

Service Charter

C.R.T. San Filippo - outpatient, home-based and semi-residential services

The Service Charter is available at the facility and on the C.R.T. San Filippo website. Italian, English and Spanish versions are available.

Dear User, this Service Charter clearly describes the services provided by C.R.T. San Filippo, access and admission procedures, service capacity, the commitments of the facility and the tools available to users, families and caregivers. Its purpose is to provide clear, transparent and up-to-date information.

1. Identity and organization of the facility

Item	Information
Provider	Zedan S.r.l. - VAT No. 17313621009
Facility	C.R.T. San Filippo - Rehabilitation Centre ex art. 26
Operating address	Via della Grotta 2 - 03020 Torrice (FR), Italy
Medical Director	Dr Roberto Bove
Legal Representative	Pier Paolo Di Ruzza

C.R.T. San Filippo operates as one integrated system across outpatient, home-based and semi-residential settings. Quality, safety and governance processes are shared, while activities are organized according to the specific characteristics of each service.

2. Mission, principles and commitments

The Centre aims to support recovery, maintenance of abilities, autonomy, participation and quality of life through personalized, multidisciplinary rehabilitation pathways.

- person-centred care, dignity, confidentiality and respect for individual choices;
- clinical appropriateness, personalization and continuity of the rehabilitation project;
- integration with family, caregivers and community services when relevant;
- equitable access and non-discrimination;
- clear information and participation of the user in decisions concerning their care;
- safety of care, professional competence and continuous improvement.

3. People served and areas of intervention

The facility provides rehabilitation for people with physical, psychological and sensory disabilities. Activities are defined according to assessed needs and the individual project and may include, when appropriate and according to available professional expertise:

- neuromotor, motor, orthopaedic and postural rehabilitation;
- physiotherapy and physical instrumental therapies when indicated;
- speech and language therapy, including communication and swallowing functions;
- occupational therapy and interventions supporting autonomy and daily living activities;
- developmental neuro-psychomotor therapy and services for minors;
- psychological, neuropsychological, social and educational support when included in the pathway;
- specialist medical assessments and multidisciplinary activities required by the rehabilitation project.

4. Services, capacity and main contents

Service	Capacity	Main content
Outpatient	100 treatments/day	Individual and multidisciplinary rehabilitation pathways provided at the facility.
Home-based	100 treatments/day	Rehabilitation interventions at the user's home, scheduled according to needs and the applicable access pathway.
Semi-residential	20 places	Scheduled attendance with rehabilitation, care, educational, occupational and social activities integrated into the PRI.

Services are provided according to the user's needs, the rehabilitation project, the authorized organization of the facility and the professional competencies available.

5. Access, reception and admission

Step	How it works
Information and request	The Reception/Administrative Office provides information on required documents, access procedures, availability and service organization.
Initial check	Documents are checked and the user is directed to the appropriate pathway according to prescription, referral and applicable conditions.
Assessment	The relevant professionals assess clinical, functional, care and social needs as appropriate.
Admission	Goals, activities, professionals, frequency and organizational arrangements are defined.
Start and continuity	The programme is shared with the user and, where relevant, with family/caregivers; significant changes lead to reassessment.

6. Individual Rehabilitation Project and multidisciplinary team

Care is based on assessment of needs and on the Individual Rehabilitation Project (PRI), which defines goals and coordinates interventions. Whenever possible, the project is shared with the person receiving care and, when relevant, with family members, caregivers or legal representatives.

- goals, activities, frequency and professionals are consistent with identified needs;
- activities and clinical-care information are recorded in the required documentation;
- periodic reassessments are carried out and repeated whenever significant changes occur;
- outcomes and information needed for continuity are communicated when the pathway ends or changes.

Depending on needs, the team may include specialist physicians, physiotherapists, speech and language therapists, occupational therapists, developmental neuro-psychomotor therapists, psychologists, social care professionals, nurses, healthcare assistants (OSS) and other professionals required by the project.

7. Semi-residential service

The semi-residential service has 20 places and is organized as an integrated social-rehabilitation pathway. The day is planned according to the PRI and combines individual and group activities according to each person's goals.

- multidimensional assessment and definition/update of the PRI;
- rehabilitation, care, educational, occupational and social activities;
- multidisciplinary coordination and continuity of information among staff;
- involvement of family/caregivers and coordination with community services when relevant;
- support during attendance, medication management when required and response to urgent situations according to internal procedures;
- organization of meals and other necessary supports according to service planning and individual needs.

8. Location, accessibility, opening times and contacts

Item	Information
Address	Via della Grotta 2 - 03020 Torrice (FR), Italy
Telephone	0775 050176
E-mail	info@crtisanfilippo.it

Website	www.crtsanfilippo.it
Opening times	Ordinary activities run Monday to Friday. Specific service and Reception/Administrative Office times are communicated to users and kept updated at the facility and on the website.

The facility pays particular attention to accessibility for people with disabilities. For specific mobility, communication, access or assistance needs, users may contact the Reception/Administrative Office in advance.

9. Rights and responsibilities of the person receiving care

Right / principle	Facility commitment
Information	Clear and up-to-date information about services, pathways, professionals and organization.
Participation	Listening to the person and involving them, whenever possible, in decisions about their pathway.
Dignity and equity	Respectful, non-discriminatory care attentive to individual characteristics.
Privacy	Protection of personal data, health information and confidentiality.
Quality and safety	Appropriate and safe services provided by qualified professionals.
Listening and feedback	Opportunity to submit suggestions, comments and complaints without negative effects on care.

Users and caregivers cooperate by providing correct and updated information, respecting appointments, times and safety rules, promptly reporting absences or relevant changes, and behaving respectfully towards staff and other users.

10. Information, consent, privacy and records

- clinical information is provided by the appropriate professionals in a way suited to the person's age and abilities;
- consents, refusals and authorizations are obtained and recorded when required;
- family members and caregivers receive information within the limits of consent or legal representation;
- clinical and social-care records are accessible only to authorized persons;
- requests for access to or copies of records are managed after checking the identity and entitlement of the applicant.

11. Quality, safety and continuity of care

The Centre systematically evaluates organizational, clinical-care and perceived quality. Indicators, checks, audits, meetings, questionnaires and reports are used to identify issues and define improvement actions.

- clinical risk management and management of care-related issues;
- environmental hygiene, safety and equipment controls;
- staff training and maintenance of professional competencies;
- checks on completeness of records and reassessments;
- continuity of information in case of transfer, discharge or transition between services.

12. Complaints, comments and suggestions

Users, family members and caregivers may submit complaints, comments and suggestions verbally or in writing. The dedicated form is available at the facility, including through the Reception/Administrative Office. Reports are reviewed, recorded when necessary, directed to the appropriate function and used to identify possible improvement actions.

13. Listening to users and caregivers and satisfaction

The facility uses questionnaires and other listening tools to understand the experience of people receiving care and caregivers. Forms are available in the waiting area and from the Reception/Administrative Office; the satisfaction questionnaire may be returned using the dedicated box located at the entrance/reception area. Results are analysed in aggregate form and used to improve services.

14. Quality standards and facility commitments

Area	Commitment
Information	Keep the Service Charter and information materials consistent with services actually provided.
Reception	Provide understandable information on access, documents, times and organization.
Identification	Make the role of staff involved in the pathway identifiable.
Privacy	Protect personal data, confidentiality and dignity.
Quality and safety	Monitor activities, issues, risks, equipment and competencies.

Listening	Collect and analyse questionnaires, complaints, comments and suggestions.
Continuity	Provide information needed to continue the pathway when necessary.