# VILLA LUCREZIA

***Welcoming the person. Supporting autonomy. Building possibilities***

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***Signature of the Legal Representative Charge***

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## Welcome to Villa Lucrezia

Every rehabilitation process begins with an encounter with a person, with his or her story, desires and possibilities. At Villa Lucrezia, residential care is intertwined with daily life: treatment does not only concern symptoms, but also relationships, personal skills and the possibility of regaining spaces of autonomy.

This Service Charter tells who we are, what we offer and what commitments we make to guests, families, sending services and the community. It is a tool for information and protection, but also a statement of our way of working.

Our commitment is to offer a welcoming, professional and respectful environment, in which each intervention finds meaning within a personalized project, shared with the competent mental health services.

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# 01 | Identity, mission and values

### The Social Cooperative Il Castello Incantato

The Social Cooperative "Il Castello Incantato" is the managing body of the Villa Lucrezia Residence. The cooperative operates in the field of residential social and health services, placing the care, rehabilitation and respect for the dignity of the people welcomed at the center of its activity.

The Service Charter is an expression of the commitment to make the operation of the structure, the organizational responsibilities, the services offered and the tools through which guests can participate in the quality assessment understandable.

### Our Mission

To promote the well-being and quality of life of people with psychiatric disorders through qualified residential care, individualized social and health care programs and interventions aimed at the development, maintenance and enhancement of personal and social autonomy.

### The principles that guide the service

- Centrality and dignity of the person, without discrimination.
- Personalization of interventions and enhancement of residual capacities.
- Clear information, listening, participation and respect for consensus.
- Continuity of the path with local services and collaboration with reference figures.
- Confidentiality, security, appropriateness and continuous improvement.

# 02 | Villa Lucrezia and its accreditation

### The structure

Villa Lucrezia is a Residential Social Rehabilitation Facility with medium intensity care (SRSR H12), located in Via Casilina Nord n. 35, Castrocielo (FR). The authorized and accredited accommodation is 18 residence places.

The structure is a farmhouse surrounded by greenery. On the ground floor we find: dining room, rooms for rehabilitation activities, doctor's office / infirmary, administrative offices, interview room, large green spaces. On the first floor there are 9 double bedrooms with toilets. Shared environments are an essential part of the community experience and opportunities for daily autonomy.

### Authorization and institutional accreditation

The Lazio Region issued the authorization to operate with Determination no. G12566 of 20 October 2015. The institutional accreditation was issued with DCA no. U00344 of 7 November 2016 and was definitively confirmed with Decree of the Commissioner ad Acta no. U00114 of 29 March 2019, following a positive verification.

| Measure | Reference |
|---|---|
| **Licence to operate** | Determination of the Lazio Region G12566 of 20/10/2015 |
| **Institutional accreditation** | DCA U00344 of 07/11/2016 |
| **Final accreditation** | DCA U00114 of 29/03/2019 |
| **Accredited activity** | Residential Social Rehabilitation Facility with medium care intensity (SRSR H12) |
| **Accredited capacity** | 18 residence places |

Accreditation certifies the possession of the requirements for the type of care and capacity indicated in the regional act.

# 03 | The care model

## A project for every person

The path of each guest is based on the assessment of needs and the definition of the individualized therapeutic-rehabilitation project in collaboration with the sending Mental Health Center (CSM). Objectives, interventions, times and methods of verification are defined and periodically re-evaluated in relation to the person's situation.

Community life is not just a living context: it represents a protected space to experiment with habits, relationships, responsibilities and skills useful in everyday life.

## Il lavoro dell'équipe

The team of the structure is composed of:

- Health manager (psychiatrist)
- Psychologists
- nurses
- Professional educators
- psychiatric rehabilitation technicians
- OSS
- Social Worker

The professionals collaborate for the reading of needs, the management of interventions, the verification of objectives and the connection with local services.

### Priority areas of rehabilitation work

- Self-care and health: hygiene, conscious adherence to therapeutic indications, correct lifestyles.
- Daily autonomy: order of personal spaces, domestic activities, use of common resources and tools.
- Relationships and communication: coexistence, relationship management and participation in groups.
- Social participation: activities in the area, interests, opportunities for socialization.
- Personal path: recognition of skills, construction of realistic and progressive goals.

## 04 | Services provided under the accreditation regime

The activity subject to regional accreditation is the psychiatric socio-rehabilitation residential with medium intensity care SRSR H12, for 18 places. The services are organized in relation to the needs of the person, the standards of the type and the project agreed with the CSM.

**Performance Area**

| | |
|---|---|
| **Health** | **Nursing care in organized groups; management of prescribed therapies; monitoring of health conditions; liaison with GPs and specialists.** |
| **Psychological** | Interviews and support interventions, according to clinical assessment and individual project. |
| **Educational and rehabilitative** | Individual and group interventions for personal, domestic, relational and social autonomy. |
| **Social** | Support and connection with family members, support administrators and local services within the limits of competence. |
| **Residential & Hospitality** | Food, accommodation, care of the rooms, cleaning and use of common areas, according to the organization of the structure. |

### The fee and services included

For placements that are under an agreement, the ordinary fee of the facility is borne by the competent ASL. There is no co-participation of the guest for the services included in the residential treatment.

The services that are not included in the agreed fee are the following:

- Specialist external services

- non-urgent transport

- personal services

- laundry personal clothing

# 05 | Access, reception and discharge

## How to access Villa Lucrezia

The request for inclusion is submitted by the Mental Health Centre, accompanied by clinical information and the PTI which assesses the appropriateness of the pathway. This is followed by inclusion on the waiting list (SIPC) for bed availability.

During the entry phase, the identity of the guest, the health documentation, the therapeutic prescriptions and the useful information to ensure safety and continuity of care are verified. The team presents the structure, the rules of coexistence, the references of the operators and the planned activities.

## Documents required at entry

- Identity document and health card;
- Relevant clinical documentation and ongoing therapy;
- Project and documentation transmitted by the sending CSM;
- Information on any support administrator, guardian or other entitled person;
- Consents, disclosures and other acts required by the applicable procedures.

## Permanence and discharge

The path is periodically checked by the team and the sending CSM. Discharge is scheduled in relation to the evolution of the individualized project, evaluating the results achieved and the need for continuity of care. The final documentation is sent to the entitled parties according to the procedures in force.

# 06 | Everyday life

## A residence, a community

Everyday life at Villa Lucrezia is an integral part of the socio-rehabilitation process. The moments of the day, the shared spaces, the care of the environments and the planned activities offer concrete opportunities for participation and skills training, respecting the rhythms and needs of the person.


Residenza
Villa Lucrezia

### A typical day at Villa Lucrezia

The day is organized to alternate self-care, moments of socialization, rehabilitation activities and rest. The activities are adapted to the clinical needs, abilities and Individualized Therapeutic Rehabilitation Project of each guest.

| Time slot | Moments of the day |
|---|---|
| **07:30–08:00** | Waking up, personal care and hygiene, tidying up the room with the support provided by the individual project. |
| **08:00–09:00** | Breakfast and start of the day. |
| **09:00–12:15** | Planned activities: interviews, educational interventions, exercises for autonomy, assisted domestic activities, workshops or external initiatives. |
| **12:30** | Lunch and sharing of community life. |
| **13:15–15:00** | Rest, personal time and individual activities compatible with the project. |
| **15:00–18:30** | Rehabilitation and recreational activities, socialization, planned outings and care of common areas. |
| **19:00** | Dinner. |
| **From 20:00*** | Personal time and night rest, according to the rules of coexistence and the authorized welfare organization. |

### Spaces and activities

The use of outdoor spaces and participation in domestic or recreational activities can promote sociability, orientation, autonomy and a sense of belonging.

The preparation of meals takes place according to the organization of the structure. Health indications and, as far as possible, the preferences and cultural and religious needs of the guests are considered. Participation in activities related to the kitchen is possible when compatible with the individualized project and with the rules of food safety.

### Families, relationships and territory

The structure favors, in respect of the wishes of the guest, confidentiality and individual project, the maintenance of meaningful relationships with family members and reference persons. Visits and outings are organized according to the conditions of the individual route and the shared operating rules.

## 07 | Rights, safety and protection

### Dignity, information and participation

Each guest has the right to receive comprehensible information about the services, to be treated with respect, to have their privacy protected and to participate, according to their own conditions, in decisions concerning the care pathway. Contacts and information addressed to family members or third parties are managed in compliance with the will of the person and the applicable legal conditions.

### Protection of personal data

Personal and health data are processed in compliance with Regulation (EU) 2016/679 and applicable national legislation. Access to documentation is limited to authorized subjects according to roles and service needs. The management of the electronic medical record and individual credentials is described in the specific organizational and information documents.

### Quality, safety and risk management

The facility promotes the safety of guests and operators through organizational procedures, training, reporting of critical issues and review of activities. Quality objectives are verified with documented tools, also on the basis of user observations and needs that emerged in the care pathway.

### Complaints and suggestions

Guests, family members and other entitled parties can submit observations, suggestions or complaints to the health manager or to the administrative references indicated by the facility. Reports are recorded, evaluated and managed according to internal procedures, with feedback within 15 days.

## 08 | Quality standards and contacts

### Verifiable commitments

| Area | Proposed commitment | Evidence / Control |
|---|---|---|
| **Reception** | Entry information and documentation available | Entry checklist |
| **Individualized project** | Documented objectives and audits | Cartella clinica e verbali d'équipe |
| **Information and protection** | Accessible channel for reports and complaints | Complaints and Responses Log |
| **Satisfaction** | Periodic satisfaction measurement | Questionnaires and results analysis |
| **Improvement** | Periodic review of outcomes and critical issues | Improvement Plan / Minutes |

### The references of Villa Lucrezia

| | |
|---|---|
| **Venue** | Via Casilina Nord 35, 03030 Castrocielo (FR) |
| **Manager** | Social Cooperative Il Castello Incantato |

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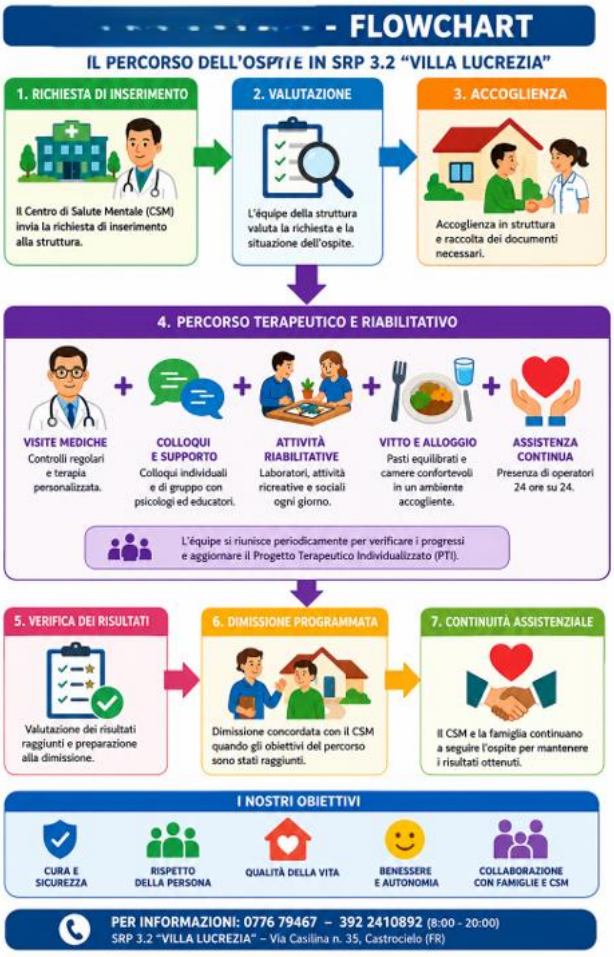
|---|---|
| **Phone** | 0776 1493425 - 0776/79467 |
| **E-mail** | info@residenzavillalucrezia.it |
| **PEC** | castelloincantato@pec.it |
| **Indicated health manager** | Dr. Liliana Todini |

## 09 | The guest's journey: from request to continuity of care

The integration and rehabilitation process follows coordinated phases between the sending Mental Health Center, the guest and the team of the facility. The schematic representation below facilitates understanding, from the initial request to the planning of discharge and continuity of care.

Reading note: the residency includes the stay of the guest even at night, but the intensity of the service is.



# 10 | Our daily commitment to autonomy

## From support to participation

Psychiatric rehabilitation also takes the form of small gestures of the day. Preparing a table, participating in an activity in the garden, taking care of one's belongings, organizing an engagement or comparing oneself with other people become opportunities for learning and consolidating skills.

Each proposal must have a rehabilitation objective proportionate to the person's abilities, motivation and clinical conditions. The guest is not simply the recipient of services: he is an active part, as far as possible, of the definition and verification of his or her own goals.

## Examples of activities and their purposes

| Activity / Context | Rehabilitation purpose |
|---|---|
| **Care of personal spaces** | Strengthen routines and autonomy in the management of the living environment |
| **Small assisted domestic activities** | Train operational sequences, attention and responsibility |
| **Rehabilitation cooking activities, where scheduled** | Foster planning, collaboration, and daily skills in compliance with HACCP procedures |
| **Garden, vegetable garden and outdoor activities** | Supporting participation, well-being and shared care of spaces |
| **Group activities** | Promote communication, collaboration and interpersonal skills |
| **Territorial outings and initiatives, if provided for by the project** | Consolidating orientation, inclusion and social autonomy |

# 11 | Transparency, consensus and relations with the outside world

## Information during your stay

Guests receive information on the activities of the facility, the rules of coexistence, the treatment plan and their rights in forms that are as clear and understandable as possible. The communication of clinical information to family members or third parties takes place within the limits of authorizations, any powers of representation and data protection legislation.

### Consent and documentation

Consent documents, clinical documentation and disclosures are managed through appropriate organizational procedures and records. Requests for access to health records are reviewed by verifying the identity and legitimacy of the applicant and complying with the applicable terms and rules.

## 12 | Commitments to those who live and work with us

### A readable and verifiable service

The Service Charter commits the structure to make reliable information available, to maintain consistency between what is declared and what is provided and to periodically verify the methods of assistance and the protection tools. The values expressed become concrete only if supported by documented practices, training and verifications.

### Reporting and improvement

The monitoring system takes into account clinical and rehabilitation documentation, team discussions, satisfaction questionnaires, reports received and the results of internal audits. Any corrective actions are planned, assigned and reviewed according to the responsibilities identified in the organisational documents.

### How to use this Card

The Card is intended for guests and reference persons, sending services and those who want to get to know the facility. It can be delivered at the time of reception, downloadable from the website, made available at the residence and used as a basis for comparing the services rendered. The updated versions must show the revision number, date and approval of the Management.