



SIVILOMBUDET

Norwegian Parliamentary Ombud

VISIT REPORT

SUMMARY AND RECOMMENDATIONS

Lørenskog Municipality, Rolvsrudhjemmet and Lørenskog Nursing Home

8–9 March 2022



National Preventive Mechanism against
Torture and Ill-Treatment



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I. Summary

In January 2022, Lørenskog Municipality was informed that the Parliamentary Ombud would visit nursing homes in the municipality during 2022. The visits were carried out on 8-9 March 2022.

Lørenskog Municipality has two nursing homes: Lørenskog Nursing Home and Rolvsrudhjemmet. The nursing homes are run by the municipality and organised under the department of “Helse, mestring og omsorg”. We visited a secluded department in each nursing home: the Krydderhagen department at Lørenskog Nursing Home and Department A at Rolvsrudhjemmet.

During the visit, we examined four thematic areas at the core of our mandate: exiting restrictions and retention, compulsory healthcare, the risk of inadequate or incorrect medical follow-up, and the nursing home’s effort to protect the residents against violence and abuse.

Decisions regarding compulsory healthcare

There was a poor overview of whether and how many administrative decisions regarding compulsory healthcare had been passed by the nursing home service and the respective departments. Both staff and relatives were uncertain whether administrative decisions regarding compulsory healthcare had been passed for residents during the period the visits took place. A good overview is important to ensure that residents are not exposed to coercion without a valid administrative decision. It is also crucial to enable the municipality to quality assure and evaluate its own undertakings centrally.

Retention and general exiting restrictions

Nursing homes can only retain a resident by force or measures to avoid resistance if the conditions of the Patient and User Rights Act, Chapter 4A are fulfilled. The exit doors of both departments we visited were locked with a digital door lock. At the time of the visit, we were informed that none of the residents could open the doors themselves.

Residents in both departments expressed opposition to the doors being locked. However, at the time of the visit, a retention administrative decision pursuant to Chapter 4A had not been passed for any of the residents.

Use of coercive measures to carry out personal care and nursing

At nursing homes in general, and particularly in secluded departments, many patients have illnesses and conditions that may affect their capacity to consent to healthcare. Therefore, situations will often arise where residents refuse to receive necessary healthcare without understanding the consequences of such a refusal. Further, there may be a risk of considerable harm if care is not provided. At the time of the visit, an administrative decision had not been passed for any of the patients stating that personal care and nursing could be carried out against the patient’s will.

Some of the patients in the departments we visited were referred to as extremely difficult when carrying out necessary personal care and nursing.

The staff seemed to spend a significant amount of time on motivational work and trust-building measures to ensure that the patient could voluntarily consent to personal care and nursing. At the same time, it emerged that in some cases personal care was carried out on patients who strongly objected to this, and in some cases, they were restrained without an administrative decision having

been passed, as required by law. In some cases, the term 'self-defence' was used for personal care situations where coercion was necessary.

Inadequate adoption of administrative decisions leads to a clear risk of patients being exposed to unlawful coercion. Another consequence is that the use of coercion is under reported. When the use of coercion has not been adopted in an administrative decision, the legal protection of the patients is also weakened.

Knowledge of the rules governing compulsory healthcare

Several of the findings indicated insufficient knowledge of the legislation governing the use of coercion. Among other things, it emerged that coercion was exercised without the passing of an administrative decision as required by law, and bed guard rails and alarms were used without being properly assessed and documented. Several staff members were unsure of the rules and limits governing the use of compulsory healthcare.

Knowledge of the conditions for using coercion is crucial to adequately safeguard the rights of residents. The municipality is responsible for ensuring that health personnel have the necessary knowledge and competence within compulsory somatic healthcare to comply with the requirements of the Patient and User Rights Act, Chapter 4A.

Protection and safety

Relatives generally perceived that both themselves and their family members in the nursing homes felt safe and were well-looked after. At the same time, we found that the municipality lacked routines for preventing and handling aggressiveness between or against residents in nursing homes. The risk of abuse and violations against residents by staff members largely seemed to be an undiscussed topic.

Nursing home residents are vulnerable to violations, violence, and abuse since they are often entirely dependent on assistance due to their health condition. Therefore, the Parliamentary Ombud recommends that procedures and measures be implemented to make staff members more aware of this risk.

Medical follow-up

In nursing homes, wrongful use of medication represents a risk of serious patient harm or fatalities. Patients admitted for long-term stays in Norwegian nursing homes are to be offered systematic medication reviews upon admission and at least once a year.

Both the departments we visited had set days for doctor visits. Doctors could also be contacted as needed during working hours. The doctors seemed to know the patients well and the dialogue between the doctors and staff appeared to function effectively.

Findings during the visit indicated that the employee group was highly conscious of the challenges associated with use of medications, the discontinuation of anti-psychotics, and cooperation with the specialist health service was documented.

Nonetheless, we found an example where it appeared that sedatives were administered to avoid resistance during personal care situations and to hinder the use of coercion. Internationally, concern is expressed about medicinal regulation of behaviour as this increases the risk of elderly residents in nursing homes being exposed to inhumane or degrading treatment.

II. Recommendations

Decisions regarding compulsory healthcare

- The municipality and nursing homes should ensure they have a system in place which provides a good overview of any administrative decisions regarding compulsory healthcare and duration thereof.

Retention and general exiting restrictions

- The nursing homes should ensure that residents for whom a retention administrative decision has not been passed can leave the departments safely and securely should they wish to do so. All restrictions must be individually and specifically grounded.
- The municipality and nursing homes must ensure that measures pertaining to the restriction of movement, such as a bed guard rail, are used in line with applicable legislation.
- The municipality and the nursing homes must ensure that localisation and alarm technology can only be used when a legal administrative decision authorising this has been passed.

Use of coercive measures to carry out personal care and nursing

- The municipality and nursing homes must ensure that medical care and nursing is not coercively given without passing a legal administrative decision.

Knowledge of the rules governing compulsory healthcare

- The municipality and nursing home must implement measures to ensure that all members of staff have the necessary knowledge of compulsory healthcare, including how and who can pass administrative decisions pursuant to Chapter 4A.

Protection and safety

- The municipality should ensure that good procedures are in place for preventing and handling incidents of violence, threatening behaviour and the abuse of residents and staff members, and that the procedures are duly known by staff members.

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Rolvsrudhjemmet, Lørenskog Municipality. Photo: Sivilombudet