



Community Housing SPRING

Campagna Lupia Extensive Module: Service Charter





Indice

Sommario

1. Description of the structure of the Service Charter.....	3
2. Fundamental Principles	4
3. The Mental Health Department	5
4. Instruments for the implementation of the principles	6
4.1. The Service	6
4.2. General Mission.....	7
Itaca pays particular attention to the reduction of all types of barriers, including language barriers. For this reason, in case of presence of guests from countries other than Italy, we will activate a cultural mediator who can ensure the accessibility of the person to all the services offered.....	7
This service charter will be translated into English (or any other language used in the guest's country of origin).	7
4.3. Service Objectives	7
4.4. The Facility	8
4.4.1. Organizational Structure	8
4.4.2. Structural characteristics	9
4.4.3. Delivery times and access conditions	9
4.4.4. Personalisation of spaces	11
4.4.6. Activities within the Community	11
4.4.7. Activities with families	12
4.4.8. Relations with services	12
4.4.9. Relations with the territory	13
5. Access and exclusion criteria	13
6. Privacy	13
7. Compliance to D.Lgs. 155/97 (HACCP)	14
8. Preservation of the guest's place	14
9. Service costs and payment methods	14
10. Quality assurance criteria	14
10.1. Quality standards and how they are verified.....	15
10.2. Satisfaction survey and complaints management	15

1. Description of the structure of the Service Charter

This Service Charter is an instrument of communication to the citizen in order to better understand the services and evaluate their effectiveness.

It is a useful document both for the citizen and for the service organizations: on the one hand it defines the procedure to access the services, the access criteria, the description of the services and some standards related to the quality of the offer; on the other hand it communicates aspects related to the identity of the system and some ways in which it is organized to offer answers to the users.

Art. 13 of Law 328/2000 prescribes the adoption of the Service Charter by all public and affiliated service providers and highlights its aim of "protecting subjective positions and making the subjective rights recognised immediately enforceable".

It should also be pointed out that the Veneto Region, through the implementing measures of Law 22/2002 on the subject of authorization and accreditation, attributes authoritative value to the possession and diffusion of the Service Charter.

The normative references for the realization of the Charter are contained in the following legislative texts:

- D.P.C.M. of 27 January 1994 establishing for the first time in Italy the Services Charter
- Law 273/95 providing for the publication of general reference charts for the Cards
- Law 328/00 providing for the adoption of the Charter as a necessary requirement for accreditation and giving particular impetus to its dissemination
- Regional Law 22/02 and implementing measures (DGR 2501 and DGR 83 of 2007)

This Service Charter has been drawn up in accordance with the contents of the Directive of the President of the Council of Ministers of 27 January 1994 "Principles on the provision of public services" and refers to the contents of the Decree of the President of the Council of Ministers of 19 May 1995 General outline of the "Charter of Public Health Services". Further regulatory references are:

- Unified Conference of 17 October 2013 - Agreement pursuant to Article 9, paragraph 2, letter C) of D. L.gs. 28 August 1997, n. 281, between the Government, the Regions and Autonomous Provinces of Trento and Bolzano, the Provinces, Municipalities and Mountain Communities on the document concerning "Psychiatric residential facilities";
- Unified Conference of 24 January 2013 - Agreement pursuant to Article 9, paragraph 2, letter C) of Legislative Decree 281 of 28 August 1997, between the Government, the Regions and Autonomous Provinces of Trento and Bolzano, the Provinces, Municipalities and Mountain Communities on the "National Action Plan on Mental Health";
- DGR No 4080 of 22 December 2000 'Objective Project for Mental Health. Update (L.R. n. 5/1996, art. 18, par. 1 and 2)" + Mental Health Objective Project
- DGR 651 of 9 March 2010 [pdf 130KB] - Regional Goal Project for the Protection of Mental Health - three years 2010-2012: (R.L. n. 5/1996, DGR n. 105/CR of 14/07/2009);
- DGR 84 of 6 March 2007 - L.R. 16 August 2002, no. 22 "Authorisation and accreditation of health, social and health care structures" - Approval of requirements and standards, activity and result indicators, charges for accreditation and timing of application for social and health care structures;
- Presidential Decree 1 November 1999 - Approval of the Objective Project "Protection of Mental Health 1998-2000";
- Presidential Decree 7 April 1994 - Approval of the Objective Project "Protection of Mental Health 1994-1996".

- Unified Conference of 20 March 2008 - National guidelines for mental health;
- DGR 1616 of 17 June 2008 - Approval of the requirements and standards for supply units in the field of mental health (L.R. 16 August 2002, n. 22 "Authorisation and accreditation of health, social and health care facilities");
- DGR No 748 of 7 June 2011 - Standard update and requirements for the authorisation and institutional accreditation of the 'CTRP - Therapeutic Protected Rehabilitation Community' and the 'CA - Psychiatric Patients' Housing Community';
- Excerpt DGR 751 of 10 March 2000 - Intensive and extensive non-hospital residential care - LR 5/96;
- DGR no. 2122 of 19 November 2013 - Adaptation of the hospital endowment sheets of the accredited public and private facilities, as per LR 39/1993, and definition of the territorial endowment sheets of the organisational units of the services of the intermediate hospitalization facilities. PSSR 2012 - 2016. Resolution no. 68/CR of 18 June 2013;
- 29 December 2011 - Activity indicators for mental health supply units;
- DGR 1673 of 12 November 2018 - Programming of the extra-hospital residential mental health offer system;
- DGR 1437 of 1 October 2019 - Approval of beds for non-hospital residential facilities in the mental health area related to the general plans of the Ulss Companies;
- DGR n. 522 of 28 April 2020 - Issue and renewal of institutional accreditation to private individuals holding non-hospital residential healthcare facilities in the area of mental health. R.L. n. 22 of 16/08/2002.

The standards for psychiatric housing in the Veneto Region have been defined with DGR n. 1616/2008 - Approval of requirements and standards for supply units and mental health, modified and integrated by DGR n. 748/2011 - Update of standards and requirements for the authorization to operate and institutional accreditation of the "CTRP - Comunità Terapeutica Riabilitativa Protetta" and the "CA - Comunità Alloggio per pazienti psichiatrici".

2. Fundamental Principles

The Service Charter, in addition to providing detailed information about our Service, represents a transparent statement of its operation, objectives, organisational methods and educational model of reference. It is based on the Directive of the President of the Council of Ministers of 27 January 1994 (D.P.C.M. 19/05/1995), in line with the EEC Charter of Patients' Rights. The principles are:

- **equality eguaglianza**: we offer the same quality of service to all our guests, regardless of gender, race, language, religion, culture and political opinions;
- **impartiality**: in other words, our behaviour towards users is inspired by criteria of objectivity, justice and impartiality;
- **continuity**: the provision of our services, within the framework of the procedures established by the regulatory regulations of the sector, are continuous, regular and uninterrupted;
- **participation**: the participation of our guests in the life of the community is always guaranteed. The user has the right of access to the information in the possession of the provider concerning him/her and can make suggestions for the improvement of the service;
- **right of Choice**: the user has the right to choose between the subjects providing the service;
- **efficiency and effectiveness**: our services are oriented to the achievement of objectives in terms of efficiency (i.e. the achievement of the same with the least energy expenditure) and



effectiveness (the achievement of the best possible goal at that time at those given conditions).

Mission of the Cooperative:

We cooperate to promote and support the emancipation, autonomy and well-being of people and the Community, with a constant focus on change. We activate and enhance relationships, skills and resources. We practice the principles of subsidiarity, sharing and reciprocity, protecting our rights as workers.

We believe in the centrality of the person who benefits from the services and this translates into attention to needs, welcome, respect for individuality and dignity, orientation towards continuous improvement of the quality of life, promotion of health and wellbeing; enhancement of personal skills; contrasting all forms of physical, environmental and pharmacological limitations and all forms of abuse; safeguarding the right to citizenship, the right to privacy and confidentiality; respect for the individual's history and support for his or her self-determination; promotion of meaningful social relations also in order to combat exclusion and marginalisation and to reduce as far as possible the risk of relapse and hospitalization.

Vision of the Cooperative:

- **members and work:** we believe in the need to guarantee the professionalism of the workers and promote the conscious participation of the member in the life of the cooperative. We seek opportunities for working members to improve their quality of life through internal mutuality services and the search for the best working conditions.
- **services:** we promote personal services that respect the specific needs of users, designing them together with stakeholders and the community.
- **community and territory:** we work for a community that takes care of people and their well-being through the culture of cooperation and the development of paths of inclusion.

Operating Principles:

It is through the inspiration of some fundamental operating principles that Ithaca substantiates its mode of intervention: principles consistent with its quality policy and its mission:

- customer-focused attention;
- the centrality of the customer's family members and reference persons;
- working with the service network;
- supervising;
- facts based decisions making;
- the centrality of the user in services;
- working based on projects and objectives;
- train and inform;
- working by sharing;
- respect for the law.

3. The Mental Health Department

The objective of the mental health department is to initiate social rehabilitation, social care and educational pathways that promote the development of individual autonomy of the host, understood as the ability and possibility of better management of their discomfort and/or suffering, acquiring, recovering and consolidating knowledge, individual skills, resources, affections, significant links and environmental conditions that allow reintegration and integration into society.



The commitment in the field of Mental Health that Itaca carries on daily in the management of its services, finds its roots in the cultural heritage left in Friuli-Venezia Giulia by Franco Basaglia, father of Law 180/1978, recognized today all over the world as an innovative model in the field of mental health. Thanks to the innovative experience promoted by the Venetian psychiatrist, first in Gorizia and then in Trieste, the Basaglia Law has given back rights to people with mental suffering, closing the asylum institution and ideally guiding the work that Itaca has undertaken in this field. Always bearing in mind the Basaglia renewal as a reference methodological approach, every rehabilitation path is built with the person concerned; therefore, starting from this assumption, the Cooperative ensures personalized interventions that allow to promote the centrality and empowerment of the person in charge through the relationship that is created with him/her.

The area deals with social rehabilitation and educational pathways able to promote the development of individual autonomy of people suffering from mental health problems. It deals specifically with the creation of *emancipation paths that allow the construction of social networks and meaningful relationships, for the achievement of the best possible quality of life*. It is of great importance, in the management of the services, to co-plan with family members (when possible), with the sending Services, and with all the actors present in the territory that can facilitate the achievement of the objective but, above all, with the person who is the holder and the fulcrum of the project. Among the services provided we mention the following types:

- ✓ **Residential Services:** they have a protected family and community dimension, through which it is possible to recover the person's fundamental skills in maintaining small autonomies as well as recovering or building social relationships from scratch;
- ✓ **Social Housing:** apartment groups that allow to act on the axis of independent living and sociality, in close contact with the Community (in the sense of society), where the person can build, duly supported, social networks capable of sustaining it. More and more often funds for possible autonomy (FAP) are used to activate this type of Service;
- ✓ **Day Centres:** located in urban contexts, where emancipation paths can be experienced in protected situations;
- ✓ **Agricultural Workshops:** aimed at enhancing the work and the impact it has on social inclusion programmes, also in terms of sustainable tourism, didactics for schools, actions to enhance the local food and wine heritage, cultural events, job placement;
- ✓ **Individualized Accompaniment Services** on the territory, which allow to build, through targeted support, paths of emancipation in the territory of residence and at home, supporting the person in strengthening their autonomy.

4. Instruments for the implementation of the principles

4.1. The Service

The Cooperativa Itaca social cooperative society ONLUS of Pordenone has been managing personal care and education services since 1992 and is the manager of this service. Further information about the Cooperative can be found on the website www.itaca.coopsoc.it.

The Housing Community - 24-hour residential service of Campagna Lupia is regularly authorized to operate with resolution no. 43 of 07/02/2019 by the Zero Company.

The structure is located in Campagna Lupia (VE), in the fraction of Lova in Via Redipuglia, 5.

The Community is authorized to receive 20 adult persons of both sexes, who need care in a protected environment, for disorders of psychiatric competence, for which it is essential to provide



treatment and rehabilitation interventions for recovery and psycho-social function, promoting their inclusion and maintenance in the social body.

It is a structure with a high social-assistential activity, which is aimed at users with defined medium-low levels of autonomy, for whom it is considered necessary to provide continuous assistance over 24 hours a day and long-term therapeutic rehabilitation projects.

The assistance and rehabilitation service is provided 24 hours a day, 365 days a year, by a team of community workers of both sexes.

4.2. General Mission

The community, managed according to the principles of Law 180/78, is part of a network of services provided by AULSS n. 3 Serenissima and the Social Services of the Municipalities, with a view to integrated co-planning.

The mission of the service is to guarantee guests a serene environment, which is based on the principle of the centrality of the person, his dignity first of all, as the protagonist of the rehabilitation process and that participates in the definition of the objectives and methods of treatment that concern him.

The guiding principles of the service are:

- the right to dignity and respect;
- the right to self-determination;
- the individual's right to information about everything concerning him or her in a detailed and comprehensible manner;
- the right to equal treatment, avoiding discrimination of any kind with respect for each individual, his or her identity, history, culture and privacy;
- the right to a qualified, professional and excellence-oriented service provision;
- the right to the expression of personality, so that people can develop further individual and collective pathways;
- the right to safety in care and attention.

Itaca pays particular attention to the reduction of all types of barriers, including language barriers. For this reason, in case of presence of guests from countries other than Italy, we will activate a cultural mediator who can ensure the accessibility of the person to all the services offered.

This service charter will be translated into English (or any other language used in the guest's country of origin).

4.3. Service Objectives

The working method, based on the centrality of the person, is concretized in the individualized planning of the educational interventions in close collaboration with the guest services. The methodology of intervention in favour of the guests has the following objectives:

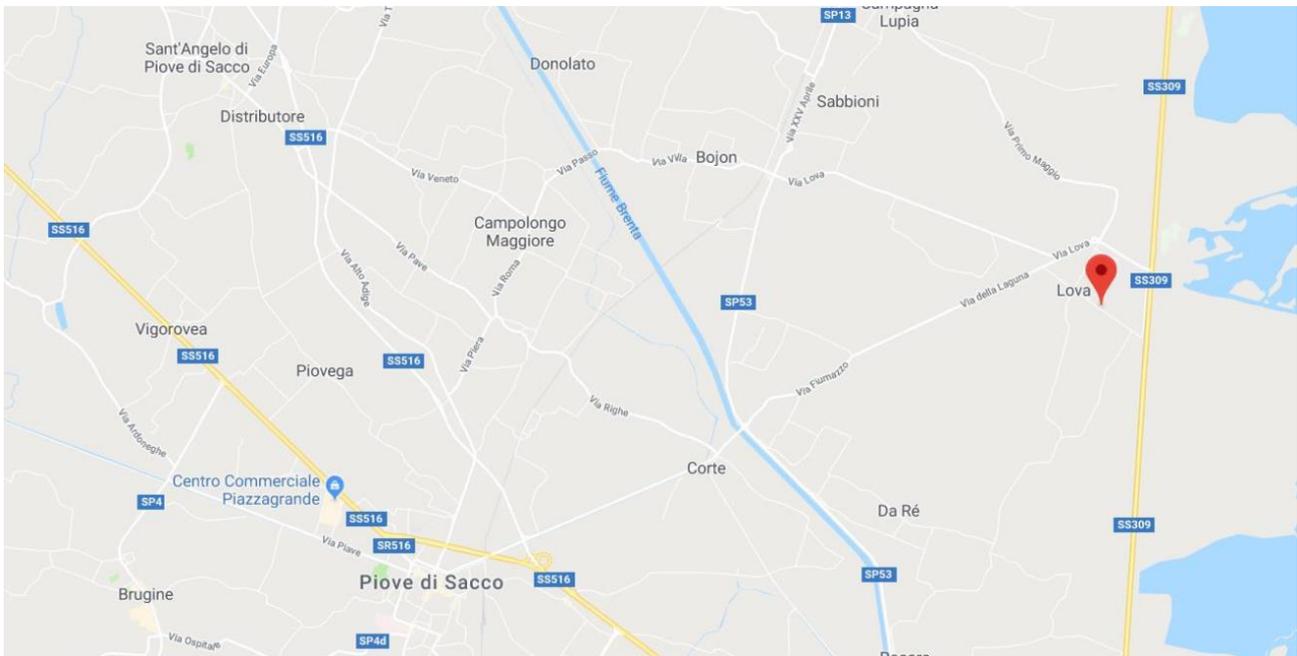
- maintaining or reacquiring and stimulating the person's skills and abilities;
- enhancing individual skills;
- stimulating collaboration in the home life of the community;
- to keep interest and initiative alive;
- stimulate the use of leisure time;
- avoid social and cultural isolation;
- encourage and nurture a positive view of oneself;
- create opportunities to express one's subjectivity;
- create the conditions for the possibility of regaining the right to citizenship;

- rediscover interests and attitudes;
- build meaningful relationships;
- maintain and nurture personal ties and affection;
- to enhance one's personal history;
- to be protagonists of one's own life project;
- open spaces for negotiation and social bargaining;
- access to resources

4.4. The Facility

The Housing Community - 24-hour residential service of Campagna Lupia is located close to the WWF Oasis "Valle Averte" and is immersed in the Veneto countryside.

The community is located in the fraction of Lova, in via Redipuglia. You can find us here:



Coming from:

- Venice, Udine, Trieste, Pordenone: from the Mestre ring road take the exit towards Ravenna/Chioggia/Marghera; then take the Romea road towards Ravenna; follow the signs for Campagna Lupia and then for Lova;
- Padova, Bologna or Milan: from the A13 motorway take the Padova-Zona Industriale exit; follow the signs for Dolo/Fossò and then the signs for Campagna Lupia.

The coordinator is Mr Michele Burra, who answers to the following contact details:

Mobile phone.: 3346985621

mail: m.burra@itaca.coopsoc.it

4.4.1. Organizational Structure

The number of operators in the workforce guarantees an operator/user ratio of at least 0.70 (full time equivalent)/1. This ensures the planned presence of:

- Nurses;



- Healthcare Member Operator and/or Technical Assistance Operator; Educatore e/o Tecnico della Riabilitazione Psichiatrica;
- Psychologist Psychotherapist.

For each of the above figures, a training and support course is provided, both in terms of specific training on the risks encountered in terms of safety in the workplace, and with respect to the model adopted by the Mental Health Area.

In addition, scheduled interventions are provided for:

- - General Practitioner;
- - Psychiatrist;
- - Social Worker.

Periodically, the service can avail itself of the presence of volunteers and/or trainees of paths related to help and care professions such as OSS, educators, psychiatric rehabilitation technicians, psychologists, social workers, nurses.

4.4.2. Structural characteristics

It is a newly built structure, spread over a single floor and based on the maximum eco-compatibility: it has been designed with techniques that allow zero CO2 emissions with rainwater recovery system for irrigation and toilet and, above all, with plant photovoltaic and solar thermal system that allow an almost total energy self-sufficiency.

The building is surrounded by a garden and a large parking area.

Internally we find a bright atrium, a large dining room and two multipurpose rooms.

The building is equipped with an industrial kitchen, a laundry room, a dressing room and an infirmary.

There are changing rooms for staff and the bedrooms are single and double.

There is a bathroom for every two rooms.

There are two single rooms and 9 double rooms, two of which are equipped to accommodate people temporarily not self-sufficient.

4.4.3. Delivery times and access conditions

Access to the service is through direct request by the DSM, in the figure of the Psychiatrist or Social Worker.

Admission

The admission process requires that the application for admission be submitted by the Mental Health Centre, by the Social Services of the Municipalities or by the Family Member (Guardian or Support Administrator) to the Coordinator of the structure.

The citizen or his/her family members can contact the Service Coordinator of the Ithaca Cooperative to arrange a visit to the structure, so that they can meet the work team, the other guests and get to know the spaces.

If the prerequisites for a reception are met, the application is submitted to the work team, which will evaluate the best way of welcoming the guest, through the identification of a room suitable for the guest's needs.

The contract or agreement for the commitment of expenses is then prepared.

Access:

A gradual path of inclusion is defined with the guest (or a family member/support administrator in case the health conditions of the same do not allow it) and with the reference services.

At the entrance of the guest:



- a personal record is prepared with personal data, the indication of the guest's reference persons, information on life habits;
- personal and health documentation is acquired.

At this stage the guest is asked to sign a commitment to respect the rules of civil cohabitation and life within the Community.

After a period of observation that varies from case to case, but never exceeds 45 days, the Individualized Project is drawn up, in collaboration with the sending services and above all with the guest (or his delegate if health conditions do not allow it), the Individualized Project.

Dismissal:

The dismissal is managed taking into account the time and actions necessary to ensure the proper course of life of the guest.

All documentation relating to the guest will be handed over at the time of leaving.

The rehabilitation period within The Housing Community of Campagna Lupia have a maximum duration of 36 months.

The Personalised Project::

The professional team of the Community will elaborate the Personalized Project (PP) for the host after a first phase of observation. This, like any substantial modification of the same, will be done in cooperation with the user and his family, as well as with the services of reference, so that no inhomogeneity of intervention is created and the necessary functional connection is not dispersed.

All paths are to be understood as individualized, i.e. designed according to the needs, demands, life paths and above all the desires of each guest. If the guest wishes, it is possible to share the path with the family member(s) of reference, involving them as an active part of the care path.

The elaboration of the PP, and its subsequent operational functioning (through a synergic collaboration between the sending team and the operational team), allow to know the situation of the person in its complexity. Thanks to this tool, it is possible to define an adequate therapeutic offer that contemplates the needs and the potential/capacity of the individual according to the resources present (material aids, tools, services, places and opportunities for aggregation and socialization).

Moreover, in the realization of the PP it is important to "stay" with the user during the course of the activities defined in the project itself. This implies, for example, accompanying him/her to visit relatives, supporting him/her in creating/developing a "neighbourly" relationship with the families living in the vicinity of the structure, defining with him/her the home organization and daily life, accompanying him/her to medical examinations, buying clothes, etc., verifying work opportunities, simply going out with him/her.

It is an action that can be indicated as an activity of social support towards the "outside", i.e. a series of strategies that allow to "go with" the user, to encourage "social accompaniment", promoting a more informal relationship (while respecting the specific roles) with the operator outside the space of the structure. To reach this phase of "social accompaniment", it is necessary to pass from a condition of partial protection in favour of a vision of the person as an agent. The "management" of the guest must therefore always tend to open moments of social re-learning or, better, to regain their autonomy as much as possible.

All this becomes rehabilitative if it is able to open to the person spaces in which he or she re-appropriates the value of himself or herself through the promotion of autonomy and individual skills, increasing his or her self-esteem and reinforcing his or her identity (for example, through self care and social habitat activities). This methodology is based on the identification of



actions/interventions able to bring out the need, to recognize and respect it, transforming it, whenever possible, into a resource, in order to allow the person to strengthen himself and to proceed further, towards the regaining of a social identity.

4.4.4. Personalisation of spaces

Within the Community it is possible to customize the guest's spaces according to his taste and temperament. It is allowed to bring small objects to the Community to which the guest is particularly attached. In addition, it is possible for the guest to use their own towels and sheets. Otherwise, towels and sheets will be provided by the Community.

There are common areas in the Community where each guest lives freely.

4.4.5. Timetables and visits of relatives and friends

The guest has the freedom to leave and return in compliance with the rules of civil cohabitation, except in specific situations of limitation of personal freedom decided by the competent bodies.

Guests are requested to inform the staff of their exit and estimated time of return.

Guests are required to observe the agreed timetables for common activities (e.g. meals, excursions).

At any time of the day family and acquaintances may visit guests, subject to prior notice, as long as the guests like the visit and always in compliance with the rules of living together with others.

4.4.6. Activities within the Community

The activities of the Campagna Lupia Housing Community - 24-hour residential service are organised in a series of events that promote the collective dimension, favouring meetings, group activities, gatherings, trips, all inserted in a set of interpersonal relationships that redefine ways of being and behaving. Through this methodology, the guest is provided with personal tools to mature and then manage their own needs and resources in relation to those of others, recognizing the other and benefiting also from the relationship itself as a space of sharing.

The planned activities, defined weekly, are developed in the following areas of intervention:

Interviews and psychotherapy group

In the Accommodation Community there will be the possibility to have interviews with the psychotherapist in charge, according to needs or clinical indications and there will also be a weekly support group.

Self-care

Self-care takes on different aspects: individual, relational and social. The operator in favouring this role moves in a logic of attention and respect for the person, proposing himself without being invasive, supporting without substituting himself.

Health aspect

To support, accompany and plan together with the host and the general practitioner all aspects of health care, following the medical prescriptions and indications.

Domestic activities/environmental care

Domestic commitments represent everyday life, the small daily chores, the duties of living together. They become a fundamental part of the personalized project for some guests (e.g. with a propaedeutic meaning for the post-community experience in an apartment or in their own home) and are also an opportunity for observation and knowledge of skills and motivation..

Leisure activities and recreational moments

Even in the presence of suffering and illness, it is important to be able to grasp moments in time in which to insert playful-recreational, expressive activities. To have the possibility to develop one's



own hobbies, interests, giving space to the emergence of the dimension of pleasure proper to each individual. It is very important that the participation in the recreational moments takes place both for personalized activities and for group activities, without any constraint.

Personal money management

The guest is supported in gaining awareness and familiarity with his personal economic possibilities, in a logic linked to personal daily needs (e.g. clothing shopping, medical expenses), subjective recreational or expressive needs (e.g. holidays, leisure activities in general). This commitment is centred around a group of sharing debate and exchange of ideas.

Autonomy in moving around the territory

It favors the travel of guests accompanied and not in groups, or alone, according to personal autonomy and in line with the personalized project.

Guests, again according to their Individualized Project, will also have access to a series of group activities that the Cooperative periodically plans:

- swimming activities;
- writing courses;
- expressive painting courses;
- workshops;
- summer or winter stays;
- film forums, concerts, exhibitions and theatre;
- mountain therapy.

4.4.7. Activities with families

The team works with family members in various ways, in relation to the conditions imposed by privacy.

If it is the user's wish, the team of the Community intends to develop a constructive relationship with the families, which can fully include their collaborative potential in the planning of the activities of the care and well-being of the guest. The modalities of involvement, in taking charge of the user, are made explicit in collaboration with the DSM.

The Ithaca Cooperative recognizes the role and value of the Family and/or User Associations and their representation in the institutional areas provided for by current legislation, collaborates with them and takes action for their promotion.

It will be the responsibility of the psychologist and psychotherapist to activate psycho-educational meetings aimed at the relatives of the guests or groups of relatives, related to topics of common interest. The meetings will be free of charge and organized in the evening in order to meet as many people as possible.

Ithaca understands the family as an extended system, so it is not limited to the involvement of parents or children, but also of siblings or any significant family member.

4.4.8. Relations with services

The Itaca Cooperative has always worked in close collaboration with the sending services, both with regard to the services offered by the Health Authorities, as in the case of AULSS 3 Serenissima, and with the Social Services of the Municipalities..



4.4.9. Relations with the territory

Itaca provides within its mission a concrete commitment in the construction and implementation of social networks able to support the various paths of life. The relationships with the territory should not be thought of as one-way, but as a continuous and reciprocal exchange. In this sense, it is the intention of the Ithaca Cooperative to establish on the territory, favouring and consolidating it, an informal network characterized by the set of relationships that gravitate and intertwine around the users. In this way, the Community, understood as the set of relationships woven on and in the territory, becomes an actor in the path of rehabilitation of the person.

The Extensive Community of Campagna Lupia, moreover, is endowed with wide spaces that it intends to make available to the whole community (understood as territory). Specifically, it is a multipurpose room, which can be used by voluntary associations or other socially committed body that can benefit from it.

Moreover, it is available to host training and/or apprenticeship courses for professional figures in the help and care professions, such as psychologists, psychotherapists, professional educators, psychiatric rehabilitation technicians, nurses, social health workers.

5. Access and exclusion criteria

According to the regulations in force, as indicated by DGR 1673 of 12/11/2018, the criteria for inclusion and exclusion of the Extensive Housing Community form are defined.

The age at the time of entry is usually over 40 years; schizophrenia and schizophrenic psychosis, severe affective syndromes, severe personality disorders; the illness must be severe and persistent and accompanied by a lack of personal and social autonomy.

Exclusion criteria are to be considered (with reference to what is defined by the Agreement on the document "Psychiatric residential facilities" - Unified Conference of 17/10/2013 n. 116/CU):

- - mental inadequacy;
- - pervasive developmental disorders;
- - autism spectrum disorders;
- - pathological addictions with psychiatric comorbidity;
- - psychopathological disorders of the elderly and BPSD (Behavioural and psychological symptoms of dementia).

Further exclusion criteria are considered:

- - Psychiatric patients whose care needs are in fact determined by a serious or chronic organic pathology but who do not need dedicated residential rehabilitation interventions;
- - situations of exclusive social distress.

6. Privacy

At the time of reception each guest is informed in accordance with the provisions of Legislative Decree 196/03 (privacy legislation) and Regulation (EU) 2016/679 of the European Parliament and the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data, and their consent to the processing of personal data for the purpose of providing the service.

The staff working in the service is in charge of data processing and obliged to comply with the provisions for the protection of personal data of the guest.



7. Compliance to D.Lgs. 155/97 (HACCP)

The Cooperative, through collaboration with an external professional, applies for the management of the kitchen the HACCP (System of Hazard Analysis and Control of Critical Points on Food Prevention) provided for by Legislative Decree 155/97. Through this plan, a "process control" system is put in place to prevent risks during the handling of food. The personnel in charge of kitchen management and food handling are trained on hygiene rules and prevention of food contamination, they also receive periodic supervision by a food technologist.

8. Preservation of the guest's place

The presence of the guest is recorded through the collection of daily attendance.

The guest's absence from the community is thus counted:

- - During the first 15 days of absence, the bed is kept and 100% of the tuition fee is recognized;
- - From the 16th, day the daily fee will be reduced by 25% and the bed will be kept.

In case of long absences, the bed will be kept for a maximum of 60 days.

9. Service costs and payment methods

There's a daily tuition fee. The amount of the tuition is determined at the start of the route and remains unchanged throughout the calendar year. In case of tuition updates, Cooperativa Itaca will inform its customers and clients in good time.

For the Extensive Accommodation Community the daily tuition fee amounts to € 113,00 + VAT, 60% of which is paid by the National Health System.

Payments can be made by Bank Transfer at:

INTESA SAN PAOLO SPA Centralized Branch Third Sector Milan

IBAN: EN31P0306909606100000078754

10. Quality assurance criteria

The management system of the Ithaca Cooperative is a complex and integrated system that responds to:

- the requirements of ISO 9001:2015;
- the requirements of the BS OHSAS 18001:2007 standard and Legislative Decree 81/2008;
- the first 8 requirements of the SA 8000:2014 standard;
- the requirements of Legislative Decree no. 231/2001 with the Organisation, Management and Control Model (OMC 231);
- the requirements of the food hygiene self-control system through the Hazard-Analysis and Critical Control Points protocol;
- the requirements for the protection of personal data provided for by the "General data protection regulation", EU regulation 2016/679 on data protection, and Legislative Decree 196/2003 as amended;
- the requirements of the mandatory regulations.

The requirements of the management system are also established using the indications provided by the Policy, by the Mission stated in the Articles of Association, by the Organizational and Internal Regulations, by the Code Ethics and Behaviour.



10.1. Quality standards and how they are verified

The service is provided according to a specific management project that sets the service standards according to the reference regulations.

Interventions are personalized, the behaviour and attention of the operators are aimed at satisfying the person's needs.

Monitoring and evaluation of the service and personalised projects are systematically carried out.

The staff makes use of specific tools for the provision of services such as procedures, operating instructions, protocols, work plans.

An individual folder is provided for each guest.

10.2. Satisfaction survey and complaints management

There are two tools to assess the perceived quality of the service offered:

- 1) customer/user satisfaction questionnaire that the guest is invited to fill in once a year;
- 2) complaints/suggestions form that the guest can fill in anonymously whenever he or she wishes.

In addition, it is possible to investigate the level of satisfaction of family members through a dedicated questionnaire.

The evaluations of both the satisfaction questionnaire and the complaint/suggestion reporting forms are useful for the team to take possible actions to improve the service.

The Service Charter provides for a three-year review.

Update date of this document: January 2021