



**Housing Community
of
Auronzo di Cadore (BL)**



Service Charter

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1. DESCRIPTION OF THE STRUCTURE OF THE SERVICE CHARTER

This Service Charter is an instrument of communication to the citizen 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 implementation 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
- L. 328/00 providing for the adoption of the Charter as a necessary requirement for accreditation and giving particular impetus to its dissemination
- L.R. 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 n. 4080 of 22 December 2000 "Objective Project for Mental Health. Update (L.R. n. 5/1996, art. 18, paragraphs 1 and 2)" + Objective Project for Mental Health
- 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, n. 22 "Authorization 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;
- DPR 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 n. 748 of 7 June 2011 - Update of the standards and requirements for the authorization and institutional accreditation of the "CTRP - Comunità Terapeutica Riabilitativa Protetta" and the "CA - Comunità Alloggio per pazienti psichiatrici";
- Extract 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 organizational 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 - Planning of the extra-hospital residential mental health supply system;
- DGR 1437 of 1 October 2019 - Approval of extra-hospital residential mental health area beds related to the Ulss Companies' master plans;
- DGR n. 522 of 28 April 2020 - Issue and renewal of institutional accreditation to private entities owners of non-hospital residential facilities in the mental health area. R.L. n. 22 of 16/08/2002

The standards for psychiatric residency in the Veneto Region were defined with DGR n. 1616/2008 - Approval of requirements and standards for supply units and in the field of 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" (Protected Rehabilitation Therapeutic Community) and the "CA - Comunità Alloggio per pazienti psichiatrici" (Community Accommodation for psychiatric patients).

2. FUNDAMENTAL PRINCIPLES

The Service Charter, in addition to providing greater knowledge of 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 Ithaca 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 HousingCommunity of Auronzo di Cadore is located within the district of the Community Hospital but has its own access.

It is regularly authorized to operate by decree no. 120 of 31/05/2016.

The structure is located in Auronzo di Cadore, via Ospitale 16, 32041 Auronzo di Cadore (BL).

The Community is authorized to accommodate 8 adults of both sexes, with good personal resources and levels of autonomy such as to require assistance over 12 hours a day, and therapeutic rehabilitation projects of short or medium duration, even integrated, with semi-residential facilities of the DSM and/or other resources of the territory.

The assistance and rehabilitation service is provided 12 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.OBJECTIVES OF THE SERVICE

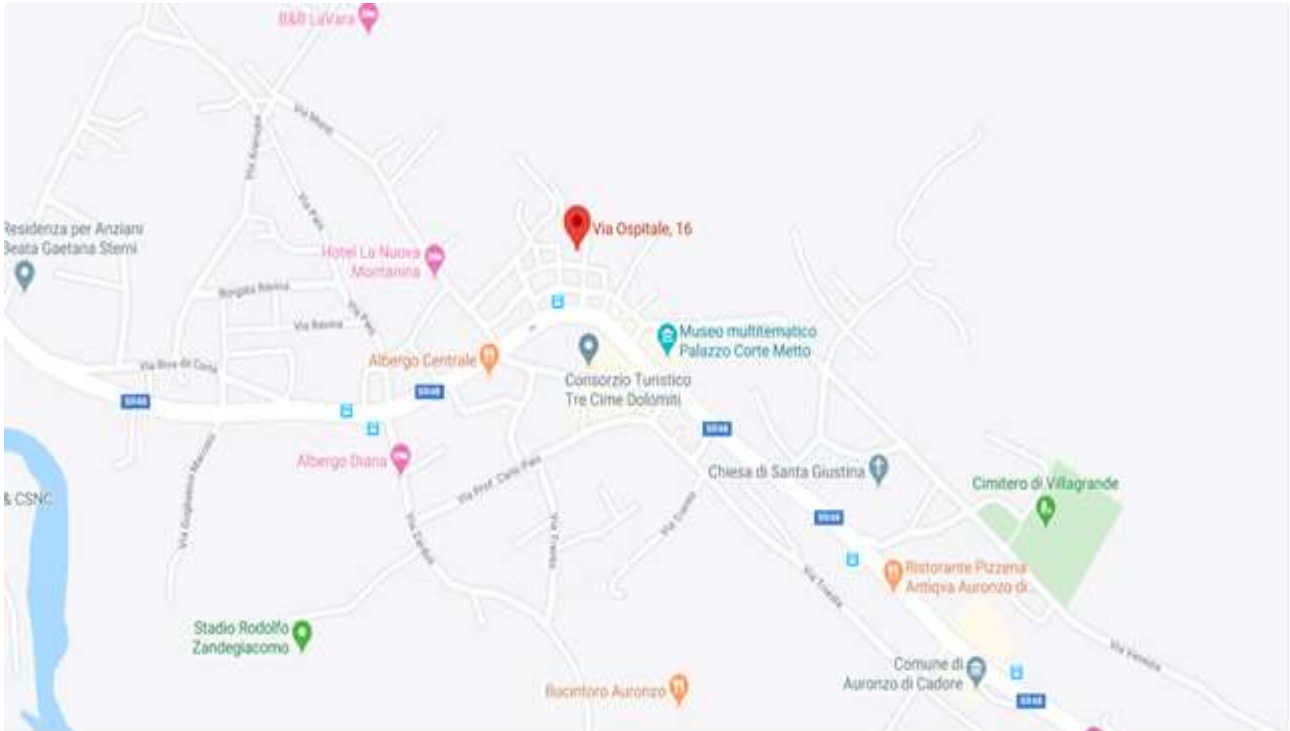
The working method, based on the centrality of the person, is concretized in the individualized planning of the educational interventions in close collaboration with the guest services. The methodology of intervention in favour of the guests has the following objectives:

- 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 HousingCommunity of Auronzo di Cadore is located inside the Community Hospital, in via Ospitale, 16 in Auronzo.

You can find us here



To reach us:

By **car**, driving along the A27 Venice-Belluno motorway, exit at the last exit and follow the signs for Pieve di Cadore-Cortina. Then continue in the direction of Auronzo di Cadore-Comelico. Once in Auronzo, continue for about 3 km, pass the square of the Church of Santa Giustina, after 200 meters from the beginning of the one-way street turn right. Car park near the Community Hospital.

By **bus**: at the Calalzo di Cadore Railway Station and the Tourist Office of Auronzo di Cadore the daily timetable is available; the bus stop is 100 metres from the Presidium near the access road.

By **train**: the nearest railway station is Calalzo di Cadore, about 15 km away, with continuous connections by courier, bus and taxi.

Il telefono della Comunità è 0435 402684.

The coordinator is Dr. Pasquale Costigliola, who answers to the number 345 5406679, and to the address p.costigliola@itaca.coopsoc.it

5. ORGANISATIONAL STRUCTURE

The number of operators in the workforce guarantees an operator/user ratio of at least 0.50 (full time equivalent) /1.

This ensures the planned presence of:

- - Healthcare Member Operator and/or Technical Assistance Operator;
- - Educator and/or Psychiatric Rehabilitation Technician;
- - Psychologist Psychotherapist.

For each of the figures indicated above, 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, guaranteed by ULSS n. 1 Dolomitica, are provided for:

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

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

The organisational structure includes responsibilities and functions that are managed by qualified and properly trained personnel.

Specifically, the team of operators is coordinated by a **Coordinator Psychologist in charge**, with the qualification of Psychologist and Psychotherapist.

This figure performs the function of technical management coordination. As far as the clinical activity is concerned, the foreseen functions are:

- definition of Personalised Projects (PP) in collaboration with the CTRP team and the CSM team;
- ensuring the interaction with the Public Services for the clinical aspects related to the PP;
- to ensure continuity and the clinical-therapeutic-assistance connection, through the action of modification of the daily dynamics at stake in the concrete aspects of the community setting;
- dealing with individual and group psychological support and the administration of scientifically validated tests;
- conducting the Verbal Groups;
- supervising the team;
- promoting and supporting A.M.A. groups. (Family and Users).

It is also the guarantor of the promotion and support of the person in his/her personal growth and relationship life.

In the working group there is an **Educator**, who is in charge of:

- - definition of individualized projects;
- - organization and execution of the proposed educated activities, individually and in groups;
- - planning and carrying out outings, trips, stays;
- - collaborates with the psychologist, with the family and with the social context to favour and maintain the Person in the territory of reference;
- - supports the guest in the management of his/her own money;
- - offers support to the working group in identifying the most appropriate educational strategies to support the person in their personal and relational growth.

The Cooperative, moreover, favours the participation of trainees and volunteers in the activities, promoting training, protecting professional growth and regulating the attendance to the structure according to a global program that qualifies the experience..

The team is mainly made up of **Social Healthcare Operators**, with the task of assisting, checking and helping the guest in the performance of personal care activities and their living spaces, promoting their autonomy.

5.1. STRUCTURAL CHARACTERISTICS

The CA is a two-storey structure, located inside the hospital, but with independent entrance. On the ground floor there is a sitting room, a large dining room with TV corner, the kitchen, a bathroom for guests, the office with the bathroom reserved for staff. On the first floor there are the 5 bedrooms that overlook two corridors, one male and one female, for a total of 8 beds.

5.2.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 the application to be submitted by the Mental Health Centre. The citizen or his or her family members who find the need for a route in the Mental Health Centre can contact their Mental Health Centre, which will consider whether to contact the Coordinator of the Ithaca Cooperative service.

It is possible to arrange a visit to the facility, so that you can meet the work team, the other guests and get to know the spaces.

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

Access:

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

At the entrance of the guest will be:

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

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

After a period of observation that varies from case to case, but never exceeds 45 days, the Personalized 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).

Dismissal:

The discharge 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 discharge.

The rehabilitative pathways within the Basic Accommodation Community provide for a maximum duration of 24 months. Extendable for another 12 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.

5.3.CUSTOMISATION 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 desirable that guests use their own towels and sheets.

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

5.4.SCHEDULES AND VISITS BY FAMILY MEMBERS AND ACQUAINTANCES

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.

5.5. ACTIVITIES WITHIN THE COMMUNITY

The activities of the Basic Accommodation Community of Auronzo di Cadore are developed through a series of moments that introduce the collective dimension, favouring meetings, group activities, trips, all inserted in a set of interpersonal relationships that redefine ways of being and behaving. Through this methodology, it is proposed to provide the guest 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

The Housing Community offers the possibility to have interviews with the psychotherapist in charge, according to needs or clinical indications and to participate on a weekly basis to a 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.

Stays

It is planned to organize summer stays and short cultural stays in cities of art, together with trips and outings in the area, all taking into account the type of users accepted and according to their wishes and expectations.

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.

5.6. ACTIVITIES WITH FAMILIES

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

If it is the user's wish, the Community team 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.

Itaca recognizes the role and value of 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.

5.7. RELATIONS WITH SERVICES

Itaca has always worked closely with the sending services, both with regard to the services offered by the Health Authorities, as in the case of AULSS 1 Dolomitica, and with the Social Services of the Municipalities.

5.8. RELATIONS WITH THE TERRITORY

The Ithaca Cooperative 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.

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

6. ACCESS AND EXCLUSION CRITERIA

The Accommodation Community is a socio-sanitary structure, also mixed, intended for the assistance and rehabilitation of people with psychiatric problems who, during the rehabilitation project, have partial levels of autonomy, and need support for the management of their self-sufficiency, or are without a family unit or are unable to stay in the family unit.

They are to be considered exclusion criteria (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.

7. PRIVACY

At the time of reception each guest is informed according to the provisions of Legislative Decree 196/03 (privacy legislation) and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 relating to the protection of persons physical with regard to the processing of personal data, and your consent to the processing of personal data for the purpose of providing the service is acquired.

The staff operating in the service is responsible for data processing and obliged to observe the provisions for the protection of the guest's personal data.

8. COMPLIANCE TO REGULATION CE N. 852/2004 (HACCP)

The Cooperative, through collaboration with an external professional, applies the HACCP plan (System of risk analysis and control of critical points on food prevention) for the management of the kitchen, provided for by EC Regulation no. 852/2004. Through this plan, a "process control" system is put in place which allows to prevent risks during food handling. The staff who deal with the management of the kitchen and the handling of food is trained on hygiene rules and on the prevention of food contamination, it also receives periodic supervision from a food technologist.

9. 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 3 days of absence, the bed is kept and 100% of the tuition fee is recognized;
- From the 4th 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.

If the 60 days of absence are exceeded, the guest will be considered discharged.

Permits agreed with the team are not considered absences.

10. 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 Basic Accommodation Community the daily tuition fee amounts to € 45.10 + 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.

The fee includes the following services:

- Hotel (board and lodging)
- accompaniments
- washing and ironing of community linen and personal wardrobe
- psychological interviews
- educational activities
- stays and cultural trips

Costs for personal hygiene products, clothing and personal expenses and for participation in events and/or socialising initiatives outside the Community's programming are not included in the fee. For these expenses a necessary fee will be agreed with the user, family members or the Support Administrator.

11. 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.

11.1 QUALITY STANDARDS AND MEANS OF VERIFICATION

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.

11.2 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.

Data di aggiornamento del presente documento: 7 luglio 2020.