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Monitoring report on respect for the rights of persons with intellectual and/or
psychosocial disabilities in institutions
at
Social Care Home for the Elderly Măgherani Commune, Mureș County

proiect derulat de:



în parteneriat cu:



Monitoring report
Social Care Home for the Elderly
Măgherani Commune, Mureș County

Date March 24, 2024, from 15:20 to 17:40
Name Social care home for the elderly Măgherani
Address Spitalului Street, no. 111, Măgherani commune, Mureș county
Team [REDACTED] (Program Manager "Advocacy for Dignity"), [REDACTED] – legal expert, psychologist, [REDACTED] – doctor specialized in pediatric psychiatry, [REDACTED] – psychologist specialized in clinical psychology.

Context The monitoring visits took place within the "Advocacy for dignity" program run by the Centre for Legal Resources, access being granted based on the Cooperation Protocol concluded with the Monitoring Council (Law no. 8/2016) and the Cooperation Protocol concluded with the Public Ministry.

Note: communication between the CLR team, caregivers and some of the residents was difficult, sometimes impossible, due to the fact that they are exclusively Hungarian speakers.

The visit

The CLR team encountered no issues upon entering the social care home. After a few minutes of searches within the two halls of the social care home, the CLR experts identified the staff room in the newly built pavilion of the care home, where they met two caregivers with whom they had their first discussions. During the weekend there are two caregivers on the day shift, one caregiver at night, the professional staff being present only during the week on the day shift.

One of the caregivers informs the social care home's manager, Mr. [REDACTED], of the presence of the CLR team in the social care home and several telephone conversations take place between Mrs. [REDACTED] and Mr. [REDACTED], the latter providing various information about the operation of the social care home. Following the discussions, as we subsequently understood, during one of the breaks between the phone calls, M [REDACTED] informed the Miercurea Nirajului Police about the presence of the CLR team in the social care home. Thus, a police crew went to the home to ID the CLR experts and to verify the legal framework allowing the presence of the CLR team in the social care home. During the discussion, one of the police officers confirmed that they had been contacted by the social care home's manager. The police crew consisted of 3 persons, they arrived in two cars, ID'd the CLR team and respectfully requested information about the purpose of the visit. The interaction was of short, it had no effect on the conduct of the visit, the members of the CLR team were not affected by this indirect attempt of intimidation by the social care home's manager by requesting the presence of the police during the monitoring visit.

Building structure – living space, living conditions

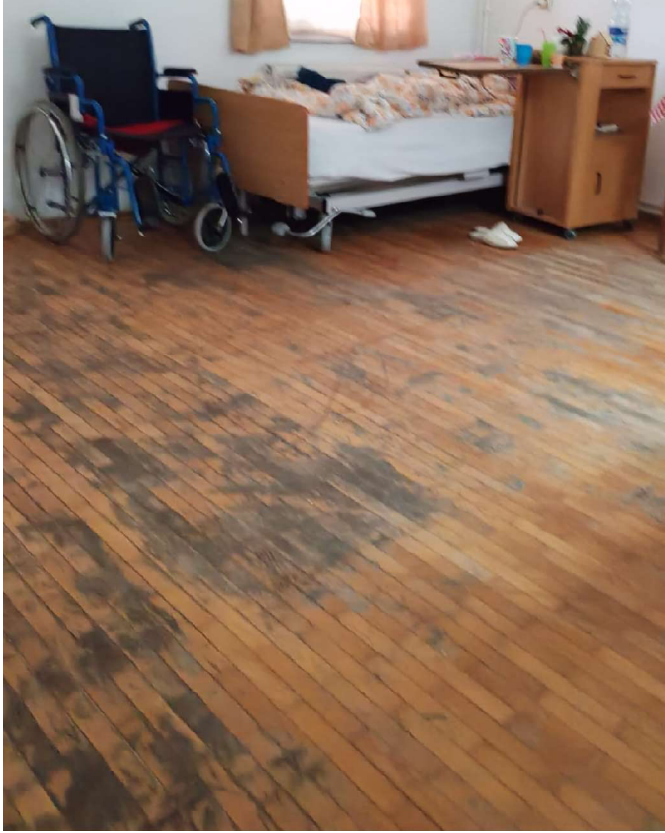
The social care home for the elderly is a residential social service subordinated to Magherani Local Council, operating since 2007. It has a capacity of 42 seats, distributed across two pavilions. The old pavilion (as it is called by employees and residents) has 5 rooms, each with 4 beds, old furniture and poor sanitation. The new pavilion has 12 rooms, of which 10 are with 2 beds, and 2 rooms are with one bed. The rooms are equipped with their own bathroom, adapted to the needs of the elderly. The names of the residents and their degree of dependency are written on the doors of the rooms. From the investigations carried out by members of the CLR team, not all the names displayed corresponded to the residents actually accommodated, some of them being deceased.

The monthly fee for the services provided in the social care home for the elderly is 2,200 lei for the old pavilion and 2,300 lei for the new pavilion. There are some differences between the two, but not

significant (in general the old pavilion is not so bright, has outdated furniture and there is a persistent smell of urine).

At the time of the monitoring visit, renovation work had been in progress (for about a month) in order to replace the doors of the rooms in both pavilions. However, the CLR team noted that some of the rooms also required urgent replacement of the floors which were extremely deteriorated and showed obvious traces of mould, which could affect the health of the residents accommodated there.





Medical care, psycho-social aspects, personal hygiene

Medical care

16 residents are bedridden and 10 are diagnosed with various forms of dementia. There are no special rooms for bedridden persons, they are accommodated randomly, presumably according to the availability of the rooms. We observed in one room anti-decubitus mattresses with a pump, the staff stating that these are available on all the beds intended for the bedridden persons.

All residents of the social care home have a certificate of disability.

We do not know if all residents are enrolled with the same family doctor, the latter having his office in the old pavilion of the social care home (the villagers of Măgheran commune are also enrolled with this family doctor). According to Mrs. F.I. (one of the residents of the social care home) if they have a health problem, the rule is to notify the nurse on duty, and if the problem cannot be solved by the nurse, the family doctor is called and comes to perform the examination in the resident's ward.

According to the social care home's manager, the staff of the care home does not use restraint or seclusion measures and do not have restraint-specific devices. The social care home's manager states that in 16 years that he has been in charge of the home's management, they have not had any cases of psychomotor agitation. In the event of medical issues that cannot be handled in the social care home, the medical ambulance is called (last time it was called in the first week of March). The procedure is as follows: the family is notified after the 112 emergency service is called. On discharge, the resident returns back to the social care home. In the nurses' room, there is a summary medical file for each beneficiary, available for referral by the ambulance services (in the vast majority of cases, these are medical letters dated more than 3 years ago. For some beneficiaries there is only a copy of their identity card). It appears from discussions with the nurses that the complete medical files are in the director's office, closed at the time of the visit. The medical letter following the psychiatric examination of Mrs. M.G. in a private practice in Targu Mures (Dr. [REDACTED]) drew our attention. The lady was diagnosed with recurrent depression, anxiety disorders and insomnia and was prescribed psychiatric treatment with re-evaluation every 12 months.

Inside the old pavilion there is also a dental office (the dentist is not an employee of the social care home).

Activities—The weekly activity schedule displayed is as follows:

Monday – 10:30 – 12:30 – administrative and informative activities
Tuesday – 10:30 – 12:30 – gymnastics for seniors and meditation
Wednesday – 10:30 – 12:30 – occupational therapies
Thursday – 10:30 – 12:30 – socializing and cultural activities
Friday – 10:30 – 12:30 – counseling activities for bedridden persons
Saturday – 10:30 – 12:30 – leisure activities
Sunday – 10:30 – 12:30 – leisure activities; afternoon religious Liturgy

The following text also appears on the displayed program:

"Nota Bene!

Counseling is mandatory for each person assisted in the social care home, as scheduled by the therapist, at least once a month!

Persons assisted in the social care home have the possibility to ask for expert advice and information on personal request whenever they need it.

Organised daily activities are mandatory for each person assisted."

Discussions with residents of the social care home do not indicate that therapeutic or leisure activities are organised during the week. They state that, apart from having meals, or socialising in the ward or in the halls, those who wish can go out on the terrace or in the courtyard for strolls. There were no mentions of people attending religious ceremonies, and two or three persons occasionally go out

in the village for walking or shopping. Some residents remember a lady psychologist who in the past came one day per week to the care home and did gymnastics and painting with them. Now these activities are no longer carried out.

Personal care

Some of the residents use adult diapers and there was a strong smell of urine in the wards where they are accommodated, especially in the old pavilion. It is not clear from discussions with the two caregivers how often residents are being changed and sanitised during the day.

Admission to the social care home

According to the two caregivers on duty (and the guardians we discussed with), there is a long waiting list for the social care home. The guardians we discussed with claim that, although the waiting list for this home is generally long, they had to wait much less (about 2 months) because the application for admission to the home and the admission took place during the pandemic period, when the number of applications for admission to such institutions had decreased due to fears of SARS-CoV2 infection.

Food

The home is equipped with its own kitchen, dining room both for residents and employees. At the time of the monitoring visit, lunch consisted of: meatball soup, steak with potato garnish and chocolate for dessert. According to the residents, the food is tasty and sufficient. Residents also report that they often receive fruit (apples, bananas, in summer they receive melon and other seasonal fruit).

Access to community, visits, communication with the outside

At the time of the monitoring visit, the CLR experts encountered family members in the social care home who were visiting their relatives. They stated that they came weekly and that they never had any difficulties accessing the care home. They even happen to visit twice a week. The rule is to announce the time of arrival so as not to interfere with residents' meal times. The residents we discussed with claim that there are social care homes in the county where you have to schedule your visit one or two days in advance, otherwise access is not granted. From discussions with some residents it became clear that they can go out in the village if they wish, but only those who can get around properly, which is why only 2-3 do, in order to walk around and do some shopping, including for the others (they usually buy tea, cigarettes, coffee). There is TV access for all residents from 7:00 to 22:00. Some have a newspaper subscription, others listen to the radio.

Social care home staff

The social care home in the commune of Măgherani has the following staff structure: director Mr. [REDACTED], 1 psychologist (there is a service contract signed about a month ago, but the psychologist had not arrived in the home by the time of the CLR experts' visit), 1 social worker, 11 nurses' assistants (including one part-time assistant), nurses, administrator, physiotherapist. The family doctor and the dentist have offices in the social care home's building, but they are contractors, not employees of the social care home (since both the family doctor and the dentist also provide medical services to the villagers, we could not investigate how their activity is organized from an administrative-locative point of view). In fact, from discussions with some residents, with obvious dental conditions, it appears that they cannot call the dentist of the social care home because their financial situation does not allow them. One resident lady says she has only seen the doctor once in the 6 1/2 years she has been there. They do not have blood tests, there is no medical examination unless there are emergencies.

On weekends there are only two caregivers per shift for the 42 residents accommodated in the social care home. At night there is only one nurse per shift, and the nurse has a schedule only on the day shift.

Deaths

The CLR team did not have access to the files/register related to the recording of deaths in the social care homes. According to the statements of some residents, but also after checking the lists on the doors of the wards with the residents of the room, it appears that deaths occur almost regularly, at least once a month. The CLR team was informed by residents about 3 deaths that occurred this year. The social care home's manager declares, by phone, that in such situations the relatives are notified, the deceased being picked up no more than 12 hours after the death occurred. The CLR team finds, from studying the tables containing data of residents, the following: there are several persons aged 60 - 70 years, the rest of the residents can be equally classified between 70 and 80 years old, respectively between 80 and 90 years old. The CLR team could not verify whether other procedures, specific to these cases, are followed – for example, whether the death is notified to the Monitoring Committee. The social care home's manager declares, by phone, that everything is fine within the care home, being checked 2 times by A.J.P.I.S. (County Agency for Payments and Social Inspection) and once by the police – who checked the nominal tables with residents.

Discussion with the caregivers

From the discussion with Mr. "x" (name unknown), guardian, it appears that his mother has been in the Magherani social care home for 2 and a half years. Mr. "x" declares that he is satisfied with the way his mother is cared for (personal hygiene, food, medical services, communication with employees, their behavior towards residents in general). The lady is bedridden and has benefited from an anti-decubitus mattress since admission. They learned about the services of this social care home from acquaintances and opted for it because the monthly fee is much lower than in private social care homes (2,300 lei, compared to 4,500 lei in private), but also because they were satisfied with what they saw on their first visit. Whenever they want to visit, they announce the arrival time to the social care home staff. They never had issues with access. Until recently, they communicated by phone, twice a day, but in recent weeks, it has become almost impossible due to hearing problems of Mr. "x's" mother. Thus, caregivers communicate with the family whenever the family contacts the lady, providing information about her, and sometimes, depending on her condition, they hold the phone for the lady to communicate directly.

Discussion with the residents

Mrs. F.I. – has been in the social care home for one year and three months. She says she is satisfied with the services in the social care home (cleaning, medical services, food, employee behavior). If she has a health condition, Mrs. F.I. declares that she communicates it to the nurse on duty, and if the problem is not solved by her, she informs the family doctor who examines her in the ward. She is visited twice a month by her family (who lives in Targu Mures). Mrs. F.I.'s activity – she generally walks in the pavilion, she can go outside whenever she wishes, but, unfortunately, she does not succeed so often due to difficulties in moving (she moves with the help of a frame and declares that she gets tired quite quickly).

Some residents say they no longer wish to stay in the social care home (Mr. K., Mr G., Mrs. H., Mr . D.), and they do not know the procedure and what they have to do to get out of there. They were brought by families, who usually also have access to their pensions, and who visit them once a month when they make the payment to the social care home. They don't have guardians assigned to them, they signed some documents at the entrance to the social care home, but they don't know what exactly they signed. Some insist on finding out from the CLR team members what the discharge procedure is, if there is a phone call where they can find out details about their rights.

Conclusions

- Lack of a clear schedule of daily activities, spending time or to recover/maintain residents' capabilities;
- Lack of correct provision of information to the residents about their possibility to leave the social care home (there are residents who say they want to leave, but do not know what their rights are);
- Poor hygiene of bedridden persons accommodated in the old pavilion;
- Worn wooden floor from the rooms of the old pavilion, which additionally contributes to the heavy smell that is constantly felt in that pavilion.

Recommendations

- Effective and accessible provision of information to the residents about their rights, in particular about the possibility of leaving the social care home.
- Maintaining rigorous and up-to-date records specific to the social care home's activity
- Establishing a clear schedule of activities for residents.