# SERVICE CARD

| | Name | Signature | Date |
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| **DRAFTED** | MANSUETO ROSANNA |  | 15/09/2026 |
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| **DIFFUSION** | ☐ Bullettin board | ☐ training | ☐ meetings |
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## PREMISE

The Service Charter is a commitment aimed at protecting the rights of users. The SRSR H 24 "Francesco " is a Presidium Healthcare Ombudsman ensures that the Service Charter is drawn up with the help of the Health Department, representing the category of Doctors, with the involvement of the operators of the structure, representing the Psychologist category and the Telephone Viola associations participated and the Patients' Rights Court, representing user protection associations.
It is stamped and signed by the Health Director and a copy of the card is given to all guests and their families upon entry into the Presidium and to anyone who requests it (any citizen / association / territorial bodies). It can always be consulted, as it is displayed in all the rooms of the structures and all interested parties are made aware of it. An annual meeting is held in which the parts are read. This Charter describes the service offered by Comunità Francesco S.R.L. by Clara Venanzoni through the SRSR H 24 "Francesco " , is a high intensity residential structure.The Card is valid for several years and is subject to periodic checks and updates thanks to the suggestions and experiences of those who work there or those who come into contact with the Presidium in order to allow a better quality of service. Annually, in a special meeting, all the Structure collaborators discuss the work done reflecting on which actions to activate to improve the quality of the service in favor of the user. Furthermore, the Service Charter is acquired and approved at a special meeting with the Management and the Health Director.

The Service Charter is drawn up in compliance with the following legislation:
"Scheme of reference for the health sector of the Service Charter", DPCM on May 19, 1995;
"Implementation of the National Health Service Charter", guidelines of August 31, 1995;

"Adoption of the Health Services Charter", Circular of the Ministry of Health prot. N. 100 / SCPS 21.12833 of 30 September 1995.

The structures identify the Health Director and the Case Manager as suitable for providing information to users in accordance with the declarations of the Service Charter.

## 1. WHO WE ARE

Comunita' Francesco SRL is a specialized health and social care unit in the area of psychiatric assistance that provides services in compliance with current regional regulations DCA n. U0101/2010 e DCA n. U00188/2015).The facility is accredited by the Lazio Region (DCA n. U00108/2013 e DCA n. U00337/2015)

• SRSR / h24 (Residential Social Rehabilitation Unit with high care intensity): 8 users

The facilities of SRSR h 24 Francesco offer residential hospitality with rehabilitative therapeutic purposes in a protected and comfortable environmental context which, due to its physical and organizational characteristics, refers to a family dimension. The structures are in fact articulated like apartments and the guests are involved in the management of the spaces and in the inherent activities.

The hotel services provided are: board and lodging (for residential, in double or single rooms), full kitchen with appliances and dishes, utilities, bed linen (for residential), TV and internet with Wifi, air conditioning, washing machine.

The community model of structures enhances the specific potential of group work in a rehabilitative therapeutic key. The system of rules that establishes the community and marks the times has in itself a structuring function. The participation of guests in the daily activities of life, such as

preparing meals and taking care of the spaces, favors an empowerment and the recovery and / or acquisition of different levels of autonomy within a protected context. Moreover, in the structure the user can develop a sense of belonging to the group that reinforces his sense of identity.

The rehabilitation process is structured through an individual therapeutic project agreed upon at the entrance and checked periodically, which provides gradually more intense stimuli to promote social reintegration, the acquisition of a greater degree of autonomy and the possible start of work paths. The project is shared primarily with the patient himself, with the sending service, with family members and / or other significant ones.

The elaboration of the project is entrusted to a multidisciplinary team and foresees a constant verification of the objectives achieved and of the critical issues that have emerged, for the evaluation of the results obtained and their impact on the quality of life and on the social, family and work functioning abilities of the subject.

Where possible, the family is expected to be involved in the planning of the rehabilitation program and periodic interviews are scheduled with the patient's family.

The Comunita' Francesco SRL offer residential assistance:

• SRSR / h24:

Residential Structure Rehabilitative Member with high care intensity

For users with a degree of stabilization of the pathology and disabling aspects to require continuous social and health care protection in the 24 hours.

This type of assistance process is aimed at favoring the acquisition of the greatest possible autonomy and allowing social reintegration.

The structure accommodates 10 users, arranged on one level.

The Comunita' Francesco SRL" SRSR H24 "Francesco" adopts, through periodic information / training meetings, written up in minutes, methods to encourage the activation of preventive, corrective and improvement actions of clinical-organizational activities.

The structure ensures that professionals work together to formulate operational procedures.

Collaboration and sharing of resources are guaranteed through discussion and periodic evaluation of clinical cases.

The community intervention model is a dynamic and systemic relational model, that is, it has the objective of intervening on the user's difficulties and on the social network that accompanies it in order to stimulate the resumption of a growth path and to allow the elaboration of new meanings through the intervention of systems analysis. It is a flexible model open to the different contemporary scientific and cultural orientations, in order to interact with the different levels in which the mental disorder is manifested.

Thus, at least 4 intervention levels are configured:

• Individual: working on the autonomy of the user through a psychological and psycho-pedagogical intervention.

• Family: working with the families of the guests through the systemic relational model, actively involving them in the rehabilitative therapeutic project. Action is taken on the relational modalities of the same, in order to favor the continuation or resumption of relations with the user and at the same time the overcoming of attitudes of de-responsibility to the institutions.

• Social: work is in progress for an active insertion of the structure in its territory through the awareness of the population, as well as through social reinclusion programs that involve the user, in relation to the degree of autonomy achieved.

• Institutional: working in close collaboration with the health institutions that sent the user, promoting periodic meetings between the community team, sending team and families.

The model considers the whole structures in various aspects and moments as a therapeutic setting. For example, the management aspect is not distinguished from the clinical one, but they are conceived as a continuum that guarantees a unique setting. The multidisciplinary team operates in this context as a cohesive whole (not divided into different roles and functions) which, despite the personal and professional specificities of the individual members, conveys a unitary therapeutic intervention.

The dynamic approach conceives the therapeutic change of the user group closely connected to the general climate that is experienced in the structures and ultimately to the quality and cohesion of the therapeutic team.

Given the level of processing of the users, the most significant therapeutic moment is not the clinical interview or psychotherapy (though important), but community life in its daily development. Ergotherapeutic, expressive and playful activities, such as meal times and night rest (for residential facilities), become the privileged setting within which the operator intervenes.

The Presidium ensures that communication between all the parties involved (inside and outside the structure) meets these characteristics:

1. Completeness: effective communication must contain useful information, to anticipate and clarify any doubts. In this way, you will have the necessary elements to make a decision.

2. Concise information must be relevant and never redundant.

3. Consideration: the communicator must take its target audience into consideration. In this way, information will be transmitted effectively, comprehensibly and, above all, without hurting sensitivity

4. Concreteness: in order to be effective, communication must be based on concrete data.

5. Courtesy: it is an essential aspect. You should never be aggressive, using a suitable communication and respecting different cultures.

6. Clarity: communication must be easily understandable. The easier it will be to assimilate the concepts, the more spontaneously the message will spread. The choice of terms must therefore be judged in order to avoid misunderstanding or ambiguity.

Communication method:

- Telephone (user, family, caregiver, AdS, guardian, hospital)
- Fax, e-mail, e-mail (ASL, Comune, hospitals, caf, AdS, tutor)
- Site (for all citizens and interested parties)

## 2. COMPANY POLICY: VALUES AND COMMITMENTS

The Comunita' Francesco SRL SRSR H24 "Francesco" works in collaboration with the National Health Service and the Regional Health Services for residential and semi-residential therapy of people suffering from mental disorders, who need a protected space, outside the family environment, to elaborate the reasons for their discomfort and initiate a redesign of one's existence.

The mission and vision are drafted with the support of all (users and operators are taken into consideration) but they are subjected to the verification of the managers in charge.

## Mission

The mission and values on which the Comunita' Francesco srl" SRSR H24 "Francesco" organization is based, which for years has been dealing with psychiatric rehabilitation, creating personalized recovery programs, aim to achieve the maximum level of well-being and autonomy of the person suffering from mental illness . In fact, they must offer the conditions for the development of the personal potential of the user, through the start of a path that sees the person no longer immersed only in their own intrapsychic problems, but must engage him above all in a gradual insertion and comparison with the outside world.

The goal becomes social-health integration in the territory, through a network activity between the bodies responsible for health promotion, in order to guarantee prevention, information, health education in relation to mental health.

The philosophy of the SRSR H24 "Francesco" focuses on the rehabilitation path of its users on the concept of relationship, according to which a therapeutic relationship is established with users based on empathy and common living thanks to the respect of ethical principles.

## Vision

The aim is to guarantee health as a right to defend and protect. The primary purpose of the presidium is to contribute to the well-being of the Community through the prevention of mental distress, the overcoming of stigma and any form of marginalization linked to disability, the restoration of a good quality of life and the reintegration into the social and working context of the our users.

"Health and mental well-being are fundamental to the quality of life and productivity of individuals, families and communities".

**Our values**

Within the Presidium we base all our choices and actions on corporate values that are based primarily on:

- CENTRALITY OF THE PERSON: for us it means taking care of people, dealing with them actively, providing for their needs and their health as a "state of complete physical, mental and social well-being", according to a holistic approach.

Furthermore, as required by national regulations for the purpose of implementing its institutional goals and in order to achieve the objectives set for individual therapeutic projects, the Presidium recognizes other guiding values:

1. Taking a social responsibility policy

Responsabilità Responsibility Ethics: Report any behavior to the ethics of responsibility, which commits to always be oriented towards integrity and transparency, fairness in economic relations, environmental protection and respect for all people. For us therefore responsibility means giving an account of acts, events and situations in which everyone has a decisive role. Obligations that derive from the position that each one occupies, from the tasks, from the tasks he has taken on.

- Attention to change: Cultivating proactive attention to the future, openness to innovation and flexibility in doing one's job, while enhancing the strengths of tradition.

- Passion for professional skills: Being a reference model through the development of "best practices" is a conception of the profession oriented to the continuous training of skills, both individual and corporate. So we mean professionalism like that complex of qualities that distinguish the professional for the competence, the preparation, the professional seriousness, the constancy of the commitment, the scrupulousness. Qualities consolidated with the practice of constant practice.
- User orientation: To develop listening and therefore attention to relations with users, improving the quality of services provided and customer satisfaction through constant attention to efficiency and effectiveness in the production and delivery processes of services themselves.
- Team spirit and cooperation: Communicating, in order to maintain and develop a team and cooperation spirit, the sharing of skills and the ability to help others:

the objective is to be responsible actors, in order to search for and foster business success while respecting its ethical requirements.

2. Fulfillment of the user's health needs by guaranteeing the principles sanctioned by the Prime Minister's Directive of 27 January 1994, which acknowledged and adopted:

Lianza Equality: no discrimination in the provision of services is made for reasons of sex, race, ethnicity, language, religion, political opinions, and socio-economic conditions.

Ialità Impartiality: in the provision of health services, Comunita' Francesco SRL SRSR H24 "Francesco" inspires its actions to the principles of impartiality and fairness in favor of the user and towards the sending Regional Health Service.

- Continuity: each user is guaranteed continuity not only in the care but also in the human and professional references throughout his therapeutic journey. Furthermore, the close

collaboration with the health services of the sending services ensures continuity of care even when returning to the territory of belonging.

- Right of choice: every user has the information necessary to understand the type of the structure and the services it provides and, therefore, is put in the conditions of being able to actually exercise the right to freely choose whether to carry out the therapeutic program agreed at our structure or whether to contact other health facilities or local health authorities. Azione Participation: the patient is considered the protagonist of his therapeutic path and, therefore, his participation and his direct involvement in the life of the community is guaranteed, compatibly with his state of health and with the ongoing therapeutic phase. The patient is an active part in identifying the goals of the treatment and in evaluating the results. His family is constantly involved in the therapeutic process.
- Efficiency and effectiveness: the Presidium in the provision of services, has as reference the diagnostic and therapeutic guidelines widely tested and constantly verified by the managers of AA.SS.LL. senders, implemented on the basis of new user needs. The srsr h 24 intends to respond effectively and efficiently to the needs of users.
- Respect for confidentiality: The Presidium guarantees the full operation of the rules protecting the privacy of the user regarding the information and processing of sensitive data as required by national and European regulations.

Efficace Effective communication: the communication of information to users and family / caregivers takes place using an appropriate language, methodology and language, so that there are no misunderstandings. The Presidium is committed to responding effectively and efficiently to the needs of users.

The Service Charter also guarantees "the right to claim": anyone who considers the structure liable for inefficiencies or behavior that has somehow limited the usability of the services provided,

caused damage, or limited the exercise of the person's rights can easily forward formal complaint and receive prompt response.

3. Continuous training and development of human and professional resources in order to guarantee thebetter quality of the services provided, guaranteeing, among other things:

Sharing goals and resources. The Presidium considers it essential to promote and support group work where every single professionalism is fully integrated with the others. Meetings between operators are periodically organized to promote the sharing of objectives so as to integrate them, improve them and optimize them, contributing everyone in relation to their professional qualifications and experience.

Strategies for the management and development of human resources: the staff, in addition to specific training, comes to issues concerning the introduction of technological and organizational innovations, relational skills (teamwork, communication, relationship) and themes for promotion of health for patients, their families and staff

In order to implement an effective quality policy, the SRSR H24 "Francesco" is committed to:

- define, apply and maintain a Quality Management System in accordance with the requirements of the UNI EN ISO 9001: 2015 standard;
- orient business processes, taking into account the context in which one operates and trying to satisfy the parties interested in carrying out the business activities. Calculating and evaluating all the risks associated with organizational management;
- comply with the legislative provisions and requirements and in particular: - prevention and management of health risk, in accordance with the Gelli 24/2017 law - health and safety at work, with reference to the Legislative Decree 81/2008 - privacy and data privacy , in compliance with EU Regulation 679/2016 - as well as contractual regulations;

- ensure adequate information and training of personnel on the quality aspects of internal organization;
- design, organize and implement the services in a way that satisfies the needs and expectations of its customers in terms of quality and taking into account document traceability, from the orientation phases to the resignation of the User;
- develop appropriate control systems to monitor the quality level of the services performed;
- prepare an activity plan annually by defining activity and quality objectives with the involvement of operators and those involved in rehabilitative therapeutic activities in favor of users. This plan is also prepared by evaluating the results of the analysis of the results obtained with respect to the provisions of the activity plan drawn up the previous year;
- spreading its philosophy of quality inside and outside the Presidium;
- operate according to the principles of continuous improvement of company management systems;
- promote the participation and consultation of the interested parties to ensure an efficient and effective application of the company quality management system;
- promote business growth.

The Management supports the Policy and the expressed objectives guaranteeing the availability of all the necessary resources ensuring that the personnel is involved and supports the directives by implementing them during the total taking in charge of the user.

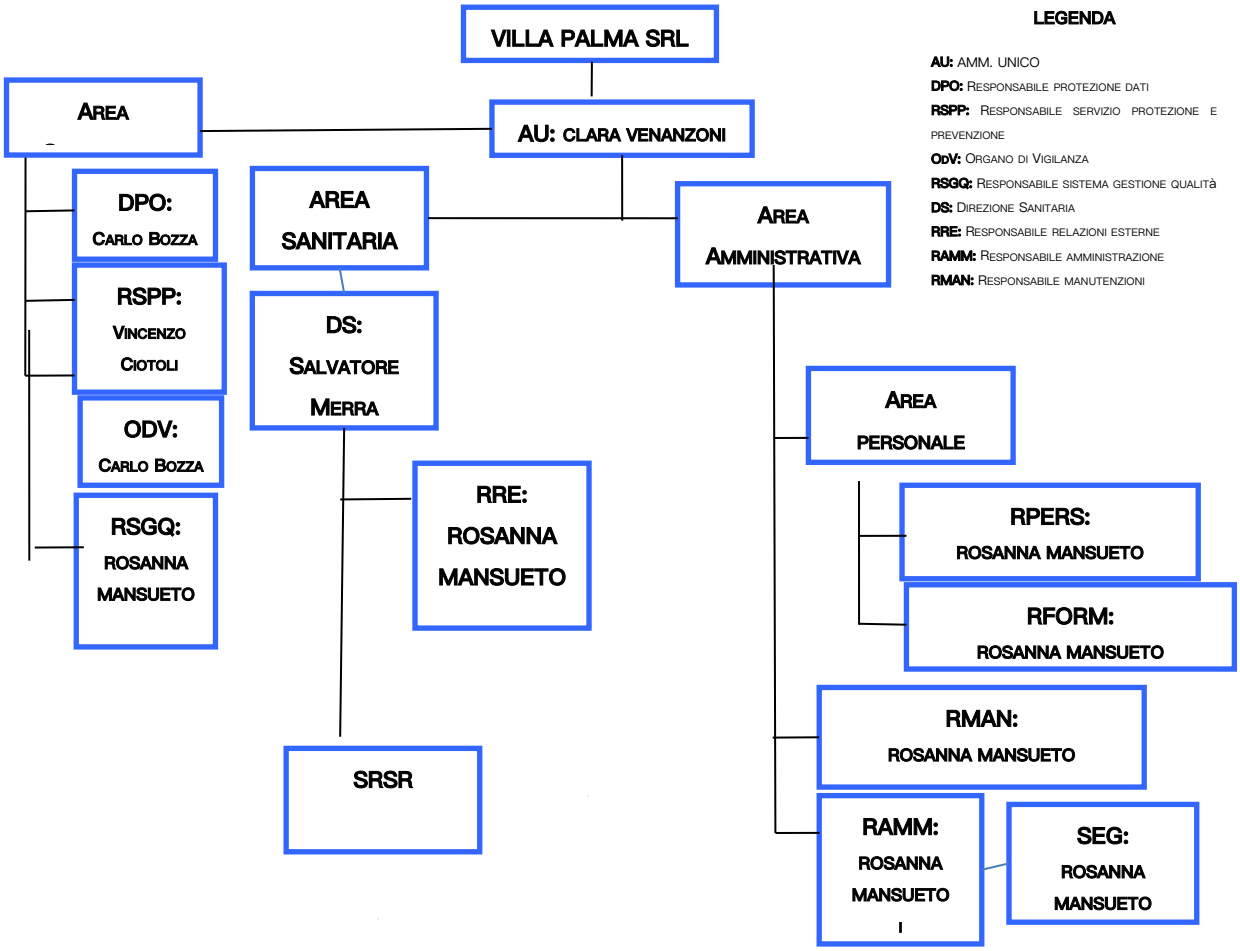
Guidelines in psychiatry

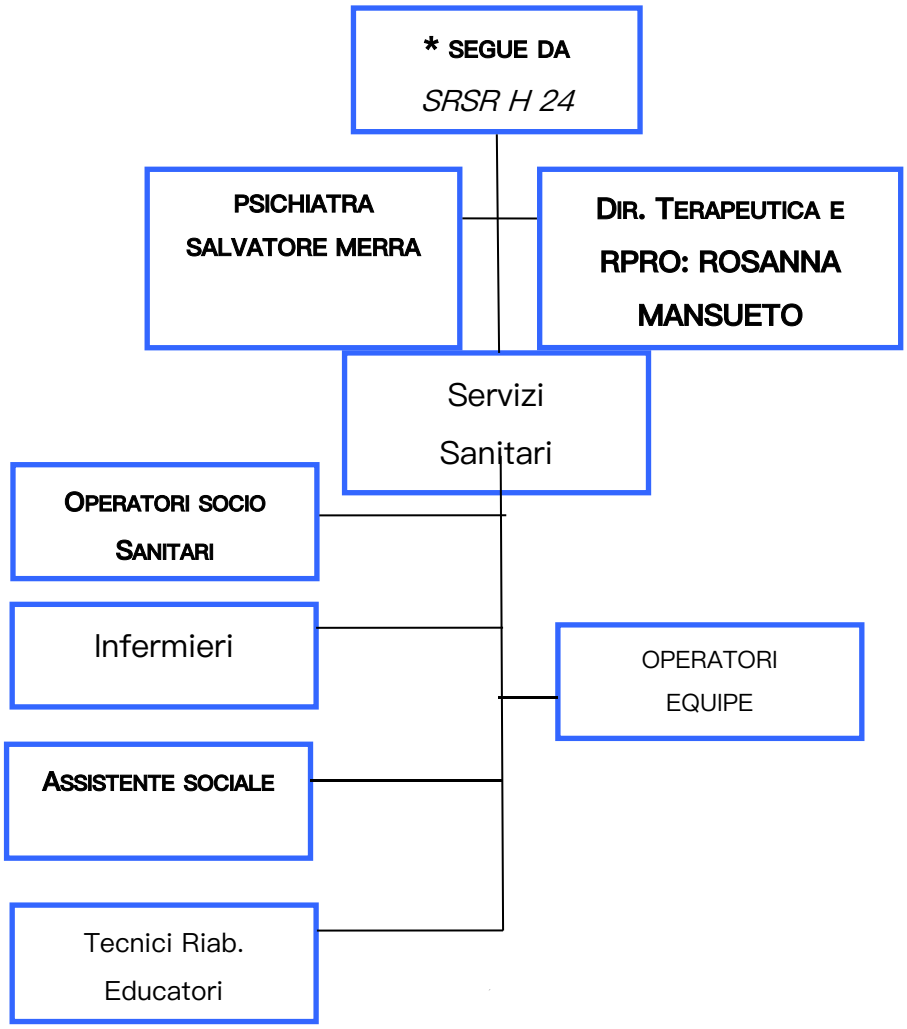
For the clinical treatment of psychiatric users, the health workers of the SRSR H24 "Francesco" undertake to abide by the recommendations contained in the most common guidelines in the field of

national and international literature and to scientific evidence supported by evidence of efficacy (NICE; BPA; EPA ; Maudsley; APA; Cochrane Collaboration), consistently with what was reiterated in the law 24/2017 (Gelli law). We periodically evaluate the improvement linked to the use of guidelines through the drafting of half-yearly reports that report the clinical progress of patients and the state of health as indicators of the quality of the intervention implemented.

## 3. ORGANIZATIONAL STRUCTURE MODEL

The structure has drawn up in the Service Charter the organization chart that outlines the policies and the governance of the organization:


VILLA PALMA SRL
AREA
AU: CLARA VENANZONI
DPO: CARLO BOZZA
RSPP: VINCENZO CIOTOLI
ODV: CARLO BOZZA
RSGQ: ROSANNA MANSUETO
AREA SANITARIA
DS: SALVATORE MERRA
RRE: ROSANNA MANSUETO
SRSR
AREA AMMINISTRATIVA
AREA PERSONALE
RPERS: ROSANNA MANSUETO
RFORM: ROSANNA MANSUETO
RMAN: ROSANNA MANSUETO
RAMM: ROSANNA MANSUETO
SEG: ROSANNA MANSUETO
LEGENDA
AU: AMM. UNICO
DPO: RESPONSABILE PROTEZIONE DATI
RSPP: RESPONSABILE SERVIZIO PROTEZIONE E PREVENZIONE
ODV: ORGANO DI VIGILANZA
RSGQ: RESPONSABILE SISTEMA GESTIONE QUALITà
DS: DIREZIONE SANITARIA
RRE: RESPONSABILE RELAZIONI ESTERNE
RAMM: RESPONSABILE AMMINISTRAZIONE
RMAN: RESPONSABILE MANUTENZIONI


* SEGUE DA
SRSR H 24
PSICHIATRA
SALVATORE MERRA
DIR. TERAPEUTICA E
RPRO: ROSANNA
MANSUETO
Servizi
Sanitari
OPERATORI SOCIO
SANITARI
Infermieri
ASSISTENTE SOCIALE
Tecnici Riab.
Educatori
OPERATORI
EQUIPE

SRSR H24 "Francesco" ensures the adoption of organizational models in line with national and regional regulations, based on the criteria of organizational-managerial flexibility, the integration of different skills, the sharing of resources and the humanization and personalization of assistance.

The Presidium defines its objectives with a view to guaranteeing: uniform access to services; technical quality of care interventions; organizational quality; operator and user safety; professional development; user rights and satisfaction.

Procedures are defined to investigate user satisfaction, access to services and staff satisfaction, ensuring that the objectives are formulated with the contribution of the heads of the organizational structures, through the widest possible involvement of the personnel.

Procedures are also defined for the involvement of personnel in the formulation of the objectives that provide for discussion during the periodic meetings that take place at least monthly.

Each structure ensures that the objectives, the times for achieving them and those for verification are negotiated with the managers and, where envisaged, agreed with the local institutions, defined through the consultation of the trade unions, user representatives and organizations interested volunteers.

The structures ensure annual planning regarding: specific objectives; economic, human and technological resources; activity and product standards; organizational plans; verification method.

Each year the objectives achieved and those to be worked on are defined according to the resources available to put in place and are subjected to verification with a structured interview with the professional figures involved.

The structures have defined the methods of connection with the associations representing the user, with which they can activate agreements or participations according to the terms of the law.

Each structure has defined its internal organization and responsibilities.

The managers have drawn up the organization chart and the function chart and, upon delegation from the legal manager, the Health Director is appointed as responsible for training, clinical risk and the management of sentinel events. The organization chart shown in the present Charter can be easily consulted. In compliance with the organizational requirements provided for by the regional legislation, there is a function chart which summarizes the figures involved in the work of the Structure and the hours assigned by professional category.

It is ensured that the organizational scheme is updated periodically.

**Service planning**

The operators of all the SRSR H24 "Francesco" guarantee their performance in shifts, ensuring continuity of service. The life of the structures is programmed according to the family (community) style, therefore based on the participation of all (operators and guests) in the management and management of shared spaces, in respect of the needs and potential of each, also in order to favor the strengthening or however the maintenance of residual autonomies.

Coordination is entrusted to the figure of the Case Manager (Psychotherapist Psychologist), under the supervision and control of the Health Director, responsible for the operation.

The Structures ensure that the organizational structure is updated periodically.

The Presidium has defined the procedures for replacing the persons in charge in the event of a planned and unscheduled absence according to the procedure posted on the notice board which provides for contacting the Case Manager and / or the Health Director for consent and verification of the shift change.

## Calendar, operating hours and organizational methods

Residential structure is open 24 hours a day, 365 days a year.

The permit and / or overnight stay in the user's family, as part of the personalized rehabilitative therapeutic project of the users residing in the residential structures, can be envisaged, subject to the authorization of the Health Director.

## Emergencies or critical events

In the event of non-health emergencies at night the operator in the service contacts the Case Manager and / or the Health Director of the Structure in order to make use of their collaboration. During the hours of the day reference is made to the Case Manager, the Health Director and the colleagues present in turn. For any health-related emergencies (both day and night), operators use the Medical and First Aid service through N.U.E. 112, providing prompt communication to the families, to the CSM to which they belong, of the incident and communication to the Health Director and the Case Manager in the event of hospitalization.

## Shifts or staff replacement requests

In the event that there are problems with regard to the possibility of carrying out one's work shift, reference is made to the Case Manager or the Health Director who prepares the replacement.

## 4. INSERTION PROGRAM

The acceptance procedures are determined by the Mental Health Center, as a superordinate body for sending users to the Presidium.

The user agrees and endorses the implementation of the individualized therapeutic project (PTI).

Admission to the Presidium is divided into the following operational steps:

1. Entry request and Submission by the C.S.M. of competence of the authorization form to the insertion drawn up and approved by the Multidisciplinary Evaluation Unit (UVM) and summary report by the psychiatrist of the proposing Territorial Service (both for residential and semi-residential), a necessary prerequisite for inclusion in the list of waiting for the user's name (for residential users via the SIPC portal), depending on the availability of beds.

2. Meetings between the territorial team and the professionals of the Presidium structures are guaranteed.

In this phase, possible pre-insertion structured meetings are foreseen, which act as preparation for the actual insertion.

3. Contact for the future user with the place of origin or domicile, for inclusion.

At the entrance, a customized project is drawn up on the User, in collaboration with the Territorial Service. The personalized rehabilitative therapeutic project (PTRP) of which each Presidium Structure is a carrier is aimed at users who have a psychic discomfort or at least severely disabling their private and social life.

## Hospitality

The first contact represents an important and delicate moment for involvement and motivation: it is necessary, therefore, that the user perceives availability and acceptance by the operators.

During this phase, articulated in different meetings according to the needs, the anamnestic history (onset of psychiatric pathology, course, possible hospitalizations, pharmacological therapies, psychotherapeutic pathways), the psycho-physical suitability of the subject to the insertion, the capacity and potential, the intrinsic motivation to undertake a rehabilitation process, the family network and the interaction method within the family system, the interaction with the external environment.

The set of these elements provides a psychodiagnostic profile on which to base an adequate and personalized therapeutic intervention. This phase obviously has a variable duration depending on the needs, the pathology and the ability of the subject.

From the first meetings, the inclusion within the group favors interpersonal exchanges, confrontation with others, the ability to adapt and respect small rules, also allowing to identify the main defense mechanisms of the subject, his fears and his expectations, his needs and his needs thanks also to the work and support of a multidisciplinary team. The beginning of the rehabilitation process has its origins in these first contacts which are therefore of significant importance.

## Acceptance

At the time of entry, the user is required to present the following documents:

• Identity document valid, health card, invalidity report;

• Possible minutes of appointment of Support Administrator or Guardian;

• Demanding for inclusion in the structure to which it refers, duly completed by the C.S.M. of competence through regional recipe book;

• Selection book of M.M.G. and any card showing exemption for health expenditure;

• Where in possession, clinical documentation relating to previous hospitalizations made: medical records, analyzes, prescriptions of therapies and other diagnostic tests;

Upon entering the structure, the user signs the therapeutic agreement (informed consent to rehabilitative therapeutic services) with which he undertakes to respect the community program, with a view to sharing goals and intentions with the professionals, commitment and collaboration with the operators and companions, respect for the rules, active participation in the programs. The user also submits the following forms to be signed, after having read them:

• Informed treatment consent form;

• Consent form for the processing of personal data, pursuant to the current regulations on privacy (article 13 of the EU regulation 2016/679 "GDPR");

• Contract for rehabilitative therapeutic services

He hands himself over to the user, his family / caregiver so that he can see it, copy of the following documentation:

• Service Card;

• Internal regulation of the Presidium;

• Ethical code.

• Brochure "Health Promotion"

The user is also required to deliver personal medicines and / or objects (potentially dangerous) to the staff, which will be kept during the stay and returned upon discharge.

## 4. ACTIVITIES

The operational translation of the previously defined theoretical features assigns the therapeutic team a decisive role in the ability to globally take charge of the user from the moment he enters the structure. Through constant clinical work, the team develops its relationship with the guest group, promoting growth.

The pivot of the intervention is therefore represented by the operator-user relationship that develops simultaneously within that guest team-group allowing a continuous reverberation between the individual and group level of the treatment.

The intervention is oriented at all levels where the user's discomfort is manifested, distinguishing itself, in the individual structures, based on the degree of impairment of functions, skills and autonomy of the user, as well as the level of care intensity offered.

### Clinical activity

Interventions are planned to monitor the evolution of the behavioral modalities of the user and his psychopathology through:

• individual supportive-expressive interviews (held in the interview room / infirmary, where user privacy is respected);

• interviews with the user and family members / caregivers (they are held in the interview room / infirmary, where the privacy of the family member is respected)

• therapeutic group;

• administration of psychometric tests;

• psychiatric consultations (held in the interview room / infirmary, where user privacy is respected);

• monitoring of pharmacotherapy.

**Rehabilitation activity**

These are interventions aimed at developing the user's functional autonomy and at developing basic cognitive and social skills aimed at taking care of themselves, their living spaces and community spaces. In fact, there are daily duties for the reorganization, accommodation and cleaning of the house by the guests, with appropriate shifts distributed in a fair manner and with careful supervision by the operators.

**Social activity**

It consists of interventions aimed at creating a "network" of support for the user through the connection and mediation of family, institutional and social systems. For this reason, moments of meeting, exchange, confrontation with external institutions, bordering on the Presidium are favored: neighborhood parties, contacts with the Parish, social reinclusion programs projects in cooperation , recreational motor activity for the purpose of recovery and socialization (eg: organizations of playful events in cooperation with the ASD ”Futura” of Ciampino).

**Ergotherapeutic activity**

It involves interventions carried out through both structuring and expressive laboratories with the aim of developing the cognitive and social potential of the user in order to promote an active social

reintegration. It allows on the one hand the construction of a pedagogical and formative path through work, and on the other the expression of one's personality and sociality in creative forms.

Currently the following activities have been activated:

• expression group;

• psychoeducational group;

• social theater workshop;

• art therapy laboratory and expressive therapies;

• music therapy laboratory;

• writing workshop with periodical writing of the newspaper;

• newspaper reading and discussion workshop;

• cognitive rehabilitation.

**Recreational and recreational activities**

It takes place through interventions aimed at socialization and creative development through the use of free time in non-marginal forms. The community program includes daily outings in the neighborhood, participation in day trips and excursions, outings for meals in clubs, summer stays, etc.

**Coordination activity**

The periodic meeting with the representatives of the C.S.M. that are in charge of the user and that are invited to attend meetings and scheduled meetings, in order to actively monitor the progress of the rehabilitation process.

**Scheme of organization of daily activities**

**SRSR / h24**

7.15-08.00 Alarm and personal hygiene

8.00-08.30 Breakfast and administration of drug therapy

8.30-09.00 Reorganization of individual and common spaces

9.00-10.30 Individual outings, medical examinations, external commissions

10.30-11.00 Laboratory / individual interviews

11.30-12.30 Lunch preparation

12.30-13.30 Lunch and administration of drug therapy

13.30-14.00 Kitchen reorganization

14.00-15.00 Afternoon Rest

15.00-16.00 Individual outings

16.00-19.00 Rehabilitation activities and workshops / trips and cultural visits

19.00-20.00 Preparation of dinner

20.00-20.30 Dinner / tidying up of the kitchen

20.30 Administration of drug therapy

21.00-23.00 Watch TV / night rest

11.00-7.00 Night rest

**Visiting hours in residential facilities**

The visits of relatives and friends of the guests of the residential structures can take place at the following times:

Saturday and Sunday 10: 30- 12:30 15: 00-18: 30

For specific situations (work commitments, impossibility due to illness, etc.) an ad hoc program will be created for visiting family members upon written request by the user and / or family.

On weekdays subject to telephone contact with the Structure Coordinator

Guests receive visits from their relatives, friends and acquaintances in the living room in compliance with privacy regulations.

The behavior within the SRSR H24 "Francesco" must be marked by everyone on the principles of civil coexistence and human solidarity, respecting the personality and freedom of everyone, of belief and religion.

The operators present in turn will be available to provide general information. For more detailed information regarding the design process of the guests, it is necessary to call by telephone, an appointment with the Service Case Manager and / or the Health Director.

## 5. DISCHARGE

The resignation from the host structure, both residential and semi-residential, is agreed with the user and the referent of the relevant Territorial Service, at least 1 month in advance.

Upon discharge, the user receives a card and a psychiatric discharge report which summarizes all the information relating to the period of stay in the Presidium (diagnosis, therapies and interventions carried out, medical examinations and assessments, any admissions during

therapeutic program) and therapeutic indications. At the same time the satisfaction form for the services provided during the stay in the structure is given to the user and / or family member (Mod 07.02)

The case manager of the structure will instead take care of drawing up the last PTRP of the user in discharge.

In the hypothesis that the user asks to be discharged against the opinion of the health professionals, he will be required to sign a declaration of interruption or abandonment of the therapeutic path that relieves the structure of any responsibility caused by this decision.

In the event that the user does not comply with the behavioral rules and regulations of the host structure, this may be the reason for the early termination of the project.

## 6. IMPROVEMENT OBJECTIVES

All employees, operators and management staff are guaranteed knowledge and sharing of the organization's objectives. The structure also guarantees the dissemination of documents relating to the activity and the results obtained; in particular this is made operational through the annual meeting. Great attention is paid to the possibility of good internal communication.

The structure ensures the existence of different tools for internal communication (notice boards, periodic meetings, information sheets).

## 7. SUGGESTIONS AND COMPLAINTS

Comunità Francesco srl is attentive to any reports and / or complaints from users, which are considered an important feedback to make adjustments and continuous improvements in company policy.

Users, family members and citizens exercise their right through the aforementioned reporting methods:

to. personal interview with the operators

b. filling in a specific form (Form 07.01 available in each Presidium structure)

c. anonymous reports

d. telephone or e-mail alerts

e. website

f. any other form of communication

In addition, all users are guaranteed a periodical assembly in which they can place, if necessary, any complaints or observations which will be accepted and analyzed in order to identify the causes and define the appropriate corrective actions. In any case, the administration monitors the minutes of the meeting and if it detects suggestions or complaints, to which an answer can be given, this is notified in the first useful assembly through its Case Manager.

## 8. USEFUL INFORMATION

References Company name: Comunità Francesco srl. Registered and operational office: Via Cavour, 12 Valmontone (RM)

Legal Representative:Dott.ssa Clara Venanzoni

Health Director: Dr. Salvatore Merra

Case Manager Dott.ssa Rosanna Mansueto

E-mail: comunitafrancescosrl@gmail.com

Pec: comunitafrancesco@legalmail.it

Website: www.comunitafrancescosrl.it

Tel .06.9596383

**costs**

The cost for the period of stay in SRSR is fully covered by the Regional Health Service.

**Service standards**

Time to handle the complaint: 30 days

Times for the management of inherent disservices:

- Hotel aspects and comfort: 48/72 hours

- Structural - structural aspects: 24 hours or transfer to an alternative structure if the disruption lasts longer than necessary

**Delivery of medical records**

The delivery of the medical record in a copy of the original, at the request of the interested party to be sent to the administration, takes place in practice in 30 days.

**Associations protecting citizens and users of health and welfare services**

Telephone Purple

Via dei Transiti n. 28, 20126 Milan

Tel. 02.2846009

Court for the rights of the patient

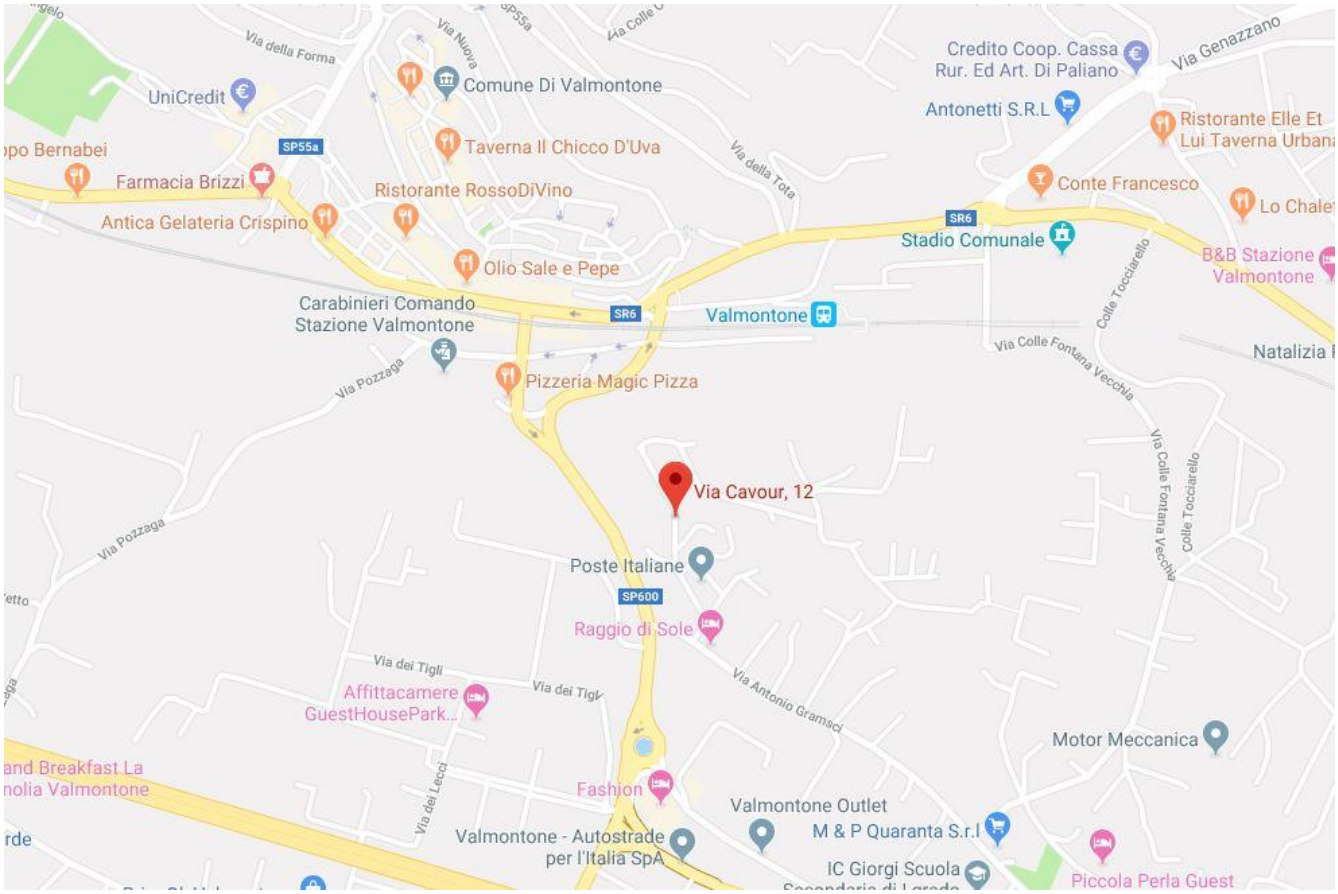
c / o Civil Hospital of Bracciano - Via delle Coste snc

Tel. 06.99890223

**How to reach us**

The Comunita' Francesco srl is located in Rome, in Via Cavour , 12 Valmontone (RM) It is easily accessible by public transport: Cotral ; by car, take the Autostrada A1 ( Exit Valmontone)

MAP




## 9. EXTREME ACCREDITATION

### 1. ESTREMI ACCREDITAMENTO

Comunità Francesco SRL: DCA n. U00108/2013 e DCA n U00337/2015