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**No.: 201/14.11.2023**

# Monitoring Report
## MANAGEMENT UNIT
## 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 framework of the *Advocacy for Dignity Program*, initiated in 2003 by the Center for Legal Resources (CLR). No activity carried out by CLR for the purpose of monitoring and ensuring access to justice for residents with disabilities in public or private residential social care homes, protected housing, family-type homes, placement social care homes, or psychiatric hospitals is funded by the Ministry of Labor and Social Protection or by any other central or local public authority.

**Context of the visit. General elements**

On October 4, 2023, representatives of the Center for Legal Resources (CLR) conducted an unannounced monitoring visit to the Management Unit 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 (program manager of Advocacy for Dignity), Alina Barbu (legal expert, psychologist), Roxana Mărcoiu (psychologist), Mugur Frățilă (clinical psychologist), and Milena Enescu (legal expert).

The social care home is located in Căpușu de Câmpie, Main Street No. 243, Mureș County, and has a land area of approximately 8000 square meters on which are built - **the Sfântul Andrei Care and Assistance Home (hereinafter referred to as CAH), Sfânta Maria CAH, and the Maxim Protected Living Facility (hereinafter referred to as MPL) Căpușu de Câmpie. The CLR team arrived at the Management Unit location around 12:00 P.M**.

Access and the visit took place under good conditions, the staff and management of the Management Unit cooperated and supported the CLR team.

**Building Structure and Living Spaces**

The building where the social care home operates is the former Sandor Mansion in Căpușu de Câmpie (built in 1901), which has been declared a historical monument with the code: MS-II-m-B-16520 on the list of historical monuments issued by the Ministry of Culture and published in the Official Gazette of Romania, Part I, no. 113bis/15.11.2016.

After serving various purposes, since 1972 this location has continuously operated as a residential social care home. Alongside the building of the former mansion, two other social care homes were constructed 17 years ago; these three (3) buildings currently comprise the **Management Unit** representing a complex of services formed by CAH Sfântul Andrei, CAH Sfânta Maria, and MPL Căpușu de Câmpie.

The building in which the social care home carries out its specific activities is located within the community, on the main road, and features a courtyard with generous space, an orchard of fruit trees, and a small football field where residents engage in sports activities. The social care home is equipped with an access ramp at the entrance of the buildings serving the residents' accommodation.

The Management Unit also includes auxiliary buildings (activity room, mortuary) and administrative buildings (office building: social care home manager, psychologist, social worker, physiotherapist, occupational therapy instructor, nurses, nursing assistants), storage space, and boiler room. Over the years, the social care homes have benefited from renovations, repairs, equipment, and restorations in various stages, and currently, they are in the process of transitioning from stove heating in rooms to centralized heating.

The social care home provides adult persons with disabilities with accommodation, medical assistance, care, empowerment, rehabilitation, psychological counseling, occupational therapy, socialization, and leisure activities to increase their chances of recovery and integration into the family or community, as well as offering support and assistance to prevent situations that endanger their safety.

**Management Unit Staff**

**At the time of the visit, the unit had 47-48 employees, among whom:**

- 29/30 persons at Sfântul Andrei social care home,
- 4 persons at Maxim Protected Living Facility Căpușu de Câmpie,
- 14 persons at Sfânta Maria social care home.

**The complete staff structure includes:**

- 31 positions for Sfântul Andrei social care home,
- 10 for Maxim Protected Living Facility Căpușu de Câmpie,
- 20 for Sfânta Maria social care home.

According to the statements of Mrs. V.S. – the unit manager, the staff rotates working in all three social care homes, and the most urgent staffing needs are for hiring a social worker with higher education and a physiotherapist.

Also, following the unit manager's reports, there is a contract with a psychiatrist who visits the social care homes once a week.

At the Management Unit level (the Service Complex, with a total of about 60 residents), the residents' daily schedule (according to staff statements) includes, among other things, participation in various cooking activities, games, multiple and diverse activities conducted with the occupational therapy instructor, walks through the unit's courtyard, organizing events, competitions, etc. This response was later nuanced, acknowledging that not all beneficiaries are involved (either not at all or very little) in these activities.

During the visit, CLR experts had discussions with the staff and residents. The staff showed openness towards the CLR team, and we could observe a lot of involvement and concern for creating as pleasant a living environment as possible for the residents of the social care homes. Clearly, financial, legislative, procedural, human resources limitations, etc., create multiple challenges and issues that the staff of the Management Unit Căpușu de Câmpie cannot adequately manage.

## 1. SFÂNTUL ANDREI CARE AND ASSISTANCE SOCIAL CARE HOME

The social care home accommodates 29/30 beneficiaries out of a capacity of 31 places. These 31 places are distributed across 10 wards, generally each ward having 2 or 3 beds. In the main building (the actual mansion) are 8 wards, an isolation ward for infectious/contagious/nosocomial diseases, a medical office, dining room, offices, etc. Adjacent, in an annex building, are two more wards and various other rooms.

Upon visiting the wards where the residents are accommodated, we identified dark, cold wards with worn, though clean, linens, worn furniture, and it was noted that the beneficiaries were able to personalize their space considered personal by having various personal items on the walls of the ward or on the cabinets. The wards consist of 2 (two) rooms, each room having 2 or 3 beds, with access to a common bathroom where there are no personal hygiene products, such as soap or toilet paper. Regarding this aspect, the staff told us that personal hygiene products are kept by the beneficiaries in their own bedside table, and their clothes are also kept in the corresponding closets and/or in bags under their personal bed.

It was evidently observed that the heating system was not adequate because, in one of the beneficiary rooms, CLR members identified a gas heating device (convector) whose exhaust was not proper, **posing the risk of gas emissions at any moment.** We highlighted the existence of risks, and the psychologist (who accompanied us during the visit) immediately called an employee from the technical department, who arrived in a few minutes and explained that this heating device is decommissioned (and is to be removed from the ward) because radiators (central heating) have been installed. Although this convector is no longer in use, we note that until recently it was used in its current form (with improper and risky improvisations). It was also noted that the **electrical installations are also improper, not being modernized.**

On the day of the visit, the hot water was turned off due to ongoing repairs (in one of the ward's bathrooms). Apart from these exceptions, hot water is continuously provided (including at night) by several gas-fed boilers, according to what the social care home's staff stated. Also, in the main building (related to CAH Sfântul Andrei), there is a porch with an opening towards the garden. At the time of our visit, we encountered about 15-20 of Sfântul Andrei social care home's residents sitting on chairs, enjoying the sunlight on this porch.

During our discussions on the porch with employees of CAH Sfântul Andrei and residents soaking up the sun, a bell with a harsh, metallic, old-fashioned, extremely loud ring suddenly went off. Two of the CAH employees and one of the residents (who was leaning against the wooden post where the bell is fixed, with her head under the bell, about 50 cm away) were startled and instinctively covered their ears. We emphasize the shrillness and very high intensity of the sound produced by this bell. When asked by CLR members what was happening, the CAH Sfântul Andrei employees explained that it was the bell at the institution's gate, which is fixed in that location (i.e., exactly on the porch, where residents spend most of their time outdoors and in the sun, in an otherwise very beautiful and quiet place, with a special view). They explained that, considering the very large area of the unit and the fact that there is only one gatekeeper (who may be away from the unit's gate), they placed a very loud bell in a location where it can be easily heard from as many points of the service complex as possible. The social care home's employees stated that for residents, this sudden and violent sound of the bell is not a problem because they have gotten used to it. To reinforce this conclusion, a few residents with intellectual disabilities, who were on the porch at that moment, were asked by the social care home's employees if the bell bothers them, to which they laughed and replied unintelligibly.

The explanation given by the social care home's employees (that residents have gotten used to it and thus it is not a problem) is inadequate and inappropriate, considering that the

existence of such a bell (which can go off at any time) represents for any person a factor of extreme stress and discomfort.

We urgently recommend finding a solution that completely eliminates the sonic aggression towards the residents, most of whom are elderly. The existence of a sound that residents can hear when visitors ring the gate can represent a form of connection to the dynamics of the social care home's life and even a certain connection with the community, considering that the residents of CAH Sfântul Andrei do not frequently leave the unit's courtyard. Under these conditions, we consider that a device should be installed that produces a pleasant sound, or at least one that does not constitute a stress factor for the beneficiaries.

Beyond the surprising contrast between the beauty of the landscapes visible from that porch and the tranquility of the place, on one hand, and the violence of the bell sound, on the other hand, considering that the porch (and, in essence, the entire unit) is a place meant to offer comfort and well-being to the residents, we consider that this bell represents a major stress factor, as it produces an exceptionally aggressive and violent noise that severely disturbs the peace of the residents.

**Living Conditions at CAH Sfântul Andrei**

A few individuals residing in the social care home have been there for many decades (one lady has lived in the social care home since its establishment, 50 years ago; a colleague of the previously mentioned lady has lived in the social care home for about 40 years). Another lady, among the few residents remaining in their rooms at the time of the visit, was quietly reading a book and did not wish to communicate much with the CLR team. The only thing she mentioned was her distrust in the quality of the laundry services, preferring to take care of cleaning her clothes herself. Another beneficiary complained about having to keep her clothing items in lockers locked with a padlock due to past incidents of personal belongings being stolen.

From the limited dialogue with the beneficiaries sitting on the porch in the sun, we observe that there are no activities in which they are involved. The staff claimed in front of the CLR members that the lack of activities is caused by several factors, such as: the multiple ailments the beneficiaries suffer from, their difficulty in moving and not being able to endure longer distances, insufficient staff to accompany residents on various individual walks in the community, and the lack of material resources. It was acknowledged that some activities were organized, including visits outside the social care home, but these beneficiaries were not included for the reasons already mentioned. Thus, regarding the residents of CAH Sfântul Andrei, they rarely/never leave the social care home and its courtyard. For example, in August of this year, an excursion was organized at the Management Unit level (CAH Sfântul Andrei, CAH Sfânta Maria, and MPL), but from CAH Sfântul Andrei, only one person participated in the excursion. Although the unit has a vehicle, trips, outings to the community, or even short walks nearby are not organized. In addition to medical reasons/issues (according to staff statements, at CAH Sfântul Andrei, most individuals are elderly, with mobility problems, using wheelchairs – at least 75% are very difficult to move), many residents refuse to leave or go out into the community.

Investigating how the unit's staff has managed such refusals or the reluctance of some residents to participate in various outings/trips outside the social care home over time, it was not clear if systematic efforts were made to convince the residents of the benefits of walks outside the social care home, nor was it apparent how the staff undertook clear and systematic activities to inform and support the residents with the goal of them adopting a flexible, dynamic daily schedule, despite their age or conditions.

**Deaths**

Upon analyzing the documents related to the deaths that occurred at this location, the following information was found:

- In the years 2022 and 2023, there were 2 deaths per year;
- In the years 2021 and 2018, there were 11 deaths per year;
- In the period from 2014 to 2017, there were typically 7, 8 deaths per year.

CLR members were not provided with data on the number of deaths in the years 2019 and 2020. Deaths are usually confirmed by medical services called in an emergency or by the hospital where the respective beneficiaries were admitted.

Reviewing the death documents from 2023, it was found that one beneficiary (Mr. **II**.), admitted since 2014 with severe mental disability, died in May 2023 at the age of 61. The death certificate recorded, in addition to cardiorespiratory arrest, other comorbidities, including cachexia.

A beneficiary (**RL**) died at the age of 73, the certificate recording cardiorespiratory arrest and comorbid diseases (chronic hepatitis, depressive disorder).

The deaths in 2022 highlighted a beneficiary (**PI**) who died at the age of 87, the medical death certificate also recording cachexia.

Regarding the deaths in 2021, the medical death certificates mention cachexia in the cases of the following individuals:

- A gentleman (**GL**), who died at the age of 96,
- Another lady (**FE**) who died at the age of 69,
- Another lady (**MM**) who died at the age of 73,
- A gentleman (**ML**) who died at 68,
- A gentleman (**BV**) who died at the age of 90.

Another beneficiary (**VEL**) died at the age of 26, with a violent death, the certificate noting suicide.

In the absence of further information, no general conclusions can be drawn regarding the presence of the cachexia diagnosis in many cases, which principally reflects a prolonged state of starvation. For some individuals, this condition may have developed in the last period of their life, due to the total degradation caused by the chronic illnesses they suffered from. For more rigorous monitoring, **the periodic recording of the beneficiaries' weight would be useful so that an analysis of the degradation of their condition** in the social care home or in the medical units where they are admitted and later die can be made.

The incident register reflects overwhelmingly the moments and situations when emergency medical services are called via 112.

There are, strictly formally, complaint registers and registers for reporting acts of torture, but nothing is recorded in these.

From the dialogue with the staff, it emerged that deaths are no longer notified to the police, following recent changes to medico-legal norms.

**Recommendations**: Given the specifics of the social care homes, we recommend **more rigor in filling out incident registers, ensuring that beneficiaries are entrusted to medical services with relevant information regarding their health status** (suicidal ideation, weight).

**Suicidal Risk Situations**

**Note:** Some of the information presented below is taken from the registers: **"Notification of Exceptional Incidents CAH 2014 – 2023", "Register for Notification of Exceptional Incidents 2015 – 2023 LP", and "Notification of Exceptional Incidents – CITO"** (currently CAH Sfânta Maria; at the time of the visit, this register contained notifications of events that occurred in the period January 15, 2015 - April 21, 2023; although, following administrative restructuring, the CITO unit no longer exists, having been transformed into CAH Sfânta Maria, the document's name was not changed).

Evaluating these registers, we identified numerous recordings of events such as:

- Self-aggressive behavior;
- Aggression towards others;
- Beatings;
- Agitation and destruction;
- Suicide attempts;
- Deaths.

Considering the discussions held with the Management Unit staff and certain documents analyzed (including those mentioned above), we present **two particularly serious situations identified**, involving individuals with a history of suicidal behaviors and attempts, one of whom, unfortunately, died as a result of a final successful suicidal action.

**The Case of Mrs. (VEL)**

According to the documents analyzed, Mrs. VEL exhibited violent behaviors, aggression, restlessness, psychomotor agitation, and verbal aggressiveness over a long period. Thus, according to some documents reviewed, between 2018 – 2021, there were at least 5 recorded instances (13.12.2018, 11.01.2019, 12.01.2019, 21.12.2019) when Mrs. VEL was agitated, aggressive, etc.

It must be noted that during the year 2020, there were no notifications of exceptional incidents involving Mrs. VEL. The reason for the absence of these notifications is unknown to the CLR experts, and the unit's employees had no explanation when asked about the existence of these incidents, whether they occurred and were not recorded, if they were recorded in another register, or if there are documents in this regard. On April 28, 2021, Mrs. VEL attempted suicide by jumping into the septic tank and was rescued and urgently transferred to "Dr. Gheorghe Marinescu" Municipal Hospital in Târnăveni, Psychiatry department.

On May 5, 2021, the staff of the Management Unit Căpușu de Câmpie requested information about Mrs. VEL from the hospital, with hospital representatives stating that Mrs. VEL would be hospitalized for a longer period. Two days later, in the evening of May 7, 2021, at 20:55, the director of the Management Unit Căpușu de Câmpie was informed by phone that Mrs. VEL had jumped from the hospital's floor, was in critical condition, and an SMURD team was attempting resuscitation. The same evening, at 21:10, the director was notified that Mrs. VEL had passed away. It is particularly serious that a person known for behavioral disorders, aggression, and self-harm, who had attempted suicide (into the septic tank), was urgently hospitalized and in major suicidal risk in a psychiatric medical unit, where she succeeded in completing the fatal suicidal action (also by jumping - from a floor).

From discussions with employees and from the documents analyzed, we were unable to determine whether the representatives and employees of the Management Unit undertook any actions to precisely understand how it was possible for Mrs. VEL, who was at major

suicidal risk, to be admitted to a psychiatric ward specifically for the management and control of her suicidal behavior, yet there she died as a result of a suicidal action.

Moreover, we were unable to identify any evidence indicating that, following the tragedy with Mrs. VEL, the Management Unit implemented new and effective procedures and measures for managing suicidal behaviors (as well as auto or hetero-aggressive behaviors, etc.).

**The Case of Mrs. (BT)**

Like her colleague Mrs. VEL, whose tragic fate was briefly described above, Mrs. BT has a history of self-harm and aggressive behaviors, destruction, agitation, restlessness, and, notably, suicidal attempts. Analyzing the provided documents, we identified numerous records of exceptional incidents involving Mrs. BT and at least 5 suicidal attempts by Mrs. BT (by jumping, strangulation, cutting with a knife on 26.05.2021, 19.06.2021, 13.07.2021, 22.11.2021, 20.06.2022).

Discussions with the staff of the Management Unit (including the psychologist) indicate that the Management Unit's team is overwhelmed by the severity of Mrs. BT's situation. Thus, the staff of the social care homes declare that they are doing everything they can, but the situation is very serious, and they lack the resources, specialists, training, and adequate information to manage such difficult and severe situations. The most effective solution they have is hospitalization in the psychiatry department of "Dr. Gheorghe Marinescu" Municipal Hospital in Târnăveni (or at the Emergency Department in Tg Mureș, the psychiatry departments of the Târgu Mureș County Clinical Hospital or Tulgheș Psychiatric Hospital). Unfortunately, however, these hospitalizations are not long-term solutions, as evidenced by the frequent relapses and decompensations of Mrs. BT (as well as other residents).

The plans, programs, and psychological and other interventions that Mrs. BT has benefited from are not designed to manage her mental conditions and suicidal risk. Furthermore, we encountered documents (Personalized Plan, Medical Letter, Psychological Evaluation Report) that do not record or consider the problem of Mrs. BT's suicidal ideation and behaviors.

For example, in Mrs. BT's Personalized Plan, under the axis "Psychological Counseling," the objectives are "*Developing behavior appropriate to social situations, individualized psychological counseling, developing attention and positive thinking, emotional adequacy, self-awareness, avoiding situations of social isolation and depression, optimization and personal development, self-knowledge," and the planned activities are "Personalized discussions, individual counseling sessions, counseling and supportive therapy programs, specific therapeutic interventions." "Weekly and as needed/15 minutes*" – Personalized Plan No. 1243 from 03.08.2023. And in Personalized Plan No. 700? (difficult to read) from 31.12.2021, we find (identically) exactly the same objectives and activities. Considering this word-for-word copying, as well as the actual content of the objectives and activities in relation to Mrs. BT's psychiatric diagnoses (Paranoid Schizophrenia with overlay, mild mental retardation, behavioral disorders, and adaptive deficit) as well as the high suicidal risk, this situation suggests the formal nature, lacking pragmatism and realism, of the documents used for addressing and managing the psychological and psychiatric problems of the residents. This situation is problematic in any case, but given the severity of Mrs. BT's situation (through the high suicidal risk she presents), **the superficial approach to diagnoses and therapeutic solutions is particularly dangerous**.

In relation to both identified and analyzed situations, we can draw the following conclusions:

- The Management Unit Căpușu de Câmpie **lacks resources to manage certain**

**significant psychiatric/psychological pathologies** (behavioral disorders, self- and hetero-aggressiveness, suicidal attempts, etc.).

- The Management Unit (comprising 3 social care homes housing 60 people) has **only one psychologist** who primarily (or solely) provides psychological counseling.
- **Residents of the three social care homes lack access to psychological therapy programs** (psychotherapy).
- Even **extremely severe situations** (episodes of severe aggression, suicidal attempts, serious behavioral disorders, destructions, etc.) **are managed with very limited means**, including: "calming" residents by nursing staff, "kind words" (psychologist, director, or other employees), restraining residents with the help of guards/porters or isolation. If the situation cannot be controlled, emergency services (112/ambulance) are called, and residents are hospitalized in a psychiatric medical unit.
- **The staff of the Management Unit has not received specific and precise instructions and training regarding certain procedures and behaviors to be adopted** in interactions with individuals with various mental conditions, aggressive individuals, those who hit others, or have suicidal attempts.
- **The intervention, calming, and restraining of residents** experiencing episodes of psychomotor agitation, aggression, violence, suicidal attempts **are predominantly carried out by nursing staff, guards/porters, and generally, by personnel not trained** to interact with individuals with mental conditions, those experiencing severe episodes of agitation, aggression, or individuals at risk of suicide.

Given the background (e.g., the suicide death of Mrs. VEL) and the severity of Mrs. BT's situation, **we recommend** the following:

- **Responsibly correlate the information found in documents and the history of residents** so that the particularities, challenges, and risks associated with the residents' diagnoses are known and acknowledged. **Develop documents, evaluations, intervention plans, and specific intervention programs** that professionally and appropriately address the real problems of the residents; **precisely assess risks**, especially **manage the psychological and other risks related to the conditions of the residents.**
- **Carefully analyze all factors and real environmental conditions** that can improve or worsen the clinical picture of residents with psychiatric conditions and **use the conclusions in designing and implementing realistic and effective psychological intervention programs.**
- Urgently undertake all necessary steps to guarantee the **provision of optimal and appropriate medical and psychological services** to Mrs. BT and all those who require them, with the aim of controlling and improving the symptoms of the psychiatric conditions they suffer from, especially to reduce the suicidal risk. We emphasize that limiting the services and interventions offered to Mrs. BT to psychiatric evaluation (periodic or in crisis situations), hospitalization in a psychiatric medical unit, administration of psychiatric medication, and the provision of general, sporadic, and vague counseling programs or "discussions" does not guarantee a complex, professional, and appropriate approach, proportional to the severity of the psychological risks faced by Mrs. BT.

We suggest that the specialized staff of the unit (psychologist) identify and request

complex and appropriate professional support, including at the DGASPC Mureș level, colleagues from other units, etc. Also, we propose that the unit systematically inform DGASPC Mureș and any other competent authority about the medical and psychological situation of Mrs. BT so that the representatives and professionals of DGASPC Mureș's own apparatus and any other responsible parties have a clear awareness of the serious and risky situation in which Mrs. BT finds herself and undertake sustained efforts to effectively support CAH Sfântul Andrei in providing the necessary psychological, medical, and social services and programs to control and improve Mrs. BT's symptoms and decrease her suicidal risk.

**Controls**

Multiple inspections have been conducted, especially over this year, with the authorities' recorded observations primarily concerning outdated infrastructure, staff shortages, and lack of funding. Even allocations that had been made (for example, for replacing kitchen furniture) were withdrawn for various reasons. Furthermore, following these inspections, the arrangement of any space in the yard for smokers was no longer allowed.

Mrs. Manager V.S., as well as the unit's staff, reported that through the SEAP program, they won the bid for the purchase of household appliances, specifically washing machines (with funding provided by the Mureș County Council). However, after receiving approval, the support was withdrawn, and the purchase did not take place due to the national suspension of acquisitions.

## 2. SFÂNTA MARIA CARE AND ASSISTANCE SOCIAL CARE HOME

CAH Sfânta Maria has a capacity of 20 places, 19 of which were occupied at the time of the monitoring visit. It has 7 rooms (one with 2 beds, the rest with 3 beds each) each with its own bathroom. The bedrooms are equipped with beds, nightstands, and wardrobes for clothes. The rooms are clean, and some wardrobes are locked with a padlock due to fears of theft, according to the claims of those living in these rooms.

The social care home features a dining room, its own kitchen, a recreation area equipped with a television and sofas (relaxation room), a medical office, an intimate room, a room serving as an isolation unit (for quarantining new residents for a period of 1-2 weeks) or for accommodating residents who are immobile and/or with pronounced psychological problems (requiring closer supervision), and two occupational therapy workshops.

The social care home is equipped with an occupational therapy office set up for only a few activities - making candles, creating decorative objects from recyclable materials, and painting pine cones with watercolors. In one of the workshops, there are computers (reused), currently only two of the computers are working, but another 5 (five) units have been requested and are expected to be received from the *Workshops Without Borders (Ateliere Fără Frontiere)* Association. Residents use them to access social networks, and staff assert that as far as beneficiaries express their preference, they are encouraged and assisted to find employment. Some of them have been taught to create CVs to increase their chances of obtaining a job, however, they are not very interested and do not have many options for employment.

Staff report that some of the beneficiaries have participated in vocational training courses, specifically cleaning agent courses and green space maintenance courses, but at the time of the visit, no resident was participating in any training/qualification course. Most residents own mobile phones, and the payment for phone cards is made by themselves (they do day labor in the village, receiving a pass from the unit) or by relatives, when they exist and visit the residents.

In the Management Unit, there is only one person placed under guardianship (the guardian is the brother). Regarding this, a notification was received from the prosecutor's

office informing them not to contact the family, to make no attempts, as a prosecutor will be appointed to come and assess the person's situation. Although Manager Mrs. V.S. believes there are a few individuals who would need such a protective measure, these individuals do not have relatives. Up to now, they have managed without a guardian, and for these reasons, she does not consider it an emergency to place them under guardianship.

Regarding the possibilities for leisure time and community life, among the activities mentioned by the social care home's staff and the beneficiaries are: drawing, household activities, manual work - e.g., making Christmas decorations that are later sold at the Christmas Fair, modeling, listening to music, walks in the social care home's courtyard, walks in the village to various events (religious services, events organized by the village cultural center), activities specific to national holidays (activities dedicated to December 1st, the Day of Persons with Disabilities, beneficiaries' birthdays – there is a list displayed with each beneficiary's birth date on the hallway of the social care home next to the social care home's recreational workshops), trips to other cities (trip to Recea Monastery – Mureș County, The Upside-Down House – Gorj County), competitions with the social care home's theater group, which mainly consists of beneficiaries of CAH Sfânta Maria, planting fruit trees in the orchard arranged in the social care home's courtyard.

**Living Conditions at CAH Sfânta Maria**

Several individuals have been living in this social care home for a long time, for instance, Ms. (SM) who has been residing in the social care home since 2005, is passionate about sewing, and frequently uses the sewing machine, even assisting with minor repairs for the facility. Another beneficiary, (SO), has lived in this social care home for approximately 15 years, is from the city of Târnăveni, Mureș County, visits his family and is visited in return.

From discussions with the beneficiaries of the CAH Sfânta Maria, it emerged that some of them come from the Children's Home in Târgu Mureș (Str. Slatina no. 13, Târgu Mureș, Mureș County) and come from broken families and/or with precarious financial possibilities. Only one person in the entire unit has an income. This individual is under guardianship, benefits from a pension, the money goes directly to the social care home (not to the guardian), a portion of the sum is retained for the social care home's contribution, the rest of the money being used according to the needs and wishes of the resident directly by them.

Members of the CLR interacted with a large part of the residents, who were eager to communicate. From the conversation with a resident with a locomotor disability (Mr. AK), it was revealed that he rarely leaves his room, not everyone participates in activities although they have been in the social care home since October 2013. There have been arguments and verbal conflicts but never physical conflicts. Also, he mentioned that there are discussions with the social care home's psychologist, unstructured and organized discussions not after a certain schedule, but as needed. Some of the residents can go to the nearby store, the church in the village, some can move on their own, others only accompanied.

According to the staff statements, residents who cannot move are taken out into the social care home's courtyard every day. At the time of the visit, we did not notice the presence of any immobile residents in the courtyard of the social care home.

For organized indoor activities, the dining hall and activity room are used, and once a week and on religious holidays, the social care home is visited by the village priest. The possession of mobile phones is allowed. If beneficiaries do not own a mobile phone and wish to contact their family, they can request access to the institution's phone, according to staff statements.

There is also internet access (a room with 5 computers equipped with internet - at the

time of the visit, only 2 were functional).

According to staff statements, crisis situations are rare, and physical restraint is not practiced, as it is not necessary. Thus, in the rare cases that arise, such as situations of psychomotor agitation, the psychologist/nurse intervenes and the person is counseled, only in more severe situations is the emergency number 112 called.

There is a lack of individual personalized programs through which beneficiaries of the social care homes are encouraged and trained to acquire independent living skills (e.g., money management, vocational qualification).

In this context, the increased and almost unanimous reluctance (*called convenience by some social care home employees*) of beneficiaries who have the potential for development towards another type of social care home (for example, the type known as protected living - known by beneficiaries under the name of the little house), which presupposes a greater degree of autonomy, is explainable through a fear of the unknown and a high degree of dependence maintained by the lack of initiatives/programs/alternatives aimed at increasing independent living skills.

**Medical Services**

Some of the residents of the Management Unit are on psychiatric treatment, among which some exhibit aggressive behaviors and psychomotor agitation. According to statements from the nurse and manager V.S., in situations of aggressiveness, the staff tries to calm the resident in question by talking to them, but if that doesn't work and the situation escalates, they call an ambulance. An example of such a situation, which happened recently (about 2 weeks ago), occurred when a resident became aggressive and could not be calmed through dialogue, threatened a nurse, at which point the ambulance was requested through the 112 service. Before the medical team arrived, the local police got there. While the police were in the courtyard of the social care home, waiting for the ambulance, the resident attacked a nurse, but fortunately, there were no serious consequences. It is noteworthy that **this incident is not recorded in the Register for the Notification of Special Incidents.**

The staff informed us that they have not had cases of people being transported in restraints to the psychiatric hospital and have no recommendations from psychiatric doctors to administer or increase medication doses in cases of psychomotor agitation.

In the social care home, there are known to be 3 (three) couples, partners do not live in the same rooms but in separate bedrooms. The Sfânta Maria social care home has an intimate room available for residents. They either notify the staff that they wish to use the intimate room or they just use it. 5 female residents use contraceptive methods, oral medication (one person), and injectable treatment (four people). According to the nurse's statements, the residents have been to family planning, where the doctor prescribed the medication. Separately, the women are periodically informed about contraceptive methods, what they mean, what their effects are "*they know now, and in 20 minutes they no longer clearly know what it means,*" according to the nurse's reports.

In the Management Unit, we did not identify a structured program for reproductive education and family planning, according to the medical staff's statements, counseling of the residents being carried out informally, nor a structured program for gynecological medical consultations, which are carried out periodically, without a specific regularity, but according to the needs of the residents.

**Recovery, Psycho-social, and Occupational Therapy Activities**

Mrs. Jovrea Alina is currently the only occupational therapy instructor serving the entire Management Unit. According to her statements, she frequently works with 10-15 residents

from the Sfânta Maria social care home and the Maxim Protected Living and 10 residents from the Sfântul Andrei social care home.

In selecting the type of activities, the occupational therapy instructor uses a document "Occupational Therapy and Ergotherapy Activities Planning 2023" which she claims to receive annually from the psychologist of the Management Unit. The document contains general information about ergotherapy, examples of activities, approaches in working with residents.

In the two workshops, there are activities such as candle making, crafting various decorations for holidays, dancing, painting, and drawing.

In the kitchen located in the protected living area, there are also culinary activities where residents make cakes, pancakes, prepare jams and preserves using fruits from their own orchard.

Activities in the workshops at the Sfânta Maria social care home start at 10:00 AM and finish at 12:00 PM, then the instructor conducts activities for 40 minutes with residents from Sfântul Andrei. Sometimes activities take place in the occupational therapy workshops at Sfânta Maria, other times in the Sfântul Andrei social care home.

Most afternoons, residents go to the village, some of them (about 10 people) work day jobs in the village gardening, harvesting, or other agricultural activities. According to information obtained from the staff, they are paid between 30 to 50 lei for an afternoon's work. Indeed, at the time of the visit, some individuals had been allowed to go to the village, benefiting from a pass, and after the visit, some beneficiaries were recognized by the CLR team in the village.

## 3. THE MAXIMUM PROTECTED LIVING FACILITY AT CĂPUȘU DE CÂMPIE

The Maxim Protected Living facility has 5 rooms/bedrooms, each with 2 beds, and a common bathroom for every two rooms. There is also an isolation room for cases of infections, a dining room, a kitchen where residents can cook if they wish, and a living room.

The capacity of the protected living facility is 10 places, all of which were occupied at the time of the monitoring visit.

In front of the building, on the entrance corridor, there are gymnastic apparatuses that residents use for "*sport and relaxation.*"

The building was put into use in 2007, and to date, it has never been renovated. Over the years, according to statements from the manager, the building's downspout has been changed, but practically this is the first renovation since the establishment of the Maxim Protected Living. The funds necessary for the renovation were obtained following various inspections that took place this year, during which improvements to the building were recommended, especially changing the parquet in the rooms. Citing these recommendations, the management requested the necessary sum, and the funds were approved.

During the renovations, some residents (2 girls) were accommodated in one of the rooms of the Maxim Protected Living (MPL), while the rest of the residents were moved to the Sfântul Andrei social care home.

Visits can take place either in the living room or in their rooms if residents wish, or in the gazebo in the courtyard. However, few of them are visited. In the course of 2023, the staff of the unit identified the father of one of the residents (aged 46), organized a visit to his home, and it was the first time the two met.

According to statements from the manager, young residents are very eager to keep in touch with their families, to be visited, and to visit them, but they are not yet ready to make

the definitive step towards them, to live together. The main reason is the very low living conditions of the family. Most of the young residents from the Management Unit were raised in various placement social care homes (Reghin, Sighișoara, or Târgu Mureș). Residents participate in occupational therapy workshops, following an activity plan prepared by the occupational therapy instructor together with the psychologist;

Regarding the diet of residents in the protected living, the menu is established together with them. In this sense, a committee was formed, which includes everyone in the house by rotation, thus allowing them to express their wishes and decide on the weekly menu.

**Deinstitutionalization and the Right to Independent Living**

CLR members identified only one person from the Maxim Protected Living facility who has a job. He is employed on a fixed-term contract, which was recently extended for a few more months. The manager stated that if the employment becomes permanent, they will make all necessary efforts to guide and prepare him for independent living outside the Maxim Protected Living facility. Thus, the resident will be assisted in finding housing, while also being informed and trained on managing finances (rent, bills, food procurement, etc.). Preparation for independent living is primarily conducted by the psychologist and the occupational therapy instructor. Currently, the person manages his bank account on his own and does his shopping.

During the discussion between CLR members and the employed resident, he confessed that he likes his job very much, works in 3 (three) shifts, including night shifts. He mentioned that it's hard to manage, but he has gotten used to it and wants to continue. For now, he does not want to leave the social care home, fearing that he would not manage on his own - "*I still don't have the means*".

In the social care home, there are residents who deeply desire a job, a stable employment. They have taken various training courses like "*Green Spaces Care*", "*Cleaning Attendant*". They participated in a Job Fair where 9 (nine) people found suitable jobs, but unfortunately, the lack of transportation (direct connections) from Căpușul de Câmpie to the locations where various companies are based makes it impossible for them to be employed.

**The Legal Framework and Organizational Structure of C.A.C. Sfântul Andrei, C.A.C. Sfânta Maria, and Maxim Protected Living Facility.**

According to the Administrative Code Title I – General Definitions Applicable to Public Administration, **public service** is defined as the activity or set of activities organized by a public administration authority or by a public institution or authorized/delegated by it, aimed at satisfying a general need or a public interest, in a regular and continuous manner. Depending on the content of the activity, **public services can be services of general economic interest and non-economic services of general interest** (*Art. 581 para. 1 of the Administrative Code*). From the perspective of territorial competence to meet public interest needs, public services can be public services of national interest and public services of local interest. Public services of national interest are those public services that **meet the general needs of the entire population and which, due to their nature and importance, fall under the competence of central public administration authorities**; public services of local interest are those public services that primarily meet the needs of local communities and which are optimally carried out through the action of local public administration authorities (*Art. 581 para. 2 of the Administrative Code*).

Depending on the ways of service delivery, public services are services provided in a unified manner either by a public administration authority or by a public service provider and public services provided jointly by one or more public administration authorities or by one or more public service providers (*Art. 581 para. 3 of the Administrative Code*).

Public service obligations represent specific requirements and duties imposed on

service providers in each sector of public services by the legislator or by the competent public administration authorities with regulation, authorization, or management of the respective public service (*Art. 582 para. 1 of the Administrative Code*).

**Public service obligations mainly involve ensuring universal service, the continuity and affordability of the service, as well as measures for the protection of the beneficiary** (*Art. 582 para. 2 of the Administrative Code*).

Services of general economic interest are economic activities that are carried out to meet a need of public interest, which the market would not ensure, or would ensure under different conditions, in terms of quality, safety, accessibility, equal treatment, or universal access, without public intervention, for which the public administration authorities establish specific public service obligations (Art. 584 para. 1 of the Administrative Code).

The **social service** is defined in Art. 27 para. 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.

**Long-term care, defined as the care needed by an individual who requires assistance for performing basic and instrumental activities of daily living for a period longer than 60 days,** (*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 caregiver's home, and in the community** (*Art 32, para. 3 of the Social Assistance Law No. 292 of 2011)***.**

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

**Service providers in the social sector can be natural or legal persons, public or private, (***Art. 37, para. 1 of the Social Assistance Law No. 292 of 2011***).**

To ensure efficient management within social assistance units, the responsibility for coordinating and managing the human and material resources of the service can be delegated to the head of the unit, (*Art. 41, para. 4 of the Social Assistance Law No. 292 of 2011*). Social assistance institutions and units operate under various names such as day or residential social care homes, protected living and protected units, multifunctional complexes or service complexes, social canteens, mobile food distribution services, etc., as mentioned in (*Art. 41, para. 5 of the Social Assistance Law No. 292 of 2011*).

For the development of social services, local public administration authorities may enter into public-private partnership contracts under the conditions of the Public-Private Partnership Law No. 178/2010, with *subsequent amendments and completions, (Art. 42, para. 4 of the Social Assistance Law No. 292 of 2011*).

Requests for social services are to be addressed to the public social assistance service organized under the local public administration authorities, (*Art. 44, para. 2 of the Social Assistance Law No. 292 of 2011*).

**Regarding the social care homes that are part of the Management Unit, following the situations identified and analyzed after the monitoring visit, we can formulate the following conclusions:**

At the time of the monitoring visit, both the interior and exterior spaces of the social care home are well-maintained.

The Management Unit Căpușu de Câmpie has its own kitchen, clean and equipped with the necessary household appliances for preparing food under hygienic conditions that meet the minimum mandatory standards. Food samples from the menu are taken and stored in a special refrigerator for samples.

The rooms are ventilated, sanitized, and the windows are equipped with safety systems for controlled opening. Each bedroom has beds with mattresses, clean bed linen and blankets, although some are worn, bedside tables containing personal items of the beneficiaries, and wardrobes containing clothing items. Residents have the possibility to personalize them.

The social care home has a notification procedure for the Monitoring Council for each death.

The social care home is equipped with an occupational therapy office, equipped only for a few activities (making candles, decorative objects from recyclable materials). The social care home's residents participate in specific occupational therapy activities and in training skills and habits.

The social care home's residents are guided to learn computer use in the specially arranged room within the social care home.

**CLR's recommendations primarily target deinstitutionalization and/or the right to independent living, the right to freedom, and, as a secondary and effect of a higher degree of independence - the right to health, to freedom, to social life.**

**Regarding the social care homes that are part of the Management Unit, following the situations identified and analyzed after the monitoring visit, we can formulate the following <u>general recommendations</u>:**

- **Designing a clear and straightforward program for preparing residents for independent living,** a program that should be implemented as soon as possible for as many residents as possible, regardless of whether they currently have a secure job or not;
- **Developing skills necessary for independent living,** which are formed over time, with difficulty and perseverance, the process being even more challenging for people who have not benefited from programs, guidance, or attention in this regard. We can recommend elements to be included in the program: managing income, work time (at home or at work), leisure time, home maintenance, procurement and preparation of food, managing material goods, their utility, relating with the employer, with the landlord, with neighbors, with work colleagues, with the family doctor, with bank staff, simulating a day outside the social care home, understanding rights, levers, and institutions that can be approached, etc.;
- **Supplementing the Management Unit's specialist staff** (social worker, psychologist, occupational therapist) **to contribute to their training and information regarding interaction and working with persons with disabilities, preparing residents for community life, identifying housing, and identifying a support network for residents leaving the unit.**
- It's essential **to diversify socializing activities and leisure time and to encourage/facilitate these activities** - including and especially for those residents with a higher degree of limitation caused by locomotor, mental, or physical conditions of any kind (see, in this regard, the example of resident **AK**, who, despite having a locomotor disability, rarely goes out into the courtyard of the social care home and seldom participates in social activities). These activities are

necessary and useful not just for the psychological well-being of the residents but also for improving physical condition (e.g., prolonged bed rest can increase the risk of medical conditions, such as pneumonia, cardiovascular diseases, especially for immunocompromised patients).

- **Reassessment and identification of residents who can follow school/educational/professional courses aimed at developing professional competencies.**
- **Evaluation of residents to determine work capacity, career counseling and guidance, and providing the necessary support in identifying job opportunities and work integration.**
- Regarding accessibility, personal mobility is necessary **to equip the social care home with a vehicle accessible to the needs of the beneficiaries.**
- It is necessary to create **alternatives for deinstitutionalization and respect the right to independent living** (including for improving independent living skills).
- **Residents need to be periodically informed about the civil and political rights they have.**
- We recommend the unit's management to request psychologists with whom they collaborate to provide details about the activity they carry out with the social care home's residents and **to make available documents, sheets, evaluation reports, etc., that can be consulted and used to analyze the psychological evolution of a resident during their stay in the social care home, the effectiveness of certain activities or programs, the need for optimization of certain activities/programs, correct identification of needs,** etc.
- Where possible, it is necessary **to counsel beneficiaries regarding starting a family based on free and full consent.**