding the CE is arranged so that the residents would feel good and comfortable. In 2015, the project "Modernisation of the Infrastructure of Kupiškis Centre for Social Services" has been accomplished and by virtue of the project a new building for care of elderly people and adults with disabilities has been built, a summerhouse has been constructed, a pond has been arranged, a new garden has been created,

convenient exits from the building and the territory have been arranged. One resident or two residents live a room, sanitary facilities used by two or four residents are arranged near the rooms. All rooms have TV sets, radio, each resident has a cupboard and a cabinet. The residents are able to cook, wash their clothes, iron own clothes, a cosy activities room is equipped.

9. Regarding cleanliness, ventilation and lighting of the premises

The residents must live in warm, well-ventilated and properly lighted premises meeting the requirements of the hygiene standards approved by the Minister of Health. They must be provided with safe and healthy living conditions and the premises must be tidy and clean, daily cleaning of the premises must be carried out and controlled in accordance with the procedure established by the social care establishment (Paragraphs 17.3 and 17.9 of Annex 4 to the Description). The premises must be tidied and wet cleaned not only every day, but also as necessary and sanitary facilities (toilets, washbasin etc.) must always be clean. Natural ventilation, opening windows must be ensured in the living premises (Hygiene Standard HN 125:2011, Paragraphs 22, 27 and 29). The requirements for lighting are set out in Paragraphs 17-20 of the afore-mentioned hygiene standard.

In the course of the inspections it has been determined that the living rooms and personal hygiene premise were not tidy, sufficiently clean (Legailiai Home, O. Milienė Home). It should be noted that cleanliness was not sufficient in Legailiai Home: windowsills in the living rooms, insect killers and cabinets were full of flies and other insects, the residents kept highly perishable food products in their cabinets, at the moment of the inspection the shelf life of some products has been expired.

In several CEs the smoking room is equipped so that tobacco smell was intensely felt in a certain part of the establishment (Saint Joseph Home), unpleasant (strong) odour wafted from several sanitary facilities (Pasvalys Centre), living rooms lacked ventilation (unpleasant odours could be felt) (Biržai Parish Home) and the rooms were rarely ventilated (O. Milienė Home). No violations in relation to improper ventilation of premises were identified in other inspected CEs.

Natural and/or artificial lighting in the corridors, living rooms of the visited establishments was inadequate (Pasvalys Centre, Jotainiai Home, O. Milienė Home).

10. Regarding fitting-out of premises and provision of the residents with the inventory provided for in the law

All premises of care homes, i.e. living rooms, dining-rooms, kitchens for individual cooking, personal hygiene premises, leisure organisation, education, common use premises (landings, corridors etc.) and other premises must be adapted for living and satisfaction of essential needs of the residents (Paragraph 17.1 of Annex 4 to the Description). The essential furniture, i.e. a bed, a cabinet, a chair, a cupboard or a separate part of the cupboard, a table (may be used by several persons) must be ensured for each person in a living room (Hygiene Standard HN 125:2011 Paragraph 13.4, Paragraph 18.1 of Annex 4 to the Description). If persons who need nursing live in the establishment, they must be provided with high quality care and nursing; the establishment must have necessary technical support measures helping the employees to fulfil their daily functions in a safe and high quality manner (measures for lifting, moving, bathing, feeding or transporting a person in social care homes) (Paragraph 8.9 of Annex 4 to the Description).

The CPT in Paragraph 96 of its report on the visit to Lithuania in 2008 indicated that in any social welfare establishment, the aim should be to offer living conditions which are conducive to the treatment and well-being of patients/residents – in other words, a positive environment; thus, the inventory of the premises must be in a satisfactory state or repair.

The carried out inspections suggest that some furniture was missing in several CEs: cabinets (Saint Joseph Home, room 109), table (Legailiai Home, room 4). The residents of two establishments (O. Milienė Home, Jotainiai Home) complained that there was 1 wardrobe for 2-3 persons in the living room; thus, not all residents could keep their clothing in the wardrobe so that all residents could conveniently take them out; the residents' clothing for which there was not enough space in the

wardrobe were disorderly kept in the garage (O. Milienė Home); clothing in the wardrobes were not tidy possibly due to insufficient space in the wardrobes (Legailiai Home).

Furthermore, it has been established that in some CEs not all inventory was in good order: some doors of rooms were broken (Jotainiai Home), furniture in some rooms were particularly timeworn (O. Milienė Home, Legailiai Home), there was no curtain in one room (Saint Joseph Home, room 109), the set of the resident's wheelchair was torn and covered with not clean blankets (Legailiai Home).

Furthermore, it was noticed that the mattresses given to the residents of several CEs (Legailiai Home, O. Milienė Home, Biržai Parish Home) were timeworn, not clean, torn etc. Furthermore, in a majority of the CEs the mattresses have not been disinfected before starting using them for new residents. Mattresses were with special covers of waterproof fabric resistant to surface cleaning agents and disinfectants only in one CE (Kupiškis Centre).

It should be further noted that in the light of the factual situation concerning the mattresses used by the accommodated persons established during the inspections and the fact that ensuring of mattress hygiene is not provided for in the legislation, on 14 September 2015 (Report of the Seimas Ombudsman No 2015/1-74) the Ministry of Health of the Republic of Lithuania was recommended to consider the possibility to oblige care establishments to disinfect available mattresses before starting using them for other residents or purchase new mattresses with special covers which would be made of waterproof fabric resistant to surface cleaning agents and disinfectants, washable and/or easily disinfected by the means used in the establishment. Furthermore, in pursuance of ensuring that only appropriate soft inventory was issued to the persons, it was recommended to provide for a prohibition to use torn mattresses, pillows and blankets. In response to the recommendation laid down in the report dated 14 September 2015, the Ministry of Health has presented draft amendments to the legal acts providing for the duty of the CE not only not to use not serviceable mattresses, but also to disinfect them before using for new residents.

11. Regarding the frequency of washing up of the residents, washing and changing of clothes

Social care shall be the totality of services providing complex assistance which requires continuous specialised care to a person and the service shall, *inter alia*, include, organisation of personal hygiene services (washing services etc.) (Paragraphs 16, 17.3 of the Catalogue of Services). The residents who cannot take care of themselves must be washed up on a daily basis, their bed linen, towels, clothing must be changed as appropriate, at least every 7 days (Hygiene Standard HN 125:2011, Paragraphs 37–38).

In the course of the inspections it has been determined that the residents were bathed and bed linen were changed every 10 days (Biržai Parish Home). During the visit to Jotainiai Home, there were doubts if the residents' bed linen was changed every 7 days. Many interviewed residents pointed out that the bed linen was changed by the personnel every two weeks and the employees maintained that the bed linen was changed every 7 days. Unfortunately, the analysis of registers with information on the collected bed linen of the residents suggested that the bedding was not changed every 7 days. The personnel explained that probably not all employees filled in the afore-mentioned register in a responsible manner.

Furthermore, it has been determined that the clothing and/or footwear of the residents were dirty and/or tattered (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Legailiai Home), personal clothes of the residents were not washed in the establishment, relatives of the residents took care of this (Pasvalys Hospital).

It should be further noted that the clothing mentioned in the Hygiene Standard HN 125:2011 should be understood in a broader sense not distinguishing underwear and not establishing more frequent changing of clothing. Therefore, the personnel of the Seimas Ombudsmen's Office pointed out that the underwear of all residents in the CEs were washed as appropriate, i.e. at least once per week. Normally, the underwear and outer clothes of the CE residents were changed once per week and, as a rule, after bathing procedures.

It should be further noted that on 14 September 2015 (after the visits to the care establishments in Kaunas County) the Ministry of Health of the Republic of Lithuania was recommended to consider the possibility to improve legal regulation (Report No 2015/1-74 of the Seimas Ombudsman) and oblige care establishments to change the residents' underwear on a daily basis. In response to the recommendation laid down in 14 September 2015 report, the Ministry of Health put forward the draft amendments to the legal acts according to the proposals of the Seimas Ombudsman.

12. Regarding provision of hygiene products and encouraging to take care of own oral hygiene

Financing of social services according to separate types of social services and calculation of the funds for social services are regulated by the Methodology for Calculation of Services Paragraphs 22 and 27.6 of which provide for that the price of purchased (sold) or financed social care shall consist of the basic and variable parts of the social care funds; the variable part of social care funds shall, *inter alia*, consist of funds for other goods and services related to the needs of the recipients of service. Thus, the CE must provide the persons placed in their care with all necessary personal hygiene products, a disposable towel dispenser with disposable towels or an electric hand dryer (Hygiene Standard HN 125:16.52011).

No legal acts obliging the CEs to provide their residents with hygiene products which would meet individual needs of each resident have been adopted. However, systemic evaluation of the legal regulation concerning provision of residents with hygiene products satisfying their needs suggests the conclusion that the CE should ensure hygiene products as much as practicable. In this regard, it should be noted that the social service includes, *inter alia*, development and maintenance of daily life skills (Paragraph 17.3 of the Catalogue of Services). Daily activities of the persons must be organised and domestic services must be provided so that the person would be supported, encouraged and motivated to be as independent as possible (Paragraph 8.4 of Annex 4 to the Description) and keep personal hygiene. Furthermore, in the light of the principles of provision of social care (Article 4 of the Law on Social Services): *relevance*, i.e. a person (family) shall be granted and provided the social services which correspond to the interests and established needs of the person (family); *efficiency*, i.e. social services shall be managed, granted and provided with a view to achieving good results and rationally utilising available resources, and Paragraph 8.3 of Annex 4 to the Description which provides for that persons shall be involved in making of decisions concerning their life in the social care establishment with regard to their competences and possibilities, it should be believed that the hygiene products purchased by the CE should meet the needs of the residents as much as possible.

During the inspections it was noticed that there was a lack of personal hygiene products, i.e. soap, toilet paper, paper towels in sanitary facilities (Jotainiai Home), the residents used common personal hygiene products, i.e. shampoo, soap, washcloth (Legailiai Home, O. Milienė Home). Furthermore, during the visits it has been determined that the residents were not encouraged to take care of their oral hygiene (Pasvalys Centre, Pasvalys Hospital, Legailiai Home, Biržai Parish Home, O. Milienė Home) and the heads of the CEs (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Legailiai Home, Biržai Parish Home, O. Milienė Home) indicated that they did not furnish the residents with oral hygiene products stating that such products were purchased by the residents from their own funds.

13. Regarding organisation of catering

Care establishments must ensure that each resident received food which meets his/her physiological needs and health condition, with the required amount of energy values and calorific value with regard to individual needs, the necessity for dietary food and, if possible, taking into account personal preferences (Paragraph 11.1 of Annex 4 to the Description).

During the visits to the CEs, in one CE it was determined that the residents' requests to cook without salt were not always taken into account (Pasvalys Centre). It should be noted that during the second visit to Pasvalys Centre the administrative personnel pointed out that they have assumed

appropriate measures to ensure proper food for own residents; this was also acknowledged by the residents stating that their preferences to receive food without sault have been taken into account as appropriate.

A very significant aspect in relation to organisation of food in the CEs is that the establishments must assume measures to ensure that daily activities of the persons must be organised and domestic services must be provided so that the person would be supported, encouraged and motivated to be as independent as possible and the person was furnished with products helping to maintain the skills that have not been acquired or have been lost by the person due to the person's health condition (Paragraph 8.4 of Annex 4 to the Description). This implies that catering should be organised so that the resident could eat with proper utensils. Pursuant to international standards, enabling patients to accomplish acts of daily life - such as eating with proper utensils whilst seated at a table - represents an integral part of programmes for the psycho-social rehabilitation of patients. (8th General Report [CPT/Inf (98) 12] Paragraph 35).

During the visits to the care establishments it was clarified if the residents were allowed to maintain their skills (or restore their lost skills) to eat using all utensils. It has been determined that the residents ate not with all utensils, they used only spoons (Pasvalys Centre, Jotainiai Home and O. Milienė Home) or they were provided with all utensils for eating, but the residents were not encouraged to use all utensils (Biržai Parish Home).

It should be noted that other visited CEs tried to motivate the person to maintain the acquired skills or restore the lost skills serving food in appropriate dishes and enabling to use all utensils while eating (Saint Joseph Home, Pasvalys Hospital and Kupiškis Centre).

A person in social care home must be enabled to access the menu in a comprehensible manner, express own preferences as to food products or range of dishes which, if possible, should be taken into account in advance (Paragraph 11.3 of Annex 4 to the Description).

When evaluating if the residents indeed were guaranteed the afore-mentioned rights, it has been noticed that in several CE the residents were not asked about their preferences as to food (Pasvalys Hospital, Jotainiai Home, Biržai Parish Home and O. Milienė Home), the menu was not made available on the information desks (Pasvalys Centre and O. Milienė Home) and the residents were not enabled to express their preferences as to food and the meals were often the same, i.e. the menu repeated every two weeks (Pasvalys Hospital). Such problems have not been identified in other CEs and the administrative personnel are interested in and, if possible, try to take into account the residents' preferences as to food and at all times inform them of the menu (Saint Joseph Home and Kupiškis Centre).

It is essential that social care establishments enabled the person, if necessary, to have a cup of warm coffee, tea or water at any time of the day (Paragraph 11.5 of Annex 4 to the Description).

In a majority of the CEs the residents are allowed to drink water of appropriate quality. Nevertheless, in one of the establishments it has been determined that the residents are furnished with drinking water in plastic bottles which contain some deposits inside due to long-lasting use of the bottles (Biržai Parish Home).

Section 5

RIGHT TO AVAILABILITY OF HEALTH CARE SERVICES

The provision of the Constitution (Article 53(1)) which guarantees the right to health protection obliges the State to establish sufficiently effective measures for implementation of this right and remedies. The Constitution Court has also repeatedly stated that human health protection is an objective and public interest which are significant in constitutional terms and human health promotion is a function of the State (rulings delivered by the Constitutional Court of the Republic of Lithuania on 26 January 2004, 29 September 2005, 21 June 2011, 16 May 2013). The State must assume measures to create such conditions which would be favourable for reaching and maintaining the highest possible health level and improve social and economic conditions determining implementation of this right (Preamble to the Law on the Health System). Furthermore, the World

Health Organisation has defined the health, i.e. the greatest socio-economic value and national treasure, as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

14. Regarding the right to engage in personal health care activities

There are no special legal acts governing provision of health care services to the establishments providing institutional social care. Such establishments just like other economic entities are subject to the general legal acts governing the national health system of Lithuania.

Enterprises and institutions shall acquire the right to engage in health care activities only after obtaining the licences in accordance with the procedure prescribed by the Government of the Republic of Lithuania or authorised authority thereof (Article 16 of the Law on Health System, Paragraph 21.1.19. of Annex 4 to the Description). A personal health care licence including the right to provide the respective health care services shall be issued by the State Health Care Accreditation Agency under the Ministry of Health (hereinafter referred to as the “Accreditation Agency”).

Furthermore, the institution wishing to provide the personal health care services indicated in the licence must have a permit-hygiene passport for the respective activities specified in the licence which shall be issued by the respective county public health centres (Article 21(4) of the Law on Public Health). The permit-hygiene passport evidences that the purpose of the premises in which the licensed activities shall be carried out is consistent with the requirements of the legal acts governing public health care.

During the inspections the heads of all visited CEs pointed out that, if necessary, personal health care services that could not be provided by the establishments themselves were organised for the residents. In pursuance of better organisation of provision of personal health care services, the residents are often recommended to choose the medical institution in the service area in which the CE is located. The residents that are able to visit the medical institution are accompanied/brought for necessary consultations of a physician-specialist and examinations. If the health of the persons with severe disabilities deteriorates, the general practitioner is called to the CE and if he/she cannot appear, the ambulance is called.

The carried out inspections suggest that not all CEs provide personal health care services in accordance with the afore-mentioned requirements of the legal acts.

Saint Joseph Home provides primary outpatient personal health care services, i.e. medical-general medical practice, obstetrician-obstetrician practice, nursing-general nursing practice, physiotherapy and massage services. Personal health care services are provided on the first floor of the second block. A general practitioner room and a procedural room are equipped here. Nevertheless, the establishment has not been issued with a valid licence to provide massage services and a permit-hygiene passport required for such activities.

Pasvalys Centre provides the following services: general practice nursing, community nursing, general practitioner and massage services. The licence has been issued only for the following nursing services: general practice nursing, community nursing services. The permit-hygiene passport has been issued for the following nursing services general practice nursing, community nursing services and beauty services, i.e. body care services. Personal health care services are provided in the medical post equipped in the establishment.

Pasvalys Hospital provides the following primary and secondary outpatient personal health care services (internal medicine, adult cardiology, endocrinology, neurology, otorhinology, surgery, orthopaedics and traumatology, gynaecology, psychiatry, resuscitation and intense therapy etc.) and nursing according to the issued licence: general practice nursing, mental health nursing, anaesthesia and intense therapy nursing, physical medicine and rehabilitation, services of nursing patients suffering from diabetes and other personal health care services as well as different inpatient services. The establishment was issued with a permit-hygiene passport for all licensed personal health care activities. The care unit is equipped on the first floor of the hospital. If necessary, the persons hospitalised in the care unit are provided with all necessary personal health care services that may be provided by Pasvalys Hospital. All residents are thoroughly examined by different specialists on a

regular basis and, if necessary, their health is observed on a continuous basis. Furthermore, the residents are visited by physicians on duty according to the general procedure applicable in the establishment on a daily basis.

Jotainiai Home provides secondary outpatient health care services: psychiatry; primary outpatient health care services: general medicine, nursing: general practice, mental health, physical medicine and rehabilitation, physiotherapy and massage services. The establishment is issued with a permit-hygiene passport for all licenced personal health care activities.

Biržai Parish Home provides general practice nursing and internal medicine services. The licence is issued only for provision of general practice nursing services. The permit-hygiene passport has been issued only for general practice nursing activities.

Legailiai Home provides general practice nursing and general medicine services. The general practitioner comes to the CE on a regular basis, i.e. once per week from 1:00 p.m. to 2:00 p.m. The CE is issued only with the licence to provide general practice nursing services; the same is applicable to the permit-hygiene passport.

O. Milienė Home provides only community nursing services and Kupiškis Centre provides nursing, general practice nursing, community nursing services. Both CE have necessary licences and permits-hygiene passports for the afore-mentioned activities.

When a new resident comes to a CE, in all cases, he/she is examined by a nurse responsible for general care and a general practitioner on duty (if any) and registered for a consultation of a general practitioner in the personal health care institution in which he/she is registered. In cases where the general practitioner regularly visits the CE, the new resident is examined during the next visit of the physician which, as a rule, takes place within one week. During the examination, the resident's anthropological data is assessed, his/her blood pressure, temperature are measured, his/her mucous membranes and skin are examined and information on previous diseases is collected.

15. Regarding the entries in personal health records of the residents and the right to refuse treatment

It is to be noted that the patient above 16 years of age shall be provided health care services only with his consent, except for the cases of the provision of emergency medical services, when the patient is not capable of expressing his will by himself (Article 14(1) of the Law on the Rights of Patients and Compensation for the Damage to Their Health). Thus, only the patient himself (duly informed) is entitled to make decisions on his treatment and refuse the treatment prescribed for him by a physician, except for the persons with legal incapacity or limited legal capacity or other cases provided for in the law.

The patient's will must be confirmed by his/her signature in his/her medical documents. The law and the respective implementing legislation provide for the requirements for the consent to provision of health care services. It is understood that the person's consent to the prescribed treatment or procedure would be better understood if, in each particular case, an entry with in the health record would be made (with the person's signature); thus, the residents and the establishment would avoid possible doubts and disputes concerning proper access to information on the prescribed treatment (procedure) and the fact of the person's consent. Furthermore, as regards the person's right to refuse the medicines given by the CE, it is relevant to mention Article 5(3) of the above law which provides for that the patient shall be entitled to receive information about his state of health, diagnosis, methods of treatment or examination applied in the health care institution or alternatives known to the doctor, potential risks, complications, side-effects, prognosis of the treatment and other circumstances that may have an effect on the acceptance or rejection by the patient of the proposed treatment, as well as about the consequences of rejecting the proposed treatment. The doctor must give the patient this information in a comprehensible form, taking into account his age and state of health, explaining special medical terms.

During the inspections it has been determined that, as a rule, the health records of the residents are not kept in care establishments. Health records are kept in personal health care establishments where the residents are registered. However, health records of the residents available

in several CE (Biržai Parish Home, Jotainiai Home) providing general medicine services contained no signatures of the residents confirming the person's acceptance of the treatment prescribed by the physician. According to the personnel, consent to the treatment prescribed by medical specialists is expressed orally. Furthermore, it has been determined that the residents were vaccinated against hepatitis B without a separate written consent of the residents (Jotainiai Home).

In the course of the inspections it has also been determined that the residents of one CE (Legailiai Home) pointed out that, in cases where the persons refuse to take the medicines prescribed by their physicians, the personnel tried to persuade them and, in the event of a failure, the employees tried to force them to take the medicines by deceit, for example, falsely indicating that the medicines were vitamins, mixing their medicines in food).

It should further be noted that, in pursuance of ensuring proper organisation and provision of personal health care services (if necessary, provide information about the patient to state institutions and together with other institutions in accordance with the procedure established in the law), the establishment must fill in and keep the patient case histories and outpatient cards or extracts thereof (Article 45(5), 48(1) of the Law on Health Care Institutions). Gathering of information on the residents' health condition, treatment prescribed by physicians, medicines taken by residents enable the monitoring authorities to inspect if the CE properly fulfil their duties and provide necessary high quality personal health care services according to the requirements of the law.

During the inspections it has been determined that such information on the residents was not gathered in all CEs (O. Milienė Home, Legailiai Home); furthermore, it has been noticed that the forms of the medical prescriptions were stored in the room of one social worker and the records/sheets on the medicines taken by the residents were stored in the medical post (Legailiai Home). Furthermore, review of the forms of medical prescriptions suggests that a lot of medicines have been prescribed for one resident, but the records provided by the personnel suggest that the medicines prescribed by his general practitioner were not given to him.

No violations regarding gathering of information on the residents' health condition, treatment prescribed by physicians, medicines taken by the residents have been identified in other visited CEs. The medicines are issued by the nurse responsible for the general care with regard to the physician's prescriptions. Pharmaceuticals are put in medicine boxes (for each resident separately) on a daily basis. Nurses responsible for general care or their assistants help them to take the medicines at the indicated time. All this is recorded in the medical prescription sheets.

16. Regarding taking of medicinal products and ensuring the quality of medicinal products

The care establishments that obtain a licence to provide personal health care services should be considered as personal health care institutions subject to the legal acts governing provision of the respective personal health care services.

Thus, it shall be prohibited to store the medicinal products unfit for consumption and expired medicines in the establishment; they must be treated as pharmaceutical waste (Paragraph 36 of the Description of the Procedure for Storage of Medicinal Products and Entry in the Accounts in Personal Health Care Institutions). It should be further noted that Paragraphs 30–36 and 37 of the same legal act provide for that medicinal products in units/divisions of the personal health care institution must be stored in the locked premises that may not be entered by the patients without a health care specialist and adapted for storage of medicinal products in the storage conditions specified by the manufacturer with equipped shelves, cupboards and, if necessary, fridges. If the institution does not have a separately equipped room for storage of medicinal products, the medicinal products taken from the suppliers must be handed over to the unit and included in the accounts on the same day. The reserves of the medicinal products (except for immunological medicinal products) for not more than 15 days may be stored in the unit of the personal health care institution. The reserves of immunological medicinal products in the unit may not be higher than necessary for one month. Storage of medicinal products, issue to the patients and entry in the accounts in the unit falls within the responsibility of the chief nurse (administrator) of the division or another person appointed by an order of the head of

the establishment. The person in charge of storage of medicinal products is responsible for entry of the medicinal products in the accounts, surplus reserves, control over the shelf life of medicinal products, transfer of medicinal products unfit for consumption from the division to the storage place in the health care institution in a timely manner. Proper storage of medicinal products in the division must be checked by the person responsible for storage of medicinal products appointed by an order of the head of the personal health care institution at least once in 3 months. The results of the inspection are recorded in the Register of the Inspections of Storage of Medicinal Products.

Taking of expired medicines is risky; in such case, the effect of the medicinal product is unpredictable, since the structure of the starting material is subject to change and this may result not only in reduced effectiveness or loss of effectiveness of the medicine, but also may lead to different side-effects. Thus, during the inspections of the CEs, it was inspected if the residents were not given expired medicines, the conditions of storage of medicines, self-control of the supervision of medicinal products executed by the establishment.

During the inspections it has been determined that employees responsible for medicinal products disposed of by the establishments themselves were appointed in all CEs. Nevertheless, some medicinal products, pharmaceuticals stored in the premises where different medicinal products and pharmaceutical were stored were unfit for consumption (expired shelf life and/or the plates of tables were without packages) (Saint Joseph Home, Pasvalys Centre, Biržai Parish Home). Besides, during the examination of the room where the reserves of clothing were stored in Legailiai Home, it was noticed that large quantities of different medicinal products (including psychotropic medicines) were on the ground (Saint Joseph Home, Pasvalys Centre, Biržai Parish Home). It should be noted that neither personnel nor the director of the CE could explain the intended purpose of the medicines.

17. Regarding purchase of medicinal products from the funds of the persons placed in care

The Law on Social Services (Articles 29(8)–29(10)) and the Description of the Procedure of Payment for Social Services (Paragraphs 41–43) provide for that the amount of payment for long-term social care of an adult person should not exceed 80 per cent of the person's income. In cases where the person receives targeted payments for nursing care or for attendance (assistance) costs, the total amount of such compensation, i.e. 100 per cent, shall be allocated for payment of the long-term social care. Paragraphs 22 and 27.2 of the Methodology for Calculation of Services provide for that the price of purchased (sold) or financed social care shall consist of the basic and variable parts of the social care funds; the variable part of social care funds shall, *inter alia*, consist of costs for pharmaceuticals.

Thus, it should be concluded that the social care institutions must furnish all adult residents who are provided with long-term social care services and for which treatment with pharmaceuticals has been prescribed with pharmaceuticals from the funds of the CEs.

During the inspections of the CEs it has been noticed that the resident often purchase different medicinal products from own funds. Several interviewed residents of Saint Joseph Home pointed out that they had to purchase some medicinal products (suppositories, greases, activated carbon tablets etc.) from their own funds and the residents of Pasvalys Centre often complained that they often purchased different medicines, for example, heart drops, vasodilators, analgin, Tavegyl, neo-citramon, Diclofenac, Aceterin, heart function improving drops, injection pads. In one case, the establishment additionally purchased nappies for one person with the established need for nursing. Similar situation was identified in Jotainiai Home where residents must cover a part of the price of the medicine not reimburses by the State.

18. Regarding ensuring of privacy in medical examinations

The private life of the patient shall be inviolable. Any information about the patient's stay in a health care institution, his treatment, state of health, diagnosis, prognoses and treatment, as well as any other personal information about the patient shall be considered as confidential (Articles (8(1)-8(3) of the Law on the Rights of Patients and Compensation for the Damage to Their Health).

During the visits to the establishments it has been even more frequently observed that in order to increase availability of personal health care services for the residents, the establishments enter into agreements for provision of personal health care services with medical institutions on the basis of which the residents are visited by general practitioner at care homes.

Often general practitioners who come to care homes examine and consult the residents in their living rooms. It should be noted that, as a rule, persons do not live in the care home alone, they live together with several other persons (sometimes even 4 persons live in one room); thus, during such examinations the person's right to privacy may be infringed.

During the visits it has been determined that the physicians do not use screens while examining residents in their living rooms (O. Milienė Home, Legailiai Home, Biržai Parish Home). The residents and employees of other CEs have pointed out that in order to ensure the privacy of residents, screens are used in the rooms during the examinations by the physicians. Nevertheless, use of screens raises doubts of whether such measures are sufficient and properly ensure the privacy of the residents, for example, other persons in the room may hear the conversation of the physician and the resident.

19. Regarding the availability of psychologist services

Pursuant to the provisions of Paragraphs 1 and 9 of the Standards for Time Costs, if the psychologist's position is not created in the establishment, the services of such specialists must be organised with regard to the needs of separate recipients (groups of recipients) of such services.

During the visits to Saint Joseph Home and Jotainiai Home, the employees indicated that several persons placed in the care home should receive psychologist services, there were several cases of suicides (Saint Joseph Home). According to the head of Jotainiai Home, it is difficult to find psychologists who could visit the establishment and provide necessary services on a regular basis.

Nevertheless, in order to improve implementation of the objectives concerning social care to the persons placed in care, it is believed that psychologist services should be organised in the establishment or outside the establishment, for example, in personal health care institutions.

20. Regarding the prevention of addictions

Healthy living conditions should be created for the residents; thus, in order to implement the above duty, social care establishments must ensure proper prevention of addictions, since ensuring the choice of individual rights and protection of such rights in a social care establishment requires application of measures encouraging refusal of addictions by the residents (Paragraph 12.10 of Annex 4 to the Description).

In the course of the inspections it has been determined that a majority of residents in Jotainiai Home smoke and a part of residents of O. Milienė Home and Legailiai Home consume alcohol; thus, it should be assumed that the preventive measures (group and individual conversations about the damage of smoking) organised in the afore-mentioned establishments are not adequate.

21. Regarding palliative care and ensuring the dignity of a dying resident

If necessary, social care homes organise the appropriate personal health care services. Where more than 25 persons receive long-term social care in a social care home, nursing services must be provided in the establishment in accordance with the procedure prescribed in the law. Persons also must be ensured the possibility to express their will as regards their personal belongings, burial and other death related issues and guaranteed intermediation of the care institution in order to deal with such issues recording this in internal operational documents and preserving confidentiality. The establishment must guarantee satisfaction of spiritual, social, psychological, physical, religious needs of the dying person ensuring privacy and dignity, organise or provide palliative care and, if the person requests, provision of religious services and pastoral care in accordance with the procedure prescribed in the law. If possible, assistance to the dying person is provided in a living room, but so that the privacy and dignity of other residents living together were not affected. In the event of a serious disease or death of a resident, the care establishment must immediately notify his/her guardian

(custodian), family members and, where necessary and possible, other close relatives of his/her condition and enable them to be with the dying person if the person requests this (Paragraphs 6.3, 7.1–7.5 of Annex 4 to the Description).

The inspections were aimed at finding out if the afore-mentioned requirements are observed.

All CEs fill in the resident questionnaire in which the resident confirms his/her preferences as to burial in writing or the resident's preferences are heard and recorded in each resident's ISCP. A resident is also entitled to make an application for different preferences in relation to his/her personal belongings, notification of his/her relatives, burial etc. Such requests are registered and stored.

A dying person is separated from other persons living in the room by a screen. If possible, the dying person is transferred to a single room. Furthermore, relatives or other persons specified by the dying person in the resident questionnaire are immediately notified. Besides, if the person requests so, a priest is invited. Other requests of the dying person are also taken into account. While providing palliative care the nurse responsible for general care, general practitioner, social worker and, at the resident's request, the psychologist or preacher work as a team in order to reduce the physical and spiritual sufferings of the dying person. According to the data provided by the establishments, as a rule, palliative care is provided in a nursing hospital.

Section 6

FREEDOM OF MOVEMENT, APPLICATION OF RESTRICTIONS

22. Regarding restriction of the residents' freedom of movement

The principles of independence and autonomy of older persons, the freedom of choice and the right to privacy provided for in the legal acts (Article 3 of the Convention on the Rights of Persons with Disabilities, Articles 1 and 25 of the Charter of Fundamental Rights of the European Union, Recommendation Rec(2009)6, Paragraphs 8.3, 9.1–9.3 and 17.4 to Annex 4 to the Description) presuppose that the residents of the CEs should not be prevented from leaving the establishment.

In the course of the inspections it was assessed if the residents may freely move not only in the territory of the establishment, but also freely leave the establishment, for example, have a walk in the city, go to a church, store, participate in a local public event etc. and no unreasonable restriction are in place.

During the visit to Jotainiai Home it was noticed that in order to leave the territory of the establishment the residents must sign in the Register Information Register. And although it is enough to indicate in such register that the person leaves the establishment for the whole day (it is not necessary to indicate where the person leaves), the residents understand this as the obligation to request for a permission to leave. The cases of restriction of the residents' freedom to leave the establishment have not been identified in other visited CEs.

The person's safety in his/her living room shall be ensured without affecting his/her privacy and dignity, i.e. the person cannot be locked in his/her living room (Paragraph 12.7 of Annex 4 to the Description). Nevertheless, during the inspection it has been determined that this practice is still applicable. During the visit to Saint Joseph Home, three living rooms were locked from the outside and in several living rooms the keys were in the lock from the outside (according to the residents, sometimes the rooms are also locked).

During the visits to the CEs, attention was paid to restriction of movement of the residents who have difficulties in orientation, with several physical disabilities. There are many such residents in Jotainiai Home; nevertheless, it should be noted that the possibility to move within the territory of the establishment and spend some time in a fresh air is ensured for such persons. The persons accommodated in intense nursing division have the possibility to be in the yard of the establishment (this falls within the responsibility of social worker assistants; organisation of the residents' time in a fresh air is defined in the of description of the social worker assistant which also provides for assistance to the residents with reduced mobility to get outside to the yard with the help of a wheelchair). The social worker assigns to his/her assistant to take care of the respective group of persons on a daily basis; thus, the assistant taking into account weather conditions, the health

condition and preferences of the residents accompany the residents with reduced mobility to the yard at least once per day. The residents without reduced mobility who find difficulties in orienting in the space may go to the yard and freely move in the enclosed territory under the supervision of the assigned social worker assistant.

23. Regarding application of the means of restraint in respect of the residents

Application of any means of restraint in respect of persons in the places of detention implies a great risk of abuse and mistreatment. Thus, during the visits to the care establishments particular attention was paid to the afore-mentioned issue.

The means of restraint (hereinafter also referred to as the “MR”) should be deemed to include shadowing (when a staff member is constantly at the side of a patient and intervenes in his/her activities when necessary), mechanical restraints (such as straps, straitjackets or enclosed beds), chemical restraints (medicating a patient against his/her will for the purpose of controlling behaviour) and seclusion (involuntary placement of a patient alone in a locked room) (16th General Report [CPT/Inf (2006) 35] Paragraph 39).

According to the recommendations of the CPT, any control should be applied only according to the clearly defined procedure and only as a last resort (where other measures are not effective) and application of such control must be stopped as soon as possible. The procedure for application of the MR should provide for the cases in which MR could be applied, the purposes and duration of application thereof. In all cases, a clear instruction of application of the measure must be issued by a physician; in exceptional cases, a decision on application of a restraint may be taken by another employee immediately notifying the physician. It is recommended to envisage the maximum duration of application of the measure and extension of application of the measure could be possible only with a permission of the physician, since this would encourage the physician to visit the patient in whose respect the restraint has been applied and evaluate his/her condition. The person in whose respect the restraint is applied must be monitored by the personnel who would be ready to satisfy the person’s needs (drink, use the toilet etc.) and provide necessary assistance. CPT has emphasised that video surveillance cannot replace the continuous presence of such employee, i.e. the restrained person must be able to see the employee and the employee must continuously monitor and hear the person.

Each case of restraint must be recorded in the special register filled in to this end specifying the start time and end time of application of the constraint, the circumstances of the particular case, the reasons of application of such measure, the employee who has applied or granted a permission to apply the MR and the injuries caused to the person (if any). This facilitates control of the cases of application of the means of restraint and the scope of such means. This is particularly important in the situations where the physician gives a prior permission to apply the MR. In such cases, the MR cannot be applied as a penalty on the person.

Furthermore, it is important that the personnel could professionally ensure the safety and preserve the dignity of the persons in cases where the person’s actions pose danger to the person himself/herself and other persons around him/her. The personnel must be trained on use of the MR and regularly improve their qualification in this area (aggressive behaviour management, the ways to avoid use of the MR, consequences of application of the means in respect of the patient and similar issues). (8th General Report [CPT/Inf (98) 12] Paragraphs 47–50, 16th General Report [CPT/Inf (2006) 35] Paragraphs 44–45, 49, 50, 52, Paragraph 20.5 of Annex 4 to the Description).

The means of restraint were applied in two establishments of eight visited CEs, i.e. Kupiškis Centre (the physicians’ recommendation has been implemented: fixing of one hand, for example, where there is a risk of injure oneself, fall out of bed in case of vascular dementia; bed barriers) and Legailiai Home (fixing of hands, legs; bed barriers). In the light of the procedures established in the afore-mentioned establishments and/or the practice of application of the MR, the following shortcomings have been found:

- the procedure for application of the MR and registration of the cases of application of the MR have not been clearly defined and drawn up in Legailiai Home (the fact that the residents are fastened to bed (although particularly rarely) has been confirmed by the personnel);

- according to the Description of Restriction of Mobility of the Person Posing Danger to Himself/Herself and the People Around Him/Her approved by Kupiškis Centre, if necessary, such measure may be applied by a nurse responsible for general care and social work assistant “later on negotiating this” with the general practitioner or other medical personnel (not immediately as mentioned above);

- although according to the Sheet of Restriction of Mobility of the Person Posing Danger to Himself/Herself and the People Around Him/Her approved by Kupiškis Centre, detailed information on application of the measure must be provided (type of restriction of mobility, applied measure, date, start and end of the restraint, changes in the skin condition), the end time of application of the measure was not indicated, the change of fixing position as in case of changing the body position due to bed sore was not recorded (in the body position change sheet) in all cases;

- the person in whose respect the MR has been applied was not continuously monitored by the employee (in both establishments);

- it should be noted that the MR were applied for 8 hours and longer (Kupiškis Centre).

Section 7

RIGHT TO PRIVATE, PRIVATE LIFE AND OTHER RIGHTS

24. Regarding ensuring of the privacy of residents

A person should be guaranteed as much privacy in his/her living environment as possible, the personnel may enter the room only after knocking at the door, no video cameras may be installed and other surveillance methods may be used in the living premises and the methods and forms of monitoring the persons whose health condition and lack of self-sufficiency requires constant care must be agreed with such persons or their guardians, custodians. Residents shall be provided the possibility to safely keep their personal belongings, lock their personal living premises, cupboard or cabinet (provided that assessment of his/her self-sufficiency does not suggest any risk to the safety of such persons or other persons). Personal hygiene premises must bear internal locks. Besides, the following special privacy guarantees for people who are nursed shall be provided: the person who needs nursing must be guaranteed dignified living conditions with regard to his/her individual needs and, if necessary, private space separated by a screen must be guaranteed in the person’s living room (Paragraphs 8.11, 12.7, 17.4, 17.6, 17.8, 18.2 of Annex 4 to the Description).

During the inspections at the CEs the following shortcomings in relation to ensuring of the privacy of residents have been identified:

- it was noticed (as confirmed by the persons placed in care) that not all employees knock at the door or does not knock at the door at all before entering the residents’ rooms in all establishments;

- the residents are not allowed to lock in their living room (with regard to their self-sufficiency) (Saint Joseph Home, Pasvalys Centre, Kupiškis Centre, Legailiai Home (it should be noted that in this establishment the living rooms in the new block which at the moment of the inspection was not accommodated have locks, i.e. there is a possibility to lock in the room, but if the resident leaves the key in the door and an accident happens, it would not be possible to unlock the room from outside)); some living rooms have a lock, but the residents do not know how to use it; furthermore, the employees of the establishment do not have a duplicate key (Biržai Parish Home); some locks of the door are broken (Saint Joseph Home); it should be noted that several residents pointed out that they did not need to lock in their living room (O. Milienė Home);

- not all residents have the possibility to store their personal belongings in locked cupboards (Saint Joseph Home, Pasvalys Centre (only common locked cupboards are available), Pasvalys Hospital, O. Milienė Home, Kupiškis Centre, Legailiai Home (there are only several common locked cupboards; locked individual cabinets are also not available in the newly constructed block);

- several residents are accommodated in an in-between room and the door of the living rooms are open 24 hours a day (Pasvalys Centre);

- a screen is not always used when changing nappies (both the residents and personnel of Pasvalys Hospital, Biržai Parish Home confirmed this);

- privacy is not ensured in personal hygiene premises: the possibility to lock from inside is ensured not in all personal hygiene premises (Pasvalys Centre, Jotainiai Home, O. Milienė Home) or the locks had technical defects (Legailiai Home).

Kupiškis Centre has chosen an appropriate way of ensuring the residents' safety and privacy in personal hygiene premises: personal hygiene room in this establishment locks automatically when the person enters the premises and switch on the light and when the person leaves and switches off the light, the lock automatically unlocks; in the event of an accident in the locked premises, the power supply is disconnected and the door opens.

25. Regarding the possibility for a couple to live together, sexual education and application of contraception

Social care establishments cannot restrict the right to a family at self-determination of the persons providing proper living conditions for a family. In such cases, the social care establishment may accommodate the children of such family (Paragraph 12.11. of Annex 4 to the Description).

For the purposes of assessment of the constitution concept of the family, the Constitutional Court has pointed out that although Article 38 of the Constitution provides for that marriage is one of the grounds of the constitution consent of the family for creating family relations, this does not mean that the provisions of this Article do not protect and defend other families created on the grounds other than marriage. Such persons should be deemed to constitute a family where a man and a woman who have not entered into a marriage create common life on the basis of permanent emotional affection, mutual understanding, responsibility, respect, joint education of children and similar relations and voluntary determination to assume certain rights and duties. The Court has also noted that the family is a constitutional value and the provisions of Article 38 of the Constitution defining the family must be interpreted broadly, i.e. the concept of the family cannot be narrowed to the concept which would define the family only as the institution which is possible between married persons or former spouses (man and woman). Thus, the family is a constitutional value which may be created not only on the basis of marriage (28 September 2011 ruling No 21/2008 of the Constitutional Court of the Republic of Lithuania "Regarding the conformity of the provisions of the National Family Policy Concept approved by 3 June 2008 ruling No X-1569 of the Constitutional Court of the Republic of Lithuania "On the Approval of the National Family Policy Concept" with the Constitution of the Republic of Lithuania").

After the inspections at the care establishments it has been determined that if the residents wish, the couple is allowed to live together.

It is to be noted that there are no particular legal acts governing sexual education and application of contraception of elderly people and persons with disabilities placed in social care homes in Lithuania. Nevertheless, in such case, the establishments should follow the provisions of the CPT standards applicable to the places of detention stating that it is incumbent on national authorities to ensure that there is a full educational programme about transmissible diseases which should address methods of transmission and means of protection as well as the application of adequate preventive measures. More particularly, the risks of HIV or hepatitis B/C infection through sexual contacts and intravenous drug use should be highlighted and the role of body fluids as the carriers of HIV and hepatitis viruses explained [an extract from the 11th General Report CPT/Inf (2001) 16], Paragraph 31).

In the course of the inspections it has been determined that contraception is available to the residents and the residents are provided with information on sexual and reproductive health, side-effects of contraception and, if necessary, consulted by a gynaecologist (Jotainiai Home, Saint Joseph Home, Legailiai Home, Pasvalys Centre, Biržai Parish Home, Kupiškis Centre, O. Milienė Home).

26. Regarding proper informing of the residents of their rights and duties, submission of applications

A person placed in the CE must be informed of the rules of procedure of the establishment and other documents regulating activities of the establishment in the form acceptable to him/her

before signing the agreement and his must be recorded in the agreement or the person's case (Paragraph 3.2 of Annex 4 to the Description).

The CPT standards provide for that the residents of the CEs must be expressly informed of their rights and duties, i.e. it should be ensured that the persons could implement their rights and duties as efficiency as possible with regard to their condition, and be aware of them (12th General Report [CPT/Inf (2002) 15] Paragraph 44).

The residents of social care establishments must be guaranteed that they are listened to, their opinion, practical experience are valued and mutual understanding between the person and the personnel is sought. The resident shall be entitled to express own preferences as to the functions and behaviour of personnel in social care homes etc. according to their respective competences and capabilities. The CEs must promote and support the activity, involvement of the residents with a view to ensuring the overall wellbeing of the social care establishment and guaranteeing that the person knows that he would be understood and would not be alienated. Decisions are taken and implemented in cooperation with the residents, if possible, taking into account their wishes, beliefs and capabilities (Paragraphs 9.1 and 9.5 of Annex 4 to the Description).

After the visits to the CEs, it has been determined that the administrative personnel of all such establishments properly inform their residents of their rights and duties, the persons are aware of the internal rules of procedure.

Persons placed in social care establishments shall be familiarised with the procedure of submission of complaints, applications and examination thereof in such establishments and must be aware that after examination of a complaint or application, she/she shall be familiarised with the conclusions and decisions in the form acceptable to him/her. Written complains and applications and decisions shall be recorded in a separate register (Paragraph 13.2 of Annex 4 to the Description).

Residents of all visited establishments are not only familiarised with the procedures submission of complaints, applications and examination thereof and aware of them; their right to submit such complaints and applications and unbiased examination of them are ensured.

It is important to note that in a majority of the CEs residents submit their applications in writing. Nevertheless, it should be pointed out that it has been determined that the employees of the CEs listen to the relevant wishes and questions of the employees, but do not answer to such questions (Saint Joseph Home), ignore the residents' requests, for example, requests concerning TV or radio sets that are out of service (Pasvalys Hospital), the requests of residents with reduced mobility or requests to otherwise help in household, for example, to open windows (Biržai Parish Home) and ignore complaints about neighbours making noise (O. Milienė Home) and information boards with relevant information are available not in all establishments (O. Milienė Home).

It should be noted that after the additional visit it has been determined that both Pasvalys Centre and Kupiškis Centre have remedied the situation and ensured information desks with relevant information, for example, the menu, the occupation plan for 2016 (events, lectures, trips), plan for events in the Establishment in March, schedule of the Day Occupation Centre etc. in all homes.

27. Regarding the possibilities of the residents to shop

It is particularly important than the residents of establishments of social services were ensured assistance in fulfilment of household, self-regulation, self-expression functions and the persons were furnished with the means helping to develop the skills not acquired or lost due to his health condition, enable to be present when purchasing food products, other things necessary for him/her and go to the shops together with the employees and discussing purchase of the goods necessary for the person (Paragraphs 8.4 and 11.2 of Annex 4 to the Description).

During the visits to the CEs it has been found out that the employees fail to purchase different goods to the residents and event do not offer such service (O. Milienė Home); in the event of a conflict between the residents and personnel over improperly ensured right to shopping, for example, improper purchased good or misappropriation of a part of funds intended for purchases by the employee, the employees would not be able to prove the opposite, since all (original) receipts of purchases are given to the residents and no copies of receipts are made (Saint Joseph Home).

After the second additional visit to Kupiškis Centre, it has been determined that all copies of purchase receipts are made and a special register in which the residents sign confirming properly provided purchase services is filled in.

Section 8 **SOCIAL WORK WITH RESIDENTS**

28. Individual Social Care Plans (ISCP)

ISCP for provision of social care should be established for each resident of a social care establishment referring to their assessed needs. ISCP foresees what measures will be taken seeking to fulfil social care tasks, specifies services rendered residents or arranged; notes on changes are made periodically (what results were achieved, what are the next steps, etc.) (Article 4.1 of Annex No. 4 to the Description).

It should be also noted that one of the key social care principles is participation of each resident in resolution of all social care organization and provision issues, as well as cooperation with them. As far as practicable, participation of the person or his/her guardian, carer, other family members and (or) close relatives in the establishment of the plan, review and adjustment of the ISCP which has to be reviewed and adjusted not less than once a year should be ensured, the person should be involved in adoption of all decisions, related to his/her living in a social care establishment according to his abilities and capacities (Article 4.4, 5.1 and 8.3 of Annex No. 4 of the Description). That's why ISCP should be established and reviewed by engaging residents, referring to their opinion, proposals and wishes with regular discussions about achieved results and foreseen further plans.

The verification showed that not all establishment have ISCPs for residents (Biržai Parish Home, Legailiai Home) or in some cases ISCPs were not established for several residents (St Joseph Home). It was also found that ISCPs are not established in cooperation with residents or their representatives (Pasvalys Hospital) or not all residents are made aware of them against acknowledgement (St Joseph Home), they are not always dully completed and reviewed due time (St Joseph Home, Kupiškis Centre).

It should be noted that the most interviewed residents not only have forgotten what an ISCP is, what issues were discussed with a social worker during establishment of the plan, but also stated that they even don't know the social worker, haven't talked to him/her, haven't discussed any issues or complained that the social worker gives insufficient attention to them (Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital). It is focused on nursing rather than social issues or individual conversations with residents (Pasvalys Hospital).

Unlike in the mentioned establishments, at Jotainiai Home residents are always interviewed while establishing ISCPs, in addition relatives and other experts are involved (the nurse, another social worker), interviewed residents knew about their ISCPs and their purpose.

29. Promotion of self-sufficiency of residents, their engagement and participation in various activities

Routine activities of residents of social care establishments should be arranged and community services should be rendered in the way that they support, encourage and motivate a person to be as self-sufficient as possible – to make food for his/her own needs (kitchens are equipped in establishments for that purpose), to clean the living room, to do the laundry and to dry their own cloths (a possibility to use domestic washing machines should be ensured) etc., and employees only help them (Article 8.4, 8.13 and 11.6 of the Annex 4 to the Description).

During visits to the establishments it was found that not all establishments ensure it. In some establishments residents don't have a possibility to do the laundry independently, to make food and (or) residents are not encouraged to do it (Saint Joseph Home, O. Milienė Home, Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital).

Article 8 Field III of the Annex 4 to the Description (provision of various personal needs, personal empowerment; residents are enabled to get social care corresponding to their needs and degree of self-sufficiency), inter alia, all requirements related to provision of residents with versatile and favourable leisure activities are clearly laid down referring to their capacities, e.g. employees of social care homes welcome the choice of engagement in activities, leisure, pursuing of hobbies, etc; social care homes enable residents to read press, books or to receive information which is relevant to them, etc according to their needs.

During visits it was found that not all establishments arrange activities for their residents (e.g. reading of books and/or newspapers, various team games or other educational activities) (Pasvalys Hospital, Legailiai Home) or they are insufficient (Biržai Parish Home (there is a lack of secular events, social, educational and training activities which would encourage involvement of persons, development of their social skills), St Joseph Home (interviewed residents would like to have more excursion tours and other events not only in the establishment, but also beyond its borders, there were some doubts related to the frequency of events), Kupiškis Centre (no performances, concerts are organized in the establishment), O. Milienė Home (residents spend most of their time in their rooms)). In addition, residents complained that they are not integrated in local communities, they are not taken to local events (St Joseph Home, Kupiškis Centre). Establishments fail to arrange social activities, plans of activities, schedules, it is consequently unclear how social work with residents is performed (Legailiai Home, Biržai Parish Home).

It is essential that activities arranged by the establishments not only ensure engagement of their residents, but also correspond to their needs, and residents are properly informed about arranged activities. E.g., during a visit to St Joseph Home it was noticed that social events are not coordinated with development of social skills of residents, their health improvement and satisfaction of their social and emotional needs: there are no food making, handicrafts or jewellery making activities. Such activities would encourage not only communication among residents, but also development of their social and motor skills; notice board contains no information about arranged events or events taking place in the city, about circles, activities and their schedules; residents are weakly involved into activities organized by the establishment.

It was also found that some establishments don't have a library (O. Milienė Home, Kupiškis Centre) or the library needs more diverse literature (St Joseph Home), there are no table and other games (St Joseph Home, Kupiškis Centre and Legailiai Home), TVs in common areas or in rooms of residents were out of order (Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital).

Some positive examples were also found. E.g., Pasvalys Centre establishes an activity plan for each month, there is a schedule of activities, activities are versatile (including stoneware, handicrafts, billiard, tennis table, tea meetings, etc), there is a room for table games, a computer room with internet connection. In addition, there are growing efforts to involve preventive programs into arranged activities, e.g. lectures about correct oral hygiene, alcoholism and the damage caused by it.

Jotainiai Home also has a plan of social and medical activities, following which schedules of activities are established, various social – educational activities are arranged. Social work is systematically organized in this establishment, arranged educational activities and leisure programmes are described in detail. However, the plan doesn't evidence that social workers have a huge focus on development of everyday skills, improvement of basic skills and prevention of addictions. Social workers constantly communicate with residents, arrange reviews of newspapers, daily events are discussed over a cup of tea (e.g., they are arranged with various social workers at 11.00 am, 3.00 pm and 5.00 pm). In addition, the effectiveness of social work is assessed in the establishment, each year a social work effectiveness assessment report is produced. In addition, participation of residents in local community life is ensured – residents visit the rural community and participate in local events (e.g. dances), and pupils and other community members visit the care home. Residents are encouraged to be active and to take care of themselves.

IV. CONCLUSIONS

30. In summary, referring to the circumstances determined during inspections related to the life of adults and the situation of their rights in care establishments the following was found:

30.1. Deficiencies related to the organisation of work of establishments

- the sufficient number of social workers, nurses and their assistants in compliance with Standards for Working Time Costs is not ensured (Pasvalys Centre – the number of social workers is lower than the one provided for in the Standards; Legailiai Home – chief social worker’s position (part-time) and social worker’s position (full-time) are vacant; O. Milienė Home – the number of nurse positions is lower than the one provided for in the Standards; Biržai Parish Home – the number of assistant nurses is lower than one provided for in the Standards; Jotainiai Home – one assistant nurse’s position is vacant);

- even if the minimum number of employees is ensured, it is insufficient in case of disease or during leave (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre have only one social worker); assistant nurses work alone, and are not able to fulfil all entrusted tasks (Pasvalys Centre, Kupiškis Centre); an additional nurse, as well as nurse assistant are required for residents affected by dementia (Biržai Parish Home); during night time and on weekends the number of employees is insufficient (St Joseph Home), there is a lack of employees who could ensure a possibility to spend some time outside for the persons with reduced mobility or lying patients (St Joseph Home, Kupiškis Centre);

- employees don’t have enough information about human rights (all establishments), employees don’t participate in training programmes, related to human rights of disabled or older people (all establishments, except for Jotainiai Home), they don’t have sufficient information about application of requirements laid down in the Convention on the Rights of Persons with Disabilities, mental health care, they not always improve their skills in the field of the management of aggressive behaviour, conflict psychology, prevention of violence, rehabilitation services, rights of patients, mental health and social care legislation;

- low wages of employees (equal to the minimum wage or a little higher than the minimum); there was a case of one employee holding two full-time positions identified (at Legailiai Home);

30.2. Deficiencies, related to safety of residents

- EAS is not installed in all establishments (O. Milienė Home, Legailiai Home (EAS equipment is foreseen only in the new block)), the system is not installed in personal hygiene premises (Pasvalys Centre), it is not accessible for all residents (Pasvalys Centre, Jotainiai Home (it is currently installed), Biržai Parish Home), it was out of order during inspection (Biržai Parish Home) or it functioned improperly (Pasvalys Centre);

- accidents are not recorded in a special register (St Joseph Home);

- not all residents are aware how they should act in case of a fire, residents would not be able to evacuate in case of a fire because stairs are steep, narrow or hard to reach (St Joseph Home, O. Milienė Home).

30.3. Deficiencies, related to adaptation of premises and surroundings for the persons with reduced mobility

- the establishment is not adapted to persons with reduced mobility, and they reside on the second floor, while there is no elevator, and stairs are steep and inconvenient (O. Milienė Home), thresholds impede free movement of residents sitting a wheelchair (St Joseph Home, Legailiai Home), handrails are mounted not in all establishments (Jotainiai Home), there is no possibility to use an elevator (Legailiai Home), not all personal hygiene premises are adapted for persons with disabilities (Jotainiai Home, Biržai Parish Home);

- not all establishments take residents with severe movement disabilities or lying patients to fresh air (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre, Legailiai Home);

- not all establishments ensure that in the living room the height of windows and/or the place of bed enable observation of the environment through the window in a sitting or lying position (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Biržai Parish Home, O. Milienė Home).

30.4. Deficiencies, related to improper conduct of personnel and being informed of what to do and where to apply

- Some complaints about improper conduct of personnel were received from residents (O. Milienė Home, Legailiai Home);
 - residents don't know what should they do if they face improper conduct of personnel or other residents (O. Milienė Home, St Joseph Home, Biržai Parish Home);

30.5. Deficiencies, related to securing of human dignity and autonomy of residents

- insufficient attention is paid to opinion and preferences of residents: when residents arrive to the care home, they are not asked whom they would prefer to live with, what are their preferences related to their room mate (many residents of St Joseph Home, Pasvalys Hospital, O. Milienė Home stated it); there was identified a case when administration of the establishment fails to take any measures seeking to accommodate conflicting room mates in separate rooms (Legailiai Home), residents do not dare to request it the administration (Pasvalys Centre);
 - clothes of residents are not individualised (Pasvalys Hospital, Jotainiai Home, O. Milienė Home, Legailiai Home, Kupiškis Centre (some outerwear)), residents who don't have their own clothes are dressed in hospital's pyjamas (Pasvalys Hospital);

30.6. Deficiencies, related to maintenance, equipment of premises and their supply with inventories following applicable legal and regulatory acts

- Surroundings of living rooms are not close to home surroundings (Jotainiai Home, O. Milienė Home, Pasvalys Hospital);
 - the required level of cleanliness (Biržai Parish Home, Legailiai Home, O. Milienė Home), sufficient ventilation (St Joseph Home, Pasvalys Centre, Biržai Parish Home, O. Milienė Home) and sufficient lighting (Pasvalys Centre, Jotainiai Home, O. Milienė Home) are not ensured in rooms of residents and personal hygiene premises;
 - insufficient furniture in CE: a cabinet (St Joseph Home, room No. 109), a table (Legailiai Home, room No. 4), wardrobes (O. Milienė Home, Jotainiai Home);
 - not all inventories were in good order: some room doors were broken (Jotainiai Home), furniture in some rooms were particularly time-worn (O. Milienė Home, Legailiai Home), a wheelchair seat of one resident was torn and covered with dirty blankets (Legailiai Home), one room didn't have curtains (St Joseph Home, room No. 109);
 - insufficient order in wardrobes (Legailiai Home), cloths of residents are stored in the garage (O. Milienė Home);
 - mattresses given to residents were fully worn, dirty, torn, etc (Legailiai Home, O. Milienė Home, Biržai Parish Home); mattresses have not been disinfected before giving them to new residents (all establishments, except for Kupiškis Centre);

30.7. Deficiencies, related to personal hygiene of residents

- cloths and/or footwear of residents were dirty and/or torn (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Legailiai Home);
 - bathing of residents and changing of their bed linen takes place every 10 days (Biržai Parish Home), another care establishment probably changes bed linen of residents less frequently than every 7 days (Jotainiai Home); one establishment doesn't wash personal clothes of residents (Pasvalys Hospital);
 - underwear of residents is washed when required, however at least once a week (all care establishments)

- in sanitary premises of one establishment there were no personal hygiene items left (soap, toilet paper, paper towels) (Jotainiai Home); residents of some care establishments used common (shampoo, soap, sponges) (Legailiai Home, O. Milienė Home);
- residents were not supplied with oral care products (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Legailiai Home, Biržai Parish Home, O. Milienė Home);
- residents are not encouraged to take care of their oral hygiene (Pasvalys Centre, Pasvalys Hospital, Legailiai Home, Biržai Parish Home, O. Milienė Home);

30.8. Deficiencies, related to organisation of catering

- establishments fail to enable residents to maintain or restore lost eating skills by using all utensils during eating (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Biržai Parish Home), fail to enable to drink water at all hours of the day when needed (Biržai Parish Home);
- residents are not enabled to review a menu in the form they understand every day (O. Milienė Home), to furnish their preferences related to the range of foodstuffs or dishes (Pasvalys Hospital, Jotainiai Home, Biržai Parish Home, O. Milienė Home), as well as dishes are repetitive (Pasvalys Hospital);

30.9. Deficiencies, related to rendered personal health care services

- not all care establishments have valid licences and permissions – hygiene passports required for rendering of personal health care services: valid license for massage services and permission – hygiene passport required for the activities (St Joseph Home, Pasvalys Centre); licenses and permission – hygiene passport for family doctor's services (Pasvalys Centre, Legailiai Home); licences and permission – hygiene passport for services of therapists (Biržai Parish Home);
- permission for the therapy prescribed by physicians is only oral (Biržai Parish Home, Jotainiai Home); residents were vaccinated against hepatitis B for preventive purposes without a separate written consent (Jotainiai Home);
- residents are not enabled to withhold treatment (Legailiai Home);
- information about health state of residents, therapy prescribed by the physician, medicines consumed by them is improperly collected and preserved (O. Milienė Home, Legailiai Home); medicines prescribed to one resident according to records furnished by employees are not administered by him (Legailiai Home);
- some medicines were unsuitable for consumption (expired validity period, unpacked plates of tablets) (St Joseph Home, Pasvalys Centre, Biržai Parish Home);
- in the premises, where clothing reserves were stored, huge amounts of various medicinal products were stored in boxes on the floor (also containing psychotropic drugs);
- residents often buy various medicinal products from their own funds (St Joseph Home, Pasvalys Centre, Jotainiai Home);
- medical examinations in rooms of residents are performed potentially violating person's right to privacy (O. Milienė Home, Legailiai Home, Biržai Parish Home);
- psychologist's services are not guaranteed to residents (St Joseph Home, Jotainiai Home);
- means of prevention of addictions taken by care establishment potentially are ineffective (Jotainiai Home, O. Milienė Home, Legailiai Home).

30.10. Deficiencies, related to freedom of movement of residents, application of restrictions

- if residents want to go beyond the territory of the establishment they have to request the administration a special permission (Jotainiai Home); residents are locked in their rooms (St Joseph Home);
- procedures and registration of application of measures of constraint are not clearly specified and regulated (Legailiai Home); there is no stipulation that the nurse responsible for general care and assistant social worker have to immediately coordinate application of measures of constraint with their physician (Kupiškis Centre); the end of application of measures of constraint was not always

specified, fixation position changes were not recorded (Kupiškis Centre), the person whom measures of constraint are applied to is not constantly watched by an employee (Legailiai Home, Kupiškis Centre);

30.11. Deficiencies, related to ensuring of privacy of residents and their rights

- employees don't knock before entering rooms of residents (all care establishments), there is no possibility for residents to lock in their rooms (St Joseph Home, Pasvalys Centre, Kupiškis Centre, Legailiai Home, Biržai Parish Home), in addition, they have no possibility to store their personal stuff in lockable cabinets (St Joseph Home, Pasvalys Hospital, O. Milienė Home, Kupiškis Centre, Legailiai Home);

- residents reside in premises not adapted to it (Pasvalys Centre), folding screens are not always used (Pasvalys Hospital, Biržai Parish Home), in addition, privacy is not ensured in personal hygiene premises (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Legailiai Home);

- employees fail to provide answers to the questions asked by residents (St Joseph Home), they pay no attention to their requests (Pasvalys Hospital, Biržai Parish Home, O. Milienė Home), as well as there are no information desks containing topical information (Pasvalys Centre, O. Milienė Home, Kupiškis Centre);

- residents have no possibility to buy required stuff (O. Milienė Home), as well as they don't get receipts for the articles bought from their own funds (St Joseph Home).

30.12. Deficiencies, related to social work

- ISCPs are established not in all establishments or not for all residents (Biržai Parish Home, Legailiai Home, St Joseph Home), they are not always properly completed and reviewed due time (St Joseph Home, Kupiškis Centre), they are established not together with residents or their representatives (Pasvalys Hospital), not all residents are made familiar with them against acknowledgement (St Joseph Home); some residents had forgotten what is an ISCP, stated that they don't know their social worker or that he or she pays little attention to them (Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital); there is a greater emphasis on nursing, rather than social issues, and individual conversations with residents (Pasvalys Hospital);

- not all establishments arrange activities for their residents or there are arranged insufficient activities (Pasvalys Hospital, Legailiai Home, Biržai Parish Home, St Joseph Home, Kupiškis Centre, O. Milienė Home), residents are not integrated into local community, they are not taken to local events (St Joseph Home, Kupiškis Centre); there are no plans of social and other activities, schedules of activities (Legailiai Home, Biržai Parish Home); events are not coordinated with development of social skills of residents, health improvement and satisfaction of social, emotional needs, there is no information about them on notice boards, residents are weakly involved into activities arranged by the establishment (St Joseph Home); there is no library (O. Milienė Home, Kupiškis Centre) or library doesn't have versatile literature (St Joseph Home), there are no table and other games (St Joseph Home, Kupiškis Centre and Legailiai Home), TVs in common premises or in rooms of residents are out of order (Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital).

IV. RECOMMENDATIONS

31. Referring to the circumstances determined during inspections at children care establishments and in accordance with Article 19¹ Paragraph 4 Subparagraph 7 and Paragraph 6 of the Law on Seimas Ombudsmen the Seimas Ombudsmen hereby recommends to the Minister of Social Security and Labour of the Republic of Lithuania Algimanta Pabedinskienė to take certain measures to ensure that:

31.1. trainings for social workers on the following topics are organized:

31.1.1. rights of older persons, persons with disabilities, including application of requirements laid down in the UN Convention on the Rights of Persons with Disabilities;

31.1.2. legal acts regulating social care, rights of patients, mental health care;

- 31.1.3. management of aggressive behaviour, psychology of conflict;
- 31.1.4. prevention of violence (identification of signs of violence, abuse, mockery, appropriateness of measures, etc.);
- 31.1.5. particularities of care of residents with mental disorders;
- 31.1.6. rehabilitation services.

32. Referring to the circumstances determined during inspections at children care establishments and in accordance with Article 19¹ Paragraph 4 Subparagraph 7 and Paragraph 6 of the Law on Seimas Ombudsmen the Seimas Ombudsmen hereby recommends to founders of care establishments – the Ministry of Social Security and Labour of the Republic of Lithuania, the Panevėžys District Municipality and Panevėžys Diocese Curia, Pasvalys District Municipality, Kupiškis District Municipality, Biržai District Municipality, St John the Baptist Parish in Biržai, Radviliškis Reformed Evangelical Parish in Nemunėlis and Radviliškis Holy Virgin Mary Parish in Nemunėlis the following:

32.1. to draw attention that the minimum number of social personnel is not sufficient in case of disease of employees, during leave and in similar situations (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre have only one social worker), also that assistant nurses work alone and are unable to fulfil all entrusted tasks (Pasvalys Centre, Kupiškis Centre), that an additional nurse and an assistant nurse is required for work with patients affected by dementia (Biržai Parish Home), there is a lack of personnel for work during night time and on weekends (St Joseph Home), as well as there is a lack of employees who could ensure a possibility to spend some time outside for the persons with reduced mobility or lying patients (St Joseph Home, Kupiškis Centre) and to consider increase of the number of personnel referring to the needs of establishments;

32.2. to seek for possibilities to raise wages of personnel of social care establishments;

32.3. to seek for possibilities of additional sponsorship for further training of personnel of care establishments.

33. Referring to the circumstances determined during inspections at children care establishments and in accordance with Article 19¹ Paragraph 4 Subparagraph 7 and Paragraph 6 of the Law on Seimas Ombudsmen the Seimas Ombudsmen hereby recommends to managers of care establishments to take certain measures:

33.1. to ensure the number of social workers (Pasvalys Centre, Legailiai Home), nurses (O. Milienė Home) and assistant nurses (Biržai Parish Home, Jotainiai Home) in compliance with the Standards for Working Time Costs (Pasvalys Centre, Legailiai Home); employees should not hold to full-time positions (Legailiai Home);

33.2. to pay premiums amounting to 30 to 50 per cent of the basic wage amount to social workers and their assistants for direct work with disabled, to identify and assess all potential and existing occupational risks to safety and health of employees in all workplaces, to properly arrange the work of employees, to fulfil stipulations of labour laws, requirements applicable to safety and health of employees and other legal and regulatory acts, to take care of the needs of employees (all establishments);

33.3. as far as practicable, to install an easy noticeable emergency alert system which is conveniently accessible to all residents (including personal hygiene premises) in good working order (O. Milienė Home, Legailiai Home, Jotainiai Home, Biržai Parish Home);

33.4. to record all accidents in the register specially kept for this purpose (St Joseph Home);

33.5. to ensure that all residents are aware what to do in case of a fire (St Joseph Home);

33.6. to ensure that territory and premises of the establishment (O. Milienė Home), including personal hygiene premises (Jotainiai Home, Biržai Parish Home) are adapted to persons with disabilities, that thresholds impeding free movement of residents in wheelchairs are removed (St Joseph Home, Legailiai Home), the sufficient number of handrails is mounted (Jotainiai Home), the possibility to use an elevator is always ensured (Legailiai Home);

33.7. persons with severe movement impairments (lying patients) should have a possibility to spend some time outside (if the state of health allows it), persons with such disabilities should be placed in such rooms that they have a possibility to be taken to fresh air (Pasvalys Centre, Pasvalys Hospital, Biržai Parish Home, O. Milienė Home, Kupiškis Centre, Legailiai Home);

33.8. to ensure the possibility to observe surroundings through the window in a sitting or lying positions to persons with reduced mobility (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Biržai Parish Home, O. Milienė Home);

33.9. to consider a possibility of improvement of environment of the care establishment seeking that not only a high stonework fence is seen through windows of living rooms (St Joseph Home);

33.10. seeking that there is no repetition of cases of improper conduct of personnel (improper communication by making residents to do what they do not want to do, by working irresponsibly, carelessly, without rendering to residents required assistance) (O. Milienė Home, Legailiai Home), to ensure that all residents are informed about how to react if they face improper conduct of residents or personnel (O. Milienė Home, St Joseph Home, Biržai Parish Home);

33.11. to pay appropriate attention to opinions and preferences of residents: when residents arrive to the care home, it should be always asked whom they would prefer to live with, what are their preferences related to their room mates (St Joseph Home, Pasvalys Hospital, O. Milienė Home); that administration of the establishment takes certain measures seeking to accommodate conflicting room mates in separate rooms (Legailiai Home), and residents dare to submit requests to the administration (Pasvalys Centre);

33.12. court judgements given before entry into force of new amendments of the Civil Code following which persons are acknowledged incapacitated could be reviewed within two years from the entry into force of the amendments (Legailiai Home, Jotainiai Home, Pasvalys Centre);

33.13. to promote self-esteem of each resident and to ensure that each person wears only the cloths and footwear given to him (Pasvalys Hospital, Jotainiai Home, O. Milienė Home, Legailiai Home, Kupiškis Centre);

33.14. to ensure that surroundings in living rooms are sufficiently close to home environments (Jotainiai Home, O. Milienė Home, Pasvalys Hospital);

33.15. to ensure proper cleanliness in rooms of residents and personal hygiene premises (Biržai Parish Home, Legailiai Home, O. Milienė Home), sufficient ventilation (St Joseph Home, Pasvalys Centre, Biržai Parish Home, O. Milienė Home) and proper lighting (Pasvalys Centre, Jotainiai Home, O. Milienė Home);

33.16. to ensure sufficient quantity of furniture: a cabinet (St Joseph Home, room No. 109), a table (Legailiai Home, room No. 4), wardrobes (O. Milienė Home, Jotainiai Home);

33.17. to ensure that inventories being used are in good working order: to repair room doors (Jotainiai Home), to renew worn out furniture (O. Milienė Home, Legailiai Home), to ensure that wheelchairs are suitable and safe to use (Legailiai Home), to hang curtains in the room (St Joseph Home, Room No. 109);

33.18. to constantly maintain proper order in wardrobes (Legailiai Home), to store cloths in another place than the garage (O. Milienė Home);

33.19. to ensure that mattresses given to residents are in good condition and clean and that they are disinfected before giving them to new residents (Legailiai Home, O. Milienė Home, Biržai Parish Home);

33.20. to ensure that cloths and/or footwear of residents are clean and neat (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Legailiai Home);

33.21. to ensure that residents who are not self-reliant are washed each day, and bed linen, towels, cloths are replaced when needed, however, at least every 7 days; that laundry services are accessible in the establishment (organised/rendered) (Pasvalys Hospital);

33.22. to ensure that underwear of residents of care establishments is changed every day;

33.23. to ensure that sanitary premises are constantly maintained and there is sufficient amount of toiletries (Jotainiai Home);

- 33.24. to ensure that residents are supplied with individual toiletries (shampoo, soap, sponge) (Legailiai Home, O. Milienė Home);
- 33.25. to encourage residents to maintain good oral hygiene in all care establishments (Pasvalys Centre, Pasvalys Hospital, Legailiai Home, Biržai Parish Home, O. Milienė Home);
- 33.26. to ensure that residents are supplied with oral hygiene products (Pasvalys Centre, Pasvalys Hospital, Jotainiai Home, Legailiai Home, Biržai Parish Home, O. Milienė Home);
- 33.27. to ensure that health care services are rendered following requirements laid down by legal and regulatory acts: that establishments acquire licences and permissions – hygienic passports for massage services (St Joseph Home, Pasvalys Centre); general practitioner's services (Pasvalys Centre, Legailiai Home); therapist's services (Biržai Parish Home);
- 33.28. to ensure that consent concerning treatment prescribed by physicians and preventive vaccinations are given not only orally, but also in written, and included into medical history of residents (Biržai Parish Home, Jotainiai Home);
- 33.29. to ensure the right of residents (properly informed) to decide on their treatment, as well as to withhold the treatment prescribed by the physician, except for the cases when a person is acknowledged incapacitated, with limited capacity, or in other cases laid down by other legal and regulatory acts (Legailiai Home);
- 33.30. to properly collect and preserve information about health state of residents, the treatment prescribed by physicians, medications consumed by residents (O. Milienė Home, Legailiai Home);
- 33.31. to ensure that all medicinal products are suitable for consumption and do not present any health risks (St Joseph Home, Pasvalys Centre, Biržai Parish Home);
- 33.32. to ensure that residents whom long-term social care services are rendered to and whom pharmaceutical treatment was prescribed to are supplied with medicinal products from the funds of care establishments (St Joseph Home, Pasvalys Centre, Jotainiai Home);
- 33.33. to ensure that the right to privacy of residents is not violated during medical examinations in living rooms (O. Milienė Home, Legailiai Home, Biržai Parish Home);
- 33.34. to ensure organization of psychologist's services according to the needs of individual recipients (groups) (St Joseph Home, Jotainiai Home);
- 33.35. to ensure proper prevention of addictions, to take measures encouraging refusal of addictions of residents (Jotainiai Home, O. Milienė Home, Legailiai Home).
- 33.36. to enable residents to use all utensils (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Biržai Parish Home), at all hours of the day, to drink water, if needed (Biržai Parish Home);
- 33.37. to enable residents to make familiar with menu in the form they understand (O. Milienė Home), to submit their preferences concerning foodstuff or the range of dishes in advance (Pasvalys Hospital, Jotainiai Home, Biržai Parish Home, O. Milienė Home), to ensure that food is not repetitive (Pasvalys Hospital);
- 33.38. to ensure that when residents want to go beyond the territory of the establishment they don't have to request the establishment administration for a permission (Jotainiai Home); that the practices of locking of residents in their rooms are abandoned (St Joseph Home);
- 33.39. to ensure that measures of constraint are applied in care establishments following CPT recommendations (see page 23 of the present report) (Legailiai Home, Kupiškis Centre);
- 33.40. to ensure that employees knock before entering rooms of residents (all care establishments), that residents are able to lock in their rooms (St Joseph Home, Pasvalys Centre, Kupiškis Centre, Legailiai Home, Biržai Parish Home), that residents store their personal stuff in lockable cabinets (St Joseph Home, Pasvalys Centre, Pasvalys Hospital, O. Milienė Home, Kupiškis Centre, Legailiai Home);
- 33.41. to ensure that residents don't reside in rooms where their privacy is not guaranteed (Pasvalys Centre), that folding screens are used (Pasvalys Hospital, Biržai Parish Home), that privacy is guaranteed in personal hygiene premises (Pasvalys Centre, Jotainiai Home, O. Milienė Home, Legailiai Home);

33.42. to ensure that employees provide answers to the questions of residents (St Joseph Home), consider their requests (Pasvalys Hospital, Biržai Parish Home, O. Milienė Home), that information desks containing topical information are displayed (O. Milienė Home);

33.43. to enable residents to acquire the stuff needed (O. Milienė Home), to provide to residents receipts of the purchased stuff, and to make their copies (St Joseph Home, Kupiškis Centre).

33.44. to ensure that ISCPs are established for all residents, they are properly completed and timely reviewed with their participation, in addition more attention should be paid for explaining to residents what an ISCP is, for individual conversations with residents (Biržai Parish Home, Legailiai Home, St Joseph Home, Kupiškis Centre, Pasvalys Hospital);

33.45. to pay more attention to engagement of residents, their integration into local community and participation in local events, social activities, plans of activities and preparation of schedules, information of residents (Pasvalys Hospital, Legailiai Home, Biržai Parish Home, St Joseph Home, Kupiškis Centre, O. Milienė Home); to ensure that in the establishment there is a library with as versatile literature as possible (O. Milienė Home, Kupiškis Centre, St Joseph Home), table and other games (St Joseph Home, Kupiškis Centre, Legailiai Home), that TVs are properly operating (Biržai Parish Home, Kupiškis Centre, Pasvalys Hospital).

34. Referring to the circumstances determined during inspections at children care establishments and in accordance with Article 19¹ Paragraph 4 Subparagraph 7 and Paragraph 6 of the Law on Seimas Ombudsmen the Seimas Ombudsmen hereby recommends to the head of the Panevėžys County Fire Fighting Rescue Board Algirdas Rudis to arrange a fire safety inspection at St Joseph Home and O. Milienė Home for assessing whether stairs from the third / second floor to the ground floor are mounted properly and residents will be able to safely evacuate due time in case of a fire.

35. Referring to the circumstances determined during inspections at children care establishments and in accordance with Article 19¹ Paragraph 4 Subparagraph 7 and Paragraph 6 of the Law on Seimas Ombudsmen the Seimas Ombudsmen hereby recommends to the director of the National Service of Health Care Accreditation under the Ministry of Health Nora Ribokienė to arrange an inspection concerning acquisition of drugs, their storage and prescription to residents in Legailiai Home.