

IL BRIGANTE S.n.c.

by Ornella Massaroni, Penelope Subiaco and Margherita Massaroni & Co.

S.R.T.R.e.

“ESSERCI”

*Extensive Therapeutic-Rehabilitative
Residential Facility*

Registered and Operating Office: 04019 Terracina (LT) - Via Badino, 267



Charter of Healthcare Services

August 2025

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Charter of Healthcare Services – 2025

This document was prepared with the collaboration of the Head of the Facility, the Administrators, the staff, and also thanks to the valuable contribution of Relatives and Users who, with their suggestions, are essential for the continuous improvement of the services offered by the "ESSERCI" psychiatric residential facility.

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Charter of Healthcare Services – 2025

Dear user,

this Charter of Services will allow you to learn about our Social Healthcare Residential Facility, named "ESSERCI." It represents a significant opportunity to improve the quality of our psychiatric services, including through your suggestions, to build a relationship based on respect for human dignity, transparency, collaboration, and mutual satisfaction.

It is our intention to establish a close relationship of dialogue and participation with the user and their family members, with the goal of best meeting the diverse needs of those who use our services.

The contents of the Charter of Services, prepared in accordance with the provisions of Decree of the ad Acta Commissioner U00311 of 06.10.2014 of the Lazio Region, are listed in the summary and are updated as of December 2022.

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1. What is the Charter of Services?

The purpose of the **Charter of Services** is to allow the user of a healthcare service to receive effective care and to ensure that the healthcare provider makes specific commitments regarding the quality of those services.

The Charter of Services also serves as a tool for protecting citizens' right to health, as it helps them navigate the services available and provides a way to verify and give feedback on their quality, effectiveness, and efficiency.

The **Charter of Healthcare Services** represents a pact between National Healthcare Service (NHS) facilities and citizens, based on the following guiding principles:

- **Impartiality** in the provision of services and **equality** in the right to access them.
- **Full information** for citizens about the services offered and how they are provided.
- The **definition of standards** and a commitment by the healthcare facility to promote service quality and establish methods for its continuous evaluation.
- The organization of **structured methods** for protecting citizens' rights.
- **Listening to the opinions and feedback** on service quality expressed by citizens, through methods and tools for participation and involvement.

2. Presentation of the Facility

The residential therapeutic-rehabilitative facility of the extensive type, named "ESSERCI," is managed by the company IL BRIGANTE S.n.c. di Ornella Massaroni, Penelope Subiaco, e Margherita Massaroni & C., with its legal headquarters in Terracina (LT), Via Badino no. 267. The facility is authorized and accredited for the operation of psychiatric activities in S.R.T.R. for extensive treatments for 20 beds, as per Decree of the ad acta Commissioner of the Lazio Region no. U00443 of October 30, 2013.

It provides residential services for patients with psychiatric competence who present psychopathological, relational, and existential problems, which necessitate a temporary separation from their usual living environment. The treatment aims to recover the individual capacities and functional levels of autonomy of the user, with the goal of their reintegration into the family and social environment.

Over the years, the facility has developed an integrated model based on different programs and therapeutic contexts.

Twenty-four-hour assistance is guaranteed by qualified multidisciplinary staff. The team is composed of a responsible medical psychiatrist, two psychologists, a professional educator, four psychology technicians, a social worker, three professional nurses, and six socio-health operators, as required by the DCA 08/2011 of the Lazio Region.

Hygiene and health standards are respected according to current regulations. Users are accommodated on a voluntary basis. The admission of individuals with exclusive problems of abuse and dependence on psychotropic substances and individuals with a prevalence of non-psychiatric issues (elderly, disabled, neurological, degenerative pathologies, etc.) is not foreseen.

NO PAYMENT IS DUE TO HEALTHCARE STAFF OR OTHER PROFESSIONALS AT THE FACILITY FOR SERVICES RENDERED DURING THE STAY.

It is the right of the user and their companions to identify the staff present at the facility.

Information on the progress of the stay/therapy can be requested from the relevant staff member.

Therefore, the purpose of the Community is to offer comprehensive and differentiated responses to the problems and needs of people with mental distress, through individualized interventions aimed at prevention, care, assistance, and social and professional reintegration.

2.1. Integration into the Community

The process for a user's admission into our Facility begins with an initial collection of anamnestic data provided by the referring organization, family members, and the user themselves during preliminary visits conducted at our site or in the user's current living environment.

After a careful evaluation and definition of the intervention areas, an individualized plan is formulated, establishing medium- and long-term objectives, as well as the methodology and verification of the plan itself.

Admission coincides with the definition of a **"therapeutic rehabilitative plan"** with the user and the referring organization, in which the Community's rules are established, along with the objectives, methods, and timeline for its implementation.

The choice of objectives for the therapeutic rehabilitative plan is always agreed upon and approved by all interested parties (user, healthcare workers, family, external community services, and the referring organization).

2.2. Discharges

The user's discharge from the Facility coincides with the achievement of the established goals and is agreed upon with the user, their family, and the referring organization.

Other situations in which a user may be discharged, always in agreement with all interested parties, include:

- Situations where the user engages in serious behavior that is incompatible with the community environment.
- Situations where the user decides to discontinue the therapeutic rehabilitative plan.

2.3. Privacy Protection – Management and Security of Personal Data

All information is handled with the utmost confidentiality in accordance with European Regulation EU 679/2016 of 27/4/2019 - GDPR - regarding the protection of natural persons with regard to the processing of personal data, and Legislative Decree 196/2003, integrated with the amendments introduced by Legislative Decree 101/2018.

In light of the recommendations of the Data Protection Authority, a Data Protection Officer has been appointed to ensure full compliance with privacy regulations.

Therefore, particular attention is paid to the management of personal data, especially healthcare data, in order to provide users with a high level of security and proper handling of their information.

Information related to the company's Privacy Policy can be viewed on the institutional website.

2.4. Annual Plan for Healthcare Risk Management (APHRM)

With the aim of improving the quality of healthcare services, guaranteeing the safety of users/patients, and reducing the potential for error in the healthcare organization, the "Annual Plan for Healthcare Risk Management" (APHRM) has been adopted. This plan is for the management, prevention, and reduction of the probability that a user/patient may be a victim of harm or discomfort, even if unintentional, attributable to healthcare. The necessary measures to minimize the risk of infectious complications within the care environment have also been planned and adopted.

Information related to the company's APHRM can be viewed on the institutional website.

2.5. Local Action Plan for Hand Hygiene

To reduce **Healthcare-Associated Infections (HAIs)**—infections that occur in a user/patient during the care process—strategies and procedures have been adopted and implemented to remove or reduce risk factors through correct and frequent hand hygiene by healthcare workers.

The Company is therefore able to effectively manage the problem of infections related to suboptimal hand hygiene practices, with a view to ever-increasing patient safety.

Information regarding the company's **Local Action Plan for Hand Hygiene** can be viewed on the institutional website.

2.6. Plan for the Prevention and Management of Acts of Violence against Healthcare Workers

To prevent acts of violence against healthcare workers, a company protocol (PPV) has been adopted. This protocol contains measures and procedures that allow for the reduction, and if possible the elimination, of risk conditions. Information related to the company's PPV can be viewed on the institutional website.

2.7. Plan for the Prevention and Management of Patient Falls

"Il Brigante S.n.c." has developed procedures for the prevention and management of falls in the Facilities it manages.

With a view to improving the quality of healthcare services and guaranteeing the safety of users, the "Plan for the Prevention and Management of Patient Falls" has therefore been adopted. This plan serves as a tool for fall prevention and for the appropriate and effective management of a person following a fall.

Information related to the company's "Program for the Prevention and Management of Patient Falls" can be viewed on the institutional website.

2.8. Plan for the Prevention and Control of Legionellosis

"Il Brigante S.n.c." has developed procedures for the prevention of legionellosis.

With a view to improving the quality of healthcare services and guaranteeing the safety of users, the "Program for the Prevention, Control, and Management of Legionellosis" has therefore been adopted. This serves as a tool for protecting the health of the Facility's guests.

Information related to the "Program for the Prevention, Control, and Management of Legionellosis" can be viewed on the institutional website.

2.9. Model 231 – The Internal Control System

The company, concerning its **Corporate Social Responsibility**, has adopted a constantly verified, effective, and up-to-date **Organization, Management, and Control Model** as well as a **Code of Ethics**, in compliance with the provisions of **Legislative Decree 8 June 2001, n. 231**.

The aforementioned law stipulates that the company must be able to provide the best solution to prevent potential sanctions resulting from the commission of crimes; therefore, all procedures and activities related to Legislative Decree 231 are applied.

On this basis, all existing risk factors within the company, their reciprocal interactions, and an assessment of their magnitude have been identified. The healthcare facility has also appointed the so-called **O.d.V. (Supervisory Body)**.

Information regarding the company's **Model 231** and **Code of Ethics** can be viewed on the institutional website.

2.10. Service Quality Standards

All main activities managed within the Therapeutic-Rehabilitative Community follow a system of rules established with the introduction of the Quality System. This ensures that the standards set for its users are respected.

More specifically, the S.R.T.R.e. makes the following commitments to and for the benefit of its users:

Admission

STANDARD	MINIMUM REQUIREMENTS
Opportunity/necessity of community treatment	In collaboration with the DSM (Department of Mental Health) and/or Specialist Doctor – S.R.S.R. Team
Period of psychopathological observation and evaluation for defining the therapeutic plan	S.R.S.R. Team – DSM and/or Referring Physician
Admission Planning	Max 7 days with the completion of all bureaucratic procedures (USL – DSM Resolution – Direct patient relations)
Admission Protocol according to intake procedures	Written procedure

RESIDENTIAL CARE

STANDARD	MINIMUM REQUIREMENTS
Assignment of a contact person	Upon admission
In-depth interview	Upon admission
Assignment of a Reference Operator	Upon admission
Therapy assignment/review of admission therapy	Upon admission
Interview for rating scales	Upon admission
Individualized Therapeutic Plan	Within 48 hours of admission – subject to agreement with DSM
Therapeutic-Rehabilitative Protocol	Within 48 hours of admission – subject to agreement with DSM
Scheduling of clinical activities	Bi-weekly
Second therapy review	Within the following 10 days
Medical Record Management	Manual
Therapy management	Manual
Information on patient status	Immediate upon request

DISCHARGE

STANDARD	MINIMUM REQUIREMENTS
Scheduled with the DSM and/or referring Specialist Doctor	After the period of residential care specified in the therapeutic rehabilitative protocol
Conditions for discharge	Upon achievement of the established goals
Interview for rating scales	While awaiting scheduled discharge
Discharge planning	Average time agreed upon with the DSM

2.11. Legislative Decree No. 81/2008

All the provisions of **Legislative Decree No. 81/2008** and other regulations regarding health and safety in the workplace have been implemented.

For further information on the Facility and its services, please contact the Administration Office, open Monday to Friday, from 9:00 AM to 1:00 PM, Tel. 0773.730698.

3. Facility Description

The "ESSERCI" psychiatric residential facility, surrounded by a large garden, is characterized by its location approximately 300 meters from the sea and by the presence of various indoor spaces dedicated to social, rehabilitative, and recreational activities, which are considered fundamental for the correct treatment of psychiatric pathologies.

The bedrooms are located on the first and second floors of the facility, for a total of 20 beds.

The community is organized as follows:

- **Ground floor:** This floor includes the reception area, the interview room, the office for initial consultations, the administration office, the infirmary, the psychologists' office, an air-conditioned TV room, a large dining room, workshops for therapeutic-rehabilitative activities, spaces for recreational activities, and restrooms.
- **First floor:** This floor has 11 beds in double or single rooms, all with private bathrooms.
- **Second floor:** This floor has 9 beds in double or single rooms, all with private bathrooms.

Meals are served at the following times:

- Breakfast: 8:00 AM - 8:30 AM
- Lunch: 12:00 PM - 12:30 PM
- Dinner: 6:30 PM - 7:00 PM

Seasonal menus are provided. A dietary service is also available for guests.

4. Where we are and how to reach us

We are located in Terracina (LT) at Via Badino n. 267, approximately 100 km from both Rome and Naples. The facility is reachable by both bus and train from the Monte San Biagio railway station via a municipal transport service.

The schedules can be requested from the Administration Office.

5. Our Commitment

With the Service Charter, we make the following commitments to and for the guarantee of our users:

- To give our maximum availability for any information and need;
- To respect the service quality standards;
- To carry out continuous monitoring of the services rendered;
- To establish a transparent relationship with users, also through the communication of objectives and improvement plans;
- To verify results with particular attention to the degree of satisfaction expressed by the user;
- To guarantee that any reports and/or suggestions will be considered within the Management Review to ensure that what is expressed by the user is respected in the Improvement Plan;
- To carry out healthcare activities in full respect of personal dignity, transparency, collaboration, and mutual satisfaction;
- To guarantee maximum professionalism in the execution of treatments and support therapies, as well as in the assistance of users;
- To guarantee doctors and the multidisciplinary team operating in the Facility the availability of the necessary means for the purpose of care within the therapeutic-rehabilitative treatments, also through a continuous training plan;
- To guarantee the competence and reliability of professionals at all organizational levels of the Facility;
- To collaborate with institutions in the field of mental health protection and related affiliates (Courts, UEPE, SERT, etc.);
- To protect the safety of guests;
- To seek and promote an active and collaborative role of families in order to of improving the quality of care and rehabilitation;
- To minimize episodes of psychological distress and the possible deterioration in the quality of life of users;
- Careful evaluation of users to promote appropriate forms of treatment through the development of an individualized therapeutic plan.

6. Standard garantiti

- Preventive information on access procedures: Availability of the Health Manager and the socio-health team, also by phone at 0773.730698.
- Ease of handling administrative and bureaucratic formalities for access: With the support of Facility operators, all formalities are completed at the Administrative Office.
- Clarity of information on services offered: Delivery of the Service Charter and the Community Regulations containing the rights and duties of the user upon admission to the Community.
- Daily cleaning of rooms and services.
- Clarity and information regarding discharge: Delivery of a catamnestic discharge report for the CSM with an indication of the diagnosis, therapies performed, a log of the stay for the activities carried out, and any diagnostic tests performed.
- Simplicity in obtaining a copy of the Medical Record: The Administrative Office provides information on how to obtain a copy of the medical record.
- Simplicity for administrative compliance: All administrative compliance is carried out at a single office.
- Questionnaires for any service disruptions and/or suggestions: During their stay, users and their families will be given one or more evaluation questionnaires on the services provided to be completed and returned.
- Timeliness of response to user complaints: The Health Management and the Administrative Management will respond within a maximum of fifteen days.
- The S.R.T.R.e. "ESSERCI" has internally launched a project for the definition of the Quality System. During the project will be defined, along with reference standards and tools for verifying the service provided, as specified below:
 - ❑ Continuous training programs relevant to the mission and objectives of the Residential Therapeutic Facility;
 - ❑ Targeted public information and educational programs for users and their families or reference figures;
 - ❑ Guarantee of internal training and continuous updates for operators through training programs;
 - ❑ Traineeship activities, both for training and for the integration of new hires.

7. How to access services

7.1. Standard "agreed" access

Admission to the **"ESSERCI" S.R.T.R.e.** in an "accredited" form can only occur upon request from the Physician of the competent Mental Health Center (CSM) for the place of residence. The request must be accompanied by the UVM (Multidisciplinary Assessment Unit) authorization from the relevant ASL for inclusion on the waiting list.

At the time of admission to the Community, the following personal documentation will be required:

- Admission authorization on SSR prescription form;
- UVM authorization;
- Valid identity document;
- Regional health booklet;
- Ticket exemption card;
- Recent clinical analyses;
- Possible copy of the report certifying Civil Disability;
- Individual therapeutic treatment plan from the CSM (as per DCA no. U00088 /2015 Lazio Region);
- Any copies of previous medical records.

Upon admission, the user will be visited by the Facility's doctor, who will collect all the necessary clinical and anamnestic information.

During their stay in the Community, the guest will be assisted by the reference psychologist who will explain the therapeutic plan for their stay.

The ordinary stay has a duration foreseen by the Therapeutic Rehabilitative Plan. The stay in the Community can last for a maximum of four years.

The ordinary cost for the stay is covered by the Regional Health Service and includes:

- ❑ Psychiatric drugs;
- ❑ Psychiatric therapies and support interventions (monitoring, pharmacological therapy, therapeutic groups, individual interviews, rehabilitative activities, etc.);
- ❑ Acceptance and check-up visits.

8. Waiting List Management

At the time the request is made by the user's resident DSM, they will be placed on a waiting list, and the DSM will be notified of their position.

If, however, conditions are found that do not allow for the request to be accepted, a communication will be sent to the DSM, and after considering the opinion of the referring entity, the name will be removed from the waiting list.

The waiting list procedure takes into account the chronological criterion and the one related to the possible mandatory nature of the treatment ordered by the Judicial Authority.

8.1. Waiting Times

Waiting times are related to the availability of accommodation and, in any case, to the time required for the completion of the bureaucratic process.

9. Healthcare Services

The multidisciplinary professionals within the Facility allow for the provision of the entire range of services, both medical and psychosocial. A psychiatric rehabilitation service is operational within the Facility, and its activities are integrated with those of the psychology service. Therefore, it is possible to integrate pharmacological therapy, psychotherapy, and recreational and expressive activities.

We also make use of the consultation of a General Practitioner accredited with the National Health Service (SSN) who will prescribe, as appropriate and necessary, relevant diagnostic tests (clinical analysis, specialist visits, radiological examinations, etc.).

With particular reference to psychiatric consultation and aspects related to psychopharmacology, the administration of psychiatric pharmacological therapies is planned during the stay. Support therapies are also planned (individual and group therapeutic activities, expressive and rehabilitative activities provided for in the rehabilitative therapeutic protocol).

For laboratory tests, specialist visits, and surgical interventions, we will advise on the healthcare facility that best meets the user's needs. The cost of the treatment or any co-payment for these services is the user's responsibility.

At the request of the user or their family members, we can book the requested intervention and handle the user's transportation by ambulance; the cost of transportation is the user's responsibility.

Upon discharge, the Healthcare Manager will provide the user with any pharmacological prescriptions and the follow-up sheet to be handed over to the Mental Health Center (CSM) and/or their own treating physician.

The management will communicate the discharge to the competent CSM.

10. The medical record

The user can request a copy of their Medical Record from the Management, signed by the Health Director of the S.R.T.R.e.

Upon request, the medical record can be sent to the user's home by registered mail with return receipt, at a cost of €60.00 (sixty/00) plus shipping costs. Payment must be made to the Management at the time of the request.

11. Organization and Administration

- **Organizational Chart:** The organizational plan of the "ESSERCI" S.R.T.R.e. is available for viewing by users and family members at the Company Management office.
- **Responsibilities:** Responsibilities within the S.R.T.R.e. are documented for both the healthcare and administrative aspects.
- **Procedures:** A written procedure exists for interactions between the S.R.T.R.e., Health Districts, Local Authorities, and the Third Sector.
- **Staffing:** An adequate number of staff members, with various roles, is guaranteed to achieve the set objectives.
- **Professional Autonomy:** All staff members, regardless of their role, have the right to technical and professional autonomy.
- **Rights and Duties:** A document outlining the "rights and duties" of users is provided upon entry into the Community.

12. Notify the company

If you wish to express:

- a need;
- a complaint;
- a suggestion;
- a compliment towards a staff member or service;

you can contact the Facility's **Healthcare Manager** to file a verbal complaint.

For needs related to reception and hospitality, you can refer to the

Administrative Office.

You can do so using one of the following methods:

- Send us a brief report of what you want to communicate;
 - ☐ by mail;
 - ☐ or by fax;
 - ☐ or by e-mail.
- Contact us directly at our office in Terracina (LT), Via Badino n. 267 (Administration Office).

Your report will be handled in accordance with the European Regulation EU 679/2016 of 27/4/2019 - GDPR - regarding the protection of individuals with regard to the processing of personal data and Legislative Decree 196/2003, as supplemented by the amendments introduced by Legislative Decree 101/2018.

- **ADDRESS:** Community "ESSERCI" - 04019 Terracina (LT) - Via Valle d'Aosta, 4
- **Tel.:** 0773. 730698
- **Fax:** 0773.733521
- Hours:** Weekdays, Monday to Friday, from 9:00 AM to 1:00 PM
- **e-mail:** comunita.esserci@email.it

To facilitate reporting, a specific form for collecting complaints is available at the **Administrative Office**.

Complaints received will be promptly evaluated for subsequent action.

The Company is committed to responding to the request with a written reply within a maximum of 15 days and to taking the necessary steps to resolve the problem presented.

An annual report of complaints is maintained.

13. Customer satisfaction verification

To gauge user satisfaction and improve services, questionnaires have been created and are periodically given to users. The questionnaires collect impressions and evaluations of the quality of the services provided.

This process allows the company's management to take the necessary steps to address any issues and ensure the Facility maintains an adequate standard of performance.

14. Compensation

The company has insurance coverage, which will be activated according to the procedures and regulations of the relevant legislation.

The responsible office for this is the Administrative Office.

15. Useful contacts

- **REGISTERED AND OPERATIONAL OFFICE:** 04019 Terracina (LT) - Via Badino, 267
- **Information Office:** Tel. 0773.730698
Hours: Weekdays, Monday to Friday, from 9:00 AM to 1:00 PM
- **ADMINISTRATIVE OFFICE:** Tel. 0773.730698
Hours: Weekdays, Monday to Friday, from 9:00 AM to 1:00 PM
- **Fax:** 0773.733521
- **E-mail:** comunita.esserci@email.it
- **Website:** www.comunitaesserci.com