carta dei servizi

CHARTER OF SERVICES

"VILLA LICIA"

The Villa Licia Service Charter is an information tool for patients, family members, local facilities and social services on the rehabilitation offer that the facility offers in relation to the quality of services, the specificity of the interventions and the level of reception.

Residential microstructure
social-rehabilitation maintenance

Villa Licia

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Service Charter

The purpose of this Service Charter is to illustrate, in a concise and clear way, our structure and the activity we carry out, in order to make ourselves better known to citizens and thus make our services more understandable and accessible, easier to stay, more guaranteed rights and clearer the duties to be assumed towards them.

The document represents a dynamic tool for dialogue between the Structure and users, constantly updated, and is useful for improving the quality, transparency and humanization of the services provided by the structure, also in relation to the transformations that are being implemented to better respond to the needs of diagnosis, treatment and rehabilitation, which are related to the incessant progress of neuroscience.

With the Service Charter we intend to forge "an alliance with the people" who choose the facility; we stipulate a "pact" in which the facility and the users decide to commit themselves to a fundamental goal : to improve the quality of life of those who need it.

This public document contains the basic rules that inspire the care activity in our microstructure but also the rules of interaction between guests to regulate their civil coexistence in respect of others but also of the therapeutic objectives set.

Medical Director

Dr. Francesco SIMEONE

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1. References of the regulations for the service charter

- Law no. 241 of 7 August 1990 "New rules on administrative procedure and right of access to administrative documents" which dictated new rules for relations between citizens and administrations.

- Decree of the President of the Republic no. 384 of 28 November 1990.

- Ministry of Health Circular 100/SCPS/35697 of 31 October 1991 "Initiatives for the implementation in the National Health Service of the rules of Law no. 241 of 7 August 1990, aimed at improving relations between the Public Administration and citizens".

- Legislative Decree no. 502 of 30 December 1992 "Reorganisation of the regulations on health matters, pursuant to art. 1 of Law no. 421 of 23 October 1992 and subsequent amendments and additions".

- Directive of the President of the Council of Ministers of 27 January 1994 "Principles on the provision of public services".

- Directive of the President of the Council of Ministers of 11 October 1994 "Directive on the principles for the establishment and operation of offices for relations with the public referred to in art. 12 of Legislative Decree no. 29 of 3 February 1993 and subsequent corrective provisions".

- Decree of the President of the Council of Ministers of 19 May 1995 "General reference scheme of the Charter of Public Health Services".

- Guideline no. 2/95 "Implementation of the Charter of Services of the National Health System".

- Law no. 273 of 11 July 1995 "Conversion into law with amendments of Decree-Law no. 163 of 12 May 1995, containing urgent measures for the simplification of administrative procedures and for the improvement of the efficiency of public administrations".

- Legislative Decree no. 286 of 30 July 1999 "Reorganisation and strengthening of the mechanisms

and tools for monitoring and evaluating the costs, returns and results of the activities carried out by public administrations pursuant to Article 11 of Law no. 59 of 15 March 1997".

- Legislative Decree 150/2009 "Implementation of Law no. 15 of 4 March 2009 on the optimisation of the productivity of public work and the efficiency and transparency of public administrations.

- Legislative Decree 150/2009 "Implementation of Law no. 15 of 4 March 2009.

- Resolution no. 88/2010 the "Guidelines for the definition of quality standards" the four fundamental dimensions of quality for which every public service must guarantee standards: accessibility, timeliness, transparency, effectiveness and with Resolution no. 105/2010 the "Guidelines for the preparation of the three-year program for transparency and integrity".

- Resolution no. 3/2012.

- Law no. 190/2012 "Provisions for the prevention and repression of corruption and illegality in the public administration".

- Legislative Decree 33/2013 "Reorganization of the regulations concerning the obligations of publicity, transparency and dissemination of information by public administrations".

- Decree of the Commissioner ad Acta of 7 November 2017, no. U00469 - Lazio Region.





INFORMATION

PRESENTATION

The "VILLA LICIA" maintenance socio-rehabilitation facility (authorization to operate with Determination No. G09889 of 24/07/2024) is aimed at all patients coming from facilities with a higher level of rehabilitation intensity who, clinically stabilized but not assistable at home, need further consolidation of the objectives achieved in the path of autonomy in daily life and in social-work reintegration. Considering the extreme variability, both clinical and social, of the guests and the consequent specificity of the interventions, Villa Licia is a structure with a high care load.

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Villa Licia therefore guarantees a restricted and familiar environment in which rhythms and schedules are superimposable to those of the communities of origin of the guests, the presence of other people with similar problems and overlapping objectives, not only reinforces the concept of normalization that the therapeutic team places among the primary objectives of the path, but favors all those resocialization activities also through participation in events and demonstrations in the context of the that also actively involve guests. Each user will therefore be guaranteed the best possible quality of life also through the involvement of the family and social nuclei of origin in the therapeutic project.

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ORGANIZATIONAL AND FUNCTIONAL PRINCIPLES

Guests are guaranteed:

- Respect for human dignity and personal freedom, privacy, individuality and religious convictions .
- The continuity of social relationships and relational life, outside the Facility, allowing the guest, compatibly with his psychophysical conditions, freedom of movement inside and outside the Facility.
- Socialization within the structure also with the help of the existing voluntary associations in the area.
- The global social-health intervention through the interaction of all the operators in the area.
- The involvement of the family in the rehabilitation process



THE GUESTS

The guests of Villa Licia are people suffering from different degrees of physical, mental and sensory disability characterized by:

- difficulties and limitations of various degrees in basic autonomy in the management of daily activities (difficulty in managing personal hygiene or living spaces, properly taking care of one's state of health including reliability in taking drug therapies which are often complex and multidisciplinary)
- difficulty in managing resources due to lack of perspective vision (this can concern the management of money as well as that of the resources identified to achieve a concrete goal,
- difficulties in managing interpersonal relationships (respect for others, managing impulsivity, regulating emotions, managing aggression or antisocial drives)
- difficulties of various degrees in the management and solution of problems inherent in everyday life (management of any cognitive deficits with specific therapies and implementation of existing skills)
- difficulties of various degrees in motor activities (compatible with the level of specialization of the structure and with the established therapeutic project)
- difficulties or limitations of various degrees in the level of communication (difficulty in understanding or producing verbal or written messages that are always compatible with the level of specialization of the structure and with the established therapeutic project)
- any psychopathological problems (management of tension and anxiety, emotional support through the management of the therapeutic relationship, problems related to the form and/or content of thought always compatible with the level of specialization of the structure and with the established therapeutic project)

ACCESS PROCEDURES

The staff in charge, delegated by the Medical Director, of collecting useful information on the case, asks the facility or family to fill in a data collection form that contains a summary of the subject's clinical history and his current social and family history, all essential elements for the drafting of the PRI. The Social Worker and the Psychologist collaborate, each for their part, to find all the clinical and social data that can make the whole team informed about the general condition of the patient who requests access to the rehabilitation path.

In this phase it becomes essential to establish a good relationship of active collaboration with the interlocutors, whether they are family members or the territorial structures of origin, it is essential that there is a concrete congruity between the expectations of the family members/referents and the real potential of the guest. Teamwork, respect for mutual roles and the sharing of all the information on the case, often make this path successful.

Only the systematization of all the medical, social, economic, personal and life information makes it possible to make a diagnosis, as correct as possible by the Health Manager who decides, in comparison

with the rest of the team, and based on the diagnostic and prognostic framework he has carried out whether to consider the guest suitable for inclusion within that residential unit.

It is therefore useful to underline how the suitability for the inclusion of a patient in a complex rehabilitation process such as the one treated, requires not only the absolute suitability of the guest in clinical, social and behavioral terms, but the possibility that this is actually possible at that precise moment of that residential nucleus composed of those specific people.

Once the patient's eligibility has been confirmed, the waiting list forms will be filled in, which will be based solely on the chronological order of submission of the applications for admission and timely communication will be given to both the patient and the contact persons, whether family or institutional.

Near the presumable entry into the facility, the patient will be contacted again and will be asked to confirm the desire to access the residential path, his contact persons will be contacted to inform them of the methods and timing of entry into the facility, specifying the logistical and organizational needs of the case.

ASSISTANCE IS GUARANTEED BY THE FOLLOWING FIGURES

- Physician in Charge and Medical Director
- Psychologist
- Social Worker
- Nurse
- Professional Educators
- Social and health workers

The medical manager of Villa Licia is a specialist in rehabilitation who guarantees:

- Compliance with the general regulations of the structure
- Strict compliance with health and hygiene regulations
- Vigilance and management of drug therapies
- The management of medical records and their consequent archiving
- The scientific and technological updating identified by the team

The Health Manager, in agreement with the therapeutic team, prepares an Individual Rehabilitation Project (PRI) for each guest and guarantees resources and tools for its correct implementation.

Instrumental and laboratory diagnostics, diagnostic imaging, dental, prosthetic and pharmaceutical services are not included in the services provided by the facility but are still ensured to each guest with the quality and limits provided by the SSR for the generality of citizens and with the specifications regulated by law.

All the health and social-health personnel working in the residential maintenance microstructure are in possession of the necessary professional qualifications, the approach is an integrated multidisciplinary one, in compliance with the type and the hourly debt provided.

USER PROTECTION

By entering the Facility, the user is guaranteed:

- Respect for human dignity
- Personalized assistance based on the specific needs of the guest.
- Equality and impartiality: the Facility provides its medical and nursing care according to criteria of justice and objectivity, without discrimination of sex, nationality, culture, religion or social condition.
- Continuity: the provision of healthcare is guaranteed continuously, regularly and without interruption.
- Appropriateness of care: assistance is oriented on the basis of the individualized therapeutic project for each guest.
- Effectiveness and efficiency: the Structure adopts criteria of effectiveness and efficiency in the provision of the care services provided.
- Importance of the human relationship: all the staff of the Facility is committed to creating the necessary conditions to guarantee a familiar and hospitable environment, individualizing the needs of the guest, ensuring professionalism and competence, enhancing interpersonal relationships, guaranteeing adequate health education to the user and his family.
- Religious assistance: spiritual assistance is provided to

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guests according to the beliefs of each one. Guests of the Catholic faith are assisted by a priest present at least once a week and at any time at the request of the individual. Guests of different faiths must request assistance from the Administration indicating the name and address of the chosen assistant.



THE ORGANIZATION OF THE CARE PATHWAY

The guests of our facility constantly carry out internal workshops that promote the maintenance of specific *skills* and that at the same time are useful in the management of the daily life of the structure, thus fulfilling not only the achievement of the work objectives established in the Individual Therapeutic Project but assigning, to those who take part in the various activities, also a specific "social" role within the micro community in which they live.

Among all the guests, those are identified who, due to personal or clinical characteristics, have the greatest chance of successfully accessing external training courses that are organized periodically to allow a constant increase in the possibilities of autonomy of the individual.

By accessing specific training courses, held with the collaboration of local bodies or associations and regularly recognized, guests can demonstrate that they have

benefited from the training process and if they guarantee stability and constancy in the choices made, they can be directed to real work paths which, in some cases, result in permanent employment, guaranteeing the individual an autonomous life in the long term.

It is clear that in order to carry out a path of this kind, always guaranteeing a good level of safety in the various phases, we organize a decreasing level of control to allow the progressive detachment from the support elements, whether environmental or human, pushing the subject to the highest possible level of independence.



RULES OF CONDUCT FOR GUESTS

Within the Facility and as part of the activities and initiatives promoted by it, guests are required to behave responsibly in respect and understanding of the rights of other guests and employees of the Facility. They are also required to respect the environments, furnishings and equipment found inside the rooms and common areas.

In order to live along, guests are also required to avoid any behavior that may create disturbance or discomfort to others (noises, lights on, televisions or radios at high volume, screaming, *etc.*).

It is forbidden to:

- bring animals into the Facility

- Washing clothes in the bathroom of the room
- throwing objects out of windows
- Hang laundry on the windows
- install heating, cooking or refrigeration appliances in the rooms

ECONOMIC ASPECTS/TARIFFS

Expenses to be borne by the Structure
The costs for the following are generally borne by the structure:

- Accommodation and meals
- personal assistance and during rehabilitation/recreational activities
- Generic basic personal hygiene products
- furniture
- Maintenance of the structure
- Occupational/recreational material/equipment
- Office & Stationery
- cleaning products

Expenses to be borne by the guest
The following items must be generically attributed to the guest:

- participation in cultural, recreational-recreational or sporting activities not contained in the PRI
- Hospitalization assistance
- medical expenses not borne by the NHS
- medicines not covered by the NHS

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COMMUNICATIONS AND COMPLAINTS

At the administrative offices of the Facility it is possible to deposit communications from guests or family members regarding advice or complaints regarding the operation of



the Facility department. The Management undertakes to respond to communications received within 5 working days following receipt.

In addition, the guest is given a satisfaction questionnaire for the hospitalization services in the facility.

DATA MANAGEMENT

The Structure stores and uses the data relating to guests in compliance with the rules relating to the processing of sensitive data in compliance with EU Regulation 679/2016 implemented in Italy with Legislative Decree 101 of 10/09/2018.



GUEST MONEY MANAGEMENT

The management of resources, including money, is a primary dimension of all rehabilitation and autonomy paths for people with disabilities. Each therapeutic team responsible for the individual guest decides on a specific way of managing money that must incontrovertibly respond to the need for self-sufficiency.

Based on the real economic availability of the guest, the team establishes a spending ceiling that must include ordinary expenses (personal hygiene products, cigarettes, recreational outings) and delegates the responsible operator to the periodic control and management of the guest's money.

All expenses made by the guest must be documentable through tax documents (receipts, receipts, etc.) which must be attached to the individual cash register where all the expenses made from time to time will be noted and, at each operation, it will be checked that the nominal balance corresponds to the one actually present in the cash register.

At agreed intervals, and whenever requested, the "expense report" is sent to the guest's external contact persons accompanied by the tax receipts.



WELL-BEING OF GUESTS

Activities and timetables

In life in the facility, the activities and schedules follow those that characterize, approximately, the daily life of all families:

- 7.00/8.00 a.m. awakening and breakfast
- 8.00/9.00 a.m. taking therapies, personal hygiene and living spaces
- 9.00/12.30 external and internal rehabilitation activities, workshops, internships, finalized outings
- 12.30/14.00 lunch
- 2.00 p.m./2.30 p.m. tidying up of the room and common areas
- 2.30/4.00 p.m. taking therapies, relaxing in the room or in the garden
- 4.00 p.m./4.30 p.m. snack and afternoon activities
- 4.30/7.00 p.m. external and internal rehabilitation activities, professional, artistic, sports courses
- 7.00 p.m./8.00 p.m. dinner and tidying up of the dining room, kitchen and common areas
- 8.00 p.m./9.00 p.m. Intake of therapies and consolidation of personal autonomy
- 9.00/10.30 p.m. playful activities of socialization and interaction between guests
- 10.30 p.m./11.00 p.m. start of night rest

On weekends and holidays, the organization of everyday life may undergo temporary changes that do not change the general structure. During these days, guests are very often visited by relatives and relatives, they often go out for lunch or dinner or go out to go to the cinema or eat a pizza. On some agreed occasions, and more often during the summer months, trips out of town or extraordinary recreational activities are carried out.

The team will evaluate from time to time the possibility of participation of the different guests in the various activities proposed based on the specific disability, the level of autonomy acquired and, last but not least, also the general economic condition of the patient. Some of the activities not included in the PRI will be fully or partially borne by the guests as well as any need to implement service personnel for assistance during external activities.

The Health Manager delegates to the Facility Coordinator the activity of monitoring compliance with hygiene and health regulations as a primary form of prevention and spread of infectious diseases in community environments.

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DOCUMENTATION

The structure maintains a register of guest attendance for each single day, for each guest a "Personal File" is opened divided into different areas of specific relevance and compiled by the different operators, each for the part of their competence. It is composed of:

- An administrative file containing all the personal and accounting documentation relating to the guest's situation
- A social file in which all the documents relating to the request and subsequent inclusion in the facility are kept, the documentation proving the degree of disability of the patient and any exemptions from the payment of health services and the like, the reports of any disability of the guest and all the documentation relating to the social and work reintegration process
- A psychological file in which the PRI, the objectives set and any variations between them are reported, the verification tools and the history of their use, the notes of the psychologist referent with respect to the patient and the various progress or failures he has experienced during the course
- A rehabilitation file on which operators and educators can write down their observations, keep the chronology of events and activities with comments to be reported to the team and proposals to be made both in organizational and functional terms
- A health file containing all the health documentation, the nursing record with the medical history and vaccination status, the reports of specialist visits, the instrumental and laboratory tests, the copies of the Therapy Cards with the changes made, the drug prescriptions and all the health documentation sent at the entrance,

The guest's Personal Record thus composed remains under the direct responsibility of the individual operators in the parts of their respective competence, both in the part concerning the compilation and updating and the one concerning the safekeeping, all in scrupulous compliance with the regulations in force on the compilation, possession and custody of sensitive health documentation (Legislative Decree 196/03). The documentation is recomposed in a single file every time the Health Manager needs to consult it in full, every time a legitimate request is made by the competent external Authorities or at the time of closure and subsequent archiving which is made and maintained under the direct responsibility of the Medical Director.

There are also the following in the structure:

- The staff attendance register with specifications on the task and work shifts

- The register of deliveries that is compiled by the individual operators in accordance with the provisions of the Internal Structure Regulations
- The attendance register of volunteer staff with information on attendance times and activities carried out
- Any dietary table authorized by the ASL of reference

All the documentation in the structure is constantly updated and monitored and kept available for any possible control by the competent bodies.

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HUMANIZATION

An empathetic and human approach to the other allows the recovery of some human values of social interaction such as solidarity, the safeguarding of personal dignity and an authentic positive consideration of the needs of the other. These exquisitely human dimensions are to be considered a fundamental and indispensable requirement to be combined with the equally indispensable technical ability of the operator. Long and very tiring paths such as those to which our patients are subjected, often need structures, understood as functional organizations, which do not require the patient to make a further adaptive effort but which are themselves able to modulate and adapt to the multiple needs of these subjects. The process of humanization and personalization that the company has set itself is therefore an adaptive effort that allows all guests to be able to receive effective treatment regardless of the level of disability possessed, thus satisfying, through the active application of this business strategy, at the same time criteria of standardization of therapeutic action and continuity in the provision of the service.

Behaviors or actions by the staff of the facility that may in any way offend the religious, social or political beliefs of the guest or his family members are not tolerated, condemning in advance anyone who implements behavior aimed at putting them in a state of subjection.

<u>Right to information and active participation</u>

The company undertakes to carry out a timely and adequate update of the family on the status of the relative and on any objectives achieved, thus giving the family the opportunity to actively participate in the path carried out by the patient by making them aware of the activities carried out, of the future planning of the same and sharing goals, objectives, times and methods of verification.



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Customer satisfaction

The evaluation of the activities carried out is carried out through a satisfaction questionnaire that must address specific dimensions:

- The information received
- The ways that characterize interpersonal relationships (welcome, respect, courtesy, attention received)
- Punctuality and compliance in the implementation of the agreed rehabilitation programs
- The degree of involvement of family members in the implementation of the PRI
- Hotel services
- The support received
- Confidentiality in communications

The questionnaire can end with an art reserved for observations, criticisms and suggestions.



HOW TO REACH US

Here are some directions to reach us:

BY CAR

From Rome:

1. Take the SS 148 Pontina to Terracina, take the SS 7 Appia towards Fondi and then continue to Itri. Continue on Via Italo Balbo, turn right on Via Cesare Battisti, turn right on Via Enrico Toti. Alternatively, you can:
   - take the Appia directly from Latina and follow it until you reach Itri;
   - in Terracina take the SR 213 Via Flacca towards Sperlonga, turn right onto the SP Itri-Sperlonga, continue on Via Aurelio Padovani, turn left onto Via Enrico Toti.

2. Take the A1 motorway towards Naples and exit at one of the following toll booths:
   - **Frosinone**, take the highway towards Terracina, take the Appia to Itri and continue as above.
   - **Ceprano**, take the SS 82 towards San Giovanni Incarico, Pico and then Itri. Continue on Via Civita Farnese, turn right on Corso Vittorio Emanuele II, continue on Via Italo Balbo, turn left on Via Cesare Battisti, turn right on Via Enrico Toti.
   - **Cassino**, take the highway to Formia SR 630, take the SS 7 Appia to Itri and continue as above.

From Naples:

1. Take the SS Domiziana towards Formia, take the SS 7 Appia to Itri and continue as above.

2. Take the A1 motorway towards Rome and exit at Cassino. Take the highway to Formia SR 630 immediately at the exit, take the SS 7 Appia to Itri and continue as above.

BY TRAIN

Itri has a railway station on the ROME-NAPLES line, between the Fondi-Sperlonga and Formia-Gaeta stops. Due to the absence of services and staff, it is not possible to buy train or bus tickets at the station.
Generally, if you are unable to get on or off in Itri, it is convenient to use the Formia station, better connected to Itri by public transport of the CO. TRA.L.

