

Monitoring Report

Placement Center for Children with Disabilities

Drobeta Turnu Severin, Mehedinți 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

A1	Members of the monitoring team	Clara Mitar (lawyer); Roxana Mărcoiu (psychologist)	
A2	Monitoring dates	Day 1 – 19 January 2017 Day 2 – 20 January 2017	
A3	Timeframe during which the visit took place (days 1 and 2)	Day 1: 12:30 – 16:30 Day 2: 09:00 – 12:00	
A4	County, Locality	Drobeta Turnu Severin, Mehedinți county	
A5	Full name of the institution	Placement center for the disabled child	
A6	Address	4, Revolution Avenue, Drobeta Turnu Severin	
A7	Institution manager	Roxana Rîșniță, holds this position for 5 years	
A8	Present staff at the time of the visit, with whom we talked	<p>DAY 1: Roxana Rîșniță – center manager Victoria Emanuela Mlădinoiu– social worker Eufrosina Nițu – kinetotherapist (physical therapist) Carmen Mihaela Andrei – nurse</p> <p>DAY 2: Roxana Rîșniță – center manager Victoria Emanuela Mlădinoiu– social worker Eufrosina Nițu – kinetotherapist Ionuț Luță – main nurse Alice Daniela Cioclu– deputy assistant director Mihaela Mazilu – chief of residential service</p>	
A9	Institution type	Placement center	
A10	Total capacity (number of places)	48	
A11	Number of places occupied at the time of the visit	19 January 2017 – 47 occupied places 20 January 2017 – 48 occupied places (a resident from Vâlcea county was brought during the day)	
A12	Beneficiaries, by gender	M 30	F 17

A13	Beneficiaries, by age	46 residents with ages between 18 – 35 years old 1 underage resident – 15 years old
A14	Beneficiaries per type of disability	Mental and severe retardation; serious handicap, with personal assistant
<p>Other information</p> <p>When the CRJ team arrived at the placement center, the entrance was open. The same building houses also the Day Center for people with autism and the entrance is common.</p> <p>According to the statements of Roxana Rîșniță, manager of the center, in the following weeks (at the time of the monitoring visit, the exact date was not set), they would begin moving residents of this center, 40 of them, to a newly built center. The reason is that the residents are adults, and this is a children's center. The center where they will be moved is on the edge of a neighboring village of Drobeta Turnu Severin, at Șimian locality, about 6 km away from the city. The construction of the new center was completed in 2016, with funding from the Ministry of Labor on the basis of contract no. 5411 of 12.04.2013, amounting to 3,028,106.00¹ lei. At present, the building has all the necessary equipment (furniture, kitchen equipment, laundry, central heating) and according to the statements of the head of DGASPC², they are in the process of obtaining all the necessary permits. The new center has a capacity of 40 seats (the rooms are spacious, 3-4 beds in each room with their own bathroom) and will be called the Șimian Care and Assistance Center for the Disabled Youth.</p> <p>The building currently hosting the placement center is to be renovated. It has been renovated just on the outside 2 years ago (REGIO project - designed for the Day Center for Autistic People), but the interior is unchanged (including furnishings and equipment) since 2000, when it was taken over from County Hospital Drobeta Turnu Severin and turned into a placement center. Before the year 2000, the infantile neuropsychiatry department functioned in the building. Otherwise, some of the residents who are currently in the center were hospitalized in this section. They have virtually stayed in the same building as it was transformed into a placement center. Another part of the residents were transferred from the center of Vânjuleț, Mehedinți County. There was an infantile neuropsychiatry center that was disbanded and some of the children were transferred to the center of Severin, together with the staff from Vânjuleț, and another 14 children were sent to another center in Burila Mare,</p>		

¹ Approximately 670,000 Euros (translator's note)

² Direcția Generală de Asistență Socială și Protecția Copilului – General Directorate for Social Work and Child's Protection (DGASPC)

Mehedinti.

The management complained to CRJ monitors about the difficult collaboration with the county hospital in the city. They do not accept placement center residents if they are not permanently accompanied by a staff member. Specifically, in December 2016, one of the residents underwent surgery, so he was hospitalized, but the medical staff did not agree to provide them with a salon for the resident during the recovery period. The resident was hosted by the hospital staff in a common salon with other patients, and during the admission she manifested "loudly, screaming a lot", which disturbed the rest of the patients in the salon as well as the hospital staff. The management of the center has hardly been able to ensure a person to accompany during the period of internment, but the doctor in the hospital who dealt with the resident has constantly put pressure on the management of the center to solve this situation. Finally, before the full recovery of the resident, they discharged her, indicating that they should return to the consultation periodically and that the center change the dressing as indicated.

B. ACCESS TO JUSTICE, REPRESENTATION

Placement under interdiction. Guardianship

At the time of the visit, about 20 of the residents were placed under interdiction by court order, the appointed tutor being DGASPC (Romanian Child Protection Services). According to the statements of the head of the center, the Directorate initiated proceedings for interdicting all residents of the center in 2016, and in addition to the 20 who already had a court decision, the procedures for the remaining 27 beneficiaries would be finalized.

After studying court judgments, it has been noticed in all cases that the interdicted person was not represented in any way before the court. The reason resulting from this, resulting from studying the court decisions, was that the resident for whom interdiction was requested could not have appeared before the court because of their state of health. However, in such cases, the legal provisions require the appointment of a curator by the court to defend the interests of those whose interdiction is requested.

Art. 938, paragraph 3 of the NCPC: Where appropriate, the president also appoints a curator under the conditions provided by the Civil Code. The appointment of the curator is mandatory for court representation of the person whose interdiction is requested, if his state of health hinders his personal presentation.

At the same time, as stated in the court orders for interdiction, not all residents were heard by the judge. In some cases where residents could not be brought before the court, the judge decided to hear them in the place where they were, which is why they came to the center to discuss with them. In at least one case, however, the court decided against the legal provisions, that the hearing of the person whose interdiction was requested is no longer necessary, so he pronounced the decision without listening to the resident and without being represented throughout the process, thus violating the provisions of Article 940 paragraph 2 of the NCPC.

Art. 940 para. 2 NCPC: At the trial, the court is required to obey the person whose interdiction is requested, asking them questions to ascertain his mental state. If the person whose legal interdiction is requested is unable to appear in court, they will be heard at the place where they are.

For all persons who have been put under interdiction, the court appointed DGASPC Mehedinți as a tutor. The court has put into practice the provisions of the Law no.448 / 2006 on the protection and promotion of the rights of persons with disabilities, which stipulates that in the situation of these persons DGASPC can be appointed as guardian.³

There is a regulation that is at least unfortunate, in the sense that it derogates from the provisions of the general law provisions on interdiction and guardianship, which prohibit those who are in conflict with the interests of being appointed as guardians.

Even if, according to the implementing rules of Law no.448 / 2006, a person is appointed to perform the guardianship duties, this will be an employee of DGASPC Mehedinți, who will obviously be in conflict of interest and will not be able to objectively fulfill its obligations under the law.

Both the new Code of Civil Procedure and the Convention on the Rights of Persons with Disabilities, ratified by Law no. 221/2010, contain provisions prohibiting persons in conflict of interests from being appointed guardians.

Article 113 of the NCPC, which enumerates a list of persons who cannot be appointed as guardians, shows in Article 1 (f) that he cannot be a guardian:

³ Art.25 par.4 of Law no.448 / 2006 - If the person with disabilities has no relatives or persons to accept guardianship, the court may appoint as guardian the authority of the local public administration or, as the case may be, the private legal person which ensures the protection and care of the person with disabilities.

f) who, due to various interests contrary to those of the minor, could not perform the task of guardianship;

Article 12 of the Convention - Equal recognition before the law, point 4:

4. States Parties shall ensure that all measures related to the exercise of legal capacity provide for adequate and effective protection to prevent abuses under international human rights law. Such protection will ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the individual, are not in conflict of interest and do not have an inappropriate influence, are proportionate and adapted to the person's situation, apply for the shortest possible period and are subject to periodic review by a competent, independent and impartial authority or by a judicial body. Protection measures will be proportional to the extent to which such measures affect the rights and interests of the individual.

Unfortunately, despite the legal provisions cited above, the courts also appoint as guardian the Directorate subordinated to the institution where the beneficiary is located. In practice, we are in the situation where these residents, if they have any dissatisfaction about the services they offer or any complaint about the breach of any right by the service provider, are deprived of any mechanism by which they can report these situations, given that the one who should represent them in these steps is even the supplier. Clearly, in these cases, the guardianship institution is practically deprived of its most important attribute, the defender of the rights of protected persons. It is hard to imagine that DGASPC Mehedinti, in this case in the case of abuse, will file a complaint against DGASPC Mehedinti, or that an employee of that institution, delegated to perform the duties of guardianship, will ever make a complaint against his own employer or against a colleague.

Besides the above-mentioned aspects, as a consequence of the appointment as guardian of the DGASPC Mehedinti, the social assistance contracts that the residents should sign will carry the signature of DGASPC Mehedinti, both for the supplier and the beneficiary. At this time, because until 2016, the residents had not been appointed a tutor, all the proceedings having been started this year, the contracts were signed by the head of the center in the name of the beneficiaries. We were presented with such a contract, which, where the signature of the resident / legal representative should have been, was signed by the head of the center, Mrs. Roxana Rîșniță.

Moreover, she was in the contract as the legal representative of the resident, although there was no decision for them to be placed under interdiction or the head of the center to be

named guardian. From the talks, it transpired that all contracts bear the signature of the head of the center as the legal representative of the residents. Virtually all contracts concluded by the DGASPC Mehedinti with the residents it has under care and to whom it provides social services are signed with another person who does not have the capacity to sign these documents on behalf of the residents.

Conclusions:

As it is the case regarding placement under interdiction and representation, three important issues are to be highlighted:

1. residents were not represented throughout the banning process;
2. some residents were not heard by the court, although it was mandatory to hear them;
3. There is a clear conflict of interest between the guardian/tutor appointed by the court, DGASPC Mehedinti, and residents.

Complaints procedure. Registers

The Center has all the registers provided by the standards, except that there is no mention of any complaints made. Thus, there are the Register of intimations and complaints, the Register of Opinions and Suggestions, the Register of Restrictive Measures, the Register for Notification of Abuse of Neglect.

In all these registers, no mention is made of the existence of any case recorded throughout the year 2016. Social assistance has stated that there have been no complaints in the center, or other complaints, either by the residents or by the families them. Given that all residents are people with severe mental retardation, it is extremely difficult or even impossible for them to express any discontents or complaints.

The only way to use the right to complain, which would also constitute a guarantee that this can be effectively exercised, is to appoint a guardian for these residents, impartial and independent, to follow the interests of the resident with priority. As long as residents are placed under interdiction (which is equivalent to the inability to make complaints on their own behalf), and the guardian appointed by the court is the DGASPC (or a person within that institution), the right to complain and access to justice, guaranteed by both domestic law and international law, is illusory.

The Convention of 26 September 2007 on the Rights of Persons with Disabilities ratified by Law 221/2010 provides in Article 13:

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Article 13: Access to justice: 1. States Parties shall provide effective access to justice for persons with disabilities on an equal basis with others, including by providing procedural and age-appropriate adjustments in order to facilitate them an active role as direct and indirect participants, including witnesses, in all legal proceedings, including investigative stages and other preliminary stages. "

C. LIVING CONDITIONS WITHIN THE INSTITUTION - accommodation and food

D.1. The structure of the complex - accommodation

The building is located in the city center, near a primary school and a complex of educational establishments (primary school, special school, 2 high schools). Inside the same building, there also is a Day Care Center for people with autism. On the ground floor, on one of the wings of the building there is the space for the day center, and in the other wing, there is the space for the placement center, which also has one floor.

The space of the residents of the placement center is divided on each level as follows: in the middle, there is the dining room, on both sides of the hall there is a module of rooms consisting of 3 bedrooms each, each of 4 beds and a 12m² hallway used as a daytime space for spending time (the club). There is also access to the bathroom, one on each level, which can be accessed from the dining room. Each bathroom has 4 sinks (hot and cold water at all times), mirrors above the sinks, 5 toilet bowls (with separators, without curtains, without a skein), 3 showers (without shower batteries), and a bathtub. Thus, the center has 12 bedrooms, 48 beds, 4 living rooms, 2 dining rooms, 2 bathrooms. The heating system of the center is new (it was installed with the exterior renovation of the building and the interior of the day center), the temperature in the center is about 22 degrees, but it is cooler in the bathrooms.

The administrative area and specialized offices are also upstairs. On the main lobby there is the office of the head of the center, the kinesiotherapy room, the psychologist's office (closed and unused), the nurse's office, as well as the medical cabinet and the isolator.

The girls are upstairs and the boys are downstairs. However, as there are more boys than available ground floor, 6 of them are in the upstairs rooms. Residents were seated in rooms depending on the disabilities they have. For those who have been able to express what they want, they chose the room and roommates themselves.

In each bedroom the design of the furniture is identical, only the colors differ. Furniture is made of wood; the set for each resident consists of bed, above the bed, mounted on the wall is a small clothes closet. The furniture was installed in 2000. Since that year, no investment or any other improvements have been made. Thus, furniture is degraded, beds have

swollen portions of moisture from mattresses (some of the residents suffer from urinary incontinence).

The rooms are not personalized, they are sterile, and everywhere the hard smell persists. Outside of the furniture there is no other object in the room; residents do not have toys or personal belongings. Discussions with the Center's educators revealed that all toys or any other object (colored pencils, sheets, coloring books, including some gifts received by residents in the period of Christmas are stored in the in the warehouse, in the laundry, a small part of these are in the closets in the rooms. In general, they receive new clothes through the Directorate or donations (for a few years the same person donates clothing to the Directorate brought from Austria).

The laundry room is on the ground floor of the building; it is poorly equipped and it has old appliances. At the time of the monitoring visit, the entire courtyard of the center was full of dry clothes supported by fences because the center did not have clothes dryers.

D.2 Food

The center has its own kitchen on the ground floor of the building. Ten of the residents eat in bed, because they are immobilized and the other 37 in the two dining rooms. More than 4 residents never eat in the same room, not because they do not have dinner or meals, but because most of them have mastication problems and staff assists them in taking the meal to avoid the risk of choking. This is one of the reasons, according to staff statements, for which residents have only chicken (chicken breast and deboned pulp) in the menu.

The menu is set up by nurses, cooks and administrators, taking into account (as much as possible - due to residents' difficulty in communicating) their preferences as well.

As regards the involvement of residents in household activities in the kitchen, this is difficult to achieve, but because of the serious illness they suffer from, some of them participate in the decoration of cakes prepared for the celebration of birthdays.

Meal program:

Even if the center has hours set for each meal (breakfast 08:30, lunch 13:00, dinner 19:00), we cannot talk about a program of those. Each of the three meals starts at the set time, but the duration varies depending on the content of the menu and the way in which residents consume food. The schedule of meals is extended in view of the special situation of the residents of the center. Each of the three meals takes about 2 hours. In addition to the main meals, they get 2 snacks a day, one of them consisting of a fruit. The other is fruit yoghurt, cupcakes, waffles, etc.

The amount allocated for food / day / resident is 16.80 lei.

We recommend diversifying the menu; basically residents receive twice a day chicken, prepared differently.

Menu example:

Wednesday 19.01.2017: breakfast - bread, butter, jam, cheese, pressed ham, tea; morning snack - fruit; lunch - chicken broth, bean juice, cabbage salad, rice pilaf with chicken legs, juice; after-meal snack - waffles, yoghurt; dinner - potato chicken breast with chicken breast, fruit compote.

Thursday 20.01.2017: breakfast - bread, butter, jam, cheese, sausage, tea; morning snack - fruit; lunch - ragout soup, potatoes with chicken breast, bread, juice; after-meal snacks - donuts, yoghurt; dinner - green beans with chicken breast, macaroni with breadcrumbs.

D. MEDICAL SERVICES

The placement center has a medical cabinet on the upper floor of the building and three employed nurses. Since the summer of 2016, the family doctor of the center has retired, and until now the post has not been occupied yet.

Nurses are the ones who administer substantive medical treatment, and the head of the center decides on medical interventions for residents placed under interdiction (or pending lawsuits), although he has no legal quality about it.

The medical records of each resident include the following documents:

- Personal data and diagnosis
- History and history of affection
- General clinical examination - blood test results
- General Clinical Observation Sheet
- Evolution sheet
- Treatment sheet
- Medical letters
- Disability grade certificate

All residents have the same family doctor, Dr. Ivașchescu Livia, and when she is not available (rest leave), Dr Dinca solves the situations that occur in the center. The doctor's program is: Monday, Wednesday, and Friday - 14:00 - 19:00; Tuesday, Thursday - 08:00 -

13:00. According to the nurses' statements, they have a very good collaboration with the doctor, who has been treating the center's residents every time.

The clinical observation sheet of each resident is the basic tool in the medical cabinet. There are noted all daytime interventions for each resident.

Diagnosis table

Diagnosis	Number of residents/diagnosis
Autism	2
Severe mental retardation	39
Psychomotor agitation syndrome	4
Schizophrenia	3
Paresis (different shapes)	9
Congenital nystagmus	2
Torsional nystagmus	1
Epilepsy	8
Psychomotor instability	2
Prolapse of mitral valve with regurgitation	1
Ablepsy	1
Bilateral optical atrophy	1
Pierre-Robin Syndrome	1
Self-aggression	2

Dental medical services

CRJ experts have found contradictory information; one of the nurses says they have great problems because dentists refuse to treat the residents of the center; on the other hand, another medical assistant claims that whenever they needed, have been approached by a dentist, but on the basis of a friendly relationship.

We also identify in this center the problem of collaboration with dentists; we can already consider that it is a phenomenon spread in most of the units visited by CRJ on the territory of the country. Generally, dental doctors refuse to treat people with mental disabilities, so the units have no collaborations in this respect. Every time they face an emergency situation, it's a challenge to find a dentist who accepts treating residents.

Neuropsychiatric medical services

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All residents receive psychiatric treatment. The psychiatric evaluation is done every 6 months, but the attending psychiatrist (Ionica Lucia) visits the residents weekly (every Friday). As a rule, the assessment does not involve internment. The internment takes place only in emergency situations, for psychomotor agitation and lasts between 7 and 14 days. Drugs administered to residents: Diazepam, Phenobarbital, Carbamazepine, Convulex, Tiapridal, Keppra, Romparkin, Haloperidol, Clopixol, Depakine, Rivotril, Aripirazole, Neurotrop, and Seroquel.

Chemical / Physical Constraint

Chemical Constraint - The procedure is as follows: The psychiatrist is notified; at his / her indication nurses administer the recommended dose of Phenobarbital and / or Diazepam for injection.

Physical constraint is practiced in the center. As a rule, male carers immobilize the resident in a state of psychomotor agitation and use a straitjacket (30 minutes of length of constraint). The resident is taken out of the common areas and is taken to either the isolator or another room where no other residents are found. During 2015 physical confinement was applied in 52 situations, in 2016 in 16 situations. During the constraint period, residents are permanently supervised.

The center has an isolator, but the CRJ experts did not see it because it was locked, and the key was not in the center.

Sexual education - Most residents masturbate. They are not stopped by the staff and residents are frequently directed towards their rooms or the bathroom.

Physical therapy services

Currently, the only activity systematically destined to residents is the one supported by the center's kinetherapist (physical therapist). Based on a plan built for each resident, according to his needs and potential, residents come or are brought (immobilized) daily to the physical therapy room. It features 2 treadmills, balls of various sizes, bicycle, wheelchair, stall bar, Bobath balloon. The physical therapist manifests the desire and the need to equip the cabinet with physiotherapy equipment, galvanic baths and magneto therapy that would allow him to build more productive programs with visible positive effects on the residents.

At present, the activities they carry out are based only on the use of "walking on tape" bands, the Bobath balloon (various exercises to stimulate body muscles), dancing and treadmills.

E. EDUCATION AND TRAINING. PSYCHO-SOCIAL SERVICES

F 1. Daily program of the beneficiaries

08:00 – waking up
08:00 - 08:30 - body hygiene, putting on day clothes
08:30 - serving breakfast
09:00 - 13:00 spending time in the living room
10:00 - morning snack
13:00 - 14:00 - lunch serving
14:00 - sleep program for whoever wants
14:00 - 19:00 - spending time in the living room
16:00 - after-meal snack
19:00 - 20:00 - serving dinner
20:30 - 21:30 - body hygiene, preparation for rest

F2. Going to school and systems of schooling

Among the residents, two of them attend special school classes, which are located in the vicinity of the center (two brothers aged 15 and 18 respectively). They are accompanied by a staff member both in the morning and after the meal on the road. Another resident is enrolled in home schooling (21 years), because of the frequency of epileptic seizures.

F3. Activities / training in school

From the files of the two residents, the following follows:

1. MV was born in 2001 in a village near the city. He has a Special Needs Certificate released in 2012, the diagnosis being average mental retardation, IQ 48, with school orientation for the special school for the gymnasium level. Thereafter, the resident attends the same school. The certificate is signed by committee members, including a special school teacher (CSEI Constantin Pufan).

2. M.S. was born in 1998. He also has a Special Needs Certificate, released in 2011; the diagnosis that is mentioned is a neuropsychiatric disability of accentuated degree.

Both brothers lived in the boarding special school, going home to their maternal grandparents only at the end of the week and on holidays.

They have a handicap certificate with a personal assistant, both certificates being issued in 2015.

In 2016, the Mehedinti Tribunal decided to place the two children as a matter of emergency in a placement center, given that several neighbors of their maternal grandparents complained that they were neglected, dirty, unfed, and left in the street by their grandmother. The social investigation was carried out and the complaints were confirmed. The maternal grandmother was admitted to the Psychiatric Hospital with the diagnosis of a paranoid psychotic episode.

Given the situation of the two brothers, the Mehedinți Court decided to replace the emergency placement measure with the placement measure at the Center for Children with Disabilities. The request came from DGASPC Mehedinti. During the juvenile trial, they were not represented, no curator was appointed to defend their interests. The dispute was in conflict with the mother of the two residents, who did not appear in court and who, as it appears from the files in the file and from the discussion with the social worker, did not care about the children, abandoning them for many years at maternal grandparents. The school program is from 08.00 to 16.00, accompanied daily by a staff member on the way to school and back to the center, the school being a few hundred meters away from the center. Breakfast is served in the center, and the school provides lunch and two snacks. The social assistant was not able to tell exactly what kind of activities, in particular, the residents of the special school carry out after the end of the class.

F4. Extra-curricular program in the centers

According to staff statements, residents spend time in the courtyard of the center. They walk, play, and sometimes use the basin they have in the yard.

Generally, educators "are animating their time now and then". Some are coloring, watching TV. Those who are able to, in the morning, make the beds for themselves and for the rest of their colleagues. Residents are not forced to do household work, only those who can and want to. According to the staff's statements, those immobilized in beds are picked up daily; they have meetings at the kinesiotherapy cabinet. In the summer, there are activities in the yard every day, in the winter less often, and the immobilized ones are not taken outside at all. According to staff members' declarations during the afternoon 13:00 - 15:00 (when the two shifts overlap), and there are 8 educators in the center, the excursions to the inner courtyard or the city are organized. But given that this time interval overlaps with lunch, we can assume that it lasts out, it cannot be more than an hour.

F5. Psycho-social activities

The former psychologist (now an employee of the day care center for people with autism) comes in emergency situations at the request of the center staff. It operates in the same building.

Given that the post has been vacant for two years, there are no psychotherapeutic programs for residents that would lead to progress in their development as well as to the formation of new skills.

F. COMMUNITY LIVING

G1 Visits

Five residents are visited by family members. The rest come from split families, and the connection with the family has been lost over the years. The center has a visiting room with an armchair, a sofa and a table. On the table there is a Visitors' Register (the same names are entered in the register).

G2 Communication

Residents have access to the phone, but most of them are unable to communicate because of their clinical condition. Moreover, a significant part of them do not even know their families. There are young people who have been abandoned since birth.

G3 Activities / community participation

We cannot talk about community activities or their participation in outside life. It happens for them to go out for a walk with staff members on one of the city's pedestrian streets, near the center, the "closed street". The last time was during winter holidays, information confirmed by several residents.

Also, on religious holidays, they receive visits from groups of children from schools in the city, as well as priests who sometimes hold ceremonies. In the past, they participated in specially organized camps for people with disabilities, but such camps are not organized for adults as well.

We are worried because as they move to the new center on the edge of a neighboring neighborhood, we expect the few outgoing residents to be stopped. Given the distance of 6 km, the staff is likely to find grounds for postponing or canceling, these exits.

According to CRPD, Article 19: Independent Living and Community Integration: States Parties to this Convention recognize the equal right of all persons with disabilities to live in

the community with equal opportunities with others and will take effective and appropriate measures to ensure that persons with disabilities fully enjoy this right and full integration into the community and participation in its life, including by ensuring that:

- a) persons with disabilities have the possibility to choose their place of residence, where and with whom to live, on an equal basis with others, and are not obliged to live in a particular living environment;
- b) persons with disabilities have access to a range of home, residential and other community support services, including personal life support and community integration, as well as prevention from community isolation or segregation;
- c) Community services and facilities for the general public are equally available to people with disabilities and respond to their needs.

Under no circumstances are international standards on independent life and community respected in the visited center. On the contrary, residents do not have access to community services and facilities.

G. THE STAFF OF THE INSTITUTION

H.1. Staff by category

Administrative

Head of the center - 1

Administrator - 1

Chefs - 3

Laundry - 3

Cleaning care - 3

Guard - 3

Fireman - 3

Psycho-socio-medical

Psychologist - vacant

Psychologist - vacant

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Social worker - 1

Physical Therapist - 1

Educator - 16, 1 suspended person

Medical Assistant - 3, 1 vacant

Night watchman - 5

H.2. Work schedule

Educators 07:00 - 15:00 (morning shift);

13:00 - 15:00 (afternoon shift), 4 educators per shift;

Overnight stays 21:00 - 07:00 - 3 or 4 persons per night / center;

Nurses 07:00 - 19:00 (day shift);

19:00 - 07:00 (night shift);

Physical Therapist 08:00 - 16:00;

Chefs 08:00 - 20:00;

Cleaners 07:00 - 15:00 (morning shift);

13:00 to 21:00 (afternoon shift).

H.3. Continuous training of staff

In 2016, palliative care - a course for nurses. They said the exchange of experience / communication with nurses from other centers in the country was beneficial, but from an informative point of view, they did not retain any new data. In 2015, both center educators and nurses attended a first aid course.

As a result of the discussions with staff, those working directly with residents show that they admit they are unprepared, that they do not know how to act in many situations. They claim that they need specializations and want to acquire new information and techniques to improve their work in order to be able to correctly identify the needs of the residents, to

draw up applicable intervention plans that lead to clear, observable results, even if this is difficult, given the serious pathology suffered by residents.

They currently do not have this information, making most of the activities for residents incomplete, inconsistent, and unsystematic, with no clear objectives, without a monitoring plan.

DEATHS

In the last two years, 2016 and 2015, there has been no death in the center. In 2014 there were 3 deaths.

The staff knows the procedure for notifying the death to the competent bodies, so that in all cases where the residents died in the center, both the ambulance and the police were called.

Instead, we have failed to document the causes and circumstances in which deaths occurred. According to the staff, in a case where the resident died at the Severin County Hospital, the medical file is in the original at the sanitary unit, and in the other two cases all the relevant documents would have been raised by the prosecutor. No documents have been returned to the Center since 2014, and staff has been unable to provide information as to why these documents have not been returned.

1. M. L. A., born in 1988, deceased on 15.03.2014.

The resident died at the Mehedinti County Hospital. As the staff told us, the resident's medical record is no longer in the center, being handed over to the Mehedinti County Hospital with the admission.

From the certificate of death established by the forensic doctor, the causes of death are as follows:

- toxic-septic shock,
- old generalized peritonitis,
- ileal perforation through a foreign body.

The medical assistant we discussed with said that the resident had been admitted to the psychiatric section of the Gura Văii County Hospital after a psycho-motor agitation crisis.

After spending some time there, he returned to the center, and after a day or two he began to feel sick. The staff called the ambulance and the resident was taken to the County Hospital, where he died.

The medical assistant assumes that the resident in the Gura Văii hospital has swallowed something, because shortly after he returned to the center, he got worse.

2. B. I., born in 1994, deceased on 21.08.2014.

The resident died in the center, the ambulance and the police having been called. Causes of death, as evidenced by the forensic medical examiner's certificate, are acute respiratory failure, pneumopathy.

As it appears from the medical record in the medical file of the residency (the only document containing the dates referring to the day of death, the rest of the documents not being filed), on 21.08.2014, at 21:30, the resident entered in cardio- respiratory arrest, the diagnosis mentioned by the center doctor is cardiac arrest, tetra paresis, thoracic kyphoscoliosis.

3. M. I., born in 1992, died on 24.06.2014.

The resident died in the center, and according to the forensic certificate made by the forensic doctor, the causes of death were:

- acute respiratory failure;
- chewed lump of food respiratory.

In medical file of the resident, there is no medical record and no other evidence from the time she died.

According to the staff, all the medical records of the deceased residents in 2014, the last two, more precisely, were raised by the public prosecutor who was informed of the death of the residents. The same was true with the notebook that contained the nurses' shift reports, so the entire notebook for 2014 is no longer at the center, but at the prosecutor.

We could not be told the name of the prosecutor or institution from which he comes. At the same time, no minutes have been drawn up regarding the removal of these documents from the center.

In the case of the first deceased resident, the entire medical file was submitted to the County Hospital at the time of admission, and it was not returned to the hospital after the death of the resident.

The staff does not know what happened to these documents and why they have not been restituted since 2014. It is also not known whether an investigation into these deaths has taken place.

Recommendations:

- 1. Monitor the procedure for placement under interdiction of the residents, closely follow the way in which the designated guardian performs the duties of guardianship and represents the interests of the interdicted;**
- 2. Referral to the guardianship court of any conflict of interest that arises between the guardian and the interlocutor;**
- 3. Ensure an effective complaints procedure by encouraging guardians to actively participate in residents' lives and informing them of all measures taken by the center that may affect residents;**
- 4. Diversify the menu by considering other foods: fish, beef, etc., which, given the disabilities suffered by residents, can be crushed or beaten;**
- 5. Ensure access to the center yard for all residents, every day (except extreme days), and access to the community;**
- 6. Recovery of documents from files of deceased residents;**
- 7. Supporting psycho-socio-therapeutic programs tailored to the needs of the residents of the center, setting clear objectives for acquiring life skills and monitoring their implementation for the purpose of continuous adaptation;**
- 8. Drafting and signing a collaboration protocol between DGASPC Mehedinti and the medical units in Drobeta Turnu Severin in order to provide correct medical services adapted to the needs of the residents of the centers of direction.**