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Monitoring Report

"NINALULU"

Residential Social Care Home for the Elderly

Căpușu de Câmpie, Mureș County

Project conducted by:
THE CENTER FOR LEGAL RESOURSCES

In partnership with
THE PUBLIC MINISTER

General Considerations

The monitoring visit took place within the "*Advocacy for Dignity*" program run since 2003 by the Center for Legal Resources. None of the activities carried out by the Center for Legal Resources (CLR) for the purpose of monitoring and ensuring access to justice for residents with disabilities in public or private residential social care homes, protected homes, family-type homes, placement social care homes, or psychiatric hospitals is funded by the Ministry of Labor and Social Solidarity or by any other central or local public authority.

Context of the Visit

On October 4, 2023, representatives of the Center for Legal Resources (CLR) conducted an unannounced monitoring visit to the Ninalulu Residential Social Care Home for the Elderly in Căpușu de Câmpie, Mureș County. Access was granted based on a collaboration agreement concluded by CLR with the Monitoring Council for the implementation of the Convention on the Rights of Persons with Disabilities (Law No. 8 of 2016). The monitoring team consisted of Georgiana Pascu (manager of the "Advocacy for Dignity" program), Alina Barbu (legal expert, psychologist), Mugur Frățilă (clinical psychologist), Roxana Mărcoiu (psychologist), and Milena Enescu (legal expert).

Around 2:50 P.M., the CLR team arrived at the Ninalulu main office at Iclanzel Commune no. 185, Căpușu de Câmpie, Mureș County. The social care home's management was informed of the CLR team's arrival at the social care home by the employees of the Căpușu de Câmpie Management Unit, given that the team had visited that unit earlier the same day.

Access and the visit proceeded under good conditions, with the staff and management of the Ninalulu Home for the Elderly supporting the CLR team by providing the requested information.

The social care home was established in 2015 as a family business, in the form of an SRL-D, with the purpose of generating income to help cover family expenses. Subsequently, in 2016, the company's form was changed to an SRL, as it currently operates for the catering part, and an association for the social services provided. It is a private institution with legal personality intended for adult persons classified with a disability. The associates of the Ninalulu Social Care Home for the Elderly were present at the social care home at the time of the visit, specifically Mrs. S.C. (a dentist by profession) and Mrs. L.L.M (a 6th-year medical student), as well as their mother, a chef, and 2 caregivers.

The Social Care Home operates based on decision number 5597 from September 22, 2022, and the operating license series LF no. 0011970, with a capacity of 30 places, intended to serve adult persons classified with a disability and is authorized to operate for a period of 5 (five) years.

Additionally, the Ninalulu elderly Social Care Home changed its organizational form on September 9, 2022, from an LLC to the Ninalulu Association (Tax ID 46809019), to be able to access specific funds (the procedures for obtaining approval were in progress at the time of the CLR visit). The CLR team was informed that the kitchen activity remained under the management of the LLC (Tax ID 34794356), established in 2015.

The Social Care Home provides a residential type social service with accommodation that should include a set of social activities, medical assistance activities, care, empowerment, and rehabilitation. The purpose of the Social Care Home is to offer such social services according to the needs of the residents, especially in terms of addressing risk and difficulty situations, preventing and combating the risk of social exclusion, promoting

social inclusion, and improving the quality of life.

The provision of residential social services within the Social Care Home is ensured by 10 (ten) employees, namely 6 (six) caregivers/nurses, 1 medical assistant, 1 cook, 1 cleaning person, and one person responsible for the necessary repairs for the optimal functioning of the Social Care Home. The staff works in shifts, with about 2-3 persons per shift.

According to the representatives of the Ninalulu elderly Social Care Home, **they collaborate with a social worker**, Mr. A.G., as per the service provision contract concluded. He is especially in charge of conducting social investigations and "various forms", and sometimes, for individuals residing in the locality, the municipal social worker also visits the Social Care Home. Regarding the psychological medical services provided – it was made known to us that the Social Care Home has contracted the services of a psychologist who visits as needed, usually once every month and a half **and is a volunteer, thus is not remunerated.** The two psychiatrists who have service contracts with the Social Care Home come to the Social Care Home from Târgu Mureș with a frequency of 1 visit every approximately 2 weeks. The physiotherapist is an employee of the Social Care Home and conducts exercises with the residents predominantly in their rooms and comes to the premises twice a month.

Living Conditions at the Ninalulu Social Care Home for the Elderly

The property is a house situated in a courtyard (shared with another building), both owned by the owners of the Social Care Home. The property features a courtyard mostly covered in concrete, surrounded by a high fence equipped with a locked gate. Additionally, there is a relatively generous garden with trees and flowers where residents can relax.

The building consists of a ground floor with 4 (four) rooms, a kitchen, and a dining room, and an upper floor with 5 (five) rooms, of which 4 (four) have 3 (three) beds each and one room is for a single person, plus a medical office, the maximum accommodation capacity being 30 places.

At the time of the monitoring visit, the Social Care Home was hosting 30 residents, originating from nearby localities such as Iernut, Târnăveni, or other social care homes, specifically Valea Izvoarelor. The beneficiaries of the social services provided at the social care home are adult individuals over 18 years old who have a disability certified by a certificate issued by the Mureș County Assessment Commission for Adults with Disabilities. At the time of the visit, about 5 of the 30 present residents came from other counties. According to the information received from the representatives of the Social Care Home, beneficiaries from other counties who seek the social care home's services learn about this social care home from various sources, including the internet.

The majority of the residents were outdoors in the courtyard next to the building, with a few preferring to stay in their rooms or on the building's hallway. The courtyard where residents spend their leisure time is beautifully arranged, with a green area, flowers, a covered terrace with an awning, and a garden gazebo.

At the time of the visit, the meal had already been served, with a cook employed, the dishes washed and put away, and the cleaning freshly done as the floors were still wet. The refrigerators contained only containers with samples from the portions provided that day. Menus are prepared for 30 people, among whom 2 are diabetic, having a different menu.

The primary raw materials used for preparing the residents' meals mainly come from the family farm (pork, cereals, poultry, eggs, milk, etc.), with the Social Care Home having its own kitchen. Some residents mentioned they sometimes participate in culinary activities.

Regarding the diagnosis of residents and medication administration, it was

communicated that each patient arrived with their own treatment plan prescribed by their attending psychiatrist, considering that the Social Care Home's residents are diagnosed with psychological issues, dementia, etc. In the treatment plans of the beneficiaries, the CLR team identified beneficiaries with the following pathologies: hypertension, diabetes, dementia (over 80% of the beneficiaries), Alzheimer's disease, Parkinson's disease, and respiratory failures. Moreover, the medication administered to beneficiaries includes medication such as alprazolam (for sleep), risperidone, triapidal (for former alcohol consumers), and specific medication for hypertension and diabetes.

We proceeded to inspect the rooms where the residents were located, which were differently compartmentalized. Upon the arrival of the CLR team, the common areas in the rooms were clean, but the CLR team cannot assess whether it is clean every day or if the staff prepared because they were informed about the team's presence in the area.

The living spaces have a decent appearance, the furniture, bedding, and room equipment are well-maintained, and there are TVs in the rooms. The rooms are double or triple occupancy, equipped with a bedside table and a wardrobe. The toilets were functional, maintained, and clean. According to the beneficiaries and the representatives of the Social Care Home, they have relatives who keep in constant contact with the home's management, all residents are visited, some of them even daily, with relatives being from the local area. Moreover, during the visit, a relative came to visit their family member, a gesture that seemed natural, reflecting a regular activity. Admission to the Social Care Home was voluntary, through the conclusion of a contract, either with the residents or their relatives, with monthly fees paid amounting to RON 2,800, some residents having been in the home since its establishment.

Beneficiaries have access to information through the TV (they watch news bulletins, entertainment shows, and sports programs, etc.).

Summary of the main observations:

- The team observed that the 30 residents of the Social Care Home lived in decent conditions regarding the rooms and space, with hospital-type beds suitable for their health condition and age;
- From discussions with the residents, it emerged that some of them have complaints about the food, as well as a lack of activities;
- Also, residents did not indicate any problems related to their relationship with the staff of the Social Care Home, nor with their attitude;
- No elements were identified that could indicate that residents are subjected to punishments, inhumane, or degrading treatments.

Individuals

- From the beginning of the visit, the CLR team observed residents in the dining room of the Social Care Home. Among them, a relatively good communication occurred with the individual later identified as **Mr. M.**:

  He claimed that:

  - He has been in the social care home for about 4 years, has an amputated leg, but feels well cared for in the social care home;
  - He engages in activities - plays rummy, has a sewing machine, and takes care of upholstering some furniture pieces in the social care home, confessing that he does this out of pleasure;

- Although his room is on the upper floor, he states that he can move around without problems, with help, within the building and in the outdoor garden.

- The CLR team attempted to communicate with **Mrs. M.,** who is blind, very frail, and was constantly coughing, but communication could not be established, the staff mentioning that she suffers from dementia.

- Another lady, **V**., communicated very little with the CLR team, only mentioning that she has been in the social care home for 3 years.

- The CLR team had a discussion with Mrs. **L.G.** (aged 86) - who is in the social care home with her son, who is bedridden. Upon arrival at the social care home, she was in the courtyard and communicated to one of the monitors that she would like her son to be brought outside too (it was a sunny afternoon with pleasant temperatures). She claimed that the staff do not take him out often because it is more complicated to transport him, but that he would like to. On the other hand, the staff communicated that they frequently ask him if he wants to be taken outside, but he often refuses, complaining of pain shortly after being taken out.

  - The CLR team also had a conversation with Mrs. G.'s son, aged 69, who is bedridden. He often eats in bed, as he is not consistently taken out of the room.

  For Mr. G., the social care home uses an extensible chair on wheels, improvised, not a medical device specifically designed for Mr. G.'s condition. Therefore, it is likely that the position in which he is seated is uncomfortable and causes him pain, and for this reason, despite his desire and need to spend time outside in the air, including in the company of other residents, he opts to stay in the room, in bed, where he watches TV programs, most of the time alone.

- The CLR team spoke with Mr. L., aged 80, who has been in the social care home for about 2 months. He was brought by his daughter who lives in Târgu Mureș. He is satisfied with the services of the social care home, can move on his own, and goes out to the social care home's courtyard several times a day.

Document Analysis. Access to Medical Services or Other Services

After inspecting the property and discussing with the beneficiaries, we proceeded to check the legal aspects regarding the documentation of the social care home's activity. Only part of the documentation was identified at the headquarters.

Thus, we checked the documents regarding the establishment of the company as well as the licenses and accreditations necessary for the legal operation of the residential social care home for the elderly. The following were identified:

- Decision No. 5597 dated September 22, 2022, regarding the issuance of the accreditation certificate;
- Operating license No. LF. No. 0011970 dated June 26, 2023.

In conclusion, the social care home operates based on decision number 5597 from September 22, 2022, and the operating license series LF no. 0011970, with a capacity of 30 places, intended to serve adult individuals classified with a disability, and is authorized to operate for a period of 5 years.

Regarding the verification of the residents' files, they generally contain the following documents:

- identity card copy;
- medical report;

- contract for the provision of social services;
- application for admission to the home for the elderly;
- the decision of admission/rejection within the "NINALULU Association Home for the Elderly" unit;
- payment commitment declaration;
- monthly monitoring sheet (feeding, personal hygiene, supervision and health maintenance, medication, recovery, social integration/reintegration, radio/TV broadcasts, individual and group discussions, religious/official/birthdays and other celebrations);
- assessment/reassessment sheet for individual needs;
- pension coupon copy;
- dependency level assessment sheet;
- personalized assistance and care plan/individual intervention plan.

Note:

Generally, the residents' files contain documents that suggest the staff's concern for keeping up-to-date and organized records of the residents and the bureaucratic/administrative aspects mandatory for the operation of the Social Care Home. However, these documents do not indicate the operational character of the information and documents; they do not suggest an effective utility of the information contained in the documents terms of active, correlated and up-to-date use of all information about a specific resident to provide them with complex (socio-psychological) services and programs adapted to their needs, personality, psychological conditions, psychiatric diagnoses, intellectual and/or psychosocial disabilities.

The management and staff make efforts to manage the diverse problems of the residents as best as possible, but the absence of systematic methodological support, the lack of training/instruction/preparation courses, the absence of serious systematic collaborations with professionals in the mental health field drastically limit the effectiveness of the services offered to residents.

The fact that the Social Care Home is located in a rural area, in nature, where there is peace, clean air, and quality food represents exceptional advantages. However, these advantages cannot replace or negate the need for the provision of psychological or related services and programs for cognitive and emotional stimulation and development to counteract the psychological effects of aging, loneliness, and emotional or personality degradation, related to aging or associated with certain neurological or psychiatric diagnoses.

The management and staff of the Social Care Home have not requested and have not received support from anyone (institutions, authorities, etc.) regarding methods and procedures for working with persons with psychological conditions, intellectual and/or psychosocial disabilities, nor regarding the authorization procedures, which they had to understand and perform on their own.

The staff of the Social Care Home has not benefited from specific courses to interact and work with individuals with psychological conditions in general, and especially to appropriately manage episodes of psychomotor agitation, aggression, violence, etc. They try to manage "with kind words," according to their statements.

Given the staff structure, the sporadic and extremely limited presence of the psychologist in the home (2 hours/month), and the type of activities conducted by the psychologist with the residents, **it can be deduced that the main services provided to the residents are minimal - accommodation, food, and basic medical assistance.** Therapeutic, occupational therapy, leisure time, cognitive stimulation, and the maintenance and development of skills activities (systematic, structured, and adequately monitored) are absent.

Regarding the psychologist's activity, they "talk to people who need it." When the staff notices someone who is "more upset or gloomy," they communicate this situation to the psychologist, and when they come to the social care home, they talk to the individual to help them out of their state of sadness. The psychologist visits approximately once a month and stays for about 2 hours, during which they talk to those who need it. After this activity, as reported by the social care home's representatives, the psychologist does not provide the social care home with any document that outlines the type of activity conducted, objectives, methods, conclusions, etc. Therefore, **there is no record of the activity performed by the psychologist with the social care home's beneficiaries.**

Moreover, in the residents' files, we did not identify any psychological document/report that indicates psychological evaluation activities, therapies, counseling, etc.

The absence of any documents highlighting psychological aspects regarding the residents' situations, their progress or regression, clinical picture, symptoms, evolution, stagnation, or cognitive, emotional, or personality degradation allows for the conclusion that all these aspects are not of interest or relevance in the Social Care Home's activity and do not constitute elements that are part of the service contracts between the home and residents (or their families/representatives).

Any encountered problems or potential conflicts that arise among residents are managed by the Social Care Home's employees based on their creativity, humanity, and common sense. **Caregivers have not been trained or educated in dealing with the spectrum of age-specific conditions or certain disabilities, communication, or interaction with residents.**

The Social Care Home's management acknowledged that **there was no distinct record of deaths,** a list was made, minimally, after one of the multiple controls that took place.

The described procedure in the event of death involves either notifying the family doctor or, as appropriate, calling the ambulance. Relatives are the ones who handle formalities; the Social Care Home is not involved, does not report deaths to the Monitoring Council - indeed, the staff did not seem to be familiar with this institution.

However, following requests from the local police, the Social Care Home notifies the status of its beneficiaries monthly, thereby implicitly including deaths that occur in the home, even if it does not keep, distinctly, a record of them.

By comparing various situations/registers, the management was able to inform the CLR team that there had been 6 (six) deaths in 2023, promising to return with information regarding the deaths in 2022.

From the analysis of the documents of the deceased persons this year, it is observed that in an overwhelming majority, **there are no copies of the death certificates or sufficient medical documents in the files to analyze the causes** or the strict adherence to procedures in case of crisis/incident culminating in the death of a beneficiary, other than the evolution of various diseases the respective beneficiaries suffered from.

The legislative framework relevant to the organization of the NINALULU SOCIAL CARE HOME FOF THE ELDERLY

The **social service** is defined in Article 27, paragraph 1 of the Social Assistance Law No. 292 of 2011 as the activity or set of activities carried out to meet social needs, as well as those special, individual, family, or group needs, in order to overcome difficult situations, prevent and combat the risk of social exclusion, promote social inclusion, and improve the quality of life. Providers can only offer social services if they have an accreditation certificate. (*Art. 8*

para. 1 of Law 197/2012 on ensuring quality in the field of social services).

Social services can operate on the territory of Romania only if they have an operating license (*Art. 8 para. 2 of Law 197/2012 on ensuring quality in the field of social services*). Providers and social services, accredited under the conditions of this law, are registered in the system of records of social services, *provided for in Art. 43 para. (2) of Law No. 292/2011*, called the Single Electronic Register of Social Services (*Art. 8 para. 3 of Law 197/2012 on ensuring quality in the field of social services*).

Accrediting the provider involves the following steps:

a) Evaluation of the provider based on the criteria defined in Art. 5 para. (2);
b) Approval or rejection of the provider's accreditation request;
c) Issuance of the accreditation certificate or, as applicable, notification of rejection of the accreditation request;
d) Registration of the accredited provider in the Single Electronic Register of Social Services, established and administered, according to the law, by the Ministry of Labor, Family, and Social Protection. (Art. 10 para. 1 of Law 197/2012 on ensuring quality in the field of social services). The evaluation of the provider consists of verifying the fulfillment of the criteria, based on supporting documents (Art. 10 para. 2 of Law 197/2012 on ensuring quality in the field of social services). In the process of quality certification in the field of social services, the Ministry of Labor, Family, and Social Protection is responsible for organizing and carrying out the standardization and accreditation activities (Art. 19 of Law 197/2012 on ensuring quality in the field of social services).

The Ninalulu Residential Social Care Home for the Elderly operates based on decision number 5597 from September 22, 2022, and the operating license series LF no. 0011970, with a capacity of 30 places, intended to serve adult persons classified with a disability and is authorized to operate for a period of 5 (five) years. The social care home provides a residential type social service with accommodation that should include a set of social activities, medical assistance activities, care, empowerment, and rehabilitation. The purpose of the social care home is to offer such social services according to the needs of the beneficiaries, especially in terms of addressing risk and difficulty situations, preventing and combating the risk of social exclusion, promoting social inclusion, and improving the quality of life.

According to the NACE code under which it operates - 8730 - *Activities of nursing homes and homes for persons unable to care for themselves*, elderly persons, individuals with intellectual and/or psychosocial disabilities require specific cognitive stimulation programs, activities that allow them to practice, maintain, or even develop certain skills and habits. They need appropriate emotional stimulation and a harmonious environment that addresses the psychological issues specific to age or associated with neurological or psychiatric diagnoses. **The absence of an environment and programs that focus on these aspects can contribute to the emergence of additional psychological problems and the degradation of mental and emotional condition.**

As identified during the monitoring visit on October 4, 2023, to the "NINALULU" Residential Social Care Home for the Elderly, the management and staff make efforts to manage the diverse problems of the residents as best as possible, but the absence of serious systematic collaborations with professionals in the mental health field drastically limits the effectiveness of the services offered to the residents.

Personal care services address dependent individuals who, due to the loss of functional autonomy from physical, psychological, or mental causes, require significant help to perform the usual activities of daily living (*Art. 31 para. 1 of the Social Assistance Law No. 292 of 2011*). The state of dependence is a consequence of illness, trauma, and disability and can

be exacerbated by the absence of social relationships and adequate economic resources (*Art. 31 para. 2 of the Social Assistance Law No. 292 of 2011*).

The care of a person who requires assistance for a period longer than 60 days to perform basic and instrumental activities of daily living is defined as long-term care (*Art. 32 para. 2 of the Social Assistance Law No. 292 of 2011*). Long-term care is provided at home, in residential social care homes, day social care homes, at the home of the service provider, and in the community (*Art. 32 para. 3 of the Social Assistance Law No. 292 of 2011*).

Based on what was identified during the visit, it can be stated that t**he staff of the social care home has not benefited from specific courses to interact and work with individuals with conditions in general, especially to appropriately manage episodes of psychomotor agitation, aggression, violence,** etc.

Personal care services can be organized and provided integrated with other services, such as:

a) Medical care services;

b) Rehabilitation and environment adaptation services: minor arrangements, repairs, and similar;

c) **Other recovery/rehabilitation services: kinesiotherapy, physiotherapy, medical gymnastics, occupational therapy, psychotherapy, psychopedagogy, speech therapy, podiatry, and similar** (*Art. 33 para. 1 of the Social Assistance Law No. 292 of 2011*). Any dependent person has the right to personal care services, granted according to individual needs for help, family, socioeconomic situation, and personal living environment (*Art. 36 para. 1 of the Social Assistance Law No. 292 of 2011*).

The beneficiaries of personal care services are the elderly, individuals with disabilities, and chronic patients (*Art. 36 para. 2 of the Social Assistance Law No. 292 of 2011*).

We recommend that the management of the facility requests psychologists and social workers with whom they collaborate **to rigorously fulfill their provided services, so as to offer details about the activities they conduct with the residents of the Social Care Home and to provide documents, records, evaluation reports**, which can be consulted and used to analyze the psychological development of a resident during their stay in the home, the effectiveness of certain activities or programs, the need for optimizing some activities/programs, and the correct identification of needs, etc.

Furthermore, we recommend for the Ninalulu Residential Social Care Home for the Elderly to identify a psychologist or occupational therapist who can design a plan for daily activities, leisure time to aid in the recovery or maintenance of the residents' abilities.

The **accreditation of providers,** as well as the social services provided by them, is regulated by special law (*Art. 38 para. 1 of the Social Assistance Law No. 292 of 2011)*.

Social services are based on the identification and evaluation of individual, family, or group social needs and the development of intervention plans to prevent, combat, and solve difficult situations (*Art. 40 para. 2 of the Social Assistance Law No. 292 of 2011*).

Social service providers ensure the activities specified in para. (2) through social workers employed in their own structures or, in their absence, can purchase services provided by social workers registered with individual practices or professional civil social assistance companies (*Art. 40 para. 3 of the Social Assistance Law No. 292 of 2011*).

Social assistance institutions and units operate under various names, such as: day social care homes or residential homes, protected living and protected units, multifunctional

complexes or service complexes, social canteens, mobile food distribution services, etc. (*Art. 41 para. 5 of the Social Assistance Law No. 292 of 2011*).

In the process of ensuring quality in the field of social services, social inspectors have the following responsibilities:

a) Systematic verification, based on clear and transparent procedures for evaluation, monitoring, and control, of the compliance with the criteria and minimum standards that were the basis for the accreditation of providers and social services, as well as the indicators related to quality levels;

b) Making proposals for suspension or withdrawal of accreditation and applying the sanctions provided by this law;

c) Conducting thematic inspections within the process of monitoring quality assurance in the field of social services (*Art. 23 para. 2 of Law 197/2012 on ensuring quality in the field of social services*).

For each accredited social service, during the period for which the operating license was granted, at least two inspection missions are mandatorily planned, with the reaccreditation of the social service being based on the monitoring report from the most recent inspection mission (*Art. 24 para. 2 of Law 197/2012 on ensuring quality in the field of social services*).

The activities of evaluation, monitoring, and control regarding the compliance with accreditation criteria, minimum quality standards, and indicators are carried out based on standard guides, approved by the order of the Minister of Labor, Family, and Social Protection (*Art. 26 of Law 197/2012 on ensuring quality in the field of social services*).

According to Art. 1 of the United Nations Convention on the Rights of Persons with Disabilities, published in the Official Gazette of Romania (Part I, No. 792 of November 26, 2010), **persons with disabilities include those individuals who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society, on an equal basis with others**.

Taking into account the findings and descriptions in the present report, **it can be concluded that the Ninalulu Social Care Home for the Elderly primarily provides housing services** (accommodation, food, utilities) **and basic medical assistance to its residents.** These services are offered with a concern for the existential condition of the residents (elderly individuals with various associated ailments and disabilities, generally related to age). **However, supplementary/complementary psychological and social services, aimed at improving the quality of life for individuals in this target group, are lacking.** With the exception of emergency medical services and the administration of individualized medical treatment, **the social care home's staff lacks the capacity to provide other types of services professionally.**

General recommendations (for both the representatives of the social care home and relevant institutions):

- **Identify and contract a psychologist or occupational therapist to design a program of daily activities** and leisure time for the recovery or maintenance of residents' abilities.
- **Acquire a suitable wheelchair** to meet the needs of residents who require such a device.
- Encourage the social care home's management and staff to seek specific **information on working with individuals with mental health conditions, intellectual, and/or psychosocial disabilities, attend training courses in this regard, and implement clear procedures/methodologies.**
- We request psychologists and social workers collaborating with the social care home to diligently fulfill their duties, providing details about their activities with the residents and **making documents, records, and evaluation reports available** for analysis of the residents' psychological evolution during their stay in the social care home, the effectiveness of activities or programs, the need for optimization of activities/programs, and the accurate identification of needs, etc.
- **Conduct ergotherapy, psycho-motor therapy, manual ability therapy, learning-based therapy, self-control activities, or vocational activities** within the social care home.
- **Equip the courtyard** with suitable furniture to ensure the necessary conditions for leisure time and outdoor activities for the residents.
- Install a video surveillance system to monitor common areas both indoors and outdoors.
- **Provide residents with a feedback and complaints mechanism.**
- **Hire specialized staff** to ensure round-the-clock medical assistance and improve essential therapeutic activities to enhance residents' quality of life and skills development.
- Organize recreational activities outside the social care home, schedule community visits, and arrange outdoor excursions.