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Monitoring report
Asociația Academia de Sănătate Samariteană –
Centrul Socio Medical Academia Seniori
Ernei, Mureș county

proiect derulat de:



în parteneriat cu:



General aspects

The monitoring visit took place within *the Plea for Dignity* Program, run since 2003 by the Legal Resources Center (LRC). No activity carried out by the LRC aiming to monitor and to facilitate the access to justice for the residents with disabilities in public or private residential centers, in protected housing, family-like homes, foster care centers or psychiatric institutions, is funded by the Ministry of Labor Work and Social Protection or by other public or local authority.

Context of the visit

On October 4th, 2023 the representatives of the Legal Resources Center (LRC) paid an unexpected monitoring visit to Asociația Academia de Sănătate Samariteană in the city of Ernei, Mureș county, a visit that lasted around 1h 30 minutes.

The access was made based on the collaboration agreement concluded **between LRC with the Monitoring Counsel for the implementation of the Convention of people with disabilities** (Law no. 8 of 2016). The monitoring team consisted of Georgiana Pascu (manager of the Plea for Dignity program), Alina Barbu (legal expert, psychologist), Roxana Mărcoiu (psychologist), Mugur Frățilă (clinical psychologist) and Milena Enescu (legal expert).

At around 09:30 A.M., the LRC team arrived at the working point in the city Ernei, DN 15, no. 630C, Mureș county, where the headquarter of Asociația Academia de Sănătate Samariteană is.

The access and visit were conducted in optimal conditions, whereas the facility's personnel and the management cooperated with and supported the LRC team, offering them the required information.

According to the information on the website of the Minister of Labor – Direction for Politics of Social Services – the association functions under license no. 4531/28.07.2020 valid for a period of 5 years. The series number under which it functions is LF/0009247, and Ms. I.C. is president of the association.

The center delivers a residential service with accommodation that should include a set of social activities, medical assistance, care, palliative care, habilitation and rehabilitation activities. The purpose of the center is to provide such social services according to the needs of the beneficiaries, especially in order to ensure situations of risk and difficulty, prevent and combat the risk of social exclusion and promote social inclusion and increase the quality of life.

The provision of residential social services within the center is ensured by 10 (ten) nurses (5 nurses per shift), one physiotherapist, 1 family doctor, 1 nutritionist, 1 cook, 5 (five) caregivers, 1 psychologist, 1 maid and 1 social worker.

Regarding the medical services provided by the psychologist, we mention that they have a collaboration contract with the center for 100 hours/ month with a frequency of 2 (two) days.

The center is equipped with medical equipment, special mattresses for back conditions, 2 (two) oxygen machines, wheelchairs. The staff includes a cook and a nutritionist, considering that the center has its own kitchen where the beneficiaries' meals are prepared.

There is a contract signed with a social worker who ensures their presence once or twice a week to conduct social surveys or specific documentation, although we have not identified a signed service contract.

Living conditions in ASS – Centru Socio - Medical

The property is a house located in a video-monitored yard, it benefits from a private parking lot, and access is from the street. The building is surrounded by a fence of medium

height and has a large yard, as well as a concrete terrace with places for dining or recreation where we met beneficiaries who took advantage of the weather outside and spent their time outdoors.

The building is composed of a ground floor where the reception of the center is located, the dining room with a capacity of 4 (four) tables with 4 (four) chairs each, a bathroom, rooms for beneficiaries and an occupational therapy salon where several residents were waiting to benefit from physical exercises and activities for locomotor disorders.

On the first floor, we identified the beneficiaries' rooms, the access stairs were not equipped with a ramp, but there is a functional device for transporting wheelchairs. There is access from the rooms to the terraces - chairs are also placed on the terraces. The benches/ chairs on the terraces have blankets, pillows, there are ashtrays and objects that prove their current use.

The situation of the people staying in the center communicated by the representatives of the center was 23-24 beneficiaries aged between 56 - 92 years out of the total capacity of 28 places. The beneficiaries of this center are usually patients with serious pathologies - dementia, stroke or patients in relatively advanced stages of various diseases and require advanced palliative medical care.

A number of 13 residents require the use of wheelchairs, 4 (four) beneficiaries have their own devices, and the center provides the devices for the other beneficiaries.

On the day of the visit, the meal had been served, some beneficiaries were in the courtyard, in the open air, others downstairs, waiting to enter the physiotherapy sessions, and others were in the bedrooms.

The LRC team was greeted by Mr. M.U., who invited us to his office located on the first floor of the building. Mr. M.U. presented himself as the brother of the president of the Asociația Academia de Sănătate Samariteană / Samaritan Health Academy Association, Mrs. I.C. He was available to present to us the situation of the people staying in the center, as well as that of the employees.

From Mr. U.'s accounts and claims, the contracts with the beneficiaries are concluded for amounts between 3,600 - 4,900 lei, and to these amounts are added the amounts provided by AJPIS in the amount of 1,000 lei/ person within the limit of 20 persons.

The discussions with Mr. U. revealed that the beneficiaries are brought in relatively advanced stages of various diseases and require advanced medical care.

For this reason, they have a rigorous procedure regarding deaths, we were informed that as a rule the ambulance is called for emergency situations, and if the death occurs under conditions other than those resulting from the chronic diseases that the beneficiaries have, the police is also announced. There have been 2 (two) such cases in the center. .

According to his statements, in 2022 there were 17 deaths, at a monthly average of 24 beneficiaries/ month in the center.

For this reason, Mr. U. mentioned that the representatives of the center insist on visiting the beneficiaries' relatives as often as possible, to spend time with them, to observe the evolution of their disease, so that for serious/ terminal cases, they closely observe the fast degradation which is not the consequence of the care in the center.

There have been isolated cases in which the residents are not visited by their family even when there was an emergency regarding the payment of medicines prescribed by doctors, and the president of the center had to pay the respective sums of money so that the beneficiaries would not interrupt the treatments.

According to the reports of Mr. U., the Association to which Academia de Sănătate Samariteană belongs - Centrul Socio Medical Academia Seniori would open a recovery and palliation hospital in Mureș county.

For this reason, there is a possibility that in the future this location will be moved closer to the recovery and palliation hospital that is to be opened, the reason being the reduction of costs from the current location.

Moreover, the staff of the center expressed their concern regarding the professional relationship they have with the Romanian medical system, the difficult collaboration with UPU Târgu Mureș and with certain psychiatric medical units when it comes to residents who have psychiatric diagnoses and who decompensate and go through episodes of severe agitation or aggression.

We were told situations in which they requested the ambulance: for example, for an extremely agitated and aggressive beneficiary, the ambulance came and took the patient, but in a short time they returned to the center with the beneficiary in the same state of agitation and aggression, and the staff refused to receive him. For this reason, the presence of the police was requested, who came to the scene, and the staff was forced to restrain the beneficiary in the center, despite the altered mental state and the severe episode of agitation and aggression.

At that time, the management of the unit contacted the UPU, mentioning that in the case of deterioration of the patient's condition, they will have to contact them again, as the patient needs specialist control and intervention. The response received from the UPU was a threaten with fines, according to statements made by the center's staff. For this reason and to solve such a problem, the center purchased its own ambulance which is in the authorization process.

Another situation mentioned by the center staff refers to the communication and collaboration they have with Tarnăveni City Municipal Hospital - the psychiatry department - which is extremely difficult - it is very difficult for them to get an appointment for hospitalization because there is a risk that the residents are being brought back from the hospital.

There were also some complaints from the beneficiaries, but they usually concerned the diet.

After the discussion with Mr. M.U. we were invited to visit the rooms of the beneficiaries, most of them being on the floor of the center and a treatment room in which there was a bed, medicines and patient files.

The rooms have, as a rule, 3 beds, the bed linen is clean, the furniture is in good condition and has a functional and clean private bathroom. Each bed also has a bedside table next to it, there is a wardrobe and a table with a TV.

We identified a salon that was locked, the key being on the outside and where we found out that 3 (three) ladies who suffer from dementia live, I entered and talked with them for a few moments. They were not violent in any way, but it could be seen that they were suffering from serious illnesses.

Visiting the rest of the rooms, we identified similar living conditions, beds in good condition, clean linen, and the beneficiaries being satisfied with the conditions in the rooms.

The living spaces have a decent appearance, the furniture, bedding and equipment in the rooms are well maintained, they have televisions in the rooms. According to the beneficiaries and representatives of the center, they have relatives who are in permanent contact with the management of the center, and the residents are visited.

The LRC team communicated with the patients who were in the rooms, they were communicative and did not complain about the conditions they have in the center.

Summary of main observations:

- The team found that the 23-24 residents of the center lived in decent conditions in terms of rooms and space, there were hospital-type beds suitable for the state of health and relative to the age of the residents.
- We continued the dialogue with the center's residents, who mentioned that they have no complaints about the center's living conditions.

- The monitoring team spoke with some of the beneficiaries who did not indicate any problems related to the relationship with the center's staff, their attitude, the quantity and quality of food.
- No elements were identified that could indicate that the beneficiaries are being punished, or subject to inhumane or degrading treatments.

People

The dialogue with the residents of the center has shown us that those who need special care related to the condition they suffer from are helped by the staff to go to the toilet, they have a bedside bell for any emergency, and the staff is available day and night.

On the ground floor, in the dining room, we talked with the beneficiaries who told us that before coming to this center they had previously been to other centers (eg *Novavita*), but for financial reasons they preferred to come here.

The beneficiaries are satisfied with the services at the center, especially with the physical therapy sessions that they can do constantly (mobilization, bicycle, massage, trellis lifting, medical recovery - 15 minutes each/ exercise and limb mobilization). They are visited by family members, most of them are satisfied with the food received.

A beneficiary, in a wheelchair, with glaucoma, tells us that she is generally satisfied with the center, where she has been for about a year, but she wants to go home. However, she finds it very difficult to find a companion (the prices are high - ranging between 6000-8000 lei, and the state does not settle).

As recreational activities, sometimes, in the summer, she plays rummy in the yard with the beneficiaries. She doesn't socialize much, she prefers to be silent, although *she knows that those who are silent a lot, keep it inside, accumulate frustrations that lead to suicide*. She has dialogues with the center's psychologist, but she does not report these aspects to him, because she was not asked and she only answers the questions punctually.

Document analysis. Legal Aspects

After inspecting the building and after the discussion with the beneficiaries, we proceeded to verify the legal aspects regarding the establishment, authorization and operation of the Academia de Sănătate Samariteană Center.

Asociația Academia de Sănătate Samariteană has been in operation since 2019, and its object of activity is registered under NACE code 8730 - Residential care activities for the elderly and disabled

Asociația Academia de Sănătate Samariteană - Socio-Medical Center has its main office in the city of Târgu Mureș, Pandurilor street no. 116, apt. 5, Mureș county, the location in the town of Ernei being identified as a working point.

According to the information found on the page of the Ministry of Labor - Direction for Politics of Social Services - the association operates under operating license no. 4531/28.07.2020 valid for a period of 5 years. The serial number under which it operates is LF/0009247, and the president of the association is Mrs. I.C.

We specify that at the **time of the visit to the center, the documents regarding the legal aspects of the association or those regarding the granting of the operating license were not made available to the LRC.**

Also, we were **not provided with any documents attesting the good functioning of the center, such as contracts with suppliers for the provision of services (DDD, laundry contracts and so on) or those concluded with the center's employees.**

We mention that **the medical files were not made available and the treatment files of the beneficiaries could not be studied either.**

Neither the contracts concluded with the beneficiaries and their relatives were made available to us in order to verify whether the types of socio-medical services provided are provided and what the costs are for each beneficiary.

General conclusions

The monitoring team of the LRC found, following the unannounced visit to monitor the way in which the rights of persons with disabilities are respected, that, **in general, the living conditions are respected**, except for the concrete case that was referred to (the provision of the legal documents of association in order to verify the legality of the Association).

The quality of the services offered by this center, as well as the general conditions (housing, services and procedures) found at Asociația Academia de Sănătate Samariteană – Centrul Socio Medical Academia Seniori are timely, professional and adequate. Due to these services, the facilities and the high level of living conditions, we believe that the staff of the center display mandatory moral traits for any person working in the fields of psychological, social and psychiatric medical assistance.

Even if the social assistance system must migrate towards deinstitutionalization and community services, in the transition phase, as long as there are residential centers/ units - Asociația Academia de Sănătate Samariteană – Centrul Socio Medical Academia Seniori represents a model that should be promoted and supported, an example of good practice in this field.

Taking into account the findings described in this report, we conclude that Asociația Academia de Sănătate Samariteană offers residents mainly housing services (accommodation, food, utilities) and medical assistance with specialists in the field at their disposal.

These services are offered with concern for the existential condition of the residents (elderly people with various diseases and disabilities associated, in general, with age).

Recommendations:

- **Drafting and implementation of a procedure regarding the submission of complaints from the beneficiaries**, in a system where **these complaints are effectively recorded and there are registers for recording them.**
- **Displaying, in the most visible way possible, the contact details of the most important institutions that the beneficiaries can turn to for the defense of their rights.**
- To provide clarifications and answers to the situations observed and described in this report, **respectively the provision of documents regarding the legal activity of the association.**
- Understanding the difficulties arising from the overload induced by the personnel, to continue the efforts to provide the most effective treatments to the residents, respecting their rights to life, health and the best medical services.
- **The organization of cultural and educational activities, socializing activities and spending free time with the involvement of family members, relatives, but also community members.**
- In accordance with Art. 42 of Law 487/2022 - the environment and living conditions granted to the beneficiaries must be as close as possible to the normal life of people of the appropriate age.
- **Carrying out the social survey and evaluations in accordance with the standards and taking into account the interests and needs of the beneficiary as a priority.**
- Identifying the best solution to regulate the existing procedure and use the existing surveillance system.

- **Organizing some recreational activities outside the center, scheduling some visits to the community and carrying out some nature trips.** These events offer beneficiaries the opportunity to interact socially, develop skills and experience life outside the institutional environment.
- Carrying out thematic inspections within the monitoring process of quality assurance in the field of social services (*art. 23 (2) of Law 197/2012 on quality assurance in the field of social services*).
- Permanent relationship and collaboration with public or private providers in order to develop and review criteria and minimum standards and indicators, as well as to facilitate communication and ensure transparency in the field (*art. 20 (1) of Law 197/2012 on quality assurance in the field of social services*).