

**REMS "CASA BADESSE"** Via Abbadesse, 6 Macerata Feltria (PU) – Tel. 0722078012 <u>email: rems.ba</u>desse@gruppoatena . it

# **SERVICE CHARTER**

## R.E.M.S. "CASA BADESSE"

Structure for Execution of Security Measures

## **GRUPPO ATENA Srl**

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Written by: Athena SRL ref. " acdm ." Rev.01 of 03/26/2025 The Service Charter, displayed on the REMS "CASA BADESSE" notice board, is distributed and delivered to users and/or their families and is published on the website <u>www.gruppoatena.it</u>. It is also distributed to voluntary associations, general practitioners, medical associations, pharmacies, health authorities, competent AGs and the Regional Control Body.

The Service Charter is verified annually to verify the appropriateness of the services provided with possible revision in the event of changes found and/or if proposals and indications from Steckholder are received





#### SUMMARY

1.	PRESENTATION OF THE SERVICE CHARTER	_ 3
2.	THE SERVICE CHARTER	_ 3
3.	PRESENTATION OF MANAGEMENT BODY: ATENA GROUP	_ 3
4.	FUNDAMENTAL PRINCIPLES	
5.	THE REMS HEALTH RESIDENCE "CASA BADESSE"	_ 5
5.1.	PURPOSE AND CHARACTERISTICS	_ 5
5.1.1	. REMS STRUCTURE FOR THE EXECUTION OF SAFETY MEASURES "CASA BADESSE"	<b>'</b> 5
5.2.	METHODOLOGICAL FRAMEWORK	_ 6
5.3.	STRUCTURE	_ 7
6.	SERVICE PROVISION	_ 8
	ACCESS MODE: ADMISSION PHASE:	
	DEFINITION OF THE INDIVIDUALIZED PROJECT	
6.3.	RESIGNATION	_10
	DEATH	
6.5.	SERVICE ASPECTS	_ 11
7.	PERFORMANCES AND SERVICES PROVIDED	_13
8.	SERVICE COSTS	_17
9.	COMMUNICATION WITH FAMILIES AND THE TERRITORY	_18
9.1.	RELATIONSHIPS WITH FAMILY MEMBERS	_18
9.2.	NETWORKING AND RELATIONSHIP WITH SERVICES	_19
10.	ORGANIZATION OF THE CENTER	20
11.	THE STAFF	_21
11.1.	PROFESSIONAL FIGURES	_21
11.2.	TRAINING	
12.	QUALITY OF SERVICE	
13.	SERVICE SECURITY	28
	GUESTS' RIGHTS AND DUTIES	
	REPORTS / POOR SERVICES / COMPLAINTS AND SUGGESTIONS / PRAISE	
16.	CONTACTS AND USEFUL NUMBERS	32





#### **1. PRESENTATION OF THE SERVICE CHARTER**

The Service Charter is the tool drawn up by the REMS "CASA BADESSE" service manager

ATENA Srl with Sole Shareholder, which guarantees transparency of operations and management of human and economic resources. It therefore offers a real tool for controlling the QUALITY provided and can be considered a sort of pact between users, operators and administrators, it aims to develop a sense of trust and security towards us.

It is a dynamic tool, subject to verification at least once a year and revised whenever necessary and is available to users at the operational headquarters of the service. The newly printed paper is distributed via certified email to the Health Services of the Marche Region, to the AST Marchigiane, Voluntary Associations (AUSER), the Order of Physicians and professional colleges, institutions, general practitioners, pharmacies and all health facilities, as well as to the competent Judicial Authorities.

#### **Reference legislation:**

#### "CASA BADESSE" is authorized for the following form:

REMS "Structure for the implementation of security measures" authorized to operate by the respective provisions: SUAP Montefeltro authorization no. 8/2024 Prot. 1989 of 09/27/2024 pursuant to art. 8/9 of LR 21 of 09/30/20216 and Institutional Accreditation Decree with provision Decree of the Director PF Accreditations Marche Region no. 72/2019 of 02/27/2019 – 20 residential beds. Active agreement with AST Pesaro Urbino with Resolution no. 553 of 04/30/2024

#### 2. THE SERVICE CHARTER

#### In summary, the service charter:

**INFORMS** : the citizen/user about the services offered by the REMS residential center "CASA BADESSE" managed by ATENA Srl with Sole Shareholder and about the methods for accessing them

**COMMITS** : the managing body to guarantee the provision of services and performances at certain quality levels, as described in this document

**INDICATES** : the rights and duties of the citizen/user

**FACILITATE:** a greater understanding of the service by the citizen/user, as well as by offices, bodies, institutions, private social organizations, voluntary associations, unions and anyone who works in the sector of services for non-self-sufficient individuals

#### 3. PRESENTATION OF MANAGEMENT BODY: GRUPPO ATENA

GRUPPO ATENA was born in 1992, from the idea and entrepreneurial will of Cav. Dott. Ferruccio Giovanetti, who still directs it with dedication and passion.

GRUPPO ATENA is a family of health professionals with certified experience that welcomes, assists and recovers suffering people with very different experiences and is one of the main private operators in the Italian market in the management of health and social-health facilities operating in psychiatry, in the rehabilitation of mental, physical and sensory disabilities, in the treatment of the elderly, at the service of Public and Private Health under a contract and accreditation regime. The facilities of GRUPPO ATENA are authorized and accredited by the Marche Region, have relationships with the PA of the national territory, regulated according to contractual agreements stipulated mainly with the Marche Health Authorities (AST) and the AUSL of the Romagna region, as well as with Health Authorities throughout the national territory.





With a workforce of over 300 employees and a turnover of over 15 million euros, GRUPPO ATENA is now a consolidated and appreciated reality, which operates through nine locations **ATENA** 

located in the suggestive setting of Montefeltro, one of the most beautiful Apennine routes in Italy, between Marche, Romagna and the Republic of San Marino . It provides residential care to over 350 adult patients with problems resulting from psychiatric, addiction, neurological, functional and disability pathologies, even in conditions of serious and complex co-morbidity, and increasingly frequently associated with restrictions of personal freedom. GRUPPO ATENA provides semi-residential care for dementia and the disabled, and also boasts a functional re-education clinic with dry and water interventions.

GRUPPO ATENA has started the certification process for the quality management system according to the UNI EN ISO 9001:2015 regulation for the services of "Design, management and provision of social-health, educational-rehabilitative and assistance services to individuals" (EA 38).

GRUPPO ATENA has defined adequate planning and management control tools through which it follows its ability to satisfy the needs of users without wasting resources. The effectiveness of assistance is strictly related to the adequacy and customization of the intervention. The objectives that GRUPPO ATENA wants to achieve with this document is to make available to the user of its services a real tool for controlling the quality provided.



#### 4. FUNDAMENTAL PRINCIPLES

The REMS "CASA BADESSE" facility is a residential health centre for the execution of

security measures of 20 beds created to guarantee a residential solution for adults suffering from psychiatric disorders, including comorbidity with addictions or other secondary pathologies, offenders judged not punishable due to recognized total or partial mental infirmity, considered socially dangerous, for which a detention security measure is applied by the competent Judicial Authority (Surveillance and Cognitive Magistrates' Court). The internal management of this facility is the exclusive responsibility of the health service.

The basic principles are:

**Involvement:** The user's family must be encouraged and involved in the service delivery process and in the educational and care methods applied so as not to cause a separation from their family unit; relationships with the family must be facilitated during the opening hours of the Service as set out in the facility regulations.





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**Equality** : relationships with users are based on rules that are the same for everyone: under circumstances can discriminatory forms be exercised against users (e.g. for reasons relating sex, race, language, religion, social, economic and political conditions);

**Fairness:** All operators are committed to carrying out their activities in an impartial, objective and neutral manner towards all users.

**Equality:** with equal needs, services are provided equally to all users without distinction of race, sex, nationality, religion and political opinion.

**Impartiality:** all users are guaranteed the same conditions to access and enjoy the services offered according to a rule of impartiality and objectivity.

**Professionalism:** the service is provided in a professional manner, by adequately trained and constantly updated staff.

**Integration:** personalized care requires that the different services work in close collaboration with each other; in this context, the REMS "CASA BADESSE" center represents an essential contribution to the health services system of the territory.

**Right to choose**: the user, where possible, is left free to choose whether or not to avail himself of the services after they have been carefully presented to him in every aspect, according to what is set out in the structure's regulations.

**Participation:** the active participation of the user in all management aspects concerning him is encouraged; with this aim the user receives the necessary information regarding his rights and the methods with which to forward any complaints.

**Efficiency and effectiveness:** available resources are used in the most rational and prudent way possible in order to produce maximum results in terms of user well-being and staff gratification.

**Humanity:** the central attention is placed on the person with full respect for his dignity, whatever his physical or mental, cultural or social conditions, with courtesy, education, respect and availability on the part of all operators.

**Respect for Private Life and Confidentiality:** In managing its activities, the facility guarantees the protection of the rights and dignity of the user, respecting private life and confidentiality as well as privacy, to guarantee protection from any form of abuse, mistreatment, degrading treatment or negligence that could expose them to unjustified risks. All data and information are managed in a controlled manner (Legislative Decree 679/2016) and with correctness and professional ethics by healthcare professionals.

**User satisfaction** : the user is always considered as an individual with dignity, critical capacity and right to choose, to be satisfied on the services he receives; the quality of the services provided to the patient, therefore, must not be limited to the effectiveness of the rehabilitation service, but must also include functionality and reliability of the support services.

#### 5. REMS HEALTH RESIDENCE "CASA BADESSE"

#### **5.1. PURPOSE AND CHARACTERISTICS**

The REMS "CASA BADESSE" facility is authorised and accredited to provide the following services:

- REMS: structure for the execution of security measures;

#### 5.1.1. REMS STRUCTURE FOR THE EXECUTION OF SAFETY MEASURES "CASA BADESSE"

The REMS "CASA BADESSE" facility is a 20-bed residential health facility that welcomes offenders, deemed not punishable due to recognized total or partial mental infirmity, deemed socially dangerous, to whom the Judiciary applies the security measure of detention in home custody and care. The REMS carries out therapeutic-rehabilitative and socio-rehabilitative functions aimed at the recovery and social reintegration of interned psychiatric users, promoting therapeutic continuity according to the provisions of the Judiciary and on the basis of the Individualized Therapeutic Rehabilitation Plan shared with the territorially competent Mental Health





Department.

The boarders welcomed have mental health problems, often also in comorbidity with **ATENA** addiction pathology with serious impairments of personal and social functioning, for which effective interventions with high rehabilitation intensity are implemented, through programs with different degrees of protective assistance. The primary objective is to acquire the highest possible level of well-being and recovery of personal care and socialization also aimed at consolidating an adequate functioning of personal resources. The unit hosts both men and women of adult age (18-65 years).

**The general purpose** of the REMS "CASA BADESSE" facility is therefore to promote the well-being of the person, welcoming their needs, necessities, resources and potential and aiming at evolutionary and rehabilitative growth with a view to progressive and constant rehabilitation and socialization.

These purposes are broken down into the following general objectives:

- enhancement of individual abilities and potential for a personalized path, maintaining the residual abilities of the hosted people and, where possible, their recovery through the implementation of targeted interventions (both individual and group) of an educational, relational, rehabilitative and recreational nature to counteract the aspects of chronicity and/or involutionary processes;
- promote psychological growth and the achievement of the person's overall well-being with particular attention to the critical review of one's own unlawful actions;
- pursue the Quality of Life of the person, understood as an Adult, capable of self-determination and choice, promoting integration and social interaction and supporting the bond with the family of origin, where possible;
- seek social integration in the local area, through awareness-raising and networking, promoting regular contacts with services, CSM and/or STDP, to share suitable planning for the adoption of non-custodial security measures;
- offer support for maintaining and improving health;
- ensure respect and protection of the rights and dignity of the person with respect for private life and confidentiality (sexual orientation, interpersonal relationships, political opinions and religious affiliations) as well as privacy, to ensure that the guest within the service is protected from any form of abuse, mistreatment, degrading treatment or negligence that could expose him or her to unjustified risks;
- promote the development of global skills through commitment to the promotion of rights and social inclusion;
- maintain and improve cognitive and relational skills and personal autonomy, promoting the user's wellbeing;
- facilitate the level of accessibility of communication and understanding of service documentation where the user's cognitive abilities allow it;
- pursue the centrality of the person assisted and his family;
- promote correct executive functions such as exploring the environment, planning behavior, producing new responses, and problem solving.

#### 5.2. METHODOLOGICAL FRAMEWORK

The REMS CASA BADESSE Health Residence has as its corporate mission **"TAKING CARE OF** 

**CARE AND REINTEGRATION OF THE PATIENT WITH MENTAL DISORDERS, OFFENDERS"** and is based on the principles of **RECOVERY** (a concept defined and translated in many ways, but in no sense does it coincide with the disappearance of the disease, rather it reflects the development of abilities lost with the disease and the recovery of a valid and satisfying role within society), on the inspiring principles of **Law 30 May 2014 n.81** (overcoming Judicial Psychiatric Hospitals) and on the following:

1) WHO's vision for global mental health is "to enhance, promote and protect the mental health of citizens and communities, ensuring that mental disorders are prevented and that people with such disorders are able to fully exercise all human rights and have timely access to quality and culturally appropriate services that promote recovery, can achieve the highest attainable level of health and participation in social and working life, free from stigma and discrimination" (from the Mental Health Action Plan 2013-2020, trans. CC WHO Trieste).





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2) The 2006 UN Convention on the Rights of Persons with Disabilities, ratified by Italy in 2009,

the declared aim of "promoting, protecting and ensuring the full and equal enjoyment of all **ATENA** human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity, including those with long-term mental impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

The focus is shifted from the disorder to the person, who is believed to be capable of recovering his or her energy in order to improve his or her basic functional levels.

The organization of work is based on the principles of clinical governance, according to which healthcare organizations must commit to the continuous improvement of the quality of services and to the achievement of standards defined by regional and company directives, operating on the basis of clinical-care guidelines, validated by the national and international scientific community. The structure pays attention to the fundamental work of the team, recognizing its strategic value in the processes of taking charge of patients, in the specialization of treatments, in the management of multifactorial needs and in their possible synthesis, with the aim of providing solutions to multidimensional problems through greater integration with all relevant resources, institutional and non-institutional, present in the territory.

#### 5.3. STRUCTURE

The REMS "CASA BADESSE" facility is a high-intensity rehabilitation residential health center with 20 beds, permanently open 24 hours a day, every day of the year. The goal is to maintain and, if possible, improve the health and well-being of the guest. The facility provides an on-site reception service, open to the public from 8:00 to 20:00, which provides information both on the facility itself and on the entire organization of the Atena Group. REMS "CASA BADESSE" is owned by the company Atena Srl with sole shareholder; it is immersed in the beautiful hills of the Marche region, located in the municipality of Macerata Feltria – PU in Via Abbadesse, 6, in a position adjacent to the town center, along the provincial road SP2 for Monte Cerignone in the direction of Macerata Feltria (Castello), easily reachable from both the provinces of Romagna and Marche. Road signs indicating the structure have been installed along the main roads.

Such a location allows a relationship of participation, to the extent possible, of the institution in the social and cultural life of the country, with a view to overcoming the social marginalization that this type of structure normally entails. The structure is equipped with its own means of transport to guarantee the people assisted contact with the territory as provided by the Judicial Authority.

The architectural layout of the complex, already in the 1980s, had been designed with a view to a reduced visual impact, adapting the conformation to the nature of the land, which determined the "fan" layout. The REMS structure has rooms that are divided both in the building contained by a 7.00 m high boundary wall that encloses the services section (kitchen, laboratories, interview rooms, courtyards, ...) and on the third floor the rooms intended for the residential area (bedrooms, assistance room, dining room, ...) and connected by an internal bridge to the building outside the boundary wall to the outside in the front part, intended for general services, storage rooms, technical rooms, bathrooms and changing rooms for staff, bathroom and waiting room for visitors.

The driveway entrance, always located on the ground floor of the building, allows barrier-

free access for pedestrians, cars and vans inside the perimeter wall, with a path

which leads to the courtyard located at the level of the first floor rooms, thus allowing for the carrying out of all service operations such as maintenance and daily supplies necessary for management.

The internal sector of the walls is distributed over three floors and includes on the first floor, just after the raised corridor that connects the external building to the inside, an area for meetings with judges, lawyers, relatives, a doctor's office, a room for team meetings, etc. On the left is the kitchen area with its pantries, bathroom and changing room for the cook and a large room for occupational activities, from which you can access the two internal courtyards. There are also other rooms for storing equipment and for collecting dirt and clean food and a stretcher lift and technical rooms. On the right are the two flights of stairs or a stretcher lift that lead to the third floor containing the residential area, consisting of a large arched corridor onto which the doors of the 13 single rooms open with a shared bathroom for every two beds and at the end of the corridor another three rooms, two of which are double and one triple with bathroom. The corridor also overlooks the coordination post of the nucleus, the infirmary with material storage. Also from the corridor you can access a large area where the dining room, a bathroom and a closet are located. Outside the buildings but still enclosed within the boundary





wall there is a circular asphalt path reserved for service vehicles, flanked by green spaces. The external area available concerns the entire large area appropriately fenced with a metal

netting higher than 3.00 m and with an extension of 20,504 m2, partially intended for parking in the front part, and green in the remaining lateral and rear part, where the latter is used for nursery and vegetable gardens.

The structure is free of architectural barriers to ensure accessibility, usability and liveability as per current regulations and access to the floors is also permitted via the elevator, as well as the stairways. The REMS "CASA BADESSE" structure has a living area with a total capacity of 20 beds as described above on the third floor. The third and second floors are completely separate and with independent dedicated access routes. Each therapeutic unit is equipped with the necessary independent services, and organized in such a way as to make its general services located on the ground floor and first floor usable.

The floors reserved for the rooms are characterized by soft colors that allow guests to recognize their room, as a rule, each room is equipped with day and night lighting systems and furnishings suitable to guarantee adequate comfort and safety in line with the type of service. The REMS "CASA BADESSE" structure is equipped with a closed circuit camera system in the internal and external spaces, windows with security locks and doors with unlocking device.

In summary:

- on the ground floor of the external building, on one side there are the technical rooms and the heating plant, while on the other side there is the general storage of the structure, and the storage for the personal effects of the REMS guests.
- At the same level, you enter the barrier-free path that connects the fenced outdoor area to the stretcher lift that leads to the first floor where the general services are located.
- On the first floor of the external building, there are the reception areas with concierge, waiting room, bathroom for visitors, administrative office and changing rooms for staff divided by gender and equipped with private bathrooms.
- On the first floor inside the walls, in the left area of the building, there are the rooms intended for the kitchen and pantries, integrated with the changing room and bathroom for the kitchen staff, the storage rooms for clean and dirty material, while the general laundry is outsourced. On the same level there is a large room for work/occupational activities and two large external courtyards dedicated to activities where smoking is permitted. In the central area of this part of the building there are the rooms for the health services consisting of a medical examination room, team meeting room, interview room with psychologist and social worker, interview room with family members, lawyers and magistrates. The floor is served by two stretcher lifts that can be used in a coordinated manner through horizontal paths, to access the upper floors where the residences are located and the ground floor where the external areas are located.
- On the third floor, the entire surface is dedicated to residential rooms with 20 beds distributed in 13 single rooms with a barrier-free bathroom shared between two rooms, 2 double rooms with private bathroom, 1 three-bed room with private bathroom. On the floor there is also a room for coordination of the nucleus with bathroom, the room for assistance interventions, a room for storage of equipment, a dining room equipped with a dumbwaiter and a large corridor used as a space for collective use. The Paino is accessible both by stairs and with stretcher lifts.

#### 6. SERVICE DELIVERY

All the activities of the facility are oriented towards a philosophy of person-centered care.

The user is recognized as an active subject, as a person with a history, an identity and a personality. Operators are trained to develop a physical and emotional closeness with the user, to learn to communicate effectively with him. The user must feel free to express his desires, his emotions and any discomforts so that he can find the appropriate support. All people assisted by REMS "CASA BADESSE" are guaranteed the possibility of socialization and creative activity through the organization of activities and events that favor these aspects. All users are guaranteed the possibility of carrying out occupational, reactivation and maintenance therapies both through the activities proposed by the multidisciplinary team , and through a specific health care program as provided for by the Individualized Project. The activities have been studied in compliance with the physiological rhythms of the users, ensuring their balance and participation.



#### 6.1.ACCESS MODE: ADMISSION PHASE:

#### ACCESS REQUEST



The request for inclusion occurs through communication from the Department of Penitentiary Administration (DAP), which assigns the inmate based on the criterion of territoriality (residence in the Marche Region). The assignment of the DAP is transmitted to the Directorate of Health and Social-Health Integration, Penitentiary Health and Mental Health of the Marche Region, and to the Representative of the Regional Single Point, which has coordination functions and prepares the waiting list with the relative priorities for access to the facility, after contacting the reference DSMs.

#### WAITING LIST MANAGEMENT

The priority criteria for the waiting list are established and indicated in the text of the Unified Conference no. 188/CU of 11/30/22. The Head of the Legal and Administrative Functions Office updates the waiting list on the SMOP portal. When a bed becomes available, the legal office formally communicates to the DAP, the Judicial Authority, the PRAP, the UEPE, the Police Headquarters anti-crime division, the referring health services, the PO Penitentiary Health Department of the Marche Region - Health Service PF Health Mobility and Extra-hospital Area referents as well as to the referents of the Directorate of Socio-Health Integration Services, Functional Area of Mental Health Coordination, the availability for reception in compliance with the waiting list, with the definition of the day of entry and the health checks required by the Health Department including any hospitalization in SPDC preparatory to entry.

### FIRST INTERVIEW WITH THE SENDING SERVICE (AND/OR THE USER AND/OR THE FAMILY AND/OR AdS /GUARDIAN)

**Before entry** (or alternatively during entry) the facility retrieves from the referring service (and/or from the user/family) the information to prepare the reception in the facility itself and the staff for the insertion of the user and sends the list of entry documentation (request for blood tests / diagnostic / instrumental).

**Upon admission,** the Nursing Coordinator submits the following documentation: regulations, vaccination form, image consent, personal data privacy access form, therapeutic treatment consent, community life declaration form, privacy information and consent for the insertion of personal data on the SMOP portal. This information collected is transmitted to the team by inserting the entry form in the delivery diaries. The Head of the Legal and Administrative Functions Office, once the consent of the inmate and/or the ADS/Guardian has been obtained, inserts the patient's personal data, in and out data, legal information as well as health information (entry diagnosis) on the SMOP portal.

#### ENTRY TO THE STRUCTURE

Upon entry, the facility's legal office sends a "has been entered" notification to: Pesaro District Prison Management - Registration Office, DAP, Judicial Authority, PRAP Police Headquarters, Pesaro Crime Prevention Division, referring service, Legal and ADS/Guardian, to the PO Penitentiary Health Service Marche Region - Health Service PF Health Mobility and Extra-hospital Area referents as well as to the referents of the Management of Socio-Health Integration Services, Functional Area of Mental Health Coordination, at the Macerata Feltria Carabinieri Station.

The Customer Manager sends notification of successful entry to the competent sending Service for the definition of the spending commitment.

From the defined day of entry, the admission phase of the new patient begins, which in the first

days will be helped by all interested parties to overcome the critical issues of adaptation. During the observation period the team will be careful to receive all the reactions not only of the new member but also of all the attendings to evaluate any inconsistencies and critical issues created in living together in the facility, adopting all the actions to create a peaceful climate. On the day of admission the nurse meets with the patient and opens the integrated file after having received all the health information received from outside and having detected the vital parameters of the new patient.

On the advice of the psychiatrist, the nurse administers the prescribed drugs, received from outside, recording the activity on the therapy administration form.

Within the day of admission (or on the first available day after admission, in any case within 72 hours), the Doctor completes the integrated file based on the assessment of the patient admitted and the data collected; prepares





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the therapy sheet and any restraint sheet. Within 7 days of admission (within 15 days, in case difficulty in adapting) the Psychotherapist conducts a psychological interview with the new

patient, opening the psychological/educational file. The same, within 45 days of admission, based on the observations and the relative assessment scales, prepares the PTRP.

From the first day of access to the facility, the new patient is included in the daily activities with reporting by the educators and OSS of any critical issues in the delivery diary.

#### 6.2. DEFINITION OF THE INDIVIDUALIZED PROJECT

At the time of entry, the social and health services provide the user with personal, historical and health documentation on which the facility draws up the guest information sheet.

The competent DSM, within 45 days, defines the guest's Individualized Project (PTRI).

The Mental Health Functional Coordination area of the Marche Health Authority provides the inmate's identification card.

The sharing of the individualized project of the Center by the sending service acts as confirmation of the coherence of the Center's project with respect to the Project defined by the Social-Health Services.

For each user, the Team prepares an Individualized Project (PTRP), with objectives, aspirations and preferences (self-determination section).

The rules for drafting, timing and methods of preparing the Project are defined as follows:

- Assignment of the reference CASE MANAGER and the reference team including all the professional figures for multidimensionality (described on the project cover);
- drafting of first project within 45 days from the date of entry;
- the project is based on direct observation and use of nationally recognized evaluation tools;
- the drafting of the Project takes place through a team meeting recorded by the Psychotherapist where critical issues, objectives and interventions are defined;
- sharing objectives with Social-Health Services, AdS / Guardian and possibly with the user.

Within the Project, individual measurable objectives are defined for each individual area, along with related interventions to be implemented in order to achieve these objectives. Objectives and interventions are defined on the basis of measurement tools that allow objective monitoring of the relative achievement of the defined objectives. It is possible to prepare a short-term project with the objective of leading the user to discharge (in this case it is described in the project).

Before preparing the Project, the Psychotherapist describes through detection tools all the aspirations, preferences, desires and expectations of the guest/patient perceived during the observation period by being in contact with the user (various methods of detection of aspirations/preferences can be used both through scientific tools and through direct observation and they must all be recorded in the educational psychological file).

The Project is updated and shared with the interested parties as established with the Sending Health Service.

#### 6.3. **RESIGNATION**

The discharge of the person assisted in REMS is always ordered by the Judicial Authority on proposal for an alternative care project to the REMS prepared by the territorial Service competent, can be of various nature:

- for transfer to other facilities with the establishment of the detention measure in Casa Custodia e Cura in alternative measures;
- due to a worsening of the health situation, such that the stay is no longer possible;
- due to death of the guest.

Resignation may also occur for the purpose of returning home.

#### 6.4. DEATH

In the event of the death of the user, the facility will immediately notify the family members and/or AdS , Guardian who will be responsible for activating the Funeral Services service; in the event of any delays in completing the procedures, the facility will operate in the manner provided for by the regulations and laws in



force. Only for users who do not have family members, the Funeral Services service will be activated directly by the operators in charge, on the instructions of the Health Director. The death is also communicated to the referents of the Sending Health Service and AG.



#### 6.5. ASPECTS OF THE SERVICE

In managing the service, the following aspects are taken into account:

#### **HEALTH PROMOTION**

From the moment they enter the facility, each user is duly monitored on all aspects of a health nature based on their healthcare/care needs. Based on all the indications received at various times of insertion and reception and observation, health interventions are defined with relative recording and monitoring of what has been defined. All activities are carried out on the basis of specific technical instructions duly defined and implemented within the Facility and on the basis of medical prescriptions that are updated from time to time by the doctors themselves, and sent by the families to the center. Both short- and long-term intervention results are regularly verified.

#### ACCESS TO CARE AND INTERVENTIONS

All treatment management activities and prevention interventions are managed by the facility, which informs the sending institution and the family of any results of visits and checks, upon request of the latter or on the initiative of the facility in the event of critical issues that emerge. The facility is responsible for planning and assisting the user regarding any treatments and interventions to be carried out outside the facility itself. In fact, the facility accompanies the guest, except in specific cases that require the presence of the person who exercises the role of guardian. The results of any interventions or checks carried out outside, once received, are archived in the user's file after being reviewed by the Doctor.

#### DRUG MANAGEMENT

In case of user needs, the facility takes charge of drug management in the following way:

- Doctor's prescription;
- Drug management;
- Administration management.

The doctor's prescription is recorded by the facility's doctor on the Therapy Card Module (where the methods, time and dosage of the drugs to be administered are indicated) and signed by the doctor himself.

The prescription must be made at each change in drug administration or, in the absence of changes, at least every two years. Regarding drug management, it is managed by the infirmary which provides, on medical prescription, the monthly procurement of the requested drugs. Incoming drugs are checked by the infirmary before being placed in the drug cabinet (and/or drug trolley).

A check is carried out on the expiration date and integrity and the correspondence with the prescriptions, highlighting the expiration date on the package. Non-compliant and/or expired packages are not accepted. The expiration of the drug will be recorded in the specific "Drug expiration control sheet". This last form is archived in the drug cabinet in a visible manner.

At the end of each month, the nurse checks the expiration dates of the stored medicines and disposes of the expired medicines. The administration carried out by the nurses is recorded in the appropriate form.

The completed therapy sheet is updated at each change of therapy of the user by the prescribing doctor by adding his signature. The nurse then replaces the previous sheet with the new one. The nurse who replaces the therapy sheet by filling out a new one must add his signature and have it countersigned by the doctor.

#### INFRASTRUCTURES AND SPACES

The spaces are arranged according to the types of users for which they obtain authorization / accreditation according to the requirements defined by the relevant regional law. Annually, based on the type of users entered, the facility evaluates any inconsistencies in the spaces available and / or any need for new space furnishings and any purchase of accessories useful to the users attending.

#### **PROPERTY MANAGEMENT**





In the event that there is a need to manage money or assets, for each patient, the facility provides for the management of a small cash "cash register" by keeping an individual journal (income/expenditure) with which small expenses are made for the user.

The Legal and Administrative Office Manager carries out (with the Coordinator) monthly checks of correspondence of the register with the money present and annually the collected documentation is accounted for and delivered to the family or to the support administrator or to the Guardian, through the delivery of receipts or summary sheets. Periodically the family member or guardian/ AdS is asked to make the replenishment to avoid being left without cash coverage.

Inside the Residence, it is not expected to keep valuables as highlighted during the entrance interview. In case of hospitalization, a list of clothing and personal items is prepared useful to keep track of what has left the facility, in order to be able to verify upon actual return what has been left.

In the event of discharge and/or death, all clothing, personal items and the user's cash box are returned to the family member or AdS / Guardian. In the event of items not collected by the Caregiver, after 6 months from the date of discharge and/or death, such items are disposed of or sent to the hospitalized users.

If the Caregiver requests the shipment of such items/clothing, this will be the responsibility of the applicant.

#### **USER INFORMATION**

To make information more accessible to the user, augmentative communication methods are adopted where possible (e.g. weekly menus and meetings with guests).

For all information updates, different tools are used depending on the subject and recipients: weekly meeting for guests, verbal and/or written communications sent by the facility for family members and reported in writing in the daily diary (deliveries) for operators; other information relating to critical processes (e.g. safety, quality, etc.) are posted on special noticeboards.

The facility gives its users the opportunity to maintain contact with the local context also through the TV and newspapers/dailies available in the facility and in each room.

#### GENERAL EDUCATIONAL PLANNING OF THE CENTER

The facility prepares every six months a definition of educational laboratory activities and a weekly calendar of group activities, involving (where possible) the guests in defining the activities to participate in based on their abilities/capabilities found in the PTRI/PTRP).

For each individual laboratory, objectives, purposes, reference operators, frequency and materials to be used are described. The weekly calendar of educational activities is posted on the guest noticeboard and updated in case of weekly changes. Particular attention is given to the planning of initiatives that presuppose the involvement of the different realities of the territory. At the end of each laboratory, the operators in the team draw up the final report with the results obtained, the satisfaction of the participants and the possible improvement actions for any subsequent proposal.

#### THE EXITS PLANNED BY THE STRUCTURE

REMS users drawn from restrictive measures personal freedom, in order to be able to access any activity outside the facility, whether for health reasons (hospitalization, visits specialists) that for any proposed recreational activities, must be authorized by the Judicial Authority. The facility requests authorization from the AG for specific clearances by email.

#### **ROOM PLAN MANAGEMENT**

The arrangement of guests in the rooms is established by the Health Management/Coordinator in relation to the psychophysical conditions of the user and may vary during the hospitalization, in relation to the changed conditions of the guests and the organizational-managerial needs of the service.

#### MANAGEMENT OF FOOD ASPECTS

Nutrition is an important moment in the life of the guest, it is a moment of socialization. Upon entry into the facility, all the user's information is collected regarding eating habits also in compliance with religious precepts, any intolerances, diets, swallowing disorders, inability to feed oneself independently with which a personalized





food plan is prepared respecting what has been highlighted. The doctor can request any

consultation with the dietician for the formulation of a suitable diet for each patient. For **ATENA** family members and acquaintances it is not possible, except in particular situations authorized by the Center Coordinator, to visit the user during the administration of lunch and/or dinner. Any other information regarding this topic is regulated within the REMS Structure Regulations.

The staff ensures their assistance to the Guest during meals, if necessary.

#### ACCESS TO PERSONAL DOCUMENTATION

Each user has the right to view personal documentation (health and legal), upon written and/or verbal request to the staff responsible for the facility. Authorized viewing is carried out under the supervision of the assigned staff and, if conditions require it, specialized personnel are present to provide any answers to the patient's doubts.

#### **REQUEST COPY OF MEDICAL RECORDS**

After discharge, the user can request a photocopy of the medical record from the reference facility according to the following methods:

- Filling out the request using the specific form provided by the Administrative Offices;
- Advance payment of expenses (30 euros for collection of the folder);
- advance payment of the 10 euro shipping costs (pursuant to art. 26 of law 883/78).

After approximately 30 days from the request, the copy of the medical record can be collected personally by the user or by a person delegated in writing by showing a photocopy of the identity document of the requester or received at home by mail, upon explicit request. There is specific documentation for the collection prepared by the company that also takes into account the hypothesis of delegation.

#### 7. PERFORMANCES AND SERVICES PROVIDED

At REMS "CASA BADESSE" the following direct services to the person are ensured (all the services indicated below are included in the fee):

#### DIRECT SERVICES

**Psychiatric rehabilitation services :** Psychiatric rehabilitation intervention focuses on the main disabling consequence of mental disorders: the impairment of the ability to perform social roles. The intervention is aimed at helping the user to control symptoms, to remove interpersonal and environmental barriers caused by disability, to recover the skills needed to live independently, to socialize and to effectively manage daily life by accepting one's limits. The working method involves establishing objectives, starting from the diagnosis at entry and from the dynamic profile of the user through the implementation of an Individualized Therapeutic Rehabilitation Project agreed with the DSM and shared with the different professionals of the multidisciplinary team of the facility (Psychiatrist, Psychotherapist, Educator, TeRP , Nurse, etc. ), with the interested party (where possible ); the PTRI takes into account the personal characteristics of the guest, the limits deriving from the detention security measure and the prescriptions imposed by the AG. The rehabilitation project takes into account psychological, relational and social skills, starting from what the user is already able to do and then gradually inserting, where possible, lost or never acquired skills to build physical, emotional, cognitive and behavioural protections to allow the best living in the community.

The planning goes through the definition of appropriate languages and communication-relationship systems in relation to the patient's conditions, increasing and promoting adherence to treatment and the critical review of one's unlawful actions to allow the maintenance of regular contacts with services, CSM and/or STDP, of the patient's territory, and to share the planning suitable for the adoption of non- custodial security measures. The work on the psychological and behavioral front is made possible by the pharmacological intervention that reduces the symptoms of the disorder. Each user carries out individual and group clinical interviews of an interpretative nature and of in-depth analysis of the problems, or of support based on his/her level of impairment and his/her critical phases. The psychiatrist and/or psychotherapist draw up reports both on the patient's path in the facility, and for the extension of the Individual Project to be sent to the Referring Services, the Guardians / AdS and the Judicial Authorities; the latter, on the basis of the information received, define the



extension or revocation of the detention measure. The implementation of relations communications of help with the user and the family is favored, for the integration and maintenance and recovery of the person.



<u>Health checks</u>: consist of the activities carried out by the Health Director, Medical Team (psychiatrist, geriatrician, physiatrist, cardiologist), General Practitioner and nurses with the aim of taking charge of the user and, depending on the type of intervention and specific need, developing the Individual Therapeutic Rehabilitation Project. General medicine, psychiatric, cardiological visits, etc. are guaranteed, while any other specific tests are performed externally upon request of the general practitioner. The Nursing staff is present 24 hours a day and responds to the guest's health needs by administering drugs as provided for in the Single Pharmacology Therapy Card, monitoring vital signs, performing dressings and collaborates with the operational staff of the Facility for the guest's psycho-physical recovery and assistance by participating in the planning and updating of the PTRI/PTRP/PAI. Based on the guest's clinical conditions, it assesses the need/urgency of medical visits useful for the person's good health.

**Personal assistance**: the specialized personnel (OSS) ensures personal assistance services (personal care and cleaning, help with daily living activities), while still encouraging the guest to use their own abilities. The OSS provides care services ensuring: satisfaction of primary needs (nutrition, personal care and hygiene); help in carrying out daily living activities (mobilization, socialization, etc.) while still encouraging the person to continue using their residual abilities; the correct execution of non-complex hygiene and health interventions, in close collaboration with the healthcare personnel. In collaboration with all other professional figures, they implement the individualized assistance plan PTRI/PTRP/PAI for each user. The OSS are present in the facility 24 hours a day.

Hotel service : includes all residential services necessary for an adequate stay of the guest.

<u>Cleaning</u>: the service guarantees the cleanliness and hygiene of the premises according to the program and procedures

established in the cleaning and sanitization plan, with the use of non-toxic and differentiated equipment and products for cleaning the various environments. Ordinary daily cleaning and scheduled extraordinary cleaning of all living areas of the guest, furnishings and equipment are guaranteed. laundry rooms and guest staff. Laundry and wardrobe: the user, upon entry into the facility, must have all the personal equipment necessary for the stay.

All guests' personal clothing is identified numerically from the moment they enter the facility. The washing and sanitization service of flat linen (sheets, towels, tablecloths, underpads, etc.) and guests' clothing is entrusted to an external specialized company (included in the fee). The washing and ironing of guests' personal linen (for all Atena Group facilities, with the exception of Serenity House) is the responsibility of the internal laundry located at the Atena facility and is managed by the facility's laundry service staff.

**Catering service**: the service is managed, prepared and administered within the facility itself. Guests are served 3 main meals daily: breakfast, lunch and dinner; during the afternoon a snack is also served and drinks are served at any time of the day. The main meals are served in the dining room or in the rooms according to the needs and requirements of the users verified by the healthcare staff.

The administration of meals and the distribution in rations necessary for the needs, takes place under the control of the staff in charge who guarantees that each guest takes the meal in accordance with the diet defined for him. It is possible to choose between different daily menus diversified between lunch and dinner and depending on the season (summer and winter menu); special personalized diets are also guaranteed for guests with particular needs or preferences (pathologies, intolerances, religious reasons).

<u>Coordination Service</u>: Handles relationships with the competent Territorial Services Representatives, Judicial Authorities, Support Administrators, Guardians and family members, manages-plans-organizes activities inside and outside the facility, coordinates the activities of the staff responsible for assistance and hotel services, prepares work programs and/or staff shifts and provides for the replacement of absent staff, coordinates and involves other professional figures in the preparation and definition of social-health protocols necessary for the rules of service provision, etc.





Legal Office Service : Handles legal relations with the competent Territorial Services

Representatives, Judicial Authorities, Support Administrators, Guardians and family **ATENA** members. In particular, it updates the waiting list on the SMOP portal. It communicates availability for reception, entry, and discharge. It handles the management of guests' personal expenses.

**Educational/Animation Service**: this service concerns the drafting, implementation and verification of the individualized rehabilitation therapeutic project (in collaboration with other professional figures) starting from the observation and detection of the residual abilities, interests and personal aptitudes of the user. The activities, divided into hours and internal/external spaces of the structure based on the organization of the day at the REMS "CASA BADESSE", will be proposed in relation to the personalized educational-rehabilitation projects and through the identification of specific areas of intervention.

Educational services are an integral part of the planning of training and rehabilitation activities and guarantee a meaningful working relationship with family members, with the aim of functional collaboration of the person in the REMS "CASA BADESSE" centre.

Activities aimed at socialization : These are all those activities aimed at promoting the integration of the REMS "CASA BADESSE" guest into the social context, in particular initiatives that presuppose the involvement of the various realities of the territory will be planned. Following an observation period of no less than forty-five days, the REMS therapeutic team, compatible with the guest's PTRI, may request authorization from the AG to carry out re-socializing activities, individual or group, to be carried out outside the REMS, in the presence of the operators via company vehicles, subject to staff availability.

The companion will be provided with the authorization provision and the document certifying the identity of the guest; the exit following permission is communicated to the local Carabinieri Station of Macerata Feltria.

The operators will be responsible for maintaining appropriate relationships with the various formal and nonformal groups, with volunteers, with citizens and the Sending Bodies in the planning of outings, parties, trips, theatrical performances, exhibitions, etc. Networking in the territory is a basic condition for the development action of the REMS "CASA BADESSE". Through this approach it is possible to obtain phenomena of promotion and enhancement of personal autonomy capabilities.

The opening to the territory represents the possibility of building a sense of belonging of the guests, developing knowledge, critical awareness and participation and also promoting a sense of responsibility with respect to social choices. REMS "CASA BADESSE" is also available to welcome interns or trainees. All figures must be accompanied in the activities carried out in the facility by the dependent staff.

**Transport service**: the REMS "CASA BADESSE" therapeutic team, compatibly with the guest's PTRI, may request authorization from the AG to carry out individual or group re-socializing activities, to be carried out outside the REMS, in the presence of the operators via company vehicles, subject to staff availability. The accompanying person will be provided with the authorization provision and the document certifying the guest's identity. Where external hospitalization in a place of care is necessary, art. 11 of Law 26 July 1975 n. 354 and art. 17 of Presidential Decree 30 June 2000 n. 230 shall apply, with specific reference to the adoption of the provision by the competent AG.

In cases of urgency, the authority responsible for issuing the provision is the Medical Director Psychiatrist of the REMS or his/her authorised substitute. In cases of extreme urgency or danger to life, the Medical Director Psychiatrist of the REMS or his/her authorised substitute directly orders the transfer, simultaneously providing for communication to the competent AG for any further provisions in this regard (Delegation of the Supervisory Magistrate of 24 July 2017 1).

Transfers to external treatment facilities are carried out by REMS operators. Guarding in the event of hospitalization in hospital facilities in the Marche region or in another ASL outside the region is carried out by personnel belonging to the Penitentiary Police Corps and arranged by the competent AG. Transfers of guests from penitentiary institutions to REMS, as well as transfers for justice reasons, are authorized by the AG which establishes the relevant procedures through employees of the penitentiary administration or other representatives of the police force. Similarly, arrangements are made for transfers of the guest in view of the





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continuation of the detention security measure in other treatment facilities or for transfers penitentiary institutions.

**Hairdressing – barber service**: the service included in the fee includes the management of haircuts and beard and moustache trimming by OSS staff.

**Valuables storage service**: REMS "CASA BADESSE" does not allow you to keep personal objects of particular value or sums of money. The facility is not responsible for any thefts, and declines any responsibility of the residence staff and the administration for losses or thefts such as glasses and prostheses. In the event that there is a need to manage money or goods, for each patient, the facility manages a small cash "cash register" by keeping an individual first note (income/expenditure) with which small expenses are made for the user.

On a monthly basis, the Legal Administrative Office Manager (with the Coordinator) carries out checks to ensure that the register corresponds to the money present (also through the use of the user cash fund management file (excel) and on a monthly basis the collected documentation is accounted for and delivered to the user's family or support administrator (through the delivery of receipts). Periodically, the family member or guardian/ADS is asked to make the replenishment to avoid being left without cash coverage (risk of having to advance the structure to be avoided).

**<u>Religious service</u>**: the user is guaranteed religious assistance in accordance with his/her faith. To guarantee this right, access is guaranteed to ministers of all faiths. The user also has the right to choose the menu in accordance with his/her religious affiliation.

#### **GENERAL SERVICES**

<u>Administrative Management</u>: instructs the technical management of REMS "CASA BADESSE" on the general company objectives and monitors the achievement of the defined results; is responsible for the services provided and the general administrative organization.

**Health Management**: The Health Director, as the person responsible for the Health Care of REMS "CASA BADESSE", supervises the technical-functional organization and operation of the health services provided, approving and verifying the implementation of the organizational and technical procedures specific to the facility. The Health Director is responsible for coordinating, monitoring and integrating the various professionals involved in social and health functions, in order to ensure the best psycho-physical conditions of all hosted users. He also verifies the operation of the diagnostic and therapeutic equipment, medical equipment, waste disposal, disinfection and sterilization and compliance with all the rules for the protection of workers and patients with respect to the risks arising from the activities carried out.

The Medical Director is responsible for enforcing privacy protection and the application of informed consent in cooperation with the facility coordinator and/or nursing coordinator, as well as maintaining and issuing requested health documentation and supervising the preservation and control of expiry dates of drugs, narcotics and psychotropic substances.

The formal request for a copy of the user's Health Record must be addressed to the Health Director; the facility undertakes to issue it within 30 days of discharge/death.

However, the health documentation during hospitalization is accessible with an email request from the User or delegate (AdS, Guardian, ...) to which a response is given within a maximum of 10 days.

<u>Human Resources Manager</u>: ensures the completion of all human resources management and organization practices and the planning of training activities.

<u>Customer and Quality Manager</u> : coordinates and ensures the completion of all administrative procedures related to Customers, hospitality contracts, problems with fee collections, invoice issuing, for all management aspects, service verification.

It deals with the completion of the administrative procedures required by contracts, Conventions and in accordance with what is established by regional regulations. It manages relations with the Territorial Services referents.

<u>Administrative services</u>: are guaranteed by the Atena Group at the central offices for all management aspects, payroll, accounting, etc.





#### INDIRECT SERVICES OFFERED BY ATENA GROUP

Physical rehabilitation services (Service not included among the direct services of REMS "CASA BADESSE", available for a fee at the Serenity House functional rehabilitation and re-education clinic): The rehabilitation intervention will be aimed at maintenance and possible recovery through an individual rehabilitation plan that defines the specific objectives of physical rehabilitation, the treatments to be carried out and the related verification tools.

Starting from the individual rehabilitation plans, the work plans of the physiotherapist and/or kinesiologist will be drawn up, who will identify the users to be treated in the time frame considered. Taking into account the physical conditions of the users, individual treatments will be favored, as severely disabling pathologies require greater attention and the patients must be treated individually.

Any access to physical rehabilitation services must be previously authorised by the AG.

#### 8. SERVICE COSTS

The fee applied for REMS "CASA BADESSE" is established by the Marche Region and is entirely paid by the Health Authority of the sending territory.

The fee **includes** services related to health, social and hotel services: nursing and health services, educational rehabilitation services, recreational, cultural and occupational activities, personal assistance, religious assistance, canteen, laundry.

The fee **does not include** the following services: assistance during hospitalization, physiotherapy services (in addition to prescribed interventions), drugs not included in band A by the health service; aids not recognized by the SSN, diapers in addition to the supply paid for by the SSN, laboratory tests and specialist tests not covered by the health service, expenses for the purchase of clothing, underwear and other personal accessories, expenses for cigarettes, coffee and other consumer goods, funeral expenses in the event of the death of the guest.

The fee is due for the actual days of presence (stay in the facility with at least one meal and overnight stay). The Management Body will apply a 40% reduction of the agreed daily fee in the event of temporary absence of the Guest .

Normally, the payment methods for the Atena Group facilities are included in the hospitality contract signed between the managing body and the user and/or his/her family member/guardian/ADS signed upon entry.

In the REMS "CASA BADESSE" facility, there is no fee (social-hotel fee paid by the user), therefore the hospitality contract is not drawn up and signed and the signature of the facility regulations serves as a definition of the rules and agreement between the facility and the guest/guardian/ AdS /family member. The standard rate defined is shown below:

GUEST FEE	REMS
Social / hotel fee per month*	١
Monthly health fee*	€ 9.125,00
Social / hotel fee per day*	١
Health quota per day*	€300.00

° The monthly fee is calculated with an estimate on an annual basis of 365 days and divided by the 12 monthly payments \* The amounts indicated are to be understood as VAT Exempt art.10.





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The possibility of compensation / reimbursement is foreseen, after adequate verification of invoicing error (of the service rendered) or incorrect overpayment by the beneficiary (Health Company). In this case, the company management will resolve the problem encountered.

The facility has stipulated a specific RCT/RCO liability policy providing guarantees on liability for damage to property and persons that may arise for any reason, in relation to the performance of the service. It is understood that the Company does not assume any civil or criminal liability for events caused by incorrect behavior of the guest, including damage to third parties.

It also does not assume civil or criminal liability for theft, fire, loss, destruction, theft of things, money, or clothing belonging to the guest.

#### 9. COMMUNICATION WITH FAMILIES AND THE TERRITORY

#### 9.1. RELATIONSHIPS WITH FAMILY MEMBERS

Visits to guests of the REMS "CASA BADESSE" by relatives are always permitted with the prior authorization of the AG for temporary internees or of the REMS Manager for permanent internees, as are visits by friends and acquaintances.

Upon entry of a new guest at REMS, thirty days of observation are foreseen during which checks are also carried out regarding the relationship between the guest and his/her family members: during this period it is not possible to receive visits from family members and/or cohabitants (with the exception of the defense attorney). The visits are agreed, in terms of timing and methods, with the REMS therapeutic team based on the needs of the facility.

Two monthly visits are scheduled for a maximum duration of one hour, unless the relatives reside outside the Marche region or in a province far from Pesaro-Urbino: in these cases, which must be assessed individually, the maximum duration of the visit is two hours based on the needs of the family members and if the organization of the facility allows it.

Access to interviews is permitted on the following days and times: Wednesday and Sunday from 10.00 to 12.00 and from 14.00 to 16.00, subject to prior agreement with the REMS. Visitors' stay in the facility is limited to the duration of the visit; once the meeting with their relative is over, visitors are therefore required to leave the facility . Changes to the frequency of access to the interview are permitted only after an assessment by the therapeutic team, taking into account the guest's psycho-physical health status and compatibly with the REMS activities. If there are well-founded reasons for negative repercussions on the guest, or for his particular psycho-physical health status, or for reasons related to safety, the team can deny the interview, giving appropriate communication to the Health Management regarding the reasons. Any denial of the interview for reasonable reasons must be communicated to the competent AG. If the interview has not been authorized following the explicit procedure, the Managers present in REMS are authorized to deny access and the relative meeting with the guest . The interviews are carried out in specially dedicated rooms, which guarantee confidentiality and allow the safety of the visitors and the guest.

Interviews are conducted under the visual control of the operator or with the active intervention of personnel specialized in providing relational support. During the visit, guests and visitors must maintain a dignified and decorous behavior; family members, cohabitants or others authorized to the interview who behave inappropriately and/or offensively towards the guest or towards the operators may be removed before the normal conclusion of the interview. In these cases, the Management may suspend the visits, giving relative communication to the AG with a clear explanation of the reasons. Visitors are identified by means of an identity document and are required to hand over, before the start of the interview, their personal effects, including cell phones, which will be stored in special spaces by the REMS operators.

Relatives or cohabitants may bring into the facility clothing and/or packaged foods that can be consumed in small quantities during the interview (it is forbidden to consume coffee, stimulants containing caffeine, theine or taurine) and anything else permitted by the internal regulations. Anything that is not permitted by the regulations and internal protocols will be returned immediately. Guests have the right to interview and correspond, including by telephone, with the lawyer, who communicates his/her role, if it is not already known to the operators, through an act of appointment.





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Interviews in the facility with the defender can take place by appointment to be agreed with

REMS Management; where security or safety reasons require it, the interviews take place in **ATENA** the presence of the facility's staff, while respecting confidentiality. Guests who do not receive visits from their relatives due to distance and/or reasonable reasons may request the REMS Management to make two video calls per month that will be scheduled based on the organizational needs of the facility. In the event of discharge of the Guest, family members must be trained in nursing before discharge.

Family members are required to collaborate with the REMS "CASA BADESSE" staff regarding:

- Maintaining meaningful relationships with your family member;
- To keep the seasonal change of clothing that cannot be placed at the REMS "CASA BADESSE";
- To the renewal of clothes, footwear and personal underwear.

#### STRUCTURE REGULATION

The rules defined between the guest and REMS "CASA BADESSE" are described and shared (with family members and/or AdS / Guardians) within the Structure Regulations which are shared and delivered on the same day of entry.

#### 9.2. NETWORKING AND RELATIONSHIP WITH SERVICES

The structure is in constant contact with the territory (referring services, public bodies, services and public and private agencies, etc.) to ensure users are connected to the context in which the facility itself is located and to offer continuity of care based on their health condition.

The facility promotes connection with all the services of:

- Department of Mental Health/Pathological Addictions/District UMEE, other Health Services;
- Judicial authorities (Supervisory Court, Guardianship Judges, UEPE, etc. );
- Local Government Services.

In order to plan the recovery and social inclusion activities of patients, even once the detention or semidetention security measure has been revoked, the criteria for maintaining connection and collaboration are:

- promotion and protection of the user's health and physical and mental well-being;
- promote a gradual and effective social and work reintegration;
- promote the user's reintegration into the family fabric;
- promote possible and feasible activities in the territory in order to promote the primary objectives mentioned above.

With the Reference Services, periodic programmatic meetings are planned as established in the PTRP (or occasional in case of necessity related to the health status of the guest or for modification of the project), especially for the definition and sharing of the objectives of the Individualized Project.

Specifically, the relationships with the sending Services are structured according to three fundamental principles:

#### ♦ CHECK

That is, the need, on the part of the Sending Service, to check that the work in the services is qualitatively and quantitatively adequate to what is provided for by the Regional law and in the signed contract. For this purpose REMS "CASA BADESSE" sends at least annually a descriptive report of the results achieved for the previous year. This report arises from the work carried out in the team by the operators, and is under the direct supervision of the Coordinator of the Structure.

The service also presents, before the beginning of each calendar year, communication regarding the permanence of the authorization and the minimum requirements for the Exercise to the SUAP of the Municipality of reference and a summary table on a nominative basis of the personnel employed at the AST Pesaro Urbino Management and to the Director DSM.

♦ SURVEILLANCE





That is, the need to ensure that what is planned is actually carried out. The verification and control function on the provision of services occurs as provided for by LR 21/2016. The

Referring Service (like the other control bodies defined by L.21/16) can go to REMS "CASA BADESSE" at any time in a scheduled manner to verify the progress of the results of individual patients.

Furthermore, as defined by the Quality Management System, the facility is subjected to periodic internal audits of various types (quality audits, clinical audits, adverse event audits, HACCP audits, Safety audits, etc.) to verify compliance with the defined rules. REMS "CASA BADESSE" is thus subjected to two types of control: an internal one by the Atena Group, and an external one by the sending Service.

#### ♦ COLLABORATION AND SUPPORT

That is, the need for REMS "CASA BADESSE" to find in the Referents of the Sending Services points of reference and comparison for the management of the Service. Networking in the territory is a basic condition for the development action of the structure. Through this approach it is possible to obtain phenomena of promotion and strengthening of the capacities of personal autonomy.

The presence of local services represents the possibility of building a "sense of belonging to the territory", "development of knowledge, critical awareness and participation" and of promoting a "sense of responsibility" with respect to social choices.

#### **10. ORGANIZATION OF THE CENTER**

The proposals are structured through a criterion of flexibility and elasticity with respect to the individual and with constant attention to the complexity of the service. An educational program is prepared annually, differentiated for each center.

#### **REMS "CASA BADESSE" typical day**

typical day is described below, without prejudice to the need for programming tailored to the specific service.

- 6.30-8.00 Wake up, take a look at the environment, personal hygiene (self-care, getting dressed, etc.)
- 8.00-10.00 Preparation of coffee and cigarettes, breakfast and subsequent administration, tidying up of the canteen and taking the therapy (as per medical prescription)
- 10.00 -12.00 The staff on duty organizes the day, individual and group activities are planned and carried out, as well as any trips in the town or surrounding areas .
- 12.00-13.00 Cleaning of the areas used for eating lunch, setting and eating lunch. The staff dispenses the meal and implements methods of assistance aimed at promoting autonomy and support in drinking and eating. The staff on duty is also involved in the relationship, reassurance of the guests with functions, when necessary, of mediation with respect to interpersonal relationships. The staff on duty takes care of tidying up the canteen together with the users.
- 13.00-15.00 At the end of the tidying up, a moment of community relaxation is planned in which it is possible to watch TV, listen to music, rest in bed, etc.
- 15.00-16.00 Snack is served.
- 16.00-18.00 Beginning of afternoon educational/rehabilitative activities with the entire group of guests. Stimulation of users to maintain interpersonal relationships and group life. The maintenance of the person's residual abilities is guaranteed by providing assistance with activities that are not sustainable by the individual resources of the assisted person. Arrangements of community environments and preparation of the canteen for dinner.
- 18.00-19.00 Dinner. The staff serves the meal and implements methods of assistance aimed at promoting autonomy and support in drinking and eating. The staff on duty is also





involved in the relationship, reassurance of the guests with functions, if <u>GRUPP</u> necessary, of mediation with respect to interpersonal relationships. After dinner, the rooms are tidied up and any pharmacological administration administered.

- 19.00-20.00 Personal care, cleaning and hygiene of guests' living environments.
- 20.00-6.30 Guests are accompanied to bed, they are allowed a moment of relaxation until 23.00 where they can watch TV or read before sleeping. During the night the staff on duty constantly checks, at regular intervals, each guest.

The activities have been studied in compliance with the physiological rhythms of the users, ensuring their balance and participation. REMS "CASA BADESSE" has activities aimed at maintaining residual abilities such as: Music Therapy, Pet – Therapy, Cooking Laboratory, etc.

There are also activities aimed at recovering personal autonomy (e.g. theatre, ceramic raku, personal care, drawing, painting and decoupage, film club, reading, newspapers, etc.).

#### 11. THE STAFF

#### 11.1. PROFESSIONAL FIGURES

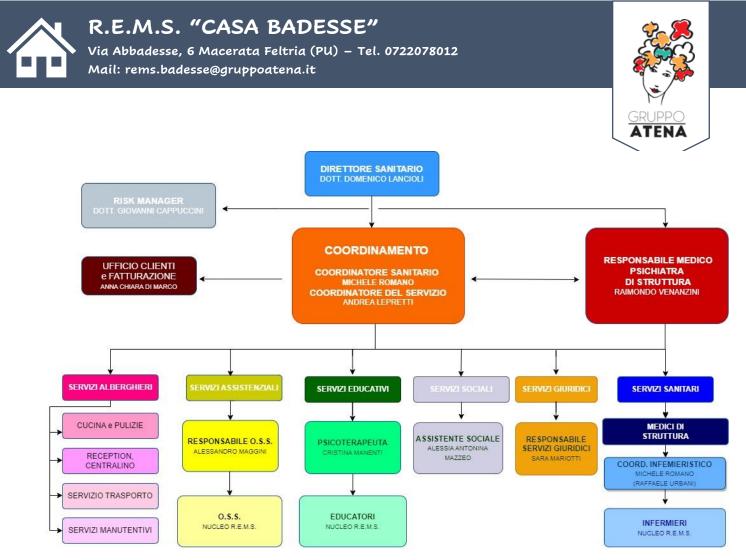
All personnel hired at REMS "CASA BADESSE" through the central office of the Atena Group are selected on the basis of compliance with the following rules:

- Compliance with legislative requirements for the role to be assumed;
- Suitability for work to carry out the planned activities;
- Training and information on the job and related workplace safety rules;
- Training and support defined by professional figure (CCNL), through expert personnel with the same role (tutors);
- Skills assessment at the end of the probationary period and annual reassessment with improvement objectives;
- Annual ongoing training with particular attention to the mandatory ECM requirement where applicable, defined on the basis of the training needs and improvement of the structure's skills.

All the social and health rehabilitation assistance staff carry out activities in an integrated manner aimed at achieving the objectives set for each guest in the PTRI/PTRP. All members of the service team display an identification badge (provided by the company) both inside and outside the REMS "CASA BADESSE" facility.

The organization of the service is explained in the organizational chart posted in a visible area at the entrance of the facility, together with a color panel that identifies, based on the uniform, the role of the staff employed.

The organizational chart that lists all the figures of the multidisciplinary team is reviewed annually and at every change in the staff. It is displayed inside the facility and visible to guests and visitors.



REMS "CASA BADESSE" provides for the following figures based on the authorization and accreditation regulations of the Marche Region:

	n.1 General Management of Atena Srl with Sole Shareholder, n.1 Health Director, n. 1 Risk
	Manager and n.1 figure supporting the Risk Manager .
	n. 4 psychiatrists, of which n. 1 with forensic experience who is responsible for the unit and of
Module	which n. 2 with availability on holidays and at night, n. 1 psychotherapist, n. 1 Coordinator of the
	Service shared between REMS "CASA BADESSE" and SRP1 "LE BADESSE", n. 1 Nursing
	coordinator, n. 11 nurses, n. 7 OSS, n. 1 educator / technician of psychiatric rehabilitation, n. 1
	Social worker with time slots, n. 1 Employee Responsible for Legal Services.

Following are the organizational requirements of the module:

MODULE ORGANIZATIONAL REQUIREMENTS	REMS MODULE
PSYCHIATRIST DOCTOR	2 Full-time Psychiatric Doctors
PSYCHIATRIST ON-CALL	Availability Night and Holiday
SOCIAL WORKER	By bands timetables scheduled
PSYCHOTHERAPIST	1 Full-time Psychologist with Specialization in Psychotherapy
NURSE	12 Full -time Nurses
OSS	6 full-time OSS
EDUCATOR	1 Professional Educator or Psychiatric Rehabilitation Technician
ADMINISTRATIVE CLERK / LEGAL OFFICE	By bands timetables scheduled

Shifts are expected according to current contractual regulations. The employees employed in each module are used for the minutes indicated exclusively in the module itself. The staff organization charts specify whether



the operator is employed exclusively in the module or if he/she completes the weekly hours other modules of the facility, as a substitute. During the night hours, the presence of at least nurse and 1 OSS is guaranteed.



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The team elaborates in an integrated way annual programming and Individual Projects that are verified at least annually. The specific contribution of each professional figure allows a comprehensive vision of the person, which looks at educational, assistance, health and social aspects. The operators compare, define proposals, decline individual and group objectives. The perspective with which we work is that of the recomposition of each path within the general project of the service. Periodically the structure provides team meetings with promotion to group work. These meetings regarding the needs of the user are constantly minuted and stimulate the operators to team work and to share objectives.

**Steering Committee – Delivery Area Services :** it is the reference for the Coordinators of the Atena Group Centres and for external knowledge of the Centres, their functioning and their organisation.

**Customer Contact:** coordinates and plans the activities of the commercial function and manages relationships with Customers, Institutions and counterparts regarding issues related to commercial activities (relationship between Sending Services CSM, STDP and Municipalities and Private Individuals), with a focus on managing the programming of admissions and company promotion. Coordinates admissions and transfers with the Atena Group structures in compliance with the medical assessment, authorizations and type of forms, verifying the economic coverage during the access phase by all parties involved: health company, municipality, private individual. Supervises invoicing, related obligations. Manages the contractualization with AST and the management of fee adjustments. Prepares reports by region, AST and reporting obligations: ISTAT, TS System, Res Sanitarie surveillance, in addition to issuing hospitalization certificates for ISEE, pensions, ... and municipality contributions.

**Medical Director:** is the ultimate guarantor of healthcare assistance to patients and the coordination of healthcare personnel working in the facility.

The DS carries out management tasks and functions, in particular: development and control of logistics

of healthcare environments; protection of hygiene of environments; coordination and control of waste management; management of measures to be applied in the event of widespread infectious diseases; infection control; checks the organization of shifts and availability; organization and control of hotel and catering services; management of documentation/medical records of hospitalized patients; correct storage of documentation and delivery to the user in case of request; support in monitoring information flows as well as control and monitoring of data accuracy; verification and analysis aimed at improving clinical documentation; completeness of health information provided to users; fulfillment of pharmacovigilance and mortuary police activities required by current regulations.

**Risk Manager:** is the Clinical Risk Manager who has the task of recording events, reporting on SIMES, analyzing the event, managing and verbalizing AUDIT, defining improvement actions and verifying effectiveness.

**Doctor:** treats, protects and promotes the health of people through the practice of medical science. The doctor visits patients, prescribes medical tests and check-ups, makes a diagnosis and proposes a pharmacological therapy according to guidelines and monitors its progress, respecting the freedom and dignity of the human person, without discrimination of age, sex, religion, nationality, social condition, ideology and in all the conditions in which he is called to carry out his mission. He facilitates and promotes therapeutic intervention of the team by helping to direct the specific attributions with respect to the professionalisms involved; he collaborates actively in situations of health emergency.

**Health and/or Service Coordinator:** has the task of managing the activity of the unit within the assigned budget to ensure the overall well-being of users by guaranteeing a unitary governance of the service, acting as a figure of general direction and coordination of the activities, in particular with regard to the integration between social assistance and health processes. He/she deals with the daily relational and organizational aspects and is the direct contact in the relationship with families and with the operators on duty. Maintains the relationship with the Management Committee - Service Delivery Area of the Managing Body, the Health Management and the Medical team .





**Legal Office Manager:** has the task of managing the legal office of the REMS "CASA BADESSE" facility, managing relationships with Magistrates, guardians, Judges, preparing

legal documents, participating in hearings with Magistrates, guardians, Judges, preparing "CASA BADESSE" facility team, the Law Enforcement – Magistrates. Manages the personal expenses of the Guests.

**Nursing Coordinator:** plays a liaison role between the clinical-organizational care part and the company objectives. Has the task of assisting the Doctors and directing, planning and supervising the work of all nurses. Organizes, manages and verifies the various health and social-health processes related to the nursing function, ensuring correct compilation and management of health documentation. Plans and manages technical-instrumental resources, health and pharmacological devices. Participates in meetings with operators for the definition of protocols/procedures and the multidimensional evaluation of the guest, collaborates in verifying the quality of the service with the Coordinator and ensures the definition/implementation of procedures for continuity of care between the structure and hospital and territorial services.

**Nurse:** responds to the guest's health needs, administers medications as indicated in the Pharmacology Therapy Sheet and based on any specific needs, assesses the guest's medical visit needs and accompanies him. Collaborates with the operational staff of the Facility in the psycho-physical assistance of the guest by participating in the design and updating of the individual care-educational-rehabilitation plans.

**Psychotherapist:** has the task of implementing the technical skills of the profession, aimed at promoting the adequate implementation of the individual program agreed with the Health Service to which the guest belongs through: individual interviews, group meetings, active participation in the therapeutic team and administration and scoring of test material. Makes observations useful for clinical evaluation / psycho-social functioning. Verifies and evaluates emergency interventions.

**Social Worker:** offers psychological support and help with the aim of preventing and/or eliminating the user's state of need. To achieve this goal, collaborate with the user

helping him to solve problems both with his own means and by appealing to the resources of the

community and institutions. Collaborates with the multidisciplinary team by making available his/her professional assessments and contributing to the completion of the individual program; promotes dialogue between the user and the therapeutic team, between the user and the Referring Service, between the user and the Institutions and/or the family. Participates in meetings with local services (CSM/UMEA/SERT) and participates in drafting the PTRP. Collaborates with other figures (psychologist or educator) in the implementation of internal interventions (individual interviews and other activities) and in the coordination of meetings with the network and local services. Identifies and manages the practices relating to the disability conditions of each guest, when present, in collaboration with the support administrator.

**Professional educator/Psychiatric rehabilitation technician/Animator:** is the referent of educational projects and activities with attention to capturing the distinctive characteristics of the person. Accompany the guest in structured activities in internal and external spaces and collaborates with the psychotherapist in managing relationships with the territorial services of reference for the users. The educator, together with the care staff, supports the guests in basic daily activities (getting up, distributing meals), is present in the relationship with the guests who remain in the common areas during the moment of relaxation, proposing activities and moments of social and exchange.

The psychiatric rehabilitation technician assists the psychotherapist in administering the tests .

**Social-health worker :** ensures attention to the aspects of personal care and hygiene of each guest and environmental cleaning and hygiene, meal administration, supervision of guests, and guardianship assistance. Supports entertainers and educators by collaborating on activities aimed at maintaining residual psychophysical abilities, re-education, reactivation and functional recovery, carries out simple diagnostic and therapeutic





support activities. Collaborates in the identification of the needs and conditions of risk -

damage of the user, collaborates in the implementation of care interventions and assists the **ATENA** nurse in care activities based on the organization of the functional unit to which they belong, following the directives of the nursing staff.

**Kitchen assistant:** carries out and/or coordinates all storage, preparation, portioning and meal serving activities, carries out acceptance checks on materials or meals, detects non-conformities during the process, draws up all defined sheets.

Produces indications during the review of the self-control system documents, carries out the checks required by the HACCP plan and attends the Plan review activities. Complies with the menu authorised by the DS

**Cleaner:** carries out cleaning and sanitization activities of the premises, furnishings and furnishings, in compliance with the schedules provided in the relevant detail sheet, in order to guarantee a welcoming and clean environment. Manages the relevant material (tools and various cleaning products). The staff will also take care of waste management and disposal, in compliance with the specific procedure prepared with the Consultant.

**Laundry Attendant:** washes and irons guests' clothing, correctly manages the equipment (washing machines, dryers, irons), sorts the linen between the various Atena Group locations. (This service is managed centrally by the Atena structure).

**Switchboard Operator** : sorts incoming calls. Operates the reception monitor and opens and closes the entrance gate. Welcomes doctors, services, family members and anyone who enters the facility to visit patients. Notes any important events in the daily diary. Keeps the spaces adjacent to the reception and the external entrance of the facility tidy by carrying out small tidying tasks .

**Maintenance worker:** performs small ordinary maintenance of furniture and equipment, carries out mowing of green areas, cleaning of paths and external appurtenances, treatment of drains and wells. Reports malfunctions of devices, equipment, systems.

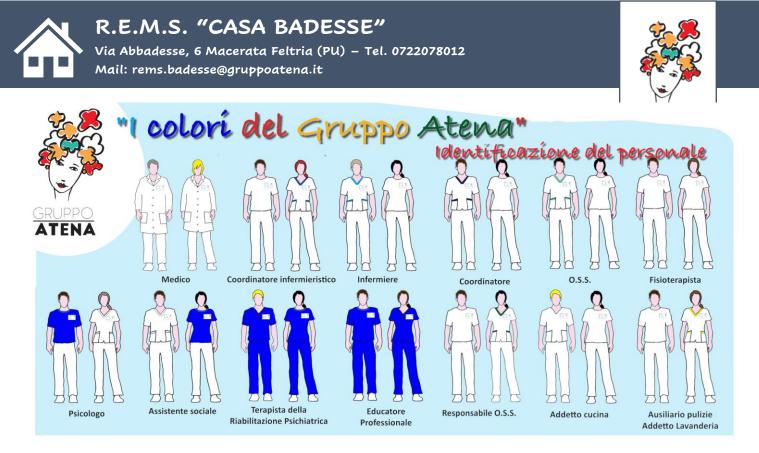
#### 11.2. TRAINING

All staff working at the facility have the qualifications and experience required by law.

The ATENA GROUP promotes and supports the constant updating of staff by planning continuous training interventions and targeted updates. These meetings are aimed at an ever-increasing involvement of staff in "taking care" of the user.

On an annual basis, the training needs analysis is administered to all staff and, based on the results collected, training and refresher courses are organized, internal to the facility or external, managed by medical staff or sector specialists. Specifically, the courses include a part dedicated to theoretical lessons in which notions of geriatrics, psychiatry, assistance, psychology and hygiene are covered, use of the equipment provided, and a practical part where the techniques relating to the use of the aforementioned equipment, their maintenance, and first aid techniques are illustrated. The staff also attend refresher courses on guest reception management, operator/user and operator/operator relationships and training courses on clinical and occupational risk.

Doctors, nurses, psychiatric rehabilitation therapists, professional educators, psychotherapists, social workers and physiotherapists, registered in the respective professional register, are required to participate in training sessions on topics, pertinent to their specialization, relating to new knowledge, technologies and diagnostic therapeutic procedures applicable within the facility for the purposes of professional updating, as required by current regulations on continuing medical education (ECM). The satisfaction of training credits by the Staff constitutes a requirement to be met for the purposes of profession which is verified annually by the Health Directorate.



#### 12. QUALITY OF SERVICE

For the good management of the facility according to the certification standards, the facility carries out periodic monitoring regarding the achievement of the objectives defined in the policy and in the activities described in the Service Charter. Quality standards can be considered as the *minimum levels* of quality guaranteed by the service. Users and citizens can therefore verify and evaluate in a concrete and immediate manner the service provided, comparing what is 'committed' on the service charter and what is actually 'provided' by the structure.

#### Quality from the resources assigned

Quality factors	Quality standards
Staff Growth	Evaluation and improvement of staff skills Refresher/training courses (no. courses and average training hours) Team and collective meetings
Management Resources Human	Overall turnover Nursing and care service minutes Efficiency in managing volunteer/internship staff
Adequacy from the structure	Customer survey of pleasantness of internal and external spaces Structural complaints/non-conformities Evidence from internal and external controls (quality, safety, HACCP , AST)
Procurement	Non-conformity of supply and Resolution times for supply failure Evidence from HACCP audit minutes
Safety structural	Emergency and evacuation drills First aid kit checks Missed accidents
Company climate	Customer Operator Detection Results presentation meetings Improvement actions



#### Quality of the Services provided



Quality factors	Quality standards
Health management	Psychiatric reassessments - internist medical reassessments ECG Monitoring - Drug Blood Dosage - Blood Checks Relations to services and magistrates Hospitalizations in SPDC - in TSO - for internal medicine problems
Design Individual	Individualized planning (N. PTRI/PEI/PAI filled in) PTRI/PEI/PAI objectives achieved Individual meetings for sharing PTRI/PEI/PAI
Educational activities / rehab.va	Number of activities/workshops carried out internally and externally Participation in scheduled activities Annual laboratory hours
Management assistance	Failure to comply with planned activities related to the department Problems found in hygiene guests
Services hotel (canteen)	Meals produced in the period and % diversified meals Satisfaction with the quality and variety of meals served
Cleaning and laundry service	Non-conformities regarding sanitization and cleaning Satisfaction with hygiene and cleanliness of the premises Problems encountered in the laundry service

#### Quality perceived

Quality factors	Quality standards
Customer Satisfaction	Average satisfaction through questionnaire administration Complaints from family members / Institutions Average time to close complaints from family members / institutions
Service Management	Assembly meetings for planning, monitoring and verification Meetings held with families and/or senders Presentations, events, spaces open to the territory
Quality Controls	Internal/External Inspection Visits Non-conformities recorded

These monitorings are structured in the "structural indicators" table and in the Service Quality Plan, and highlight the achievement or otherwise of the established acceptability. The results of the annual monitorings, relating to the quality of the service are available and displayed on the noticeboard of the structure accessible to visitors.

The quality of the services provided at REMS "CASA BADESSE" and the satisfaction of the guests are also monitored through user satisfaction surveys (with the administration of questionnaires) and through adequate management of complaints. The facility, in fact, guarantees users, family members, Territorial Services and various accredited representative bodies, the possibility of filing a report/complaint for possible poor service, acts or behaviors deemed incorrect. The methods for submitting the report can be:

- in writing via email/postal service to the facility's address or using the specific report/complaint form contained in the Service Charter (to be inserted in the complaints box present in the facility);
- by verbal communication to the management of the facility.

Once the report (dispute/complaint) has been received, the facility will take charge of the problem encountered and evaluate any actions to be implemented to resolve it and respond in writing within 30 days of the date of the report. In the event of a report made in writing, the management will respond by email / written communication to the person who filed the complaint, highlighting the actions defined. In the event of an anonymous report, it will not be possible to respond directly to the person who reported the problem. A





satisfaction questionnaire is administered annually by the customer / user (guest and / or family member / guardian) to verify the actual perception of satisfaction with the service useful for defining improvement actions to be implemented to increase satisfaction.

Compared to the results of the previous year, annual CUSTOMER SATISFACTION and INDICATOR ANALYSIS reports are prepared and posted on the notice board and delivered to stakeholders.

#### **13. SERVICE SECURITY**

The ATENA GROUP, specifically the company Atena Srl with sole shareholder, manages the REMS "CASA BADESSE" facility in its entirety, ensuring maximum attention to the health and safety of its workers, guests, family members and visitors. In compliance with applicable legislation, the Company manages and monitors all the facility's systems and equipment in use, ensuring the correct and timely execution of ordinary and extraordinary maintenance through specialized maintenance personnel.

All staff are regularly trained in health and safety at work in compliance with applicable legislation (Legislative Decree 81/08 and subsequent amendments) and are provided with protective devices to be used during the activity to protect them and the guests present, in compliance with what is defined by the Prevention and Protection Service of the ATENA GROUP.

Health and safety management within the facility is guaranteed in both ordinary and emergency conditions. The Company has structured a Safety Organization Chart indicating all the necessary functions, including an emergency management team with workers trained in first aid and fire prevention, whose task is to coordinate activities and intervene personally in all emergency situations that may arise in the facility (health, fire, earthquake, flood, blackout, ...). To manage such emergencies, there is an emergency plan, shared with the emergency team, where the procedures to be adopted have been defined. These procedures are periodically tested with all staff, simulating the various hypotheses envisaged. Specific emergency plans are posted within the facility that indicate the escape routes, emergency exits and the external meeting point.

#### 14. GUESTS' RIGHTS AND DUTIES

#### Every guest has the right to:

- to be assisted and treated with care and attention, with maximum safety and quality of care and in compliance with one's own ethical and religious beliefs;
- be considered as an individual bearer of ideas and values with the right to express one's opinions, suggestions, criticisms or complaints (to be examined and fulfilled to the extent possible);
- Receive respect for one's own opinion or political or religious choice and one's sexuality with self-respect, within the limits of guarantee and protection of the person;
- Receive respect for your privacy, confidentiality and personal dignity, with particular attention to information relating to your pathology;
- complete and comprehensible information from the facility regarding the services that will be provided, including any impossibility of the planned services;
- live in a peaceful environment where **you can be listened to and involved in decisions** that concern you;
- cultivate affections, meet relatives, friends and acquaintances;
- receive the **maximum guarantee of safety** and protection in case of emergency and danger.

#### The Family Member and/or Guardian/ AdS has the right to:

- **always** be informed about what concerns your loved one, in a clear and transparent way, in particular about the objectives of the therapeutic-rehabilitative project;
- be **promptly notified** by the facility in the event of health and behavioral emergencies/urgencies;
- **express one's opinions** towards the organization, in a constructive, transparent and respectful manner of the professionalism of the interlocutor, also through reporting of facts, episodes or circumstances deemed inadequate to be verified by those responsible.





#### Each guest and/or family member has the duty to:

- Respect the rules of coexistence and safety by following the instructions of the designated personnel
- Observe the **rules of hygiene of the environment and of the person**, behaving with education and a sense of civility towards everyone, including the service personnel.
- **do not bring** alcoholic beverages, animals, equipment or objects that are dangerous to yourself or others into the facility;
- Take care of the good maintenance of the room and common areas, the furnishings, the systems, the equipment and the furnishings and ensure the correct use according to your abilities
- structure's and meal times;
- Avoid tips and compensation of any kind to staff
- do not expect **performances not included** in the normal daily program
- respect the smoking ban inside the facility (to be carried out only in permitted outdoor areas)
- knock before entering the room when the door is closed, respecting privacy
- pay the fee/personal expenses regularly and communicate in good time your intention to renounce scheduled services, in order to avoid wasting time and resources to the detriment of others;
- respect the ban on practicing different therapies, in addition to those prescribed by the doctor and reported in the medical record, prohibiting the possession of unauthorized drugs in the hospitalization areas

For anything not explicitly stated, please refer to the structure regulations.



#### 15. REPORTS / POOR SERVICES / COMPLAINTS AND SUGGESTIONS / PRAISES



REPORTS/COMPLAINTS FORM
Date
Name and Surname guest *
Name and Sumame guest
Nucleus / Department / Sector
Name and Surname of the person making the report (in the case of a family member of a
guest)*
□ suggestion □ complaint □ praise □ other
Subject of the report:
· · · · · · · · · · · · · · · · · · ·
Date
The undersigned expresses his/her consent for the personal data provided to be processed for the administrative
management of complaints, in compliance with GDPR 2016/679.
Date
$\sim$



\*in the event of an anonymous report, it will not be possible to communicate to the person reported the actions taken to resolve the report. We will highlight in the annual report any improvement activities to resolve anonymous reports



Dear guests and family,

We know that choosing to entrust the care of your loved ones to others is an important and delicate decision, and for this reason we are committed to providing the highest quality in our work.

Our team of highly qualified professionals works tirelessly to ensure the best psychological support, personalized medical care and the best possible care.

We are honored to offer our service and hope to be able to make every patient feel at home.

Thank you for choosing Gruppo Atena and for the trust you have placed in us.

pr. Ferruccio Giovanetti







#### **16. CONTACTS AND USEFUL NUMBERS**

For information and clarifications, you can contact the Coordinators (of the Service and Health) and/or the Manager directly at the following telephone numbers and e-mail addresses:

Service Coordinator: Andrea Lepretti Health Coordinator: Michele Romano Medical Director Psychiatrist of the facility: Dr. Raimondo Venanzini Landline telephone number of the facility: 0722078012 e-mail rems.badesse@gruppoatena.it

Customer Contact for the Center: Anna Chiara Di Marco Landline telephone number of the administration: 0541972194 ext.11 e-mail chiara.dimarco@gruppoatena.it

Contact details of the facility: REMS "BADESSE HOUSE" Via Abbadesse, 6 61023 – Macerata Feltria (PU) Tel. 0722/078012 Email <u>r ems.badesse @gruppoatena.it</u> PEC: <u>atena.srl@pec.it</u>

#### Srl Company Contact Details

Administrative offices Atena srl : Via Salita Ponchielli, 10 61013 Conca Market Tel 0541972194 - Fax 0541975273 E-mail <u>info@gruppoatena.it</u> PEC <u>atena.srl@pec.it</u> <u>www.gruppoatena.it</u>