

# Monitoring Report

## Nucet Medical-Social Center, Bihor County

*"SOS: Romanian NGOs, together for the rights of persons with mental disability closed in institutions" project co-financed by a grant from Switzerland through the Swiss Contribution to the enlarged European Union"*

## A. GENERAL INFORMATION

The Nucet Medical-Social Psychiatry Center (NMSPC) was established in 2003, through the decision of the Nucet Local Council no.50 / 30.06.2003. Practically, CMSP Nucet "detached" itself logistically from the Nucet Hospital of Psychiatry (HP Nucet) - some of the staff, as well as the two floors where CMSP works, belonged earlier to SP Nucet. Thus, at present, HP and NMSPC operate together in the same building, with the mention that the administrative offices and 11 of the NMSPC's total living quarters are in another (smaller) building at a different address in Nucet.

A1	Members of the monitoring team	Dana Ududec (lawyer), Ovidiu Damian (psychologist), Andreea Hoțopan (volunteer)
A2	Date of monitoring	10 <sup>th</sup> January 2017
A3	Horary intervals during which the visit took place	10:45-15:45  10:45 – 15:45
A4	County, Locality	Bihor County, Nucet Locality
A5	Full name of the institution	Nucet Medical Social Center
A6	Address	5, Pescarusului Street  Nucet 415400- Bihor County Phone/ Fax: 0259.339 743
A7	Institution manager	Director Lucaciu Ioan
A8	Present staff at the time of	Primary psychiatrist Bolovan Gheorghe - physician

	the visit, with whom we could discuss	on duty at the date of the visit Head of the Financial Service. Accountant Ec. Morar Lenuța Mioara Principal Social Worker Dragan Didina Viorica Social worker Centea Daniela	
A9	Institution type	Social medical assistance unit (according to OG 70/2002)	
A10	Total capacity (number of places)	178 178	
A11	Number of places effectively occupied at the time of the visit	177	
A12	Gender based beneficiaries	M 90	F 87
A14	Beneficiaries per disability type	According to the staff, not all residents have official disability degree	
A15	Financing sources, European funds included	The budget approved by the County Council	

### The issue of legal classification of social-medical centers

In 2003, the Government Decision no. 412 of April 2, 2003 for the approval of the Norms regarding the organization, operation and financing of the medical-social care units was adopted. The decision was adopted on the basis of Art. 5 of the Government Ordinance no. 70/2002 regarding the administration of the public sanitary units of county and local interest.

According to O.G. 70/2002, art.51, the beneficiaries of the NMSPC are persons with chronic diseases that require, permanently or temporarily, supervision, assistance, care, treatment and which, due to reasons of economic, physical, mental or social nature, cannot ensure themselves social needs, develop their own capacities and skills for social integration.

Through OUG no. 72/2006, OG 70/2002 was amended, abrogating the provision allowing Social Medical Assistance Units (SMAUs) to obtain their own revenues from amounts settled by health insurance houses, on the basis of contracts concluded between SMAUs and houses.

The organization, operation and funding of SMAUs has been established by rules developed by the Ministry of Health, the Ministry of Labor and the Ministry of Administration and Interior. Thus, the Decision no. 412/2003 defines SMAUs in the following way:

Art. 1: (1) Medical-social assistance units are specialized public institutions with legal personality, subordinated to the local public administration authorities, which provide care services, medical services, as well as social services to persons with medical and social needs.

Furthermore, Decision 412/2003 shows the form under which a SMAU is established:

Article 2: (1) The medical-social care units are established as residential or day-care institutions by a decision of the local council or, as the case may be, of the county council, respectively of the General Council of Bucharest Municipality, by the reorganization of some sanitary units, with the approval of the Ministry of Health and Family and the Ministry of Public Administration.

It is clear from the Decision no. 412/2003 that SMAUs are legally classified as "residential or day care institutions" as a result of the reorganization of some health establishments.

Furthermore, the references for the enforcement of the Decision no. 412/2003 can be found in Instructions no. 1 of 28 July 200, issued by the Ministry of Health and the Ministry of Administration and Interior.

According to MS-MAI Instructions no. 1 from 28th July 2003, Article 14 The control of the activity of medical-social care units and the quality of the services provided is exercised by the authorized personnel of the county and Bucharest public health departments, the health insurance houses and the public services social assistance within the administrative-territorial structures.

*Article 30, paragraph (3) of the Social Assistance Law no. 292/2011 classifies social services as follows:*

*(3) After social assistance, social services are classified into:*

*a) fixed-term or indefinite accommodation services: residential centers, shelters, night shelters, etc.;*

*b) services without accommodation: day centers, centers and / or home care units, social canteens, mobile food services, social ambulances, etc.*

### **The issue of the record of the persons living in the social-medical care units, in particular MSPC Nucet**

Both the Government Decision no. 412/2003 and the MS-MAI Instruction no. 1 of 28 July 2003, refer to the registration of persons in UAMS as "hospitalization". This language is specific to medical units, and less to social welfare services.

Moreover, the term "internment" raises problems because MSAUs are residential institutions. Thus, the person actually lives in MSAUs, as in any other residential center in the sphere of social services. In the particular situation of MSPC Nucet, there is also a social services contract, in which MSPC Nucet is a "social services provider", as defined in Ordinance no. 68 of 28 August 2003 on social services. In the category of social services offered by MSPC Nucet by contract there is found "Medical-social psychiatric permanent assistance for people in difficulty", which also includes "specialized treatment" (art.2.1 letter a) and art.2.2 let. f) of the contract).

From the information gathered by CRJ monitors, and according to the language used by Decision 412/2003, the procedure of "internment" and "discharge" of residents is applied in MSPC Nucet. This procedure exists despite the fact that in the social services contract of CMSP Nucet there is the stipulation that the duration of the contract is "indefinite" (art.4.1 of the contract), without reference to the internment procedure. We add here that, based on the information and statistics provided by CMSP Nucet's staff, "internment" and "discharge" take place whenever a resident leaves the unit for several days, regardless of purpose - either because he temporarily

leaves/ either because he is admitted to a hospital where he receives another type of nursing and then returns to MSPC Nucet.

Thus, at least theoretically, there are two systems of recording the persons living in MSPC Nucet: the number of contracts concluded, respectively the number of hospitalizations / discharges. The issue of admission / discharging evidence that emerged during the monitoring visit is the lack of a separate record of the persons discharged on the ground that the social services contract was terminated, respectively because they temporarily left the institution. From the discussion with the MSPC staff, they know the purpose of the discharge; they know in particular the people who have been dismissed.

Despite the fact that the medical-social care units are, according to the Decision 412/2003, residential institutions, they do not show up in the statistics of the Ministry of Labor, respectively of the National Authority for Persons with Disabilities.

To find out the exact number of MSAU residents in Bihor County, the CRJ sent a request for public interest information to the Bihor Public Health Directorate on 19.01.2017 requesting the following information:

1. The number of medical-social care units established in Bihor County, according to OG. 70/2002 regarding the administration of the public sanitary units of county and local interest.
2. For item 1, we asked them to specify the names and addresses of these medical-social care units.
3. For each health care unit indicated in point 2, we asked them to indicate the number of beneficiaries according to the age and the services provided, according to the most recent statistics available at your institution level.
4. For each medical-social assistance unit, we asked them to tell us the number of deaths occurring in each of the medical-social care units in 2010, 2011, 2012, 2013, 2014, 2015 and 2016.
5. The date of the most recent control carried out in the Nucet Psychiatric-Social Psychiatric Center, according to art. 1, paragraph (4) of the Government Ordinance 70/2002 and Article 14 of the Instructions no. 1 of 28 July 2003 on the application of the Norms regarding the organization, operation and financing of the social medical assistance units, approved by the Government Decision no. 412/2003.

6. A copy of the document stating the results of the check indicated in point 5.

On 02.02.2017, DSP Bihor communicated the following answer (no.1810 / 02.02.2017): "As we do not have the majority of the requested items, we asked the medical-social assistance units from the Bihor County to forward to our institution of these data. Due to their complexity, we estimate that they will be communicated to you by 06.02.2017 at the latest. "

## B. THE SOCIAL CONTEXT OF INSTITUTIONALIZED PERSONS

Most people living in MSPC Nucet (about 150 after the information received from social workers) do not have their own carers. For the rest, the caretakers are either elderly parents who cannot care for their at home, or relatives abroad.

At MSPC Nucet, the residents come from:

- **Community**
- **Other residential centers for children or adults, from Bihor County**
- **From the Nucet Hospital for Psychiatry (located in the same building)**
- **From other County Psychiatric Hospitals (which are still functioning or which have been disbanded since the reorganization in 2011)**

### **Collaboration with other institutions for the internment of persons in MSPC Nucet**

According to the discussion with MSPC staff and documentation provided to monitors, there is a "collaboration agreement" between MSPC and DGASPC Bihor since 2011. The object of the convention is "the transfer between the two institutions of the beneficiaries with chronic psychiatric disorders".

Also, under Article 1 (3) of the Norms of 2 April 2003 on the organization, operation and financing of medical-social care units (Hotline Guideline 412/2003), persons are transferred to MSPC Nucet from the Psychiatry Hospital Nucet, based on the recommendation of this health facility. From the discussions with MSPC staff, CRJ monitors understood that there are people in the Psychiatric Hospital who are waiting to be transferred to NMSPC.

Specifically, there is a waiting list of over 200 subscribers, which CRJ monitors consulted on the spot. The admission procedure to the NMSPC did not seem to be clear to the CRJ's monitors: there seems to be a preliminary assessment and some discussion within a committee, and, after these discussions, the decision to accept / refuse a "patient" is taken. An admission / rejection criterion in NMSPC would be the degree of correlation between the pathology of the case and the services of the center, but in this case, too, we have not received clear information on how this correlation is operationalized (for example in discussion with NMSPC staff: "The case X is clear to us , fits perfectly for the center ... "). The waiting list details can be found in the next section.

### **The Waiting list for internment at MSPC Nucet**

During the monitoring visit, the CRJ delegates consulted have consulted a waiting list of more than 200 records since 2004. These are people who are registered for a seat in the MSPC when vacancies in the center become vacant.

The people listed in this list are, as CRJ monitors personally understood, cases that CMSP staff consider fit with the specifics of the institution. More specifically, the cases are of "chronic psychic problems" and, in general, the most difficult cases of residential institutions for persons with disabilities (major and including adolescents) in Bihor County, respectively in the county communities. Considering the list, CRJ monitors noticed that in most cases people come from the community from different localities of Bihor County.

The list also includes young people from 17 to 28-29 years of age waiting to be admitted or to be admitted from the following residential centers for adults or children:

- **Cighid Recovery Rehabilitation Center for Persons with Handicap**
- **Placement Center for Children with Disabilities No.2, "Our House", Oradea (a young man on the list at the age of 17**
- **Recovery and Rehabilitation Center for Persons with Handicap Oradea, House "Fluturații", Oradea**
- **Recovery and Rehabilitation Center for People with Handicap no. 2 Oradea**
- **Placement Center for Children with Disabilities no. 3**



- **Placement Center for Children with Disabilities no. 4**
- **Placement Center for Children with Disabilities no. 5, Tinca**
- **Placement Center for Children with Disabilities no. 1, Oradea, "The Golden Fish House"**
- **Bratca Hospital, abolished in 2011**

An observation confirmed by the MSPC Nucet staff also refers to the growing presence of young people on the waiting list for admissions to MSPC. Staff recognizes that there is increasing pressure from institutions that host young people, and so more and more young people are interned in NMSPC. This translates, according to staff, at a lower rate of deaths in the center, as well as the heaviest release of places for new admissions. As the MSPC staff stated, places in the center are freed mainly by the death of residents, and more rarely by their reintegration into the community.

From the words of the social worker, two of the residents of the House "Christianne" have asked to be moved to the center of Ciutelec because they did not want to take the medication administered in MSPC Nucet. The opinion of the nurse was that these people would not be able to integrate into society and that they needed the treatment they were receiving at MSPC Nucet.

#### **The case of 22 young people transferred in a "batch" from the former Bratca Hospital**

In 2011, in the context of the reorganization of the hospitals, the Bratca Hospital was abolished. According to the information received from the staff of MSPC Nucet and on the waiting list, CRJ monitors observed a group of 22 people, aged between 30 and 34 (in 2012), who had the address Bratca . This group of young people was originally transferred to the Nucet Hospital for Psychiatry, with the abolition of the Bratca Hospital. Currently, only a handful (7) of young people is transferred to MSPC Nucet and another part is still interned in Nucet Hospital for Psychiatry.

#### **People who live in MSPC Nucet, but have an unknown identity**

The staff indicated to the CRJ monitors that in MSPC Nucet live people whose identity could not be established, even with the police efforts. There were 16 cases of people without documents, most of them being transferred from Bratca Spita, which was terminated in 2011. Of the total of

16 people managed to identify 12 of them, 4 residents remain without documents and without identity.

### C. ACCESS TO JUSTICE, REPRESENTATION

In the "Christianne" House there is a register of abusive and discriminatory complaints posted to the alert, but CRJ monitors have noticed there is nothing written about it.

In MSPC Nucet there is no legal practitioner, although the NMSPC staff specified that such a function would be very useful. When legal advice is needed, the NMSPC staff appeals to the jurist of the County Council, however, as they have understood from the discussions, that the legal aid requests refer rather to the interpretation of labor law.

### D. LIVING CONDITIONS WITHIN THE INSTITUTION

During the monitoring visit, CRJ monitors were accompanied by social assistance in the pavilions where residents of CMSPN live.

From the outset, it should be noted that the 4 departments on 2 floors are locked. Thus, monitors could not enter the staircase in departments without the door being unlocked by a staff member. Also, the departments on the same floor are separated by a locked door. This method is used to isolate "more serious cases" from the rest of the residents.

Given that MSPC has detached itself from the Nucet Psychiatric Hospital structure, it actually works just like a neuropsychiatry hospital, still having almost the same staff and the same organization on the wards.

On the halls of the two women and men's departments there are video surveillance cameras installed, which can be traced from the nurses' office.

The joint building with the hospital was renovated in 2014, and the interior of the "Christianne" House was renovated in 2016: the parquet was changed, the painting was renewed and the dining room was extended.

CMS is organized into three departments:

1. Medical-Social Department of Psychiatry - Men - 80 beds
2. Medical-Social Department of Psychiatry - Women: - 80 beds
3. "Christianne" Rehabilitation House - 18 beds

CRJ monitors have noticed that beds are very close to each other, with very little intimate space. The rooms of the residents are completely unassisted. Only very autonomous residents (2 or 3 rooms monitored by CRJ monitors) have personal items. Otherwise, in almost all rooms there are nightstands or cabinets and often even the pillows. The staff of the institution explained to CRJ monitors that the lack of personal belongings is caused by the fact that residents are destroying the goods, and even if they were to receive new clothes, furniture or personal items, they would break them off. As the situation observed in CMSPN shows, this problem is addressed by removing objects as much as possible.

All the beds in the salons (the rooms where the residents live) are made of metal. In the two men's sections, new beds have been purchased recently, but these beds are also made of metal, with wheels. On the floor where women live, old metal beds are being replaced.

CRJ monitors have noticed that bathrooms are kept under the key. When the staff asked why they were closed, why the toilets did not roll, the monitors were told that the beneficiaries were also destroyed because they "do not understand" because they suffer from "severe morbidity" and "severe oligophrenia" (these were the expressions used staff to refer to residents' diagnoses).

CRJ monitors have not seen toothbrushes or toothbrushes or soap and they were told that hygiene is provided by education instructors because beneficiaries cannot do it by themselves. They are given a general bath on Wednesday and are also washed out whenever unexpected situations occur. In both departments, there is a strong smell of urine, and in the baths and the isolator there were urine spots on the floor. The staff explained to CRJ monitors that the situation of general cleanliness in NMSPC is a difficult one and that the staff is hard to face.

All recipients on both departments have their hair cut short (with one exception indicated by one nurse). The explanations we have received are contradictory: the assistant chief told us that

they wanted it and it was not a punishment measure, and an instructor of education later explained to us that it is easier dry their hair after bathing.

#### • **The Medical-Social Department of Psychiatry – Men**

In this department, as in the rest of the NMSPC building, CRJ monitors have noticed that personal belongings are missing. The explanation for this situation can be found in the above paragraph.

Sanitary group: At the time of the clean, recently renovated visit, there are showers, urinals and toilet posts. There is no psychiatric isolation on the floor of this department, but only a room where no one lives, occupying 2 beds, and some laundry dryers, which the staff said was sometimes used as an isolator.

#### • **The Medical-Social Department of Psychiatry-Women**

One of the salons in this section was presented by a resident woman in the center as her room. There were 5 beds in the room, the room was not equipped with any other furniture or accessories, and on the old metal beds there were only obsolete blankets, there were no pillows, the windows were fitted with bars. In the rest of the salons in this section (Section 2 closed), where there were no bars, the windows were locked with the key. In one of the salons in this section live four women in bed.

On this section there is an isolator that consists of a small, dark, moist, cool, strong urine smell room, equipped with a mattress-free mattress. This room has no natural light and is not connected to the heating system (CRJ monitors have noticed that it is not a radiator). The staff said there was no need for a radiator because it was warm in this room. The lack of a mattress was motivated by the NMSPC staff on the basis that the mat was airtight.

During the visit of this section, the hair cutting of resident women was carried out, activity taking place on the hallway, all women being short-haired.

On each sub-department, there are:

- 2 bathrooms with 4 showers
- 4 sanitary groups (for beneficiaries)

- 3 bathrooms (for staff)
- 1 dining room
- 1 office for food distribution
- 1 shed for clean clothes, mostly made from donations
- 1 stall for dirty clothes
- 1 storage space for hazardous waste
- 1 storage room
- 1 treatment room

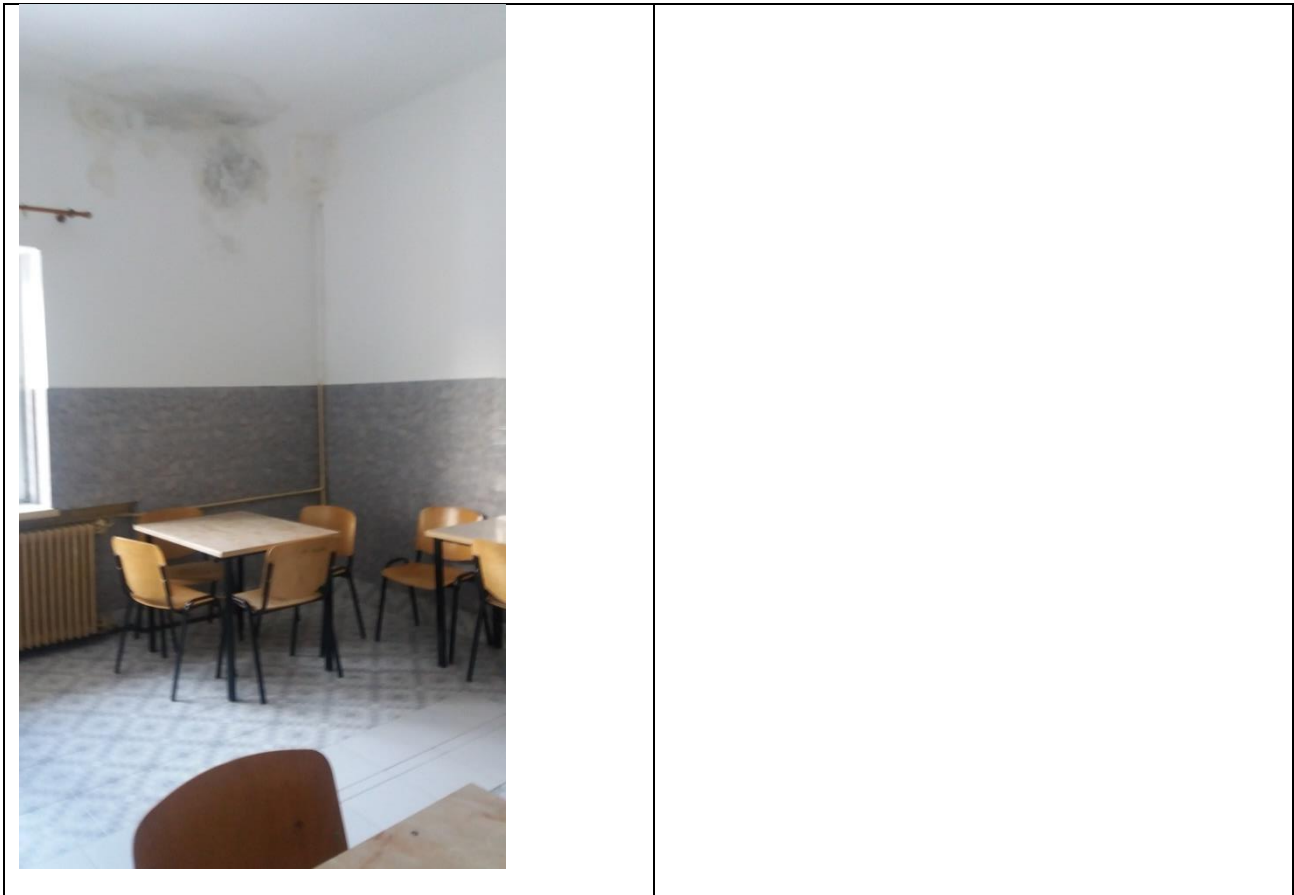
The two sections (men / women) still have:

- 1 consulting room - chief doctor
- 1 consulting room - chief nurse
- 1 guard room
- 2 isolating salons for infectious and contagious illnesses with 3 beds each - from social assistance in case of a contagious infection, the affected persons are transferred to the TB section of the Neuropsychiatry Hospital.
- 1 Psychiatric isolation room

The dining room is on the women's department floor. Monitors have been informed that food is provided by a catering company delivering cooked food three times a day.

**PICTURES FROM DEPARTMENTS IN MSPC NUCET, COMMON BUILDING WITH THE HOSPITAL OF PSYCHIATRY**





- **Christianne Rehabilitation House**

The house is located outside the premises of the neuropsychiatry hospital, inside Nucet, where the administrative offices of CMSP Nucet are located. The "Christianne" Rehabilitation House is a project, initiated in collaboration with the Alsterdorf Foundation in Germany, designed to rehabilitate 20 residents from 178 of the Psychiatric Social-Psychiatric Center in Nucet.

According to the official website of the center, the objectives of this project are to ensure that residents acquire the skills and abilities needed to overcome the dependency threshold, leaving room for social reintegration programs.

House "Christianne" is structured on two levels (ground floor and attic) and offers 18 accommodation places.

Ground floor structure:

- 1 lounge with 1 bed
- 5 double bed rooms
- 2 lounges with 3 beds
- 1 office for food distribution
- 1 dining room
- 1 living room
- 1 shed (for materials)
- 1 treatment room
- 4 bathrooms (for the beneficiaries)
- 2 bathrooms (for men / women)
- 1 group (for staff)

Attic structure

- 2 lounges with 2 beds
- 1 salon with 1 bed, which was very neat and personalized from the monitors' observations, here lives one of the most autonomous beneficiaries, named Z. At the time of the visit, he made physical exercises.
- 2 toilets for beneficiaries
- 1 shed
- 1 occupational therapy workshop



5 administrative staff offices

2 toilets for staff

1 meeting room

1 archive

### The Isolators

On the 4th floor of the building, where women live, CRJ monitors noticed a 5-bed room, all of metal. Two of these beds were of low height, they had the headboard and the legs of the colour green and they seemed to be baby beds. Here, as in most salons, there were no personal objects of residents; the mattresses were made of oilcloth-covered sponge, obsolete blankets, and no pillows. According to the department staff, this room belongs to female residents, but is sometimes used as an isolator. The proof of this is also the door of the room, which in turn had two tilting doors that staff could open to look inside.

### IMAGE 1 – THE DOOR OF THE ROOM USED AS ISOLATOR



On the floor of the women's department, there is another psychiatric isolator, which consists of a small, dark, moist, cool, strong urine smell room, equipped with a bed without a mattress. From the nurses' statements, one of the beneficiaries often requests that they stay in the isolator, this being the case of a self-aggrieved person.

In Law no. 487/2002 of the mental health and the protection of persons with psychiatric disorders is stipulated in Art. 40 par. (1) the fact that "The interns can be temporarily isolated, without constraint, in order to protect them, if they pose a danger to themselves or to others. This measure should be applied with the utmost caution and only if any other way has proved ineffective. (2) The provisions of art. 39 shall apply accordingly. "

We continue to read the contents of par. (3) Article 39, which is relevant to the situation found in MSPC Nucet, namely the case of the self-aggressive resident, isolated in a seclusion room as a self-isolation measure,

"The measure of restraint cannot be used as a sanction, it cannot be part of the treatment program and cannot be ordered for suicide or self-isolation, or as a solution for lack of personnel or treatment, as a sanction or threat form, or to forge goodwill or to prevent the destruction of goods. This measure can only be used if the least restrictive techniques were inadequate or insufficient to prevent any harm or harm. "

Thus, it is noted that the rules on mental health and residency protection which are placed in the isolator described above are not respected for the following reasons:

- the measure is taken as a way of self-isolation;
- there is no guarantee that taking the measure of placement in an isolator in MSPC Nucet respects the principle that this measure is taken only if the person concerned is a danger to him or others;
- the maximum precautions are not being observed (see non-compliant standards in the next paragraph);
- the measure is taken at the request of the residence and not as the last measure taken if any other measure proved to be ineffective, as stipulated by the law.

The second isolator indicated by the CMSPN staff is a natural, glazed, non-heated room with a mattress-free bed. A pillow is placed on the bed. On the ground, the monitors observed a lot of urine and the urine smell was present both in the isolator and on the lanes of the sections or in the rooms of the beneficiaries. We were told that the mattress was dry because a beneficiary had made the necessities on it. We were told that there is no need to be heat in the isolator, because it is very hot on the hallways and no beneficiary has cooled in the insulator so far. (See Figure 2)

### IMAGE 2: ISOLATOR



In connection with the above-mentioned aspects referring to the condition of the psychiatric isolator of MSPC Nucet at the time of the visit, it is necessary to take into account the provisions of the Norm of 15 April 2016 on the application of the Law on mental health and protection of persons with mental disorders no. 487/2002, Chapter V: Special care rules

Article 8, paragraph (4) "By isolation means the placement of the patient in a specially designed and equipped room for that purpose. The room must offer the possibility of continuous observation of the patient, be adequately illuminated and ventilated, have access to their own sanitary group and be protected in such a way as to prevent injury to the isolated one. There cannot be more than one person in the same room.

(5) The installation of the protected enclosure shall be achieved by the use of soundproofing materials; the walls will be covered with durable single piece material without visible joints; the floor will be covered with linoleum in one piece, and the lighting will be protected, with low voltage. The door will be metallic, with a window. The windows will be double-glazed, with scratch-resistant, burst and fire-resistant plastic material, with blinds and an outside opening system.

(6) The minimum facilities of a protected enclosure are as follows: seat and mass fixed to the wall with rounded corners; bed in the floor with mattress; shower directly from the ceiling; toilet bowl and toilet bowl, fixed in the wall '.

From the observations of the CRJ monitors, the rules set out above are not observed in MSPC Nucet: the room is not illuminated and airy, it does not have its own sanitary group, it is not protected to prevent the injury, etc.

#### E. MEDICAL SERVICES

The duration of the medical services is 24/24, during night and day shifts as follows:

Specialist doctors - daily from 8 o'clock - 14 o'clock

Nurses - 12-hour shifts - daily from 7 o'clock, -19 o'clock and 19 o'clock -7 o'clock

On-call duty - permanent

#### **Diagnosis and treatment**

Doctor on call on the visit date refers to recipients using the terms of oligophrenia and imbecile. When we present one of the beneficiaries in the center who had a scarring wound in the forehead and about whom we found out that he is self-injuring very often, the doctor refers to his behavior as "the highest degree of imbecility".

From the staff discussions, it is noticed that the staff image of the beneficiaries is infantile (for example, CRJ monitors have heard expressions such as "a 28-year-old girl", "we say so because so they behave").

As proof of the "culture" of the outdated terms that are still used in the diagnosis of MSPC residents Nucet is the posting on the official website of the center where it is mentioned that "According to the observation sheets drawn up at the hospitalization of patients on the department the pathology is the following:

Grade I oligophrenia (idiotic) with behavioral disorders

Grade II oligophrenia (imbecility) with behavioral disorders

Grade III oligophrenia with psychiatric disorders

Schizophrenias" etc.

**Case C.** - The nurses told us about the situation of a resident who had been taken several times to emergency, where it was intervened surgically because he had swallowed spoons. Of those communicated by the social worker, besides emergency measures - internment and surgery - plus giving him a large spoon of wood that cannot be swallowed, no other safety or treatment measures have been taken for her behavior.

#### F. RIGHT TO EDUCATION AND TRAINING, SUPPORT SERVICES AND THERAPIES

In the NMSPC, there is 1 ergotherapy cabinet per department, so 4 cabinets on the floors of the Hospital building plus 3 more ergotherapy cabinets in the Christianne building. At the time of the visit, there were two people in each of them and one instructor of ergotherapy.

There is no psychologist in the staff structure. The social assistance asserts that the beneficiaries are participating in psychotherapy sessions and that they are organized by the psychiatrist. We could not, however, consult any schedule / plan / report of the therapy / counseling sessions, nor were we provided any other information about this therapy activity. A recipient (H.C.) swallows the spoons, which is why she has undergone several surgeries and the staff believes that "she won't last longer". However, there is no therapeutic plan aimed at targeting this disgusting behavior (which seriously jeopardizes the life of the recipient). The only explanation we have been able to get about this situation was given by the psychiatrist - an explanation from the nurses - that "most likely this is the manner in which the beneficiary in question rejects her frustrations and gains satisfaction through the pain which she causes herself by swallowing these spoons."

The only educational activities that have been encountered in the departments were the puzzlement of the beneficiaries without taking the needs and peculiarities of their age into account. There is no activity schedule or educational monitoring of beneficiaries - including objectives, deadlines, progress assessments, etc.

Another aspect is related to managing the money the beneficiaries receive from the allowance. CRJ monitors have been told that those who are "good" receive them in their hands, and others are encouraged to designate a staff member to keep their money. However, there is no educational program aimed at boosting their independence by developing skills for managing financial resources or stimulating skills for independent (or less dependent) life.

The BM case (entered into the system on September 22, 2010, removed from the system on 29.09.2010): We were told that B. is a very serious case with severe mental deficiency, aggressive and extremely low autonomy. However, in file B there is a social service contract in the Center and it, signed with the initials of her name. When I asked how this contract ended, we were told that someone took her hand and signed it.

## G. COMMUNITY LIVING

The observed atmosphere during the visit, including the afternoon: some of the residents were asleep (according to the nurses, they sleep in the afternoon); one of the residents urged the caregiver to let her out because she says she has not gone out for many days and does not feel good if she does not go out in the air. At her request, the caretaker replies that it is too cold outside and for this reason she cannot let her go. Another resident insisted, saying - worsening - that she wants to go to Salonta, another town in Bihor County.

There is no private room for visits in MSPC Nucet. As nurses have said, if attendants come to visit, meetings take place in nurses' offices.

As social assistants said, some of the center's residents living in Christianne House have access to the community, come out alone and are known and accepted by community people. Things are not the same regarding the residents of the Hospital building, who do not have the same access to the community and live in locked pavilions.

During the Christmas holiday season there were 4 people who were allowed to visit their family. The nurse told us that - when the family wants to take their residents home, they get a permit / ticket.

#### H. STAFF OF THE INSTITUTION

According to MS-MAI Instruction no. 1 of July 28, 2003, Art. 4, paragraph (1) the classification of health care and auxiliary personnel of the medical-social care units shall be carried out according to the following norms:

- a) a doctor at 25-30 beds;
- b) an average sanitary facility at 15-20 beds / shift;
- c) a nursery at 8-12 beds / turn;
- d) a caretaker for 200 m2.

According to MS-MAI Instruction no. 1 of 28 July 2003, Article 12

(1) The staff of the medical-social care units shall be engaged, as the case may be, with a contract of indefinite or determined duration or with a cumulus of functions, according to the law.

(2) Establishment and termination of the activity of the staff provided in par. (1) shall be made by order of the director of the medical-social care unit.

According to the discussions with the nurses in MSPC, there is very little staff per shift, the number of medical assistants employed being 22, who work by twos per shift.

MSPC Nucet does not employ any psychologists or lawyers, which is why we can observe the agglomeration of the legal problems in the work of the hired personnel, referring here to the financial department and the social assistance department.

#### I. DEATHS

In the discussion about the procedure followed in case of death in the institution, the staff of MSPC Nucet described the following steps: death is observed by the doctor on duty; doctor Nucet also draws up the certificate of death; MSPC staff announces city hall and police about death. According to the discussion with the staff, autopsies would only be required if the deceased was under the age of 30 and the cause of death was unknown. It was given the example of a 30-year-old, R.R. who died on June 3, 2015, by "mechanical asphyxiation. „Based on discussions with social welfare, there has also been made a record of "discharges" and deaths from the institution in 2016. These are reproduced by months in the table below.

Month	Internments/Discharges*	Deaths
January	2 discharges	1 death
February	4 discharges	
March	3 discharges	
April	4 discharges	
May	2 discharges	
June	2 discharges	
July	1 discharge	
August	3 discharges	
September	2 discharges	
October	1 discharge	2 deaths**
November	1 discharge	
December	4 discharges	

\* the data in the column should be interpreted taking into account that the phrase "internment / discharge" is not used for cases entering or leaving the system, but for any exit or entry of the



same person or others in the center, returning after a few days going home to family holidays or hospital admission for various investigations or medical procedures)

\*\* 2 deaths are reported in October (V.E.M. and H.P.). In both death certificates the cause of death is "cardio-respiratory arrest."

CRJ monitors recall the provisions of Order no. 1134 / C of May 25, 2000 for the approval of the Procedural Norms concerning the carrying out of experiments, findings and other forensic work: Article 34, paragraph (2) the forensic autopsy of the corpse shall be carried out at the request of the judicial bodies only by the forensic physician, in the following cases:

1. violently, even when there is a certain period between causal events and death;
2. the cause of death is unknown;
3. the cause of death is suspect. A death is considered suspect death in the following situations:
  - a) sudden death;
  - (b) the death of a person whose health, by nature of service, is periodically checked from a medical point of view;
  - c) death occurring during a service assignment within an enterprise or institution;
  - d) Death in custody such as the death of detained or imprisoned persons, deaths in psychiatric hospitals, deaths in penitentiary hospitals, imprisonment or police custody, death associated with police or army activities in the event of death in the course of public demonstrations or any death that raises the suspicion of human rights abuses, such as the suspicion of torture or any other form of violent or inhumane treatment;
  - e) repeated multiple or concomitant deaths;
  - f) unidentified bodies or skeletons;
  - g) deaths occurring in public or isolated places;
  - h) Death is linked to a deficiency in the provision of healthcare or in the application of preventive or protective measures;
  - i) Patient's death occurred during or shortly after a medical or surgical treatment or therapy.

If one of the residents dies and does not have carers, the center deals with it. In this respect, they collaborate with a funeral service company.

## J. INHUMAN AND DEGRADING TREATMENTS

From the observations made on-site, CRJ monitors draw attention to the following risks of inhuman and degrading treatments:

- Isolators do not meet the standards required by the Mental Health Law and the rules for the application of this law (see Section D of this report). The use of isolators under the conditions and methods that monitors have observed or brought to their attention poses an increased risk to the physical and mental integrity of residents undergoing isolation.
- There are no services in NMSPC that could support residents to exercise their rights or to express their concerns - such as psychological counseling and legal advice. According to the factual situation observed by monitors at the date of the visit, the problems of the residents are addressed by psychiatric treatment and eventually activities in the occupational rooms. Thus, due to lack of services, residents are unlikely to improve their physical and mental health in the long run, but on the contrary, there is a risk of degradation.

## K. PRIVATE AND FAMILY LIFE

From the center staff's discussions, CRJ monitors did not receive information about the existence of families or couples in the center. From the information and assessments received from the social workers, the rate of reintegration into the community of residents would be 1 person once every 2 years.

Monitors recall that there is no special room for visits, which take place in the nurses' office.