



**HUMAN RIGHTS AND  
EQUALITY INSTITUTION  
OF TÜRKİYE**

# **THE REPORT ON THE VISIT TO ANTALYA FETHİ BAYÇIN NURSING HOME**

**Report No:**

**2022/27**

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## **ABBREVIATIONS**

**COVID-19** : New Corona Virus Disease

**OPCAT** : Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

**HREIT** : Human Rights and Equality Institution of Türkiye

**NPM** : National Preventive Mechanism

## **1. INTRODUCTION**

1. The Human Rights and Equality Institution of Türkiye (HREIT) was established by Law No. 6701 to protect and promote human rights on the basis of human dignity, to guarantee the right of individuals to be treated equally, to prevent discrimination in the enjoyment of legally recognized rights and freedoms, to operate in line with these principles and to effectively combat torture and ill-treatment.
2. Article 9/1-j of Law No. 6701 states that the institution has the duty to carry out regular visits, with or without notice, to the places where persons deprived of their liberty or taken under protection are located.
3. On 23.09.2021, HREIT and the Ombudsman's Office of Ukraine signed a memorandum of understanding on areas of cooperation. Within the scope of the memorandum of understanding, an informed visit was organized by the delegations of the two countries to Antalya Fethi Bayçın Nursing Home on 24.09.2021 in order to exchange information and experience on the working methods of national prevention mechanisms within the framework of the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Due to the epidemic disease, the visit was carried out by following the "do no harm principle" and observing the rules of hygiene, mask and distance.
4. ... took part in the Visiting Delegation. In addition, ... participated in the visit.

## **2. VISIT METHOD**

5. The visit started with a preliminary meeting between the delegation consisting of HREIT and Ukrainian Ombudsman's Office officials and the Centre Director and expert staff. During the preliminary meeting, the delegation of HREIT provided information on the duties and authorities of TIHEK within the scope of the NPM and obtained general information about the Centre. Afterwards, the visiting delegation visited the floors where the residents were staying, interviewed the residents, got information about the issues they were satisfied and dissatisfied with, and examined the material conditions of the rooms where the residents stayed. Afterwards, other common areas such as dining hall, hobby garden, bocce area were visited. The Director of the Centre and expert staff accompanied the delegation and informed the delegation about the functioning of the Centre. The visit was concluded with a final meeting to share the initial observations and findings with the Central Administration.

6. The Centre Administration cooperated with the visiting delegation, facilitated access to all units of the Centre, took the necessary measures for private interviews with the residents and provided the requested information and documents.

### **3. GENERAL INFORMATION**

7. In the Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centers published in the Official Gazette dated 21.02.2001 and numbered 24325; "nursing homes" are defined as residential social service institutions established to protect and care for elderly people aged 60 and over in a peaceful environment and to meet their social and psychological needs; "elderly care and rehabilitation centers" are defined as residential social service institutions where elderly people are rehabilitated in a way that they can manage themselves in order to continue their lives in health, peace, and security, and those who cannot be treated are taken under special care permanently.
8. Those who, while in a nursing home, lose their physical and mental abilities to varying degrees over time and become in need of rehabilitation, continuous and special care, and those who, while in their homes, become in this situation and become difficult to care for with their families, are provided services in special care departments and Continuing Care and Rehabilitation Centers, which must be established within each nursing home.
9. Elderly people aged 60 years and over, in good mental health, without any contagious disease, bedridden, paralysed, physically, visually and hearing impaired, dementia are accepted to these departments. Elderly people who need constant and special care while in the nursing home are placed in the special care department with priority. Initial applications can be admitted to special care units. Special care units are organized as a separate unit, taking into account the facilities of the nursing home. It is preferred to be located on the ground or first floor of the building.
10. Acceptance to the center is made under the admission conditions set out in Article 53 of the Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres.
11. On the basis of the social assessment report; the elderly who have no legal dependents, who do not receive a pension, widow and orphan pension from social security institutions, who do not have any movable and immovable property registered in their name as a result of the investigations to be carried out, or who have real estate registered in their name, but for whom a certificate of poverty is issued as a result of the determination that they cannot survive with the income they provide, and the elderly who have legal dependents but whose economic power is determined to be insufficient are admitted to the nursing home

free of charge while the elderly who have sufficient economic power but are in social deprivation are admitted to the nursing home for a fee.<sup>1</sup>

### 3.1. GENERAL INFORMATION ABOUT THE CENTER

12. Antalya Fethi Bayçın Nursing Home is not an elderly care and rehabilitation center and serves only as a nursing home.
13. The center building is a 4-storey apartment hotel. The center has a total of 24 rooms, including 4 rooms for 2 persons, 19 rooms for 3 persons, and 1 medical room. It was learned from the records that the size of the center was 2311 square meters.
14. The center provides service with 65 beds.
15. It was stated that the center building was rented by the Ministry of Family and Social Services for a short period of 2 months, but the service has been provided in the existing building for 8 years, however, a new building is under construction and will be completed in the near future.
16. It was stated that there are three vehicles in the Centre and this number is sufficient for the functioning of the Centre.

### 3.2. STAFF OF THE CENTER

17. The center employs 54 staff. The table regarding the staff working at the Centre is given below:

<b>TRADE NAME</b>	<b>CURRENT NUMBER OF STAFF</b>
Director	1
Vice Director	1
Social Worker	2
Psychologist	1
Physiotherapist	1
Nurse	2

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<sup>1</sup> Nursing Home and Elderly Care Centers Regulation, a.62/a.

Health Officer	1
Dormitory Administration Officer	1
Accountant	1
Gerontologist	1
Office Personnel	3
Maintenance staff	15
Security	4
Cafeteria Staff	5
Cleaning staff	10
Driver	1
CBP*	4

\*Personnel work for 9 months within the scope of the Community Benefit Program<sup>2</sup>.

18. We were informed that there is no physician working at the center permanently and that the physician comes once a week.

### **3.3. PERSONS TAKEN UNDER PROTECTION**

19. Residents who have lost their physical and mental abilities to varying degrees over time and need rehabilitation, continuing and special care while in the nursing home are provided with services on the "special care" floor.
20. The center has a capacity of 68. During the visit, 44 residents, 12 women and 32 men, were staying at the center.
21. In the center, a total of 31 residents, 7 women, and 24 men receive services in the nursing home section, while 13 residents, 5 women, and 8 men, receive services in the special care section.

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<sup>2</sup> These are the programs implemented by İŞKUR to ensure the adaptation of the unemployed, especially those who have difficulty in employment, to the labor market by avoiding them to drift away from working habits and discipline and providing them with temporary income support by performing a work or service for the benefit of the community directly or through a contractor in periods or places where unemployment is high.

22. The center has 10 disabled residents. We have been informed that 2 of them have mild mental retardation, 4 people have physical disabilities and the others have disabilities due to weakened cognitive performance.
23. The center accommodates 7 free and 37 paid residents. It was stated in the Social Investigation Report that poverty certificates were prepared for the residents who were stated to have no income and the necessary income inquiries were made, and the documents were sent to the Antalya Provincial Directorate of Family and Social Services for approval. It was explained by the Administration that no service fee is charged to the persons who stay in the status of unpaid residents and that the amount of allowance determined by the Ministry of Family and Social Services is delivered to them.

#### **4. FINDINGS, OBSERVATIONS AND INTERVIEWS**

##### **4.1. MATERIAL CONDITIONS**

24. In the 4-story Centre, it has been observed that the rooms on the first floor accommodate residents in need of care, who have difficulty in doing their needs alone and need support in terms of self-care, while the upper floors accommodate healthy residents who can meet their daily needs.
25. It was stated that the center building was rented by the Ministry of Family and Social Services for a short period of 2 months, but the service has been provided in the existing building for 8 years, however, a new building is under construction and will be completed in the near future. Besides, the images of the new building under construction were also shared with the visiting delegation. Since the building of the Centre was built as an apart-hotel, it has been observed that there are deficiencies due to its material conditions, the railings on the sides of the stairs are not high, there is no non-slip tape on the stairs and the floor is slippery.
26. The living spaces of the healthy nursing home residents consist of a bedroom, an American kitchen, a lounge, a balcony, a lavatory, and a bathroom. In the bedrooms; each resident has 1 bed, 1 wardrobe, 1 bedside table, and items such as quilts, pillows, pique sheets, and blankets as needed. It was observed that some of the wardrobes in the rooms seen during the visit were not fixed. There were no emergency buttons in the residents' bedrooms to be used in case of emergency, there were no non-slip floors in the bathrooms and corridors, and there were no handles on the sides of the toilet bowls. The center administration stated that the building was temporary,



- that there are emergency buttons in the newly constructed building, that the relocation was planned to take place in the near future and therefore emergency buttons were not installed.
27. It was stated that the laundry was washed by the staff in the machines on each floor and that the laundry was done individually for each resident. Residents receiving services at the center stated that they did not experience any problems and that their clothes were regularly washed and delivered clean.
  28. It was stated by the residents that there is 24/7 hot water in the center, heating is provided by air conditioning and it is sufficient.
  29. It was stated that the center has cameras in common areas and camera recordings are kept for three months.

#### **4.2. PREVENTION OF TORTURE AND ILL-TREATMENT, DISCIPLINE AND COMPLAINT MECHANISM**

30. The state has a negative obligation to not perform but to prevent torture and ill-treatment, as well as a positive obligation to effectively investigate and punish allegations of torture and ill-treatment.
31. In the interviews conducted during the visit, it was observed that the people staying in the center were satisfied with the staff and the administration, no complaints were filed, and no allegations or findings of torture, ill-treatment, degrading punishment, or treatment were encountered.
32. During the visit, it was observed that the "Request and Suggestion Box", which should be for the use of nursing home residents, was located in the administration section and in an area inaccessible to residents.
33. During the interviews with the elderly in the center, it was stated that they can meet face to face with the Director/Vice Director easily and that the administration responds to their requests and complaints.

#### **4.3. HEALTH, CARE AND PSYCHO-SOCIAL SERVICES AND MEASURES AGAINST THE COVID-19 PANDEMIC**

34. It was found that a family physician visits the center once a week and performs routine health checks of the residents. It was observed that the Medical Unit and the section used as an infirmary in the center had the necessary medical equipment and tools; however, the cabinets where the medicines were kept were not locked.

35. It was stated that the staff of the institution was trained in first aid and ambulance support was provided through 112 Emergency Call Centre in case of emergency.
36. It has been observed that residents who have age-related or any other reason-related restrictions and become partially or fully dependent while continuing to receive services at the center are provided services on the special care floor. It was observed that the beds used on the floor where the residents in need of special care are located are air mattresses with barriers on the edges.
37. It is stated by the Administration that the residents on the special care floor are followed up by the Health Service, Social Service, and Physical Therapy Service, their care needs are met by care staff who have completed in-service training, and they are supervised by gerontologists and nurses.
38. It was stated that many forms and documents such as social investigation report, elderly orientation form, undertaking, interview form, letter of commitment, elderly property declaration form, elderly admission form, and basic rules for living in the institution were used in the process from the admission to the center to the departure from the center. When needed, it has been learned that the following forms are filled in: safety deposit form, activity tracking form, training participation form, safe deposit form, elderly psychosocial assessment form, transfer organization form, and social activity form. It was stated by the administration that in case of the death of a resident in the Centre, a belongings identification form is prepared.
39. It is stated that elderly psychosocial assessments are carried out once every 6 months by the Health Service and Social Service Units with the residents staying at the Centre and these assessments are reported. As a result of psychological evaluations, it was stated that interviews were made by the social service with people who were evaluated to be in the risk group or who were observed to have a change in their emotional state, and follow-up was ensured by making an appointment with the psychiatry department according to the risk status.
40. During the pandemic period, various measures were taken and changes were made in the functioning of the health unit. It has been learned that before the outbreak of the pandemic, treatment was provided at the hospital, while during this period, the process was carried out by calling a doctor to the Center, and in cases requiring referral to the hospital, the accompanying staff was given disposable protective clothing and goggles.
41. It was stated that with the decision taken by the Ministry of Family and Social Services, regardless of the reason for going to the hospital, every resident who went to the hospital was not admitted to the Centre after the treatment and discharge process, and was directed

to the Social Isolation Institution determined by the Antalya Provincial Directorate of Family and Social Services to complete the 14-day quarantine process.

42. It was stated that hygiene products were distributed free of charge to nursing home residents with the onset of the epidemic. It was stated that the residents were informed and trained about the hygiene of the rooms, and hygiene inspections were carried out regularly with the relevant personnel. It was stated that the center building is disinfected at certain intervals. It was observed that masks, gloves, and disinfectants were available at certain points on the floors, hand disinfectants were available in common areas and information notes, brochures, and leaflets were available.
43. It has been learnt that the temperature and blood pressure of nursing home residents are frequently measured and recorded.
44. During the pandemic process, it was stated that the entrances and exits to and from the Centre were closed upon the instructions of the Ministry of Family and Social Services and that the staff served with a boarding shift system for 14 days. It has been informed that the needs of the residents are provided through virtual markets, and incoming cargo and shopping packages are disinfected and delivered to the residents after being kept for 24 hours.
45. It was stated that there was no death caused by Covid-19 in the center and that no Covid-19 case has been observed among the residents of the nursing home so far, and this situation was welcomed by our delegation.
46. It has been learned that all residents of the center have been vaccinated except for 1 person who does not want to be vaccinated. It was stated that the resident who did not want to be vaccinated was informed by both the health and psychosocial service unit and it was learned that a petition was received from the person stating that he did not want to be vaccinated.
47. It was stated that a total of 26 residents died in the center in the last five years, the causes of death were natural deaths and there was no request for autopsy. The table regarding the deceased is given below:

<b>YEAR</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
<b>2017</b>	3	2	5
<b>2018</b>	2	7	9
<b>2019</b>	1	1	2

<b>2020</b>	3	3	6
<b>2021</b>	2	0	2

#### **4.4. NUTRITION**

48. It was stated that the meals are not prepared at the Centre, and that the dietician prepares the meal lists by taking into account conditions such as diabetes, blood pressure diseases, etc. The center provides 3 main meals and 2 snacks. In addition, it was stated that due to the pandemic process, vitamin C-weighted and immune-boosting menus were prepared at the request of the Centre Administration.
49. During the examination in the cafeteria, it was observed that food samples were kept in the refrigerator for at least 72 hours.
50. It was stated that before the pandemic, residents could order food from facilities such as restaurants, but this practice was postponed due to the pandemic.
51. It has been learned that the seating arrangement has been changed in the cafeteria due to the pandemic period, and the tables have been arranged so that only one person can sit at tables.
52. There is no canteen in the center. It was stated that the needs and demands of the residents during the pandemic were met through online shopping. The residents interviewed stated that with the normalization process, they were able to go to grocery stores in close proximity, except for risky hours during the day. The center administration stated that the needs of the residents in the special care department are met by the relevant staff.
53. It was learned that a tea stove was established by the Centre Administration in the entrance section of the building and it was seen that hot and cold beverage service was provided to the residents.

#### **4.5. ACTIVITIES AND EVERYDAY LIFE**

54. It has been observed that the nursing residents spend time in the garden, areas, where they can sit in the garden, have been created and two separate toilets for men and women have been built in the garden of the Centre so that they do not need to go to their rooms for toilet needs.
55. The residents of the center are entitled to 90 days of annual leave in accordance with Article 61 (b) of the Nursing Homes Elderly Care and Rehabilitation Centre Regulation entitled Leave, and the residents can use their annual leave in periods of

maximum 30 days. It was learned that the entrances and exits to the Centre were restricted due to the pandemic.

56. On the day of the visit, it was observed that a sports activity was held in the garden of the Centre for nursing home residents accompanied by a physiotherapist. The residents stated with satisfaction that they regularly do sports every morning at a certain time.
57. It was observed that there is a bocce court in the garden and the court is actively used. Accordingly, it was stated by the Administration and the residents that bocce tournaments are organized.
58. It was stated that a part of the center garden is used as a hobby garden in certain seasons. It was also informed that the swimming pool in the garden of the center is used by the residents of the nursing home under the supervision of the staff during the summer seasons.
59. It was stated that many social activities such as cinema, table tennis, museum visits, okey, backgammon, chess, mandala, musical entertainment, entertainment on special days and weeks, beach trips, and barbecue were held in the center, and during the pandemic process, activities were limited to those that could be done inside the nursing home.
60. It was stated that in the last year, various activities such as music on loudspeakers, film and documentary programs, painting and mandala, and games such as basketball, bocce, chess, okey were held in the center in order to increase the motivation of the residents, and video calls with family members were enabled, and the residents staying on the care floor were provided with the opportunity to make video calls accompanied by social service personnel.
61. It was observed that there was a library in the common area on the ground floor of the center and the number of books in the library was limited. It was stated that daily newspapers are delivered to the residents staying in the center.

#### **4.6. CONTACT WITH THE OUTSIDE WORLD, VISITING AND INTERACTING WITH FAMILIES**

62. Visits to the Centre are carried out following the Regulation on Nursing Homes and Elderly Care Rehabilitation Centers. It was stated that the visits to the Centre are made after the visit request form is filled in by those who will visit the Centre, the Centre's approval, and the approval of the Provincial Directorate.

63. The center indicates that there is one telephone in each room. In addition, residents staying at the Center have been informed that they can video-chat with their relatives via their phones, and that social services support is provided for residents without a phone.

## **5. RECOMMENDATIONS**

### **5.1 RECOMMENDATIONS TO THE CENTER'S ADMINISTRATION**

64. Although it is foreseen that there may be situations where the residents receiving services at the center may not be able to address the staff or make their voices heard, and the building change is foreseen soon, safety issues should be considered independent of time. Placing an emergency button in the rooms where the care floor is located, taking into account the regulation "An alarm device shall be installed in the rooms at a height where the elderly can reach while lying down." in the second paragraph of Article 38 titled "Elderly rooms" of the Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centers,
65. Some changes occur in the human body with aging. It is known that loss of balance decreases with aging for many reasons such as weakening of muscle strength, increased use of multiple medications, deterioration in vision and hearing health, and accordingly, the risk of falling increases. Therefore, ensuring floor safety to reduce risks such as slipping and falling in residents' living environments, installing nets on the railings on the stair edges and non-slip tape on the stairs,
66. Securing the lockers, bookshelves, etc. in all the rooms in the center where residents use, to arrange the necessary arrangements, to ensure the safety of the environment,
67. Article 48 of the Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres titled "Infirmary and isolation room" states that "In the establishment, (Amended phrase: RG-26/9/2008- 27009) there are medicine and first aid cabinets in the infirmary or where deemed necessary to be used under the responsibility of the physician. These cabinets shall be kept locked." Keeping the medicine cabinets locked in the infirmary,
68. Article 38 of the Regulation on Nursing Homes and Nursing Home Elderly Care and Rehabilitation Centres titled "Elderly rooms" stipulates that "...Horizontal and vertical rails shall be installed in the bathrooms and toilets in the rooms...". Making the necessary arrangements accordingly,
69. Moving the Request and Suggestion Box to a visible and easily accessible location for residents,  
are recommended.