

No. 188/October 24<sup>th</sup>, 2023

**Monitoring report for Ilfov County  
Residential social care home for seniors  
„Royal Medical Clinic”**

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The visit took place within the "Advocacy for Dignity" program, which has been run since 2003 by the Center for Legal Resources. None of the activities carried out by the CLR to monitor and ensure access to justice for residents with disabilities in public or private residential social care homes, sheltered housing, family-type homes, foster homes or psychiatric facilities is funded by the Ministry of Labor and Social Solidarity or by any other central or local public authority.

### **Context of the visit**

**On September 22<sup>nd</sup>, 2023, the representatives of the Center for Legal Resources (CLR) conducted an unannounced monitoring visit to the Royal Medical Clinic Residential Centre for Seniors in Voluntari Locality, Ilfov County. The access was based on the cooperation agreement concluded by the CLR with the Monitoring Board for the implementation of the Convention on the Rights of Persons with Disabilities (Act No. 8 of 2016). The monitoring team consisted of Georgiana Pascu (manager of the "Advocacy for Dignity" program), Alina Barbu (legal expert, psychologist) and Milena Enescu (volunteer).**

Around 10:00 A.M., the CLR team arrived at the Royal Medical Clinic in 61 Pipera Boulevard, Voluntari Locality, Ilfov County. The building is a house located in a courtyard, plan 2, which is a shared courtyard with another building, both buildings have the same owner and have a shared parking lot. The building is enclosed by a high metal fence with a padlocked gate. The building has a courtyard that is covered with concrete on most of its surface - like a car park, as well as a terrace occupied by a table with 6 chairs. The building consists of: a basement which covers the whole area of the building, a ground floor with two rooms, a kitchen and a dining room, a first floor with 8-9 rooms, an attic with about 2 rooms, a 4-seater isolation room, a physician's office, the maximum capacity being of 30 beds.

At around 10:05 am, after about 5 minutes of the team waiting at the gate of the institution, Mrs. D. (the administrator of the company) opened the gate and allowed the members of the CLR access to the yard and the building. At the time we were allowed access to the building we identified a number of approximately 6 people having breakfast in the dining room, and she informed us that the employees were not currently in the building, but had gone to the store. The person who allowed access to the building introduced herself as the manager of the social care home and became slightly reluctant when told why the representatives of the CLR were there. The delegations and the protocol signed with the Monitoring Board and the Public Ministry were immediately requested and handed to the administrator. Moreover, the identity cards of the representatives of the CLR were photographed and we were informed that from that moment we were also registered. We did not resist, but asked to be given a copy of the registration and a copy of the identity card of the administrator. Immediately after this, Mrs. D. asked us to leave the building and wait outside, she was going to administer the medication treatment scheme to the residents. While she was showing us where to wait until she had finished administering medication to the residents, a gentleman appeared in the building who introduced himself as the husband/boyfriend/life partner of Mrs. D. He told Mrs. D. to take care of the treatment of the residents, and that he would stay with us and try to help us to the best of his ability and knowledge - he immediately pointed out that he had no function in the company, but was there to support his life partner. Mrs. D.'s partner identified himself as Mr. D. and wanted to know if we were from the State or if we were an NGO. The representatives of the CLR presented again both the delegation and the protocol signed with the Monitoring Board. At that point, the atmosphere relaxed and he volunteered to provide all the documents required to prove the operation and legality of the residential home for the elders. The first mention he made about the social care home's beneficiaries was that there are only privately contracted beneficiaries in the center, and not referred by any state authority, that they have contracts with them, reasoning that *"it's hard to have access to contracts with the state and we don't meet the requirements"*. He also mentioned that he could provide us with information on the smooth running of the social care home. Thus, he indicated that the social care home has 10 (ten) employees, that there are employment contracts with medical staff - nurses - (about 5-6 people), social workers and service contracts with various

suppliers (catering, DDD, laundry, etc.). Regarding the diagnosis of residents and the administration of medication, we were told that each patient came with their own treatment schedule issued by the attending psychiatrist, given that the residents of the social care home are residents diagnosed with intellectual disabilities, dementia, etc.

Mr. D. also told us that at the time of the opening of the social care home there were approximately 24 to 26 people in institutional care, but at the time of the visit we identified 11 people, people under 63 years of age who had previously been accommodated there having been taken away by their carers and relocated to other centers, following the checks carried out.

He also mentioned that there have been many controls (more than 20), which have been recorded in the Unique Inspection Register, which was made available to the representatives of the CLR, and also that since the establishment of the social care home (November 2022) and until now - the social care home has faced about 2-3 deaths, the deaths being caused by terminal cancer.

During all this time, Mrs. D. took care of the administration of the residents' treatment scheme and was then available to accompany us on a tour of the rooms in the building as well as the common areas, namely the kitchen and the dining room. During the visit we were accompanied by Mr. D. We were told that there is a contract with a catering company that provides residents with 3 meals a day. We asked for documents to prove this, and he said he would provide them to us along with all the other documents relating to the legal aspects of the center. We were then invited to the basement of the building, where the access is via a staircase with about 5-6 steep and slightly dark steps. There is no access ramp. There we identified 2 rooms, a storeroom and another small technical room where there was a cold box storing non-perishable food products - i.e. packets of flour, dairy products, packets of coffee, etc. One of the rooms was completely empty, but not clean, with traces of deposited dust, traces of fresh renovation and dark air. The second room had a small window with natural light coming in, 3 worn mattresses leaning against a wall with urine on them, 2 chairs placed towards the middle of the room, and in the middle of them was a vase with recently smoked cigarette butts, which could indicate either that the room was constantly smoked in or that someone had recently been staying there, although we were told that no one lived in the basement. We asked about the existence of a laundry, the representatives of the social care home told us that they have a contract with a laundry to provide this service, but they indicated that they also take care of a first wash of them so as not to send them directly with traces and smell of urine or feces. As soon as we went upstairs from the basement of the building to the ground floor, we identified a door in front of the stairs that was locked, with the representatives indicating that this door leads to the courtyard of the building and as a precaution they always keep it closed. Also, when we arrived again on the ground floor of the building, we noticed a nurse who had arrived in the building and started to wash and change the residents and almost at the same time she was also washing the floor by throwing water on the floor to remove urine stains and smell from some rooms.

We proceeded to inspect the rooms where the residents were staying, which were divided up differently. Some rooms had their own bathroom, others were adjoining rooms with shared bathrooms and others were more spacious. Some rooms had TVs in the room and a few residents had mobile phones, and the social care home representatives said that these had been received from their relatives. The rooms had hospital-type beds, a night table for each bed, and a shared dressing room for people assigned to the rooms. We tried to talk to all the residents, only some were receptive and a few were non-verbal or unable to communicate in any form.

At the time of the visit, 11 persons with disabilities and elderly were institutionalized, coming from other elderly centers or psychiatric facilities in Bucharest and Ilfov, brought by their relatives. Contracts were concluded by these beneficiaries and their carers, with monthly fees paid ranging from 2,500 to 4,000 lei, plus fees for various additional services depending on the severity of the person's health condition.

At the same time, following the verifications carried out by the CLR and by referring to the situation found on the spot, namely **the impossibility of verifying all the documents based on the claim that "they are not at the Centre"**, we note that **we have not identified any of the service contracts mentioned, namely - contracts for rent, catering, laundry, DDD, etc.**.

**Summary of main observations:**

- The team found that the 11 residents of the social care home lived in decent conditions in terms of rooms and space, there were hospital-type beds appropriate to their state of health and age, but it should be noted that those rooms were not hygienically maintained. The only nurse who arrived later at the social care home was cleaning, changing sheets, changing diapers of some residents, and almost at the same time changing sheets and washing the floor, she was the only employee of the social care home who could be found, although the representatives of the social care home mentioned that 5-6 nurses are employed. Her testimony revealed that she had been employed there for approximately 2 months, during which time she had not known any other nurses employed there.
- We continued the dialogue with the other residents, some of them mentioning that they have complaints about food, that they have no activities, that they feel closed and that they only sleep, that they are not allowed to watch TV, that they are forced to watch a certain program of popular music and that they want to leave, some of them telling us that they have asked to leave several times.

The issues that we are still noting amount to a minimum standard for living and living together. Although, in view of the situation observed on the spot, on the one hand it was not possible to verify in detail the compliance with all the applicable standards in the matter - the life of the identified persons and the complete documents on the basis of which the social care home operates.

Description of the main situations indicating human rights violations in the Residential Centre for the Seniors "Royal Medical Clinic":

**1. State of facts**

The access to the courtyard of the social care home was not through a pedestrian gate, but through a car gate, locked with a key when the monitoring team arrived. There were no signs, markings, illuminated displays or other such signs to indicate that there was a residential social care home for the seniors.

**1.1. The building**

**The basement**

The situation found in the **basement**:

- The team identified 2 rooms, a storeroom and another small technical room where a cold box containing non-perishable food was stored.
- One of the rooms was completely empty but not clean, with dust deposits, traces of fresh renovation and dark air
- The second room had a small window through which natural light came in, 3 worn and urine-stained mattresses leaning against a wall, 2 chairs placed towards the middle of the room, and in the center of them was a vase containing recently smoked cigarette butts, which gave the impression that either someone had recently been accommodated in that room, although we were told that no one lived in that basement, or, off the record, it was a smoking area. Even on the assumption that that space was intended for smoking, it was inappropriate, in the building, in the basement, with the potential to start a fire.

**2. Material status**

- Access to the basement is by descending a staircase with about 5-6 steps - for people with mobility impairments it is almost impossible to go up/down;
- The whole space was unventilated and felt quite stale.

## **Parter**

### **I. Persons**

From the beginning of the visit, the CLR team observed residents in the center's dining room. Among them, a relatively good communication took place with the person later identified as **G.M.**, from Bucharest, 4th district. She claimed that:

- She is unhappy with the food that has been brought in lately and said that the food used to be better and that they used to have ham, butter, liverwurst and tea on the menu - products that are no longer on the menu today;
  - She was brought in the spring of this year and that she used to live in Bucharest, 4<sup>th</sup> district;
  - She told us that she is visited by relatives;
  - She also stated that she does not participate in activities.
- A person who introduced herself **Mrs. D.**, Mrs. G.'s roommate, provided us with a number of pieces of information, as follows:
    - She stated that she has no relatives and that she does not pay the monthly fee for staying in the residential center;
    - She mentioned that she came in the spring of this year, but does not know how and from where she arrived at the facility;
    - It was indicated to us that he is a social case.

A person later identified as **M.S.A.**, told us that he has been living in this social care home for about 8 and a half months, is 55 years old and is retired on sick leave, having been diagnosed with depression. He indicated that he had previously worked for the Ministry of the Interior. He stated that he was originally from Drobeta Turnu Severin and that it was his son who paid for his accommodation in the center. He indicated that he has access to constant family visits and access to the telephone. A bag of clothes was identified next to the bed and when asked why the clothes were not in the wardrobe, he replied that during the morning he had moved into the room - he had been accommodated until the time of the visit on an upper floor. Immediately afterwards he went out to smoke, Mr. D. handing him a cigarette.

- A person later identified as **Mr. S.** told us that he is bedridden with a serious leg problem and came to this social care home on June 9<sup>th</sup>, 2023 after being housed for 2 years in the CORA House for the Elderly. He also mentioned that the document, namely his identity card, remained at CORA House, the representatives of this social care home refusing to hand over the document, citing the fact that all the residents' identity cards had been seized by the DIICOT and could not be retrieved from the judicial body. Through his daughter, he requested the return of the document to the Voluntari Police, respectively DIICOT - Central Structure, following the discoveries made at that center. Moreover, he wanted to mention that following the searches carried out at the CORA House, he was relocated to the Balaceanca hospital, the family finding out about this after about 14 days.
- In the same room as the gentlemen mentioned above, there was another man who did not want to talk to us.

- In addition to these individuals, the team attempted to interact with a third resident, either verbally or non-verbally, which was not possible because he was in a state of sleepiness or under the influence of the treatment administered by the physician.

## II. Material status

- From the kitchen there was access to the stairs leading to the basement and the technical room;
- From the entrance to the building, access was directly into the dining room and kitchen.
- The dining room had 2 tables with 8 chairs at each table, this room was used both as a dining and recreation area.
- The kitchen was properly furnished, classically with a kitchen cabinet, fridge and stove.
- There was no visiting schedule, according to Mr. D., who mentioned that all relatives could come at any time to visit their family members.

## Floor

### I. Persons

- Among the people we met upstairs, we noticed the one identified later as **Mrs. M.**, who shared a room with **Mrs. V.** They were satisfied with the quality of service they found in the center. **Mrs. M.** told us that she has visitors, many family members visit her, from children to grandchildren. She also told us that she is consulted by the physician, who comes to the social care home especially for her. **Mrs. V.** told us that she does not come down from her room, that it is difficult for her, that she does not have recreational activities, that nobody visits her because she has no relatives.
- A person later identified as **Mrs. T. G.** provided us with the following information:
- She has been in the social care home since October 2022 - since the care home was set up;
- She is unhappy with the food - like another beneficiary of the center, she revealed that in the past they used to get much better food;
- She feels closed in the house - in the sense that she has no activities of any kind, she only takes medication and sleeps;
- She really wants to leave, she told us that she told her family to come and take her home;
- She told us that no doctor comes to see her, that since she has been in the social care home she has not been seen by any external doctor, and that Mrs. Doctor Y. *"just sticks her head in and leaves"*
- She told us that the only recreational activities carried out in the social care home were doing a jigsaw puzzle in October 2022 and a horde in December 2022, on the eve of the winter holidays.
- No going out in the yard, beneficiaries are not allowed to walk around unsupervised, there are verbal conflicts between them

**Mrs. T. G.**'s roommate, identified as **Mrs. M. G.**, told us that this was her first time in a residential home for the elderly, that she could not move around on her own and that she ate in her room. We were told that she has been using pampers/diapers for about 2 weeks. In fact, at the time of the visit, this beneficiary was having her bedding and diaper changed

Another person met upstairs was later identified as **Mr. S. G.**, a patient who told us that he had been to several centers up to that moment - residential centers for the elderly in Clinceni, Floreasca and Balaceanca. He confirmed to us that there were verbal conflicts, but never physical conflicts. He lives in a room with two other residents, one of whom is uncommunicative and unwilling to contact the representatives of the CLR. He told us that the residents were not allowed to watch TV even when it was on, but were only allowed to watch one TV channel, which only played popular music. She told us that she has a relationship with the person, also a resident of the center.

## **II. Material status**

- The access to the first floor was by narrow stairs without ramps or other accessible transportation devices for persons with disabilities;
- The rooms on the floor are spacious, with 3 beneficiaries assigned to each room.

## **The attic**

### **I. Persons**

Among the people we met in the attic, we noticed the one later identified as **Mrs. I. I.** - who had suffered a stroke and was confined to bed. We were told that she suffered from a retarded condition. In the same room with her we identified another beneficiary, **Mrs. D. G.**, and according to the representatives of the center, she is an agitated person, in the sense that she throws water bottles, screams all the time, but it is unintelligible what she is trying to say. The CLR team members were unable to communicate with these two people.

## **II. Material status**

- Access to the attic was by narrow stairs, without a ramp, the nurse reported that she is helped by Mr. D. to move the bedridden or those who are difficult to move. When he is not present, she struggles alone with the beneficiaries, as she could not provide the name of any other employee of the center.
- From her statements it emerged that she has been working in that social care home for about 2 months, during which time she has not met or known another nursing colleague, nor has she met during this period Mrs. **O.H.**, a social worker - whom Mr. D. told us is an employee of the social care home and comes to the social care home every 1 or 2 weeks. **She provided us with the information that she has only 2 days a month off, the rest of the days she is present at the center, she could not provide any information about other carers in the social care home** – how many there are, whether they come to work or not, and she did not communicate any information about the presence of other specialists (social worker, psychologist, physician, etc.).
- In relation to the physiotherapy services required by some elderly people, we were told that they are provided at the request of relatives, not recommended by a physiotherapist.

### **Document analysis. Access to the medical and other services**

After inspecting the building and talking to the beneficiaries, we proceeded to check the legal aspects of the documentation of the center's activity, but only the documents physically on the premises. With regard to the rest of the documents in the lawyer's possession, we have been promised that they will be made available to us in the immediate future. At the time of finalizing the report, no information on accreditation had been received. The name of the local catering company

has been provided - they deliver the portions to the beneficiaries and are also responsible for maintaining samples of the portions provided, as required by the relevant regulations.

Thus, we proceeded to check the documents concerning the establishment of the company as well as the licenses and accreditations necessary for the operation of the residential social care home for the elderly under legal conditions. We were provided with the following documents:

- Decision No 5651 of November 15<sup>th</sup>, 2022 on the issue of the accreditation certificate;
- Accreditation Certificate AF series number 008093 issued by the Ministry of Labor and Social Solidarity on November 15<sup>th</sup>, 2022;
- Decision granting provisional social service operating license No 5708 dated February 6<sup>th</sup>, 2023;
- Provisional operating license No 5708 of February 6<sup>th</sup>, 2023.

These documents show that this residential home for the elderly is operating under a provisional license. The documents submitted for the granting of the license and the accreditation certificate were not made available to us. According to the Trade Register, the company has 3 employees, but according to Mr. D., the social care home has 10 employees, all of whom have employment contracts.

Following the checks carried out by the members of the CLR and according to the Directorate of Social Services Policies of the Ministry of Labor and Social Solidarity, we identified a provisional license no. 5811 issued on June 21<sup>st</sup>, 2023, different from the one presented by the administrator of the center.

In this context, pursuant to the provisions of Law 197/2012 and the Methodological Rules of February 19<sup>th</sup>, 2014 on the application of the provisions of Law 197/2012 on quality assurance in the field of social services, in order to obtain a 5-year license, initially a preliminary procedure is carried out, during which a provisional license may be issued for a maximum period of one year. At the same time, the legislative framework clearly states that the evaluation visits must be carried out no later than three months before the expiry of the provisional period of operation in order to verify the conformity of the data in the accreditation documents with the information on the ground.

Thus, we believe that the one-year time limit is much too long and that legislative intervention is needed to reduce it, the CLR team is aware that, in practice, the duration of this year may affect the conditions necessary for the protection of extremely vulnerable persons, whose interests should be protected precisely by the persons responsible for verifying and accrediting the centers.

In view of the above, we do not know on the basis of which documents and checks the provider of social services was accredited and subsequently licensed, all the more so since, following the monitoring visit carried out, the representatives of the CLR observed aspects that may give rise to suspicion of non-compliance with the relevant legislation mentioned above.

When checking the beneficiaries' files, it was found that they do not have the services of a physiotherapist and regular medical visits adapted to their specific needs.

Regarding the medication of the beneficiaries, according to the only nurse and Mr. D., they were prescribed by the attending physicians, who issued prescriptions for a period of about 2 - 3 months, prescriptions that were provided by the caregivers to the representatives of the center, and Mrs. D. was the only person in the social care home who was responsible for their administration.

As regards the medical staff, the representatives of the social care home informed us that the doctors who carried out the medical visits came from the company Medicavol SRL, a company with which they have concluded a collaboration contract for the provision of medical services. This contract was not made available to us. Mr. D. told us that the representatives of the medical clinic who carried out the visits came if they were requested to do so. At the same time, the staff of the



social care home call 112 for emergency situations or request a consultation if they consider that a change in the treatment of a beneficiary is necessary.

Following the study of the medical records we found that the treatment scheme of the residents was similar, an eloquent example would be that each beneficiary was given neuroleptic drugs.

The Unique Inspection Register was made available to us and we found that from July 2023 until September 2023 several state institutions (ANPIS, ISU, DSP, AJPIS, CJPC, ITM, DSVSA, etc.) came for inspection.

Concerning the contracts concluded with the beneficiaries and their relatives, we were able to identify 11 beneficiaries.

- D.C
- C.M
- G.M
- G.V
- V
- A.E
- C.A.
- M.G
- S.G
- P.P.
- M.S.A

After checking the contracts, we identified the following issues:

- The subject of the contract is the provision of socio-medical services within the Residential Centre for the Seniors "Royal Medical Clinic" with the payment of a monthly contribution.
- There is no Government Decision No 426/2020 on the basis of which the total cost of socio-medical services is determined.
- The contract stipulates that any increase in the price requires the agreement of the parties by concluding an additional act to the contract and in the payment commitment, other amounts can be added to the general price approved, for additional services - Annex No. 5 attached to the contract provides a personalized list of services provided in the center, where additional costs are provided for medical services that ensure minimum comfort for the elderly and bedridden - physiotherapy services (450 lei/2 sessions/week) or a consultation with the general practitioner (200 lei/visit). **We did not find any additional act regarding these increases although there are 4 people in the social care home who require the use of pampers and a number of about 3 - 4 people who are in bedridden.**
- The amounts requested monthly are between 2800 and 4000/beneficiary, the social care home does not receive other amounts from state institutions for the services provided to beneficiaries.
- In Article 9.6. of the contract there is a clause that could be interpreted as abusive **"to pay by way of damages the amount for the month of discharge/death, if the discharge/death occurs for reasons not attributable to the social services provider"** , given that there is the possibility of termination of the contract when the beneficiary is discharged from the center, without any other provision, and that the death of the

beneficiary determines, in itself, a cessation of the provision of services, not justifying their payment until the end of the month in which it occurred.

- None of the beneficiaries is under a ban, the documents drawn up bear their signature.
- **In conclusion, it was found that the beneficiaries did not receive the services provided for in the contract, in breach of Article 2.2 concerning the types of socio-medical services provided, in the sense that:**
- **There is no evidence of consistent medical care and supervision. Although it is stated that social assistance is provided, we were not provided with evidence that there is a social worker employed or collaborating with the center. The administrator of the social care home informed us that 2 social workers are employed, but we did not find any documents or records to substantiate her claims.**
- **The possibilities for relaxation and leisure are limited, as the space of the building does not really allow this - especially in terms of outdoor activities. Moreover, even the beneficiaries said that they are not allowed to go out in the courtyard, that they do not have activities and that even the mobile ones spend all their time in their rooms.**

### **Requests to the institutions with competence in this area and recommendations:**

In conclusion, the services provided are minimal - accommodation and food, no other types of activities are carried out, access for beneficiaries, if carried out (although the infrastructure of the building does not reflect it - unplanned stairs with ramps, lack of special transport devices for persons with disabilities) is minimal - only access to the terrace and possibly to the space that is intended for parking of residents' cars in the adjacent building. The documentation reflects formalism and clichés, and the findings on the ground (actual infrastructure, dialogue with beneficiaries) show **failure to provide other than basic or emergency medical services.**

It would be advisable to **employ a person to deal with the administrative** and organizational **side of** the center, as well as the scriptural and drafting side required by the range of documents needed to complete each beneficiary's file.

**Additional care staff** is needed, as well as **regular evaluation of Individual Treatment Plans.**

Analyzing the psychological assessment documents, **specific/individual recommendations for residents, recommendations for rehabilitation activities, occupational therapy are needed** because, at the time of the monitoring visit, we did not identify documents and staff statements showing the existence of systematic, effective rehabilitation or occupational therapy programs.

Existing arrangements for contact with the outside world are generally unsatisfactory, as residents are unable to keep in touch with people in the outside world, with most finding it difficult to access mobile phones or the internet.

The CLR observed that **residents were not encouraged to participate in activities**, there was nothing structured, and any activities did not follow any re-socialisation plan. The main activity being to stay in bed, as reported by residents.

We also draw attention to the procedure and purpose of issuing operating licenses for licensed social service providers, thus, pursuant to the relevant legal provisions (both the provisions of Lg. 197/2012 and the Methodological Norms of February 19<sup>th</sup>, 2014 for the application of the provisions of Law no. 197/2012 on quality assurance in the field of social services, as presented above but also of Law 448/2006 on the protection and promotion of the rights of persons with disabilities - art. 51 and 53, according to which persons with intellectual and psychosocial disabilities must benefit from the guarantee of quality services, which ensure that their specific needs are met and that, as far as possible, the vulnerabilities of the disabilities to which they are subject are removed and that they are provided with a minimum of security to live their lives with dignity.

The CLR reiterates its view that although some residents have difficulties in understanding and communicating, wherever possible, they should be informed of their rights, if necessary, using repeated, simplified and individualized verbal forms/accessible language. **There should also be accessible and understandable complaints systems.**

It is necessary to **reassess the residents** in accordance with the provisions of Law 448/2006 on the protection and promotion of the rights of persons with disabilities, republished, as amended and supplemented, and **to relocate them to units that can provide adequate care for their needs.**

There are no findings of violations of fundamental rights, but it would appear from the on-site findings that some of the (non-fundamental) rights and freedoms are not adequately respected: right to personal life, religion, mail, social life, etc. The beneficiaries do not know/are not informed about their rights, nor do they have access to human rights institutions or organizations.