



مملكة البحرين
Kingdom of Bahrain



PDRC Report No. (26)

On the Announced Visit to Muharraq Social Care Center (MSCC)

30 October 2024

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Introduction

In the performance of its functions, and in light of the efforts exerted by the Prisoners and Detainees Rights Commission (PDRC) to support the promotion of human rights in prisons, detention facilities, and other places in which persons may be deprived of their liberty, such as hospitals and psychiatric institutions, through verifying the conditions of residents in such places and the treatment they receive, and in view of its competencies and authorities stipulated in Decree No. (61) of 2013, the Commission decided to conduct a pre-notified (announced) inspection visit on Wednesday, 30 October 2024, to Muharraq Social Care Center. This visit constitutes the first visit conducted by the Commission to this Center. The visit was conducted for the purpose of reviewing the condition of the facility, the treatment received by its residents, the living conditions, the healthcare services provided to them, and the legal rights and guarantees they enjoy, in accordance with the principles, standards, and indicators adopted by the Commission in its work, and through the procedural and professional steps followed in such visits. These steps include: the Commission's team recording its observations during the visit to the facility and subsequently issuing recommendations that contribute to strengthening and respecting human rights and ensuring compliance therewith, considering the inspection mechanism in accordance with international principles and standards.

Section I: Background and Methodology

PDRC is mandated to conduct comprehensive inspection visits, whether pre-notified (announced) or not pre-notified (unannounced), to prisons, detention facilities, and other care centers. During these visits, the Commission reviews the conditions of these places and the treatment of their residents and listens to their statements and any observations or complaints they may raise. In addition, the Commission's teams collect information through a specific methodology that includes the following:

A. Interviewing Residents at the Facility

PDRC team interviewed a random sample of elderly people residing at the Center, and their statements were recorded in accordance with the applicable standards. Also, the statements of those who expressed a specific opinion or observation to members of the Commission during their movement within the facility.

Meetings with the elderly residents were conducted independently, in locations where privacy was ensured. The inspection team introduced themselves to those interviewed, explained their mandates and the purpose of the interviews, and assured them that the interviews were conducted in privacy. The team listened carefully and attentively to all observations made by the residents, and all responses and remarks provided by them were recorded.

B. Questioning the Management of the Facility

The Commission's team met with the Center's management, which presented an overview of the condition of the facility, the procedures followed, and the services provided, as well as the most important data, figures, and statistics related to the residents and the supervisory administrative staff. The team was also briefed in detail on the most significant

projects and programs that have been implemented or are currently being implemented at the facility.

Meetings with the facility's management continued after the inspection, during which questions and inquiries were directed regarding the observations raised by those interviewed or those identified by the PDRC team during the direct inspection of the facility and the work mechanisms followed therein.

C. Review of Documents and Records

The inspection team reviewed the documents and records relating to the elderly residents at the Center, as well as the standards on the basis of which the facility was inspected. These included documents relating to their placement to verify the legality of placement, administrative documents indicating their numbers, duration of stay, and distribution across rooms. The team also reviewed documents related to maintenance work, food supply, and healthcare services at the facility.

D. Direct Inspection

The direct inspection was conducted in accordance with an organized work plan, which included: the division of tasks and the identification of all topics and indicators that were inspected. This included: inspection of the condition of the facility, description of the premises, and observation of the manner of interaction between the facility's staff and the elderly residents, and vice versa.

All observations were recorded, taken into consideration, and verified. They included two types of observations:

1. Observations identified by the team.
2. Observations derived from the statements of the elderly residents and the staff.

Section II: Key Information and Statistics

First: Information on the Center and its Administrative System

The Center was inaugurated on 23/12/1995 and is affiliated with the Ministry of Social Development. It is one of the government social care institutions that were established to provide various forms of permanent or temporary care for Bahraini elderly men and women. This Center was constructed and equipped at the expense of Abdullah Hamad Al-Zamil and Sons Foundation to provide social, psychological, living, healthcare, and recreational services to the elderly category. The Center has a capacity of 60 elderly male and female residents. It consists of two floors and, in addition to administrative offices, includes bedrooms, dining halls, recreation halls, physiotherapy and occupational therapy rooms, a kitchen, several storage rooms, and a large garden.

The Center obtained ISO 9001:2008 quality certification in 2015 as the first care center serving the elderly to obtain this certification in the Gulf and the Arab world.

Objectives of the Center:

1. To provide social, healthcare, psychological, living, and recreational care services to the Center's residents in accordance with the requirements and needs of each resident.
2. To develop and implement appropriate rehabilitation programs for the elderly, to benefit from their capacities and abilities, and to enhance their quality of life.
3. To integrate the elderly into the external environment and strengthen ties between them and their families.
4. To train and qualify the staff working at the Center in elderly care and to enhance their efficiency and develop their capacities in this field.

Vision:

Leadership in providing distinguished services to the elderly, to be a model Center to be emulated locally and regionally.

Mission:

To provide high-quality services to all elderly citizens who are not less than 60 years of age, according to their needs and in accordance with the approved standards, through the provision of the necessary social, psychological, cultural, and healthcare care to ensure a dignified and safe life for the elderly.

Institutional Values of the Center:

Based on the values of the true Islamic religion and authentic Arab culture, the Center works to build the following values:

1. Integrity and transparency in all dealings.
2. Encouraging cooperation and teamwork.
3. Preserving and respecting human dignity.
4. Encouraging initiative and creativity.

Types of Care:

a. Temporary Care: Under this type, various services are provided to the elderly people for a specific period extending to one month or more as a result of emergency family circumstances, after which the elderly person returns to his or her family upon the expiry of the specified period.

b. Permanent Care: Providing accommodation and comprehensive care for the elderly throughout the day, such as living, social, healthcare, psychological, rehabilitative, and recreational care, according to the needs of each elderly person. Efforts are made to integrate them into society and benefit from their capacities and abilities. This service is

completed within a period of 7 working days, if all required information and documents are provided by the applicant.

Conditions for Obtaining the Service:

- The person must be of Bahraini nationality.
- Elderly people does not have a legal guardian/caregiver.
- The person is 60 calendar years of age or older.
- Elderly people is unable to meet his or her basic needs independently.
- Elderly people do not suffer from mental disorders.
- Admission is based on the person's own wish and a written request signed by him or her.
- Admission and request for shelter or care is not due to rejection or lack of willingness on the part of the family or those responsible for his or her care.
- The person is free from infectious diseases.

The Center's Services and Programs:

The Center provides a range of distinguished services in the social, healthcare, educational, psychological, and recreational aspects that meet the aspirations and needs of beneficiaries and exceed their expectations. These services include social care programs, healthcare programs, occupational therapy programs, psychological care services, and food services.

Second: Key Statistics (*)

Capacity and Current Number		No.	Total
Capacity and Sections	Men’s Section	30	60
	Women’s Section	30	
Current Number of Beneficiaries	Men’s Section	19	25
	Women’s Section	6	
Occupancy Rate	41.6%		

Staff Working at the Center	
Employees affiliated with the Civil Service Bureau	34
Employees affiliated with the Board of Directors	6
Employees affiliated with International Medical city Company	29
Employees affiliated with the Drivers Company	1
Employees affiliated with the Cleaning Company	6
Employees affiliated with the Security Company	4
Total	79

(*) These statistics were recorded on the date of the visit: 30-10-2024.

Section III: Humane Treatment and Verification of Conditions of the Place

The inspection team found that the number of elderly residents is appropriate in relation to the Center's capacity and within each room, and that elderly residents are treated with due respect for their dignity by the Center's staff. It was also found that the procedures governing their stay are carried out in accordance with the approved regulations, and that there is a mechanism enabling elderly residents to retain their personal and valuable belongings.

It was further found that there is no discrimination among elderly residents on the basis of gender, religion, or any other negative discriminatory grounds. The religious rites of all elderly residents are respected, and they can meet periodically with preachers or religious figures. The team also observed that the Center's staff members have awareness and understanding of the special needs of elderly residents and of their mental and health conditions. The approved procedures ensure the safety and security of elderly residents, visitors, and staff members, with risk assessment and risk management plans and periodic follow-up thereof. Necessary measures are also taken to protect elderly residents with special needs and to facilitate their living. In addition, there are social, sports, and recreational programs for elderly residents considering their individual needs, abilities, and personal readiness. Recreational and educational means are available within the rooms (television sets, internal radio broadcasting, etc.). The Center's management also works to provide psychological support to elderly residents to assist them in addressing any social or psychological problems they may have, if any.

For its part, the Center's management has set objectives to achieve social care for the elderly residents at the Center by following up on each resident and recording all changes occurring in his or her condition to achieve the best possible adaptation to life at the Center. Efforts are also made to maintain the elderly resident's relationship with his or her

family whenever possible, and to maintain the connection between the elderly resident and the external community if his or her condition allows, through visits, external outings, and activities. In addition, a daily program is in place to provide living services and to determine periods for social and recreational activities and physiotherapy.

The inspection team verified the indicators of the safety standard and found that there are surveillance cameras operating around the clock in the building and corridors, as well as smoke detectors in the building, rooms, and corridors. Fire extinguishers are also available in the building; however, they do not cover all rooms and corridors. Staff members can evacuate the premises safely in emergency situations. Regarding the presence of staff call devices, it was found that they are available only at the beds of elderly residents and are not available in bathrooms, given that one of the nurses or assisting staff members is in close proximity to the elderly resident in the bathrooms.

On the other hand, it was found that the floors of the facility are level and are not excessively smooth or hard, in a manner that does not impede the movement of an ordinary person. Facilities for movement and mobility within the facility are available for people with disabilities. The inspection team also verified that periodic maintenance is carried out for safety and security elements and equipment (cameras, bells, doors, fire extinguishers, etc.). The Center's management stated that donations made by the Board of Directors are relied upon to carry out maintenance works.

With regard to the indicators of the condition of the facility, the inspection team found that the rooms are clean, safe, and in good maintenance condition. However, maintenance arrangements at the facility in general require further attention, particularly in halls, corridors, and bathrooms. The bathrooms are clean but old and lack a good ventilation system, whereas the level of ventilation is generally good throughout the facility. In the same context, it was found that the old Window air-conditioning units were replaced with modern split units; however, the openings of the old units were not fully sealed, allowing rainwater and dust to enter the rooms.

On the other hand, cleaning and disinfection tools are continuously available; however, they may not be sufficient to meet additional maintenance and cleaning needs. As for temperatures, they are appropriate for what an ordinary person can tolerate (in summer and winter). The level of lighting is good, and there is an opportunity for sunlight to enter the rooms during the daytime. In general, the size of the rooms is appropriate to the number of occupants. The design of the buildings, corridors, and rooms considers the physical and psychological comfort of elderly residents and the Center's staff and also takes into account safety and security elements. In turn, the Center's management has implemented initiatives to raise the level of operational services provided to the elderly, such as: establishing a seniors' salon, rehabilitating the Center's garden, installing rubber flooring, and installing physiotherapy equipment.

Regarding the indicators of the standard of care for the elderly, the inspection team found that three main meals are provided (breakfast, lunch, and dinner) and three light meals between the main meals, with due regard to diversity in meals so that elderly people receive all the nutritional elements they need. Traditional meals commonly known in Bahraini society are provided and are prepared in a healthy manner with low or no fat, salt, and sugar. The temperature of these meals is appropriate and as customary outside the facility, and the quantity is suitable and contains sufficient nutritional value. In general, there is diversity in the types of food and beverages. Special meals, sufficient and appropriate, are also provided for patients, vegetarians, or in accordance with religious beliefs. The meals provided to elderly residents are tailored to each person's illness and needs (diabetes, cholesterol, blood pressure). In the same context, eating and drinking utensils (spoons, cups, etc.) are provided and are personal and clean and take into account health protection requirements. In addition, drinking water is available and easily accessible around the clock, while food and beverage leftovers are disposed of in an organized and regular manner that considers health protection requirements.

On the other hand, it was found that each elderly resident has a personal bed to sleep on, and clean mattresses, pillows, and bedding are available. Clothing is available, is appropriate to the prevailing climate, and is in good condition. Water necessary for bathing and washing is available. In addition, a contract has been concluded with external laundry, and the clothes of elderly residents are sent to it on a regular basis for washing. In general, the Center provides elderly residents with the tools and clothing required for health and hygiene, and all living necessities.

About the standard of other needs (exercise – varied reading – the possibility of receiving visits and making calls), the inspection team found that elderly residents are able to go out to the yard for sun exposure or to practice physical exercise, and there are places and equipment for physical exercise. Elderly residents are also permitted to make telephone calls, whether using their personal phone (if permitted) or other phones. Each elderly resident has his or her own phone and is assisted in contacting his or her family upon request. In addition, sufficient numbers of landline telephones are available, and calls are conducted in a manner that preserves privacy. As for visits, elderly residents receive visits in accordance with the rules followed at the Center, and the usual visiting area is appropriate, suitable, and comfortable for elderly residents and their relatives.

The inspection team found that there is no general library at the Center. The Center's management justified this by stating that the condition of elderly residents does not allow them to read on a daily basis; however, if books are requested, they are provided. Daily newspapers are also available for elderly residents who are able to read, and elderly residents are permitted to keep their own books.

Elderly residents are also allowed to listen to radio and television programs to make use of their free time. The Center's management works to organize celebrations for religious and national occasions, and to organize visits and trips to tourist and recreational facilities within the Kingdom.

The inspection team also verified the indicators of the standard relating to escorting and transporting elderly residents. It was found that safe, clean, and comfortable vehicles are provided for elderly residents in cases of external transfers, including transfers to external hospitals. In this regard, it was found that King Hamad University Hospital receives elderly residents from the Muharraq area (based on their addresses on the smart card), whereas elderly residents from other areas are transferred to Salmaniya Medical Complex (SMC), which causes delays in receiving treatment due to the distance of the Center from the hospital. Appropriate vehicles are also used to transport elderly residents with disabilities.

Section IV: Individual Rights and Guarantees

The inspection team verified the administrative procedures followed to ascertain the legality of placement, and it was found that the legal documents on the basis of which the elderly people were placed are verified in accordance with Law No. (58) of 2009 concerning the Rights of the Elderly. Elderly residents are provided, immediately upon placement, with sufficient information about the Center's system verbally and in writing. The Center's management provides means of assistance to elderly residents who suffer from difficulties in communication. In this context, information is provided through more than one method and language. The status of elderly residents suffering from intellectual disabilities or mental health problems is verified, and they are placed under monitoring and treatment in designated places under specialized medical supervision. The Commission's team observed a case of an elderly female resident suffering from obsessive-compulsive disorder, whom the nursing staff placed in a private room by herself at her request. In the same context, assistive devices are provided for those who suffer from difficulties in communication, such as hearing aids for people with hearing impairments. Call bells or alert devices are available within reach of those who suffer from mobility difficulties or difficulties in communication.

With regard to the complaints system at the Center, the Commission's team found that staff members treat elderly residents as part of their family. In the event of complaints, they are submitted verbally to the management by elderly residents or their families. The Ministry of Social Development directly monitors the conditions of elderly residents through surveillance cameras connected to the Center around the clock. There is no complaints box at the facility. As for the administrative and organizational procedures at the Center, they ensure that all complaints are dealt with and responded to promptly, whether resolved immediately or through providing a comprehensive and sufficient

explanation of the procedures that will be taken in the future. Complaints against staff members are handled seriously, and staff members against whom complaints are lodged are prevented from interfering during the investigation. Investigations into complaints are conducted by appropriately qualified staff members. The elderly resident receives a response to his or her complaint in a specific, direct, and easily understandable manner. In addition, there is the possibility to notify judicial authorities and independent oversight institutions of allegations of inhuman or degrading treatment.

Section V: Healthcare

The inspection team verified the indicators of the healthcare services standard. It was found that newly admitted elderly residents undergo a medical examination, including medical tests, particularly for the detection of communicable diseases, to ensure that elderly people are free from any infectious disease prior to admission to the Center. Periodic medical examinations are also conducted for elderly residents to ensure their health and safety. There is also attention to the healthcare affairs of elderly residents and to caring for their personal hygiene, as elderly residents are bathed daily and their nails are trimmed, their hair is cut, and their teeth and mouth are cleaned for each elderly resident. Elderly residents receive the same level of healthcare and personal care without discrimination, and access to specialists in physical and mental healthcare is provided in a timely manner.

It was also found that there are infection control procedures in the Center's facilities and among the elderly residents. In the same context, treatment is provided to those who are ill, and those whose condition requires treatment outside the Center are referred accordingly. Coordination is maintained between the management of the facility and the relevant medical authorities in the Kingdom to complete the treatment of elderly residents suffering from serious or chronic diseases. However, follow-up medical appointments for elderly residents at Salmaniya Medical Complex are scheduled at distant dates, and their conditions are not given exceptional consideration. On the other hand, it was found that all medical equipment is ready for use and is inspected regularly and maintained as required. Assistive devices and supportive equipment are provided to elderly residents with disabilities, each according to his or her condition and degree of disability. In this regard, there is a continuous physiotherapy program under which the condition of elderly residents is assessed, and physiotherapy is then provided to all of them to improve each elderly person's health, reduce complications and mitigate their effects, and to develop

mobility to the maximum extent possible. There are two types of physiotherapy exercises: group and individual.

Physiotherapy is also provided to elderly residents who are unable to move and are bedridden, by mobilizing the upper and lower limbs and changing the positions of the elderly resident on the bed using pillows by the physiotherapist, to stimulate blood circulation, reduce muscle contractions, and prevent the occurrence of bedsores.

It was also found that the Center's management has approved a unique program, namely the occupational therapy program, through which elderly residents are given the opportunity to engage in certain handicrafts and vocational hobbies to occupy their free time, encourage them to naturally regain their motor skills, and encourage them to rely on themselves. In addition, efforts are made to rehabilitate and train elderly residents to perform some simple manual tasks that help to stimulate and move their muscles.

With regard to the standard concerning elderly patients receiving their prescribed treatment, the Commission's team found that there is a mechanism to deliver prescribed medications to elderly patients at the specified times. However, there is no dedicated pharmacy for the safe use and storage of medicines; instead, medicines are stored in a refrigerator in the examination room. The Commission's team observed – at the time of the visit – the presence of some food in this refrigerator, which is supposed to be designated for storing medicines.

Finally, the Commission's team verified the indicators of the mental health standard and found that there is no psychologist at the Center. The Center's management stated that coordination is made with the Psychiatric Hospital to schedule two visits per month to assess the psychological cases of elderly residents. On the other hand, it was found that staff members are aware of mental health issues and can deal with such cases.

Section VI: Recommendations

1. To carry out periodic maintenance of the facilities at the Center and to fully cover and seal the openings of the old air-conditioning units.
2. To coordinate between the Ministry of Health and King Hamad University Hospital to ensure the provision of healthcare services for all emergency cases of elderly residents at Muharraq Social Care Center.
3. To establish a clear and specific mechanism regarding the complaints and grievance system and the protection of elderly residents at the Center, to include written procedures that specify the steps and methods for submitting complaints and how they are handled, while ensuring privacy and follow-up.
4. To coordinate with the Ministry of Health to take into consideration and organize the periodic follow-up appointment schedules for elderly residents at the Center.
5. To establish a dedicated pharmacy for the storage of medicines and to ensure the provision of an appropriate environment for their storage.
6. Recruiting a specialized psychologist to provide psychological support to elderly residents.

Section VII: Annexes

Annex (1): References

- The Constitution of the Kingdom of Bahrain.
- The National Action Charter.
- The Penal Code and its amendments.
- The Code of Criminal Procedure and its amendments.
- The Decree establishing and regulating the Prisoners and Detainees Rights Commission.
- The Universal Declaration of Human Rights.
- The International Covenant on Civil and Political Rights.
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, taking into account the principles of its Optional Protocol.
- The International Convention on the Elimination of All Forms of Racial Discrimination.
- The Convention on the Elimination of All Forms of Discrimination against Women.
- The United Nations Convention on the Rights of the Child.
- The Convention on the Rights of Persons with Disabilities.
- The Charter of the United Nations.
- The Arab Charter on Human Rights.
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (Geneva Rules of 1955).
- The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).
- The Principles and Standards of the Ombudsman for Visiting Prisons and Places of Detention.
- The Inspection Standards adopted by Her Majesty's Inspectorate of Prisons in the United Kingdom.
- The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules).
- The United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines).

Annex (2): Principles and Standards

First Principle: Humane Treatment and Conditions

- Respect.
- Safety.
- Condition of the facility.
- Care of residents.
- Provision of sufficient food and beverages.
- Other requirements (access to outdoor exercise, availability of reading materials, reception of visits, and telephone communications).
- Escorting and transporting residents.
- Rehabilitation.

Second Principle: Individual Rights and Guarantees

- Legality of placement.
- Providing assistance to residents with communication difficulties.
- Complaints.

Third Principle: Healthcare

- Health services.
- Care of ill residents.
- Administration of prescribed medications.
- Mental health.

Annex (3): Ministry of Social Development Response

We would like to express our sincere appreciation to the Prisoners and Detainees Rights Commission (PDRC) for its interest in and continued follow-up of the work carried out at the Muharraq Social Care Center. We also value its oversight role in ensuring the quality of services provided to the target group at the Center.

First: Observations arising from the visit to the Muharraq Social Care Center:

We would like to clarify certain points and correct some of the information contained in the report, as follows:

- Observation regarding fire extinguishers:

The report stated that fire extinguishers did not cover all rooms and corridors at the Center. We would like to clarify that the number and locations of fire extinguishers were determined based on the recommendations of the General Directorate of Civil Defense, and the relevant instructions were implemented accordingly.

- Observation regarding maintenance at the Center:

- The report indicated that maintenance of the Center relies on the budget of the Board of Directors. We confirm that major maintenance works at the Center are funded through the Ministry's budget, while minor maintenance works are covered by the Board's budget.
- With regard to the need for comprehensive maintenance of the restrooms and the provision of adequate ventilation, the Ministry referred this requirement to the Ministry of Finance and National Economy. The Center's maintenance needs were assessed by the Ministry of Works in the presence of specialists, and the relevant cost estimates were subsequently submitted to the Ministry of Finance. Approval is currently awaited in order to proceed with the required maintenance work.
- As for the window air-conditioning units, the relevant departments within the Ministry were contacted regarding the removal of the old window units and the closure of the resulting openings. No decision has been made on this request to date.

- Regarding the complaints and suggestions system:

The report stated that there were no direct complaints box. We would like to clarify that the Center relies on the Ministry's complaints and suggestions system through the following channels:

- The 24-hour hotline (88080008).
- The National Suggestions and Complaints System (Tawasul) through the following link: <http://bahrain.bh/tawasul>

We are also working to introduce an additional procedure that would allow complaints to be submitted directly to the Head of the Elderly Care Section or the Director of the Social Care Directorate through a QR code, facilitating completion of the form and its submission to the relevant officials while ensuring confidentiality and privacy.

- Regarding healthcare at the Center:

- With regard to the observation concerning the absence of a pharmacy for storing medications, we confirm that the Center provides a refrigerator designated for the storage of medications at a specified temperature that is regularly monitored. Medication quantities are also controlled to cover the Center's needs for one month, and expired medications are disposed of appropriately.
- With regard to the observation concerning food being stored in the refrigerator designated for medications, the Center's management issued a circular prohibiting the storage of food in that refrigerator.

Second: Responses to the recommendations contained in the report:

Coordination between the Ministry of Health and King Hamad University Hospital:

- The Commission indicated the need to provide treatment for emergency cases. In response, we would like to clarify that the administration of King Hamad University Hospital declined to provide treatment to elderly people whose residential addresses are outside Muharraq Governorate due to insufficient capacity. We therefore propose referring the matter to the Supreme Council of Health for consideration and resolution in a manner that serves the public interest.

Expediting medical appointments and the collection of medications:

- An official response was received in this regard from His Excellency, the Chief Executive Officer of Government Hospitals, and the relevant measures have been implemented.

Provision of a psychological care specialist:

- In view of the absence of a psychological care specialist at the Center, we propose contacting the Ministry of Health to provide a specialist to visit the Center twice a month until this specialization is formally approved within the Directorate's organizational structure. Nearby health centers may also be contacted to second a general practitioner to conduct monthly visits, in accordance with the clarification provided in the response of His Excellency the Chief Executive Officer of Government Hospitals, who also indicated that Government Hospitals would provide psychiatric services.

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