

## **Eldercare in Montenegro**

There are three institutions for the care and accommodation of elderly in Montenegro: Public Institution Nursing Home Grabovac in Risan, PI Nursing Home Bijelo Polje in Bijelo Polje and PI Special Institution Komanski most near Podgorica. The homes for the elderly are capable of accommodating 530 people, with the services currently being used by 520 residents, aged 30 to 105 years.

The institutions of social protection in Montenegro involved in the direct provision of social services for this category of residents are social welfare centers and nursing homes.

The placement of a person in a nursing home is initiated at the request of the competent Centre for Social Work, which adopts a Decision on accommodation and submits the necessary documents to a nursing home (Decision on the accommodation, a copy of ID card, health insurance card and insurance book, a report on the state of health and, depending on a case, the decision on custody). In case of emergency admission, the Centre is obliged to submit the documentation within three days of accommodation. A contract on accommodation is concluded with the resident, who signs a statement of accommodation on own free will.

The homes also accommodate fully or partially incapacitated residents. The procedure for the accommodation of these persons is identical to the above, while their records contain decisions on the partial or full incapacitation.

Accommodation in Montenegrin institutions is provided in departments, which are located in pavilion-type facilities, as follows: apartment-type accommodations for persons with preserved psycho - physical functions, for persons with disabilities, moving chronically mentally ill people and people in need of increased supervision, mobile patients - geriatrics and psycho-geriatrics, and palliative care departments.

Rooms are single or double. To stimulate activity, most meals are served in the dining room, where, as necessary, residents are brought in wheelchairs. This way, socialization is also enhanced, as well as inclusion in occupational programs.

Within the pavilion of the facility in Risan there is a special unit for people with dementia, with 16 beds. Here, mobile demented ill people are accommodated in a comfortable, adjusted environment - rooms are double, with access to a shared terrace and a bathroom within each room. Dining room and living room create a common whole. Also, within the department, there is a large open courtyard for walking and various occupational programs.

The members of the NPM have felt very pleasant atmosphere and cordial relationship between beneficiaries and employees. Beaming, happy and satisfied faces of patients when looking at their caregivers give the impression of a home atmosphere and a proof of their good treatment.

The dependency of residents is expressed by a number of indicators, primarily mobility (mobile, semi-mobile and immobile). In these institutions, a large number of mentally incapacitated persons are accommodated. Chronic conditions dominate, either of somatic or psychological nature, and the most

common are: psychosis, dementia, retardation, alcoholism, epilepsy, cardiovascular disease, diabetes, rheumatism, diseases of the urinary system, state after stroke, anemia, diseases of the thyroid gland, significant hearing impairment, blindness and low vision, Parkinson's disease and hypertension. Multimorbidity, or several diseases in one person, is present in a high degree. Professional staff takes care not only about their vital functions, but also about nutrition, hygiene, good looks, mental and physical condition and well-being, in accordance with ISO 2001-1900 standards. They draw up a list of bathing by order, maintain accurate records on the change of linen, hygiene of a user (hygiene of feet, nails, etc.)

Upon admission to the Institution, a complete medical examination of residents is conducted, as well as laboratory testing, inspection of a psychiatrist, and a medical record gets opened, which is later filled and kept up to date. Following the guidance of a general practitioner, residents are provided with secondary and tertiary health care.

Residents are provided with health and hygiene treatment so that they can get the necessary medical attention at any moment. Therapeutic community, work and occupational therapy are applied enabling them to faster adapt and get better self-control, as well as to significantly improve the functioning of the community.

Psycho-social and health services daily monitor the overall condition of residents of the home. All information that is essential for the residents are discussed in the morning meetings of psycho-social and health services. Also, once a week the Collegium of the Home meets to make important decisions, related to the protection of customers' interests as well as to the improvement of the quality of life in the homes. Meetings between representatives of the competent Ministry of Labor and Social Welfare, the competent Centre for Social Work and representatives of the homes are also organized, which address all the current issues related to the residents.

A positive example implemented by medical staff at the Nursing Home in Risan is a program for people with dementia called "Grab Fips" (physical and mental stimulation). This program consists of two phases.

The first phase consists of exercises of the neck, arms, legs, heads and the rest of the body, the so-called physical exercise in the sense of orientation of demented persons in the room.

The second phase consists of communication techniques (techniques of remembering). They talk about simple, everyday topics, recite poems and repeat them several times to remember the text. It happens that they remember some bad events of life (death of a family member or child) in which case, by ignoring their pain, the caregivers are trying to turn their thoughts to something positive and happy.

Pharmacies are supplied with a number of medicines from the group of antibiotics, analgoantipyretic, internal medicine and psychiatric drugs. Tranquilizers Moditen Depot and Haldol are used by a small number of users. Medicines are stored in their original boxes in the closet, from which they are removed and placed on dozers, and then distributed by rooms for therapy. Therapy is exclusively distributed by medical staff.

It happens that people refuse treatment, of which a psychologist is informed, who seeks their motive for refusal, and sometimes requires hospitalization (psychiatric diagnosis).

The residents get only medicines that are on the positive list (National Health Insurance Fund), but the institution provides the medicines that are not on the positive list, obtained through the Centre, relatives or donations. Separate records are kept by nurses, in accordance with the standards (input, output pharmacies, distribution of therapy, etc.).

## **RESTRICTION OF FREEDOM OF MOVEMENT**

All facilities and departments in homes are open-type and residents are free to go out anytime they like (so-called open door system) with prior information given to the social worker, while the Department for demented persons is of closed type with a locked main door (entrance doors). However, the rooms where occupants reside are not locked.

**Restraint of residents** as a measure of limitation and control in a state of agitation does not apply and residents are never isolated.

### **Chemical restraint**

Limitations of freedom or fixation are never carried, only belt across the stomach (special medical belts) to prevent patients from falling or moving; exceptionally, when they are upset, they are given psychiatric therapy. Medical technician is present all the time.

Fixation is used in the Public Institution "Komanski most" and the Psychiatric Hospital Dobrota only, as a protection against self-harm in cases of extremely aggressive patients. For users for whom fixation is indicated in the Protocol on the procedure in case of distress and aggressiveness of users – it is performed by applying a leather fixator, of which records are neatly kept in a list of resident tracking. These fixations are temporary and tailored to a given moment and the state of the patient. In Komanski most, for example, fixation has not been recorded in the last two years.

There are no restrictions on visits in any of the homes in Montenegro. Telephone contact is permitted and allowed any time, and residents are free to use mobile phones. However, despite the fact that there are no restrictions in contacts, a small number of residents receive visits of their nearby.

Besides the daily care and care necessary for the elderly, daily activities are also organized for their leisure and relaxation, to make the accommodation in the house enjoyable (the possibility of playing various board games, the possibility of users getting engaged in their hobbies, organized trips, visits to the theater and other cultural events)

Homes have recognized that the target group of residents is especially vulnerable, the group of elderly people with dementia, for whom there is no necessary institutional capacity for their accommodation (more and more of these persons, and 16 beds for Montenegro is too small a number).

## **Final assessment**

Nursing Home in Risan has developed the capacity to accommodate the elderly, improved infrastructure and professional competence of employees, marking a significant step forward in ensuring the quality of services. Housing conditions have significantly improved and are at a high level, and the institution is active in all fields that may allow the improvement of the quality of life.

PI Nursing Home Bijelo Polje is currently in the process of strengthening the organizational structure and staff resources of the home, to provide quality services to residents. Support for this institution is provided by Nursing Home Grabovac, in accordance with the development plan of the institution at the level of the relevant ministry.

Accommodation and the quality of professional work of the Special Institution *Komanski most* have significantly improved, through the process of reform of the institution. We remind that the situation in this institution was at a catastrophic level, that the Ombudsman has sent a recommendation and that the CPT during the visit in 2008 found extremely bad conditions of life of the users. Professional work is raised to a higher level, as well as the overall context of living conditions for users, with a safe and pleasant environment, conditions of care and daily occupation of users with various activities.

The problems we face now are capacity lacks, as existing ones cannot meet the current needs of the elderly, and in particular, cannot provide accommodation of elderly people with dementia and mental health problems. It is encouraging that the basic technical assessment procedures of the needs of elderly persons and individual planning in institutions are developed in line with the modern requirements of professional social work and quality service standards. (ISO standard 2001-1900).