DC 01 PG 03
REV 00 del 15.10.2025

CONSORZIO UTILITA' SOCIALE

Social Cooperative Society
Registered office: Campobasso - Via Longano n° 20

Service Charter

Residential Psychiatric Rehabilitation Facility "CASA FAMIGLIA"
Cerignola (FG), Via Napoli n° 1

Day Treatment Centre for Psychiatric Users "IL SORRISO"
Foggia (FG), Via Paolo Telesforo n° 47/R

Day Treatment Centre for Psychiatric Users "L'APPRODO"
Lucera (FG), Piazza Giuseppe Maria Secondo dal n° 1 al n° 10

Day Treatment Centre for Psychiatric Users "I COLORI DELLA VITA"
Isernia (IS), Via Ludwig Van Beethoven n° 64

Residential Psychiatric Rehabilitation Facility "IL RIFUGIO"
Celenza Valfortore (FG), Via Armando Attilio Lombardi n° 3

Dear Citizen or User,

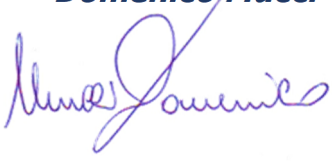
With this Service Charter, we wish to introduce C.U.S. – Consorzio Utilità Sociale, offering a clear and comprehensive overview of our Facilities, mission, objectives, and the services we provide. The Service Charter represents a formal commitment between C.U.S. and its Users, ensuring high quality standards as required by national and regional regulations (Apulia Region and Molise Region) and certified according to the UNI EN ISO 9001:2015 standard.

The Service Charter is:

- *A quality tool: a continuous commitment to monitoring and improving our services, with specific objectives and quality standards to ensure excellence and transparency.*
- *A participation tool: we actively involve our Users, who may contribute suggestions or complaints, making their feedback an integral part of our improvement process.*
- *A communication tool: we provide clear information about C.U.S.'s services and commitments, with particular attention to the rights and duties of every Citizen and User.*

Each version of the Service Charter is distributed to all Users and to any Institutions that request it. The information provided not only promotes greater transparency but also fosters active collaboration between service providers and service Users. With each revision, we improve the document to better align with the needs of those we serve, involving the Facility Coordinators and the Quality Manager in defining standards and periodically monitoring User satisfaction.

The President
Domenico Mucci



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INTRODUCTION

C.U.S. – Consorzio Utilità Sociale, a Social Cooperative Society, was established on December 7, 1994, and is registered in the Regional Register of Cooperatives and their Consortia of the Molise Region, pursuant to Regional Law No. 6/95, by Executive Decree No. 40 dated 06/03/2000, under No. 194 of said Register. It is also listed in the Production and Labor Cooperation section under No. 113, and in the Social Cooperatives section under No. 44, as well as—pursuant to Regional Law No. 17/2000—in Subsection C) under No. 1 and Subsection A) under No. 267.
The registered office of C.U.S. is located at Via Longano No. 20, Campobasso, while the administrative office is located at Via Paolo Telesforo 47/R, Foggia.
C.U.S. manages, in the Apulia Region, under agreement with the Local Health Authority of Foggia (ASL FG):

- the Psychiatric Rehabilitation and Care Community "Casa Famiglia" in Cerignola,
- the Day Centre for Psychiatric Users "Il Sorriso" in Foggia,
- the Day Centre for Psychiatric Users "L'Approdo" in Lucera, and
- the Psychiatric Rehabilitation and Care Community "Il Rifugio" in Celenza Valfortore.

In the Molise Region, under agreement with the Local Health Authority of Campobasso (ASReM), it manages the Day Centre for Psychiatric Users "I Colori della Vita" in Isernia.

POLICY AND OBJECTIVES

Mission

The C.U.S. Service Charter is addressed to individuals suffering from mental disorders, their families, the competent Local Health Authorities, and the general public. The services provided by C.U.S. aim to improve the quality of life of the Users receiving care, promoting their psychological and physical well-being, social integration, and work inclusion, through the enhancement of their personal abilities and potential.

C.U.S. operates both Residential and Semi-Residential Facilities, within which each Guest follows an individualized Therapeutic Rehabilitation Plan (PTRP), consistent with the Individual Treatment Plan (PTI) prepared by the referring Mental Health Center (CSM). The main goal is the overall improvement of the User's psycho-social well-being. At the core of all interventions is the respect for the individual, their freedom, dignity, and self-determination.

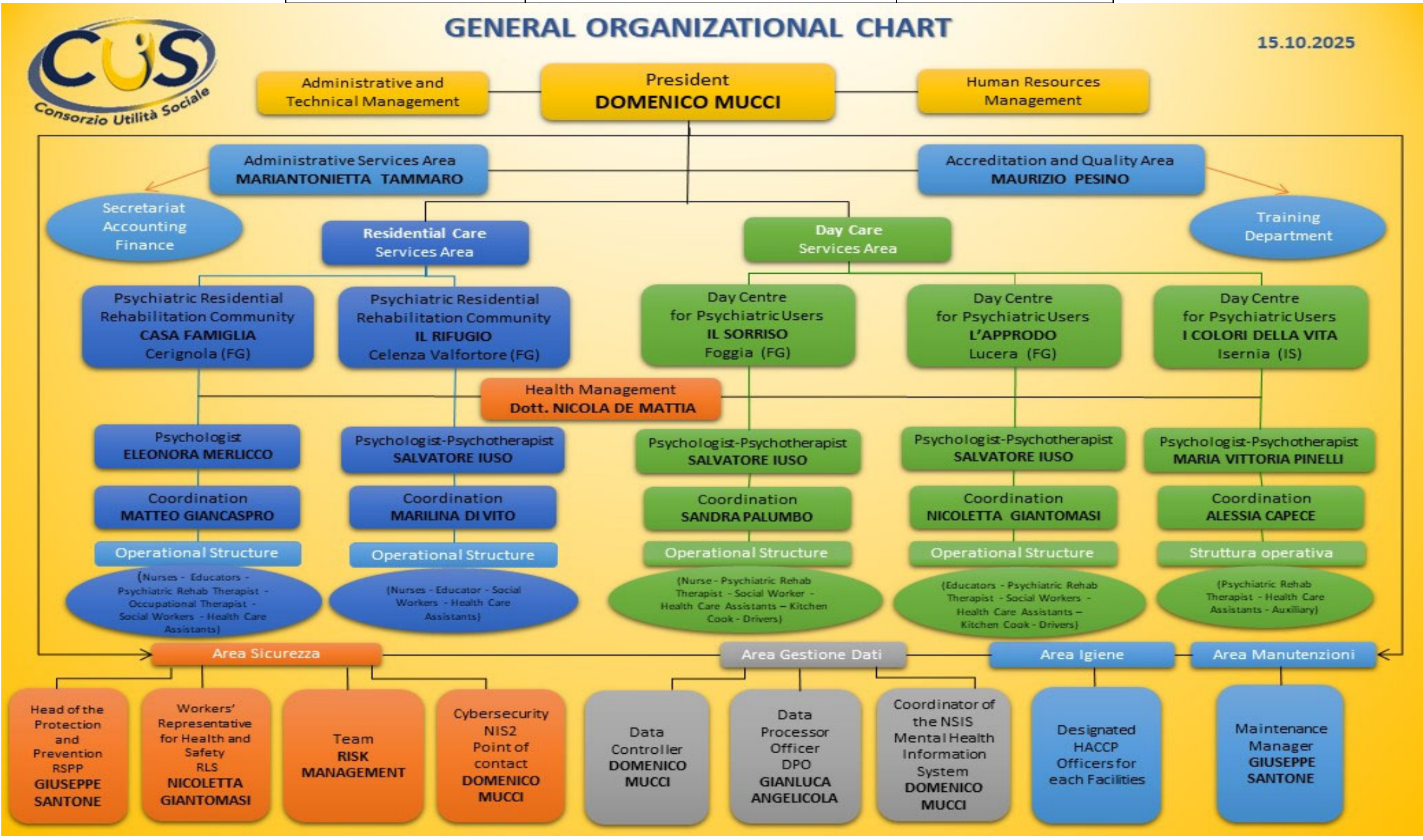
The operational approach is based on Integrated Therapeutic and Rehabilitation Interventions, focusing not only on the individual but also on their family context, the community group considered as a therapeutic resource, and the local institutions and territory.

Quality Policy

C.U.S. sets as its primary corporate objective the achievement of maximum User satisfaction. Operating in a heterogeneous territorial context and collaborating with clients (ASL, DSM, CSM) across different regions (Puglia, Molise, Basilicata, and Calabria), C.U.S. ensures Residential and Semi-Residential psychiatric care through the adoption and implementation of a Quality Management System compliant with the UNI EN ISO 9001:2015 standard.

The Management of C.U.S. provides the necessary financial and human resources for the implementation of the Quality Management System, which is constantly monitored and periodically evaluated by measuring the achievement of established objectives for all controlled processes.

C.U.S. pursues Quality at every stage of each process, involving all employees in achieving the defined objectives. The Management periodically verifies that this policy remains appropriate to the organization's purposes and context, is implemented, and is shared at every level of the organization through the Annual Management Review, Analysis of Internal and External Context, Risk and Opportunity Assessment, Internal Audits, Satisfaction Surveys, and Complaint Management. Furthermore, the Management plans an Improvement Plan that engages all staff in enhancing the quality standards of the provided Services. The Management is committed to disseminating the Quality Policy (Annex 2 MQ) at all organizational levels.


GENERAL ORGANIZATIONAL CHART
15.10.2025
Administrative and Technical Management
President
DOMENICO MUCCI
Human Resources Management
Administrative Services Area
MARIANTONIETTA TAMMARO
Accreditation and Quality Area
MAURIZIO PESINO
Secretariat Accounting Finance
Residential Care Services Area
Day Care Services Area
Training Department
Psychiatric Residential Rehabilitation Community
CASA FAMIGLIA
Cerignola (FG)
Psychiatric Residential Rehabilitation Community
IL RIFUGIO
Celenza Valfortore (FG)
Day Centre for Psychiatric Users
IL SORRISO
Foggia (FG)
Day Centre for Psychiatric Users
L'APPRODO
Lucera (FG)
Day Centre for Psychiatric Users
I COLORI DELLA VITA
Isernia (IS)
Health Management
Dott. NICOLA DE MATTIA
Psychologist
ELEONORA MERLICCO
Psychologist-Psychotherapist
SALVATORE IUSO
Psychologist-Psychotherapist
SALVATORE IUSO
Psychologist-Psychotherapist
SALVATORE IUSO
Psychologist-Psychotherapist
MARIA VITTORIA PINELLI
Coordination
MATTEO GIANCASPRO
Coordination
MARILINA DI VITO
Coordination
SANDRA PALUMBO
Coordination
NICOLETTA GIANTOMASI
Coordination
ALESSIA CAPECE
Operational Structure
(Nurses - Educators - Psychiatric Rehab Therapist - Occupational Therapist - Social Workers - Health Care Assistants)
Operational Structure
(Nurses - Educator - Social Workers - Health Care Assistants)
Operational Structure
(Nurse - Psychiatric Rehab Therapist - Social Worker - Health Care Assistants – Kitchen Cook - Drivers)
Operational Structure
(Educators - Psychiatric Rehab Therapist - Social Workers - Health Care Assistants – Kitchen Cook - Drivers)
Struttura operativa
(Psychiatric Rehab Therapist - Health Care Assistants - Auxiliary)
Area Sicurezza
Area Gestione Dati
Area Igiene
Area Manutenzioni
Head of the Protection and Prevention RSPP
GIUSEPPE SANTONE
Workers' Representative for Health and Safety
RLS
NICOLETTA GIANTOMASI
Team
RISK MANAGEMENT
Cybersecurity NIS2 Point of contact
DOMENICO MUCCI
Data Controller
DOMENICO MUCCI
Data Processor Officer
DPO
GIANLUCA ANGELICOLA
Coordinator of the NSIS Mental Health Information System
DOMENICO MUCCI
Designated HACCP Officers for each Facilities
Maintenance Manager
GIUSEPPE SANTONE

FUNDAMENTAL PRINCIPLES

In drafting this Service Charter, the C.U.S. Consorzio Utilità Sociale Social Cooperative Society acknowledges the following fundamental principles, established by the Directive of the President of the Council of Ministers dated January 27, 1994:

EQUALITY: is committed to carrying out its duties in accordance with the principle of equality, ensuring respect and equal dignity for every human being. No discrimination may be made on the basis of socio-economic status, psychological or physical conditions, age, language, ethnicity, religion, or political opinions. Services must be provided according to uniform rules, without preference or discrimination of any kind, and must be personalized to meet the specific needs and requirements of each individual User.

IMPARTIALITY: operates according to principles of objectivity, fairness, and impartiality, ensuring the regularity and continuity of its services.

HUMANITY: the central focus of all activities is the person, who must be treated with dignity, courtesy, respect, and consideration, regardless of physical, mental, cultural, or social conditions. All staff members are expected to demonstrate kindness, education, and availability in their professional conduct.

CONTINUITY: guarantees regular and continuous service provision, in coordination with the Mental Health Department, in full compliance with current legislation.

RIGHT OF CHOICE: services are organized as flexibly as possible to adapt to the individual needs of each User or group of Users.

PARTICIPATION: personnel, families, and Users are active participants in the implementation of the Service Charter, also through opportunities for dialogue and meetings among all stakeholders. To promote participation, C.U.S. ensures simplified procedures and transparent information, as required by law, and actively collects complaints, suggestions, and feedback to continuously improve service quality. Users thus become active participants in the decision-making process, and C.U.S. strives to meet their needs promptly and effectively.

EFFICIENCY AND EFFECTIVENESS: is committed to the continuous improvement of quality, efficiency, and effectiveness of the services provided. This is achieved through constant staff training and professional development, aimed at producing the best possible outcomes in terms of User well-being and staff satisfaction. All services are delivered according to methods and standards designed to achieve the established goals of efficiency and effectiveness.

USER RIGHTS

C.U.S. is committed to upholding the following rights of every User:

- **Access and Attention:** Every User has the right to access services and to be welcomed with courtesy, respect, and full attention to their needs.
- **Information:** Every User, or their family, has the right to receive complete and understandable information about their condition, diagnosis, treatment, personalized therapeutic rehabilitation plan (PTRP), progress, results, and related documentation.
- **Transparency:** Every User, or their family, has the right to be informed at any time about the progress of their PTRP.
- **Respect for the Individual:** Every User has the right to privacy, confidentiality, and respect for their personal dignity, to be treated in accordance with their human, philosophical, and religious beliefs.
- **Trust and Decision:** Every User has the right to be trusted when sharing information about their condition and to maintain personal responsibility and decision-making autonomy concerning their life.
- **Right to Complain:** Every User has the right to file a formal complaint through the adopted procedure and to receive a response within a reasonable timeframe.
- **Collaboration:** Users and their families are expected to cooperate fully with staff and coordinators to ensure the smooth and effective delivery of services.

Specifically, **Users of Psychiatric Rehabilitation Residential Communities** have the right:

- to receive assistance in personal care, hygiene, and maintenance of their living space;
- to personalize their room with personal belongings, using an individual wardrobe for safekeeping;
- to access all communal areas, except for storerooms, dispensaries, staff rooms, and boiler rooms;
- to obtain home leave permits, as agreed upon with the Facility's multidisciplinary team;
- to receive visits from relatives and acquaintances;
- to go on authorized outings.

Users of Day Centres for Psychiatric Users have the right:

- to receive assistance in self-care, personal appearance, and living space;
- to have free access to all common areas, except for the pantry, storage rooms, medical supply room, staff room, boiler room, and similar areas;
- to be able to go out freely.

USER DUTIES

Each User has the duty:

- To maintain personal hygiene and take care of one's clothing;
- To respect the decorum of the premises and keep common areas clean;
- To respect other Users and the staff;
- To adhere to good rules of coexistence;
- To contact staff in case of emergency;
- To consult the Facility staff when using electrical appliances;
- Not to bring drugs or alcohol into the Facility;
- Not to smoke in any area of the Facility.

STAFF DUTIES

All staff members must conduct themselves with correctness, courtesy, respect, and professionalism toward Users, colleagues, and visitors.

C.U.S. DUTIES

C.U.S. has the duty to:

- implement all commitments stated in the Service Charter;
- plan strategies, monitoring tools, and evaluation criteria;
- establish and carry out training programs to ensure high-quality professional standards.

To this end, the Management has prepared the document DC 03 PG 03 – Service Charter Implementation Plan, which is reviewed annually.

MANAGEMENT OF HUMAN RESOURCES

Each Personalized Therapeutic Rehabilitation Plan (PTRP) requires a comprehensive and integrated approach, involving multiple qualified professional figures.
Within our Facilities, the following professionals operate:

➢ Medical Director
➢ Psychiatrist
➢ Psychologists / Psychotherapists
➢ Coordinators (Facility Managers)
➢ Psychiatric Rehabilitation Technicians
➢ Registered Nurses
➢ Professional Health Educators
➢ Social Workers
➢ Healthcare Assistants (OSS – Social and Health Operators)
➢ Cooks
➢ Drivers
➢ Administrative Staff

Additionally, occasional external collaborations or consulting assignments are envisaged for experts or specialists, as part of broader project-based initiatives.
Staff training and professional updating are ensured through:

- Continuous education programs (with ECM accreditation);
- Mandatory training (Legislative Decree 81/2008, HACCP system, ISO 9001:2015 Quality Management System);
- Specialized training aimed at improving service quality and responsiveness to Users' specific needs;
- Induction programs for new employees, including supervised practice alongside experienced staff.

MANAGEMENT OF STRUCTURAL RESOURCES

For each managed Facility, a Maintenance Plan for Civil and Technical Works is developed and implemented. The Maintenance Manager periodically prepares and updates the Maintenance Intervention Lists for Civil and Technical Works (DR 09 PO 05), to which maintenance reports are attached. All Facilities comply with the safety measures established by Legislative Decree 81/2008 (Unified Safety Act).

MANAGEMENT OF TECHNOLOGICAL RESOURCES

For each Facility, the procedure PO 05 – Maintenance of Civil and Technical Works, Equipment, and Calibration of Measuring Instruments is implemented to ensure the proper functioning of biomedical and electromedical devices. All equipment and biomedical/electromedical instruments are accompanied by:

➢ User and Maintenance Manual
➢ CE Compliance
➢ Periodic Safety Inspections
➢ Functionality Checks

INFORMATION SYSTEM AND PRIVACY

In carrying out its duties as Data Processor, C.U.S. Consorzio Utilità Sociale Social Cooperative processes data in full compliance with EU Regulation 2016/679 (GDPR), both in paper and electronic form.
The Data Processor has implemented all appropriate security measures to ensure data protection and the operational continuity of its activities, in full respect of the fundamental rights and freedoms, as well as the dignity of the User, with particular reference to confidentiality, personal identity, and the right to data protection.

The main technical and organizational measures adopted include:

- Updating and protecting IT operating systems
- Ongoing staff training
- Confidentiality and non-disclosure agreements
- Employee guidelines

The National Cybersecurity Agency, considering the nature of the activities carried out, has identified C.U.S. as a significant entity for the purposes of the NIS2 Directive, and the IT system will be further strengthened to protect against external attacks on the network and information systems.

INFORMED CONSENT

The assisted person has the right to receive, from the healthcare staff of the hosting Facility, complete and comprehensible information regarding the diagnosis of their illness, the proposed therapy, and the Personalized Therapeutic Rehabilitation Plan (PTRP), as well as the benefits and risks associated with the therapeutic treatment and the expected length of stay at the Facility. The User, freely and consciously, has the right to accept or refuse, in whole or in part, and therefore to withdraw the consent previously given.
If the healthcare professional reasonably determines that direct disclosure is inappropriate, the information must instead be provided - unless the User expressly objects - to the family members or to those exercising legal guardianship.
To comply with this legal obligation, C.U.S. Consorzio Utilità Sociale has prepared a Consultation Document DC 03 PO 01 – Informed Consent Guidelines, with specific standardized forms included within the Quality System.

LIFE IN THE FACILITIES: INFORMATION AND ACCESS TO SERVICES

• TELEPHONE LINE

Both the Psychiatric Residential Rehabilitation Communities and the Day Centres for Psychiatric Users are equipped with telephone lines available to Users and reserved for service use, as well as several cordless devices.

• SHUTTLE SERVICE

A transport service is available for Users of the Psychiatric Residential Rehabilitation Communities and the Day Centres for Psychiatric Users, for travel to and from the Facilities.

• VISITING HOURS

Relatives and/or acquaintances of the Users may access the Psychiatric Residential Rehabilitation Communities, in the permitted areas, every day of the week as defined by the Personalized Therapeutic Rehabilitation Plan (PTRP). Visits to the Day Centres for Psychiatric Users are allowed every day of the week during opening hours, as defined by the PTRP.

• MEAL SERVICE

Meals in the Psychiatric Residential Rehabilitation Communities are served in a designated dining room by qualified staff, generally at the following times:

BREAKFAST	08:00 a.m.
MORNING SNACK	10:30 a.m.
LUNCH	12:45 p.m.
AFTERNOON SNACK	5:00 p.m.
DINNER	7:00 p.m.

A differentiated menu is provided for Users who require a specific diet.

The Day Centres for Psychiatric Users offer a meal service for breakfast, lunch, and an afternoon break six days a week, excluding public holidays, at the following times:

BREAKFAST	10:00 a.m
LUNCH	12:30 p.m.
AFTERNOON SNACK	15:00 p.m

A differentiated menu is provided for Users who require a specific diet.
In all Facilities, meals are appropriate in both quantity and quality, as certified by a specific menu.

RESIDENTIAL SERVICES AREA

ORGANIZATIONAL ASPECTS OF PSYCHIATRIC RESIDENTIAL REHABILITATION COMMUNITIES

The Psychiatric Residential Rehabilitation Community is a Facility that accommodates Patients/Users who, due to their clinical conditions, specific family and social circumstances, or insufficient autonomy in daily living activities, require therapeutic-rehabilitative interventions in a 24-hour, non-hospital residential setting. It is a medium-intensity residential Facility that provides 24-hour care with continuous staff presence. These Facilities can accommodate up to a maximum of 14 Users.

The rehabilitative intervention follows a cognitive-behavioral model, meaning that rehabilitation focuses on relationships and behaviors, influencing not only the User's behavior but also that of others.

Before beginning any intervention, the joint Teams (CSM and Facility) carry out an assessment of each User's degree of disability. This assessment estimates the existing deficits and residual areas of disability, allowing the planning of intervention objectives to promote, together with the User and their family, a personalized rehabilitative program aimed at achieving the highest possible level of personal and social autonomy.

The project objectives include: acquiring a good degree of self-esteem and personal autonomy; learning hygiene and self-care; internalizing the rules both inside and outside the Facility; processing family experiences; recovering the values of daily life and coexistence; and ensuring a serene life within the Rehabilitation Community, meeting all emotional and relational needs.

Each User/Resident has an individual file in which all information regarding the progress of their program, its outcomes, and their health status is recorded in a complete and up-to-date manner. Users are kept constantly informed of this information.

Psychiatric Residential Rehabilitation Communities also promote social integration, collaborating with local facilities, socio-cultural services (parishes, libraries, sports associations, etc.), and offices (local health authorities, municipal offices, post offices, etc.). A key element of the integration project is the relationship with neighbours and the involvement of local community resources.

For each User, the following are regularly documented:

The drafting of a Personalized Therapeutic Rehabilitation Plan (PTRP), including a comprehensive assessment of the pathology and needs, objectives, interventions, timelines for monitoring and adjustment, and the expected duration of the service;
The identification of one or more reference staff members;
The methods of communication and interaction with the family members and with the CSM that referred the User to the Facility;
The relationships established with local services, infrastructures, and social organizations.

Therapeutic continuity (DC 01 PO 03) and interventions in cases of psychiatric emergency-urgency (DC 02 PO 03) are ensured.

A Facility Monitoring Register, the User File, the Delivery Diary, and all forms required by the Quality Management System are regularly updated.

A stock of medications and medical supplies is available for the most common pathological events, including psychotropic drugs for the treatment of psychiatric emergencies.

Staff shifts are organized to ensure 24-hour assistance coverage (Continuity of Care), with weekly consultations from a Psychiatrist and a Psychologist/Psychotherapist:

Weekly hours of psychiatric activities: minimum 12 hours
Weekly hours of psychological/psychotherapeutic activities: minimum 12 hours

For each Facility, the following are available:

At least one vehicle for transportation
A telephone line with several cordless devices available, dedicated to the service and the Users

ACTIVITIES AND INTERVENTIONS IN PSYCHIATRIC RESIDENTIAL REHABILITATION COMMUNITIES

The following activities are carried out in the Psychiatric Residential Rehabilitation Communities:

• Medical-psychiatric activities
• Psychological activities
• Continuous nursing care
• Medical-specialist consultations
• Expressive and hands-on workshops
• Social reintegration activities
• Physical/motor activities
• Educational activities
• Rehabilitative activities
• Activities involving family members and caregivers

TYPICAL DAY IN PSYCHIATRIC RESIDENTIAL REHABILITATION COMMUNITIES

07:00–07:30 a.m.	*Wake-up*
07:30–08:15 a.m.	*Personal hygiene*
08:15–09:00 a.m.	*Breakfast*
09:00–09:45 a.m.	*Room tidying*
09:45 a.m.–12:00 p.m.	*Time dedicated to workshop activities*
10:45–11:00 a.m.	*Snack*
09:45 a.m.–12:45 p.m.	*Lunch preparation*
12:45–01:30 p.m.	*Lunch*
01:30–03:30 p.m.	*Afternoon rest*
03:30–05:00 p.m.	*Community activities (walks, listening to music, etc.)*
05:00–05:30 p.m.	*Tea / snack*
05:30–07:00 p.m.	*Time dedicated to workshop activities*
05:30–07:00 p.m.	*Dinner preparation*
07:00–08:00 p.m.	*Dinner*
08:00–11:00 p.m.	*Free time and goodnight*

STRUCTURAL ASPECTS OF PSYCHIATRIC RESIDENTIAL REHABILITATION COMMUNITIES

From a structural point of view, the Psychiatric Residential Rehabilitation Communities have 14 beds available.

The Facilities are designed to ensure full accessibility. As for the sleeping area, each bedroom accommodates no more than two beds; in addition, one bedroom is reserved for on-duty staff. The minimum room size is **16 m²** for double rooms and **9 m²** for single rooms.

Each room provides the following furnishings for every User: a bedside table, a wardrobe for safely storing personal belongings, and a small table with a chair.

The quality of the furnishings is decent and appropriate to the Users' needs. The rooms have natural lighting and ventilation, with adequate shading. Each Facility is equipped with restrooms for Users, with complete and functional fittings, as well as changing rooms and separate restrooms for on-duty staff, divided by gender.

In every Facility, the common area is equipped with:

➢ A tiled kitchen (tiles extending up to two meters from the floor), equipped for meal preparation
➢ Pantry
➢ Dining room
➢ Room for psycho-rehabilitation activities
➢ Meeting room
➢ Lounge equipped for listening to music, reading, watching TV, etc.
➢ Staff office
➢ Entrance hall
➢ Garden

Each Facility guarantees a minimum area of **30–35 m²** per User.

The indoor winter temperature is maintained at **20 ± 1°C**.

SEMI-RESIDENTIAL SERVICES AREA

ORGANIZATIONAL ASPECT OF DAY-CENTRES FOR PSYCHIATRIC USERS

The Day Centre for Psychiatric Users serves as a point of reference for individuals from the local area who, while having a family to rely on, require therapeutic and rehabilitative support throughout the day. The Day Centre is open eight hours a day, six days a week, excluding public holidays, and can accommodate up to 20 users. It is a semi-residential Facility, located within the community, equipped with suitable spaces and resources to carry out specific programmes aimed at developing expressive, educational, and vocational skills. The Centre also provides opportunities to learn and experience interpersonal and group relationships, with the ultimate goal of preventing and reducing hospitalisation.

The organization of work within the Day Centres is structured to address the needs of Users who, suffering from various forms of mental distress, experience difficulties in establishing interpersonal and social relationships. Each Day Centre has therapeutic and rehabilitative functions: it is the place where rehabilitation, occupational, and recreational programmes are implemented, aimed at resocialization and the recovery of autonomy, as well as potential reintegration into the workforce. These programmes offer a concrete alternative to the experience of isolation and marginalization associated with the stigma of mental illness. In practical terms, our Centres focus on learning or re-learning self-care skills and daily living skills; they employ expressive means such as art, music, and theatre; they promote a healthy relationship with the body through activities such as gym exercises, music therapy, and relaxation techniques. Recreational and social activities are also organized, including cinema, theatre, dining out, and exhibitions. Furthermore, training and work-placement initiatives are carried out in collaboration with other local facilities. To this end, our organization adopts a Multidisciplinary Team model, integrating the work of activity coordinators, master artisans, and volunteers for the implementation of specific programmes.

There are also self-managed moments, beyond structured activities. To achieve individual goals, each User is supported by a designated staff member, who provides continuous encouragement and reinforcement throughout the gradual process of personal and social empowerment.
Supervision meetings are essential opportunities for sharing experiences and developing common strategies in response to Users' needs.

For each User, the following are regularly documented:

The drafting of a Personalized Therapeutic and Rehabilitative Plan (PTRP), which outlines the guidelines for the overall assessment of the individual's condition and needs, as well as the objectives, interventions, review and adjustment timelines, and the expected duration of the intervention.
The modalities of interaction with the family members and with the Mental Health Centre (CSM) that referred the individual to the Facility.
The relationships established with local services, infrastructures, and community organizations.

Therapeutic Continuity (DC 01 PO 03) and the management of psychiatric emergencies and urgent situations (DC 02 PO 03) are ensured. A Monitoring Register of the Facility, the User's Record, Shift Handover Reports, and all other documentation required by the Quality Management System are regularly updated.

Each Day Centre has staff dedicated to meal services and transport services. The User transport service operates from 8:00 a.m. to 4:00 p.m., and whenever activities require it.

ACTIVITIES AND INTERVENTIONS IN DAY CENTRES FOR PSYCHIATRIC USERS

Psychotherapeutic activity
Computer course
Family support meetings
Cooking workshop
Theatre workshop
Expressive and craft workshop
Graphic and pictorial activities on canvas using various techniques
Domestic activities
Familiarization with local services
Courses in literacy, English, civic education, environmental ecology, photography, human anatomy, and geography
Physical activity
Resocialization activities
Daily newspaper reading and group discussion
Film and documentary viewing

TYPICAL DAY IN DAY CENTRES FOR PSYCHIATRIC USERS

08:00 a.m.	*Arrival at the centre*
08:00–09:00 a.m.	*Free self-managed time*
09:00–10:00 a.m.	*Newspaper reading*
10:00–10:30 a.m.	*Breakfast*
10:30 a.m.	*Start of activities (according to the weekly schedule)*
12:30 p.m.	*Lunch*
01:30 p.m.	*Tidying up the kitchen and dining room*
02:00 p.m.	*Relaxation time*
03:00 p.m.	*Afternoon snack*
04:00 p.m.	*Return home*

STRUCTURAL ASPECTS OF DAY CENTRES FOR PSYCHIATRIC USERS

Each Day Centre is equipped with:

Room for individual activities
Room for socio-rehabilitative and group activities
Physical activity space
Restrooms for Users
Restrooms for staff
Staff changing rooms
Storage rooms
Relaxation room for Users
Tiled kitchen up to two meters high from the floor, equipped for meal preparation
Pantry
Restroom for kitchen staff
Dining room
Staff office

RELATIONS WITH THE COMMUNITY: OUR NETWORKS

The C.U.S. has strengthened its role in the Puglia and Molise regions, expanding its network of collaborations and synergies with healthcare organizations in other regions as well, such as Basilicata and Calabria, working closely with Mental Health Centres and Local Health Authorities to improve the quality and accessibility of the services offered.

Collaboration is active with Third Sector entities, associations, and non-profit organizations through rehabilitation programmes, projects aimed at achieving shared objectives, and memoranda of understanding with institutes and universities for internships and staff training.

We have further strengthened the network with volunteer organizations and social enterprises, promoting active citizenship and improving the social and occupational integration of Users through continuous cooperation with local services. Among the main partners are:

- **G. FALCONE Social Cooperative**
- **LA VITTORIA Amateur Sports Association**
- **I DIVERSABILI Onlus**
- **THE OLD RIDING SCHOOL COWBOY UP ASD**
- **A.N.P.I.S Puglia**
- **IL CHIARO DEL BOSCO E.T.S.**
- **A UN PASSO DA TE Onlus Association**
- **TUTTI IN VOLO Family Members Association**
- **School of Specialization in Strategic Psychotherapy**
- **University of Ferrara**

ADMINISTRATIVE SERVICES

At the offices of C.U.S. Consorzio Utilità Sociale Social Cooperative, during office hours, staff are always present and available to provide Users with all the necessary information regarding the organization and its administrative services.

USER ADMISSION

User admission takes place following:

- Request from the referring CSM Manager, accompanied by medical notes and the Individual Treatment Plan;
- Authorization from the Director of the Local Health Authority (ASL) DSM responsible for the area;
- Introductory meetings attended by the Multidisciplinary Team of the CSM, the Facility Team, the User, and, if applicable, family members.

Subsequent care of the User begins with the shared development of the Personalized Therapeutic and Rehabilitative Plan (PTRP).

METHODOLOGIES

For each User under care, a Personalized Therapeutic and Rehabilitative Plan (PTRP) is prepared, based on a set of common information and criteria, recorded in a dedicated Form, such as:

- Personal data, clinical and functional diagnosis, with information on the family and social context
- Reason for referral by the CSM, drawn from the Individual Treatment Plan
- Observation of issues related to: Psychopathological area – Self-care/environment area – Relational competence area – Financial management area – Social skills area
- Intervention objectives
- Intervention areas: describing the type and mix of planned interventions, referring to the following categories: Pharmacological therapy – Psychotherapy – Psychoeducational interventions – Enabling and rehabilitative interventions – Resocialization and networking interventions for socio-occupational inclusion
- Indication of staff involved in the interventions, including, when applicable, operators from informal networks and volunteer organizations
- Indication of program duration and periodic reviews: updating the progress of the PTRP, with reference to review dates

The organization of work is based on the principles of clinical governance and Patient safety (care governance), aimed at the continuous improvement of service quality and the achievement of high care standards. Therefore, C.U.S. Consorzio Utilità Sociale Social Cooperative, within the framework of national, regional, and company directives, operates according to clinical-care guidelines validated by the national and international scientific community.

An initial Patient assessment is carried out upon admission and subsequently on a semi-annual and annual basis. This assessment allows the team to objectively monitor changes in the overall clinical condition and specific rehabilitative areas, as well as to adjust the socio-rehabilitative objectives established at the initial stage, if necessary.

The adopted theoretical model is the Cognitive Behavioral approach, and the rehabilitative intervention tool used is VADO (Skill Assessment and Goal Definition). Work is organized according to the Multidisciplinary Team model.

HEALTHCARE RISK MANAGEMENT

Patient safety is a crucial element in the therapeutic process provided by the facilities managed by C.U.S. and is one of the main objectives it pursues, in accordance with the guidelines and recommendations of the Ministry of Health. Healthcare risk management provides the organization, and all its operators, with the necessary information to "learn from errors," that is, from preventable adverse events and so-called "near misses," which represent an opportunity for improvement for the organization.

C.U.S. has established a multiprofessional team (Clinical Risk Management) tasked with promoting an organizational culture in which safety takes precedence over blame, implementing best practices and relevant ministerial recommendations for the facilities, analyzing reports and events, conducting Significant Event Audits (SEA) when necessary to monitor the implementation of identified improvement actions, and preparing the Annual Healthcare Risk Management Plan (PARS).

QUALITY MANAGEMENT, ASSESSMENT AND IMPROVEMENT GUIDELINES AND INTERNAL REGULATIONS

C.U.S. Consorzio Utilità Sociale Social Cooperative is equipped with a Quality Management System for evaluating and improving its activities and organizational structure. In particular, it is structured through the following documents:

- Quality Manual and Management and Operational Procedures, which constitute the guiding documentation and internal regulations for all employees;
- Recording Documents, which certify the execution of activities;
- Operating Instructions, which describe in a detailed, clear, and unambiguous manner how a specific activity or operational procedure must be carried out within the organization;
- Reference Documents, i.e., operating instructions that explain particularly significant activities that have a notable impact on the service.

Furthermore, to implement continuous improvement, the following are carried out:

- During the Management Review, evaluations are made of the annual results achieved;
- Internal and External Factors are analyzed to understand how they may influence operational methods;
- Levels of User and Stakeholder Satisfaction are measured;
- Complaints/Reports of Service Disruptions are recorded and managed;
- Risks that could prevent or limit service delivery are identified and analyzed;
- Internal Audits of the Quality System are conducted.

USER/RESIDENT SATISFACTION

The organization has established criteria and operational procedures to monitor information regarding User Satisfaction/Dissatisfaction with the quality of the Service provided, in order to:

• Promptly identify and manage any complaints or reports of service disruptions
• Verify compliance with the requirements defined for the development and delivery of the requested activity
• Ensure a quality standard of the service provided that is adequate compared to expectations
• Identify any discrepancies between the Delivered Quality and the Perceived/Expected Quality
• Detect opportunities for service improvement
• Establish a communication flow for "information exchange" that encourages users to express any issues or suggestions to improve the quality of the service provided

In particular, the Management has identified the following quality factors:

- Aspects related to time, such as timeliness and regularity
- Aspects related to the ability to provide information about the service to be provided or already provided
- Aspects related to the quality of relationships
- Aspects related to physical facilities: safety and cleanliness of the facilities
- Aspects related to social and human interactions: personalization and humanization of care, courtesy, respect for individual personality, etc.

There are two types of satisfaction measurement:

- The first is aimed at all stakeholders: Users, families, and the Local Health Authority (ASL);
- The second is aimed at Users specifically regarding the activities carried out within the Facilities.

METHODS USED TO MEASURE THE SATISFACTION OF STAKEHOLDERS: USERS, FAMILIES AND LOCAL HEALTH AUTHORITIES (ASL)

The Management, with the support of the Quality Management Officer (QMO), monitors the satisfaction of stakeholders (Users, Families, ASL) in order to assess the perceived quality of the service in relation to the service provided.

This evaluation aims to:

- Measure the level of quality perceived by the stakeholder
- Resolve any stakeholder dissatisfaction
- Identify opportunities for improvement
- Verify any discrepancies between the Designed/Provided Quality and the Perceived/Expected Quality

The monitoring of stakeholder satisfaction is carried out using a dedicated "Satisfaction Questionnaire" (DR 03 PG 05), which is made available to Users/Families/ASL.

This questionnaire, defined by Management with the support of the Quality Management Officer (QMO), allows the collection of general information about the User and the measurement of satisfaction levels with respect to the following parameters:

- Information
- Staff professionalism
- Support services and infrastructure
- Service delivery times
- Service delivery methods
- Quality

MEASUREMENT OF USER SATISFACTION

The Quality Management Officer (QMO), with the support of the Coordinators, conducts a biannual measurement of User satisfaction, also regarding:

- Laboratories of the institutes included in the Personalized Therapeutic Rehabilitation Project;
- Extra outings carried out.

Users, on a semiannual basis, in relation to the laboratories, complete the questionnaire "Laboratory Evaluation and Satisfaction" (DR 05 PG 05) concerning the following parameters:

- Skills acquired;
- Interest;
- Role of the operator/art teacher;
- Group work;
- Usefulness of the laboratory.

Users, at the end of the extra outings, complete the questionnaire "Evaluation and Satisfaction of Extra Outings" (DR 06 PG 05) concerning the following parameters:

- Engagement;
- Interest in the activities;
- The path/activity;
- Group life.

MANAGEMENT OF COMPLAINTS/SERVICE DISRUPTION REPORT

When a User, the Family, or the Local Health Authority (ASL) submits a Complaint/Service Disruption Report, the organization proceeds to manage the Complaint/Service Disruption Report by analyzing and evaluating the causes that led to the non-conformity of the Service Provided and/or the dissatisfaction of the concerned party, within 15 days from the receipt of the Complaint/Service Disruption Report. It defines and manages corrective and/or preventive actions to remove the causes and to prevent their recurrence. This activity aims to satisfy the needs of the concerned party in line with the principles of Continuous Improvement.
Specifically, upon receiving the Complaint/Service Disruption Report, which can be submitted through one of the following channels:

Submitted in person at our Facilities
By phone: **0881/749427**
By letter to the following address: **C.U.S. Consorzio Utilità Sociale Società Cooperativa Sociale Via Longano n. 20 - 86100 Campobasso**
By email: **info@cus94.it**; **cus.2000@alice.it**

The recipient is responsible for recording it on the "User Complaint" form and for immediately notifying the Quality Management Officer (QMO)**.** The Quality Management Officer proceeds to:

- Assign the Complaint/Service Disruption Report an annual progressive code and update the "Complaints Register"**;**
- Immediately inform Management, which, with the support of the relevant functions, evaluates the causes that led to it.

Once the causes of the Complaint/Service Disruption Report have been defined and identified, Management and/or Department Managers, with the support of the Quality Management Officer (QMO), proceed to identify and plan the necessary immediate Corrective Actions to assess and remove the causes of the problem.
The actions identified are recorded on the dedicated "Complaint/Service Disruption Report" form, specifying:

- The actions to be taken;
- The implementation timeline (15 days);
- The persons responsible for execution;
- Any preventive actions to be adopted, if applicable, to prevent recurrence of the non-conformity.

The Quality Management Officer (QMO), after consulting Management, communicates to the concerned party (internal or external) within 7 days the corrective actions undertaken and the estimated resolution time (15 days).
Upon closure of the Complaint/Service Disruption Report, the QMO verifies the effectiveness of the actions taken and records the outcome in the "Complaints Register", thus completing the management and monitoring cycle of the Complaint/Service Disruption Report.

INSURANCE COVERAGE

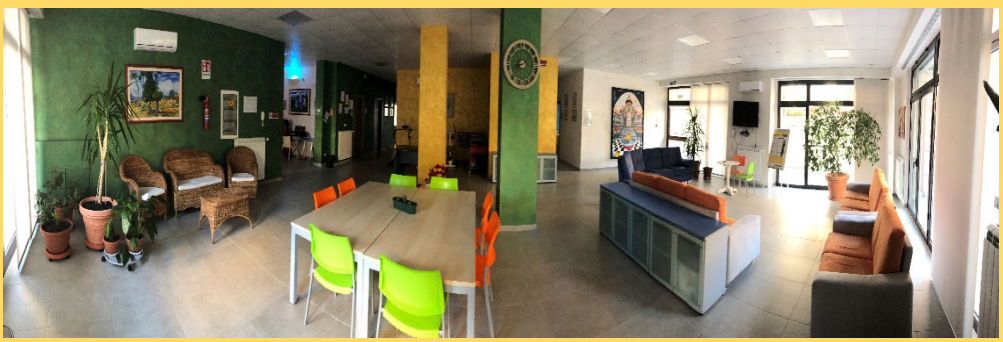
All activities carried out by the healthcare facilities operating under the aegis of C.U.S. – Consorzio Utilità Sociale are covered by a dedicated insurance policy designed to ensure maximum protection. This policy includes two main areas of coverage:

- Third-Party Liability (TPL): which protects C.U.S. against claims for damages caused to third parties, including death, personal injuries, or damage to property, resulting from activities carried out. This coverage is designed to safeguard the rights and well-being of everyone interacting with the healthcare facilities managed by C.U.S., promoting a safe and protected environment.
- Employer's Liability (EL): which insures employees against damages or injuries suffered while performing their work duties, thus ensuring the peace of mind and safety of those working within the facilities.

COMPREHENSIVE CIVIL LIABILITY INSURANCE

UNIPOLSAI INSURANCE

N° 1/39508/65/151418656



HOW TO REACH US AND CONTACT US

The Psychiatric Assisted Rehabilitation Community "Casa Famiglia" is located at Via Napoli n°1 - Cerignola (*FG*) and can be contacted daily at the following numbers:
Tel. 0885/422510; Fax 0885/422510; Mobile 3664313986
E-mail: cerignola@cus94.it - Website: www.cus94.it

The Psychiatric Assisted Rehabilitation Community "Il Rifugio" is located at Via Armando Attilio Lombardi n°3 - Celenza Valfortore (*FG*) and can be contacted daily at the following numbers:
Tel. 0881/060043; Fax 0881/060043; Mobile 3348351986
E-mail: celenza@cus94.it Website: www.cus94.it

Il Centro Diurno per Utenti Psichiatrici "Il Sorriso" is located at Via Paolo Telesforo n°47/R - Foggia and can be contacted daily, from Monday to Saturday, from 8:00 AM to 4:00 PM at the following numbers:
Tel. 0881/749427; Fax 0881/718287; Mobile 3891363778
E-mail: foggia@cus94.it - Website: www.cus94.it

Il Centro Diurno per Utenti Psichiatrici "L'Approdo" is located at Piazza Giuseppe Maria Secondo n°1-10 – Lucera (*FG*) and can be contacted daily, from Monday to Saturday, from 8:00 AM to 4:00 PM at the following numbers:
Tel. 0881/540115; Fax 0881/540115; Mobile 3428019046
E-mail: lucera@cus94.it; Website: www.cus94.it

Il Centro Diurno per Utenti Psichiatrici "I Colori della Vita" is located at Via Ludwig Van Beethoven n°64 - Isernia and can be contacted daily, from Monday to Saturday, from 9:00 AM to 5:00 PM at the following numbers:
Tel. 0865/451701; Fax 0865/416388; Mobile 3389425518
E-mail: isernia@cus94.it Website: www.cus94.it

This document has been:

- Issued and approved by the Executive Management
- Approved by the Medical Management
- Reviewed by the Quality Manager