



SERVICE CHARTER... and Rights

PSYCHIATRIC RESIDENTIAL FACILITY
THERAPEUTIC-REHABILITATIVE

“VILLA MADRE CHIARA RICCI SRTRe for adolescents”

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Dear Guest,

it is my pleasure to present our “Service Charter”.

This document, thanks also to your kind and valuable participation, helps us make our services easier to use and improve their quality, in respect of your rights, the rights of the other guests and those of the staff working in the facility. The aim of our daily work is to offer you qualified care through the competence, professionalism and humanity of all those who work here in their various capacities.

The Service Charter is an instrument for the protection of the right to health of the persons who receive the treatments and interventions provided. Through this document Villa Madre Chiara Ricci sets out, in an accessible and transparent way for every person using its services, a picture of its work: the treatments delivered, the tools used, the conditions under which it operates, the mechanisms for participation and the quality standards it adheres to.

In line with Prime Ministerial Decree (D.P.C.M.) of 19/05/1995, which first laid down precise guidance on the matter, the Service Charter introduces into the healthcare sector the principle that a health service, whether public or private, must guarantee its users clear communication of the services and treatments offered.

PRESENTATION OF THE FACILITY AND FUNDAMENTAL PRINCIPLES

Mission and mandate: “Villa Letizia s.r.l.”, with registered office in Rome, Viale Europa 140, was established in 2004 to deliver interventions for the promotion of mental health, prevention, early detection and treatment of psychiatric disorders across different age groups (from onset in adolescence and early adulthood through the various stages of the disorders in adult life). The Residential Facilities are located in Rome, Via Sesto Celere 16, 18, 20.

Residential facilities for community-based treatment are local services that admit, on a voluntary basis, people with psychiatric disorders for treatment and social reintegration. The community is a structured living environment intended to foster the greatest possible autonomy and to enable the person's recovery, through a return to the family or to an independent living arrangement with varying degrees of home support.

The residential facilities run programmes aimed at the integrated treatment of psychiatric disorders, at meeting the person's living needs within the facility and in the local area, at regaining and maintaining adequate levels of personal autonomy, at regaining and maintaining satisfactory relational skills, and at social reintegration.

Fundamental principles and rights: The Community is guided by the following fundamental principles (Prime Ministerial Decree of 19 May 1995).

Equality: The dignity of the person is respected at all times in daily life, without distinction of sex, race, nationality, religion, language or political opinion.

Impartiality: Partial or unfair attitudes, that is, non-objective treatment of users, are avoided.

Continuity: The service is provided on a regular and continuous basis, except where interruptions are governed or officially announced by law or fall within the organisational arrangements of the service.

Freedom of choice: Guests freely choose to enter the healthcare facility, except in cases of court orders. They may freely ask to discontinue treatment and to interrupt the therapeutic programme where they are able to live independently without causing harm to themselves or to others.

Participation: Information, personalisation and humanisation of the service are guaranteed, protecting the User in dealings with the public healthcare system.

Efficiency and effectiveness: Services are organised and delivered in accordance with criteria of efficiency and effectiveness.

Values: The values underpinning the service are the centrality of patients and their families, therapeutic continuity over time and with the institutions providing care, respect for privacy and for the confidentiality of information, absence of conflicts of interest, commitment to the evaluation of the care process and of the outcomes of interventions, and continuous improvement of service quality.

The **users** who access our services are minors and young adults coming from their own homes or from other care facilities, under the care of the Mental Health Centres of the local Departments and of the Services for the Protection of Mental Health and Rehabilitation in Developmental Age (TSMREE); they present with widely varying psychiatric conditions, so that the group of guests is homogeneous in terms of the needs to be met rather than in terms of diagnosis.

The **main clinical activities** offered by the facility in an integrated form are pharmacological, psychological (individual and group therapy) and psychosocial treatments (rehabilitative, resocialising, occupational and recreational activities); these are managed in agreement with the referring Mental Health Department (DSM) and TSMREE and in coordination with primary care (the family doctor).

The **role and work of the community worker**: community workers perform different duties with different professional skills and have the task of supporting guests throughout the community experience, helping them acquire a lifestyle that makes the most of their resources. The quality of the human environment is one of the mainstays of treatment and genuinely shapes everyday events in a therapeutic direction.

The community worker provides care as a form of stimulation of the person: prompting, reinforcing, backing and supporting. This model of care helps prevent the loss of skills caused by the impact of psychopharmacological therapies.

The support provided by the worker is also a guarantee for the person and a way of building responsibility in daily living activities inside and outside the community. The worker is therefore the guarantor and witness of the skills the patient has acquired and of any difficulties that persist.

QUALITY FACTORS AND PHASES OF THE PROGRAMME

First contact: guests and their families may visit the facility before admission and, where appropriate, spend an “experience day” to soften the emotional impact of entering the community.

Admission: the guest is welcomed informally, introduced to the staff of the facility and to the other members of the community, accompanied to their room and helped to check the suitability of the personal belongings they have brought with them. So that the community experience is not equated with a hospital stay, clinical information and history are collected after entry, at a time deemed appropriate by the healthcare staff (in any case, by the day the therapeutic programme begins).

Clinical and psychosocial activities: the guest is gradually included in the activities of the facility (shared daily-living activities, clinical interviews, drug therapy, therapeutic groups, socialisation groups, occupational activities, recreational activities, etc.) with a view to building responsibility and engaging with the general rules of the facility.

Review of the programme: the objectives of the various clinical activities proposed are constantly defined and verified using recognised instruments; clear and understandable feedback on the proposed programme is provided. In the review process, alongside experiences within the community, experiences of continuity with the person's social group of origin (family, friends, neighbourhood, social services, work) outside the facility are considered essential. Such experiences are not regarded as leave of absence but form an integral part of the therapeutic programme.

End of the programme: achieving the objectives set in the therapeutic programme marks the possible end of the community experience, in the perspective of “personal recovery”, which is entirely distinct from the notion of cure or remission of the disorder, a notion of limited use in psychiatry. The end of the project may be temporary, a further experience with a different set of objectives later proving useful. The programme may also be interrupted because of incompatibility with the community environment or because the clinicians consider that the therapeutic tools available are not suited to achieving the objectives set.

Indicators: Quality indicators are a tool for measuring progress towards the objectives pursued by the facility and are used, in the course of the Management Review, to analyse, assess and monitor the adequacy of the services provided and the internal climate.

The most significant standards and indicators, with their related objectives, include: improvement as perceived through CGI and BPRS assessments, satisfaction surveys, monitoring of drop-outs, complaints and suggestions, and management of non-conformities and corrective actions.

The full documentation on quality standards and indicators is available on the company website.

WAITING LISTS

Villa Madre Chiara Ricci – **Therapeutic-Rehabilitative Residential Service (SRTRe) for adolescents** admits minors and young adults with mental disorders, referred by the ASL (Local Health Authorities) of the Lazio Region through the Services for the Protection of Mental Health and Rehabilitation in Developmental Age (TSMREE) and the Mental Health Departments, following multidimensional assessment (UVM) and identification of the most suitable setting.

The waiting list is drawn up on the basis of the names submitted by the ASL of the Lazio Region, together with the multidimensional assessment (UVM) documentation.

Priority criteria:

- appropriateness of admission in relation to the stage of the therapeutic-rehabilitative pathway;
- age and compatibility with the type of users hosted;
- outcome of the multidimensional assessment and level of care intensity required.

Following the appropriateness assessment carried out by the facility, the facility enters the names in the SIPC information system of the Lazio Region for the management of waiting lists.

The estimated average waiting time is approximately 5 months, depending on bed availability and on the origin of the requests.

INFORMATION, ADMISSION, PROTECTION AND PARTICIPATION

Information Administrative information is provided by the Administrative Manager on Monday, Wednesday and Thursday mornings from 10:00 to 13:00 and on Tuesday and Friday afternoons from 17:00 to 19:00.

All community staff are able to provide information on health and social-health services and how to access them, and on the procedures implementing the right of access and participation (including all community rules, which form an integral part of the care pathway).

Particular attention is paid to monitoring guests' needs and to measuring satisfaction with the services, so as to keep the quality of care consistently adequate (in so far as the requests submitted are appropriate, taking into account users' psychiatric conditions).

Admission The community's multidisciplinary team is trained in the function of informing users about access to services, the way the service is delivered and participation in community life. The admission function aims to establish a relationship with the user that limits their distress and enables them to express their needs, to educate users in the proper use of Health and Social Services, to listen to and understand users' expectations and needs, and to give them a response grounded in personal responsibility.

Protection The instruments for protecting mental health in a therapeutic, rehabilitative and educational setting are essentially bound to the therapeutic relationship. It is within that relationship that the message of personal responsibility for the lifestyle proposed by the community is conveyed. With minors too, an approach based on personal responsibility is preferred, so as to avoid establishing a condition of excessive dependence linked to the disorder at such a delicate stage as developmental age. In such cases responsibility is shared with the various protective agencies: the family in its parental role, social and health services and the Juvenile Court. We consider it very difficult, if not impossible, to exercise extremely close control over the conduct of the minors hosted in the facility, given the staffing requirements laid down for a Therapeutic-Rehabilitative Residential Facility providing extensive residential treatment. Accordingly, the procedures provide for leave arrangements to be agreed with the parents and for any unauthorised absences to be promptly reported to the competent authorities.

Guests have the right to ask for full information on their diagnosis, including a provisional one, and on the prognosis, in terms they can readily understand.

They may also obtain essential information on the organisation of the services and on the duties and responsibilities of managers and staff. Doctors and all other staff are always available to provide such information.

Participation The facility provides spaces for voluntary organisations and for associations protecting users' rights. Operational projects are in place to align services with citizens' needs, particularly those relating to social reintegration.

Health and social support services. The psychiatric examination is a key step in identifying the objectives of the therapeutic project within the community; it is complemented by psychological interviews (therapeutic and/or supportive) conducted by the psychotherapists and by the child neuropsychiatrist. Guests are temporarily assigned to the general practitioner, who carries out medical examinations both at their own local practice and at our facility.

Staff with different training and professional backgrounds cover all aspects of nursing care, hospitality and cleaning of the community premises, in active cooperation with the guests. Educational and rehabilitative interventions are delivered by graduate technical staff. Occupational activities are run by Villa Letizia staff.

A social worker is available to support the minor hosted in the community and to handle administrative formalities.

Healthcare staff will give information about guests by telephone only to persons authorised to receive it (other health professionals, family members, friends).

Any money in the guest's possession will be held by the worker responsible for money management, also as a way of fostering responsibility in the use of money.

Guarantees for the guest and relations with staff. Within the residential programme, protection of the user takes shape through the relationship with staff. Each guest is assigned a tutor who supports them in identifying their needs and in managing the therapeutic programme. Guests are given clear and understandable information on the diagnostic and therapeutic pathway and on their state of health. Guests are informed about any use of “off-label” medicines.

The facility ensures the protection of privacy and of sensitive information in accordance with personal data protection legislation (Reg. EU 2016/679 – GDPR and Legislative Decree 196/03).

A temporary change of general practitioner is proposed in order to ensure adequate and continuous primary care.

At the end of the therapeutic programme, the guest is invited to contact their own mental health service so as to ensure therapeutic continuity with the local mental health programmes of their area of residence. A final report setting out the clinical activities carried out is provided at the end of the programme.

A copy of the clinical record is provided to the holder of parental responsibility or to a delegated person within 30 working days of the date of the request.

Administrative admission. The management guarantees access to administrative admission and to the related clinical and psychosocial services from 10:00 to 12:00, Monday to Friday.

Paid services. The management does not offer paid services, since hotel-type standards are to be shared in a community perspective. There are, however, mainly social services and activities for which users pay a fee, namely the possible use of the self-managed laundry at 25 euro/month (those who do not pay this amount may not use the service), and a payment of 20.00 euro/month into a common fund for the purchase of materials for recreational and leisure activities.

Participation, suggestions and complaints. Users, relatives, voluntary organisations or rights-protection bodies accredited with the Region or with the ASL, and associations of users or citizens, may submit observations, objections, reports or complaints against acts or conduct that deny or limit access to health and social care services. In particular, guests are invited to complete a Satisfaction Questionnaire. The results of the user satisfaction surveys are published each year on the company website. A box is also available in which guests may submit complaints and suggestions, anonymously if they wish.

The administration takes charge of every complaint received orally or in writing and provides a reply within 30 days (where the complaint is not anonymous).

Miscellaneous services. Vending machines for food, drinks and mineral water are available to guests within the community.

Use of mobile phones is generally permitted. Guests may receive calls from outside, including on the facility's landline, at times free from clinical and rehabilitative activities; any calls outside these times will be reported to the patient.

Community staff are trained to act to control fires and to safeguard the safety of guests. The emergency plans and the measures to be taken if necessary are available to patients in the bedrooms; the designated escape routes are displayed in the corridors.

For patients of the Catholic faith, the Chapel is located on the ground floor, where on every feast day a moment of prayer is held, organised by the religious staff working within the community.

Humanisation. The facility bases its work on seeking consent and shared agreement on the arrangements for care and assistance, avoiding repressive measures and offering itself above all as an intermediate space for personal re-planning. The guest is an active subject of therapy, not merely an object of care or of drug treatment.

Humanisation and personalisation of interventions are a fundamental aspect in safeguarding the personal and social dignity of each Guest. The facility ensures that treatments are delivered to each Guest following personalised procedures and protocols defined by the multidisciplinary team and shared with the Guests themselves and with the holders of parental responsibility. Personalising means adapting interventions to the individuality and the needs of the Guest, respecting their beliefs and their emotional and expressive needs. In relation to the specific requirements of the rehabilitation project and its objectives, the facility bases its interventions on respect for and understanding of the User, drawing on the principles of human solidarity, empathy and safeguarding of the personal and social dignity of each person.

The facility guarantees both impartial access to services and continuity in service delivery.

An integral part of treatment is acceptance of the community rules, of resocialising activities (including work against stigma) and rehabilitative activities, of psychological therapies and of drug therapies (including medicines used outside their approved indications but recognised as effective by international scientific evidence). Activities take place both inside and outside the facility in order to promote social reintegration. External activities are therefore an integral part of the programme, and guests are insured during all rehabilitative travel.

The objectives of each individualised clinical programme can be achieved not only through adherence to treatment but also through compliance with the

rules of conduct which form the basis of living together within the facility and which are the same for everyone.

The guest authorises staff to check the suitability of the personal belongings in their possession, on entry or on returning to the community (after leave), with respect for Guests' privacy rights.

INFORMATION SYSTEM AND PRIVACY

In compliance with data protection legislation, the facility uses technologies to protect personal data and adopts appropriate security measures to prevent unauthorised access to, disclosure, alteration or destruction of the personal data of Guests and staff.

Personal data are processed using IT, telematic and paper-based tools, with organisational arrangements and logics strictly related to company purposes.

The facility has adopted a software system for the management of the Clinical Record, named pSM, in which staff record all activities, daily notes, administration of therapies and assessments and everything else required for correct record-keeping. The persons authorised to complete the Clinical Record have access to Guests' personal data and to the individual sections according to the role assigned to them. The management platform ensures constant availability of data and of access at any time and provides for backup.

CODE OF ETHICS

The facility has adopted a Code of Ethics and Conduct setting out its statement of values and the body of rights, duties and responsibilities towards anyone collaborating with Villa Letizia in any capacity or using the services provided. All addressees are required to comply with the principles set out in the Code in order to reduce the risk of unlawful conduct, thereby ensuring a high standard of professionalism and continuous improvement in the quality of the services.

QUALITY MANAGEMENT SYSTEM

Villa Letizia obtained ISO 9001 certification in 2008 and is constantly committed to the continuous improvement and verification of the quality of the services provided.

RULES

Guests and their families are asked to comply with a number of fundamental rules.

Failure to comply with these rules may lead staff to formally remind the person of the obligation to observe them. Since the objectives of the project are shared with the contacts at the competent Mental Health Service, repeated breaches of the rules of communal living will be reported to them and may constitute grounds for revising or interrupting the project.

Informed, responsible and freely given acceptance of treatment will follow the precise and specific information that healthcare staff provide to the guest and to their legal guardians at the time treatments are prescribed and administered. Any failure to comply with the rules is discussed again with the guest and with the team and worked through, with the aim of understanding the dynamic that prevents the guest from making use of the community rules.

GENERAL RULES

1. Maintain a respectful attitude towards people and property;
2. The following are not permitted:
 - entering another person's room;
 - consuming alcohol or narcotic substances, or bringing such substances into the facility;
 - bringing into the facility and/or using objects considered dangerous to oneself or to others;
 - insulting, raising one's hands against, or throwing objects at other people;
 - making fun of other guests;
 - searching through other people's wardrobes or belongings, still less taking objects without authorisation;
 - damaging the facility's furniture or the walls of the house (bedrooms and communal areas);
3. Smoking inside the facility is permitted only in open-air areas.

RULES FOR GUESTS

In the community, tasks and responsibilities are shared; guests are therefore required:

- to observe the following times: wake-up 7.45-8.00, breakfast 9.00-9.45, lunch 13.00-13.45, dinner 19.30-20.30, return to the bedroom for the night by 23.00;
- to agree their outings with the staff on duty, on the terms set out in their own therapeutic project and in the arrangements made with the holders of parental responsibility, stating the destination, the time of departure and the expected time of return;
- to keep to the commitments made for the various clinical-rehabilitative and workshop activities and for household activities (rotas for setting the table, cleaning rooms, laundry, etc.), and to comply with their own therapeutic project;
- to take care of their person and personal hygiene, and to dress decorously;
- to keep their room tidy and respect it; guests also undertake not to leave valuables or money in their room, handing them over to the administration for safekeeping;
- not to smoke in the bedroom, nor to eat meals there on a regular basis;
- to respect other guests' night-time quiet; accordingly they may not: play music at high volume, switch on the bedroom light during rest hours, speak in a loud voice or allow strangers into the bedroom;

For some guests with particular conditions (diabetes, coeliac disease, etc.) food brought in from outside is always prohibited.

We aim to offer food that is as enjoyable as possible, focusing on quality and variety. The menu includes traditional dishes and some new options, always in line with Guests' nutritional needs.

The menu runs over 7 days, with different dishes for each day, for both lunch and dinner.

Guests are prohibited from using mobile phones to take photographs or video intended for circulation.

So as not to disturb other patients, guests are asked to keep noise to a minimum, not to speak too loudly and to keep the volume of the radio and television down.

Smoking is strictly prohibited in the bedrooms, corridors and communal areas of the community: this is required by law and, above all, out of respect for one's own health and that of the other patients. Ample outdoor areas are available for smoking.

Cleaning of cabinets, beds and bedside tables is carried out by dedicated staff, but guests are asked to cooperate actively in a community spirit in which responsibility for daily activities forms an integral part of the therapeutic programme.

Guests are in any case asked to keep this furniture and their room tidy.

RULES FOR FAMILY MEMBERS

Guests' family members must comply with the following:

- if they wish to speak with the managers or staff of the facility, they must do so by prior appointment;
- if they intend to visit guests, they must agree the day and time of the visit with staff, so as not to interfere with the daily activities of the community;
- they must also inform staff when they arrive at and leave the facility;
- out of respect for privacy and in order to ensure an adequate level of personal autonomy, relatives and friends may not enter guests' bedrooms and must keep to the agreed visiting times;
- during clinical-therapeutic and rehabilitative activities, and during meals, family members may not remain in the facility unless authorised.

What to bring to the community. In a shared living environment such as the community, theft or loss of money, mobile phones, jewellery or other valuables is always possible: the Management accepts no liability for such occurrences.

We therefore recommend bringing only strictly necessary personal effects, as well as: toothbrush, toothpaste, soap, shampoo, shower gel, deodorant, personal underwear, tracksuit, bathrobe, dressing gown, slippers, towels and everyday clothing.

Guests must also bring the health card issued by the ASL, their identity card and their tax code (codice fiscale).

It is very useful to bring any tests and diagnostic investigations already carried out and any clinical records from previous admissions. It is important to tell the doctors about medicines taken regularly, even if these are only laxatives, painkillers or cough syrups.

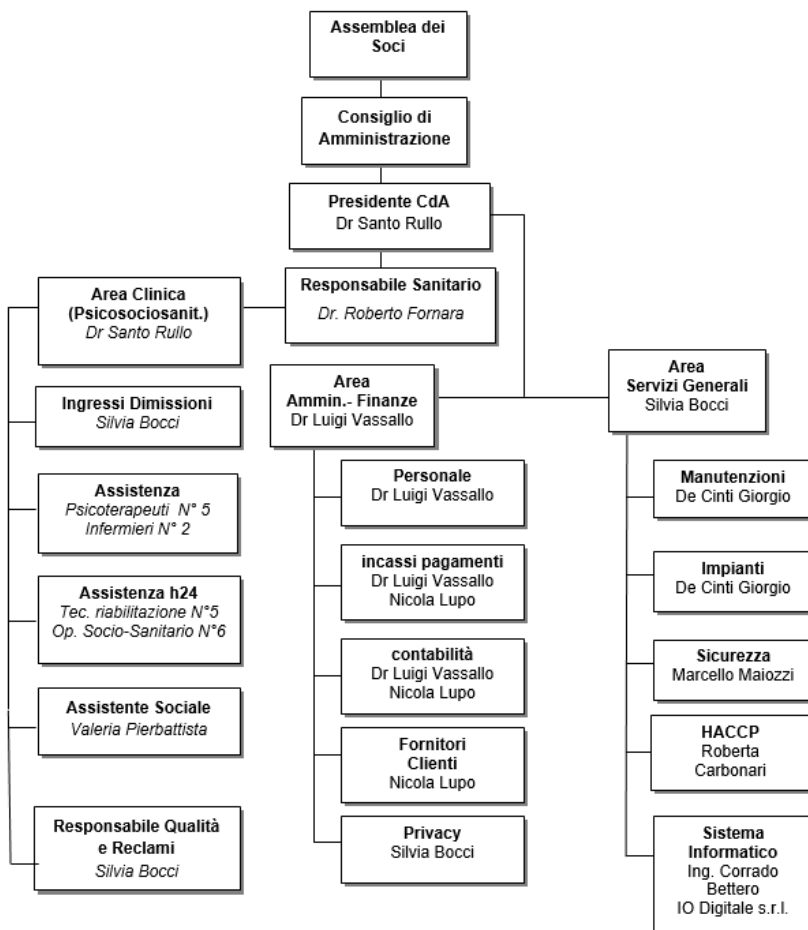
In the days following admission, it is always possible to have whatever is needed brought from home, if considered suitable by the staff.

Visits from relatives and friends Every patient may receive visits from relatives and friends, previously authorised by the holders of parental responsibility

(parents or guardians), every day from 15:00 to 17:00. Greater flexibility is provided at weekends. Such visits must not, however, obstruct clinical and rehabilitative activities or disturb the other guests.

Areas dedicated to various socialisation activities are available within the community.

Organigramma a piramide del personale VILLA MADRE CHIARA RICCI SRTRe:



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accreditation No. U00389

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Villa M. Chiara Ricci S.R.T.R.e for Adolescents

accreditation No. U00305