

SERVICE UNIT'S SELF- REGULATION PLAN

Professional take-home services Ostrobothnia 2025



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Service provider

Med Group Oy

Business ID: 2080120-0

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Service unit

! Avustaja- ja kotipalvelut ONNI Vaasa

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Service sector: Home care for the elderly and home care for families other than families with children and the elderly, home care for families with children

Social services

Services, mission statement and operating principles***Services produced in the service unit affected by this self-regulation plan***

Healthcare services: x

Social welfare services: x

Description of the services to be provided

The business idea of home care is to provide professional, high-quality home care and home nursing services for the elderly and clients of disability services. We also act as substitutes for family caregivers when necessary.

Substitute family caregivers enable family caregivers to have free time. The service includes treatment and care according to the client's needs, activities that promote functional capacity and interaction, and participation.

Vaasa will have professional services for families with children, which will provide home services for families with children in accordance with the Social Welfare and Child Welfare Act, child welfare open care services for families with children and disability support services for children clients. Home services for families with children include home services for families with children in accordance with the Social Welfare Act. We will register services under the Child Welfare Act in the operating unit during spring 2025.

Home care is also provided in Swedish in the wellbeing services county of Ostrobothnia.

The service unit's mission statement and operating principles.

The service is provided as an on-site service at the customer's home in the wellbeing services county of Ostrobothnia as an outsourced service, with a service voucher and for self-paying customers. Our services enable the wellbeing services counties to produce high-quality and cost-effective services in accordance with the Act on Health and Social Services, Services for the Elderly and the Disabled.

The aim of home care is to support and promote the comprehensive health, well-being and rehabilitation of clients and to maintain mental and social functioning so that the client can cope as independently as possible at home and outside the home. Treatment and monitoring of illnesses are an important part of the client's treatment as a whole.

Our way of working is characterised by our company values: reliable, flexible, friendly. We do what we promise. We will do our best. Our operations are customer-oriented. We enable our customers to live their own life in their own homes. Every day of the year. Trust keeps everyday life smooth, our customers happy and our work community close-knit. We build trust every day through our own actions.

The customer's opinions and wishes are genuinely heard in Onni's home care and we act accordingly. Customer satisfaction, development targets, feedback and complaints received as well as issues raised in deviations are taken into account in development.

Subcontracted services and their providers:

The service unit does not use subcontracting to produce services.

Customer and patient safety**Qualitative requirements for services*****Quality requirements set by the service provider for the services of the service unit and methods of implementing quality management***

Quality is a key success factor for Onni, which ensures that our customers' expectations are met and that the requirements set by our customers, legislation and authorities are met. We are committed to providing service correctly, timely, safely, responsibly and in accordance with our values and ethical principles. The three quality principles of our quality policy, which we adhere to for each service, are:

1. We work for our customers.
2. Every employee is responsible for quality.
3. Quality is measured every day through the success of customer work.

Our quality work is continuous and systematic development, which is led by the quality team in our company. Quality work is also implemented in the regions through a quality network. The unit regularly monitors e.g. invoicing rate, deviations and customer feedback.

In recruitment, we have taken into account not only professionalism but also a genuine desire to help all kinds of customers. Employee orientation is documented. The team leader's interaction between customers, relatives and employees is open and friendly.

The quality of service does not depend on the form of the service provided. All customers are treated in the best possible way in all situations. The aim is that the customer receives safe, humane and self-determined service in different life situations. Onni's services enable individual, smooth everyday life. Help can and will be asked. Exactly in the form the customer needs.

Possible quality requirements for services set out in specific legislation

We comply with the laws and regulations concerning our operations as well as the Supervision Act. Our self-monitoring is systematic quality management and development. We work in close cooperation with the wellbeing services counties regarding contracts and service production.

Section 19 of the Constitution obliges everyone to provide necessary care. In a country like Finland, necessary care also includes services that promote inclusion and self-determination. This is the generally accepted view in Finland. Services under the Act on Services for Persons with Disabilities are used to implement in practice the rights required by the Constitution and human rights treaties.

Ensuring the customer and patient safety of the service unit's services in concrete terms

In addition to legislation and regulations and instructions provided by the client, the requirements and implementation methods of customer safety in the service unit are guided by the Group's self-monitoring programme, quality management and patient safety plan, this service unit's self-monitoring plan, the pharmacotherapy plan and its unit-specific appendix, as well as the Group-level and service unit's procedures and work instructions. The up-to-date nature of the guidelines is monitored and maintained regularly, and compliance with them is monitored as part of daily management.

Responsibility for the quality of services

Service unit's self-monitoring responsibilities and management system

Hierarchical levels of self-monitoring:

- 1) Each person is responsible for their own actions and reports any near misses, accidents, errors, deficiencies and shortcomings that may occur in them.
- 2) As necessary, work pairs and colleagues supervise the activities of other employees and point out any errors they notice to them or to the team manager.
- 3) The team supervisor supervises the activities of his or her subordinates.
- 4) The Business Director is responsible for the quality of his/her own business.
- 5) The Medical Director is responsible for quality management at Group level.

In the service unit, the person in charge of each service sector is responsible for the implementation of self-monitoring in each service sector for his or her own area of responsibility as mentioned above.

The operations meet the requirements set out in the acts on private social welfare and health care and the decrees regulating the operations. Appropriate official registrations of operations are carried out and maintained, and operations are monitored in accordance with requirements.

There are enough trained and professional staff for the operation. To ensure this, guidelines have been created for checking qualifications and storing related documents in the HR system. Facilities and equipment are appropriate. We carry out defined risk assessments annually and take their results into account in the planning of operations.

Health care service activities are medically justified and take into account the requirements of patient safety. The staff and team leader maintain their competence. Non-conformities are monitored and handled regularly.

When providing social services, the operations are based on the key acts governing social welfare services, such as the Social Welfare Act, the Act on the Status and Rights of Social Welfare Clients, the Act on Services for Persons with Disabilities, the Act on Special Care for the Mentally Handicapped and the Mental Health Act.

Onni has the ISO9001:2015 quality system certificate, which is a reliable certificate issued by an external evaluator that our operations are customer-oriented and that quality is developed systematically and in accordance with objectives.

Status and rights of clients and patients

Customer access to services

In home-based professional services, the client can access the services, treatment and rehabilitation in accordance with the agreement between the wellbeing services county of Ostrobothnia and Med Group, jointly agreeing on the launch of new services. The wellbeing services counties can purchase the service as an outsourced service or grant customers a service voucher that they can use to purchase services from a service provider of their choice, such as Onni. The customer can also order the service themselves, paying according to Onni's private customer's service price list. Customers can purchase the service themselves either fully or partially in addition to the service provided by the wellbeing services counties.

The operations meet the requirements set out in the acts on private social welfare and health care and the decrees regulating the operations. Appropriate official registrations of operations are carried out and kept up-to-date, and operations are monitored in accordance with requirements.

The client's service needs are determined by the authority ordering the service, such as a social worker or service counsellor. When assessing the need for services, the criteria for service provision drawn up by officials are taken into account.

The rule book is followed when municipalities organise services for their customers in accordance with the Act on Social Welfare and Health Care Service Vouchers (569/2009). The rulebook is not an agreement between the wellbeing services county and the service provider. When the service itself is produced, the parties to the contract are the service provider and the customer. The customer makes an agreement with the service provider on the procurement of the service.

In the case of outsourced service customers, the customer's representative makes the decision on the inclusion of the services and an assessment of the amount and quality of assistance needed. The customer's service needs are assessed in cooperation with the client's representative and the customer. The customer relationship will be transferred to us in accordance with the competitive tendering.

Onni's services begin with a call to the customer and/or family member and a possible home visit, which can be carried out separately or, for example, by participating in the discharge of a client discharged from hospital together with their loved ones. The customer's wishes regarding the service as well as their habits and habits are discussed with the customer and his/her relatives. A

treatment and service plan with goals is drawn up for each client. The first time the plan is drawn up, a team leader or a nurse authorised by the team supervisor is involved. In the future, the plan will be updated as necessary, at least every six months by the family nurse.

Ensuring the customer's right to information and participation so that they have an effective opportunity to participate in the planning, decision-making and implementation of their services

Taking customers, their families and loved ones into account is an essential part of developing the content, quality, customer safety and self-monitoring of the service. All customer feedback is collected and reported to Onni's management team for analysis. The results of the collected customer feedback are also part of Onni's self-regulation report and the self-monitoring development plan included in it. Customer feedback revealing quality deviations is reacted to by systematically developing the service and monitoring the results of development work through audits, observations and self-monitoring reporting.

The client has the opportunity to influence and participate in the planning and decision-making of their own treatment in accordance with their own resources and the limitations of the illness. If necessary, the customer can use technical speech production tools to help with participation.

Ensuring appropriate treatment of clients and patients and procedures if inappropriate treatment is detected

The customer has the right to high-quality service and good treatment without discrimination. The client must be treated with respect for his or her dignity, beliefs and privacy. The adopted way of meeting and addressing customers tells about the prevailing operating culture and the values and operating principles adopted behind it. The services must pay special attention to and, if necessary, react to inappropriate or offensive behaviour towards the customer.

The customer has the right to submit an objection if they are dissatisfied with their treatment or the quality of the service. If necessary, the objection can also be submitted by his/her legal representative, relative or close relative.

If necessary, the customer can give feedback to the team supervisor responsible for the service. Feedback can be given electronically, by phone or anonymously through the company's website. Any feedback and objections will be processed without delay with all persons concerned. If the feedback concerns the activities of the team manager, the feedback is processed by the service manager. Any inappropriate treatment is addressed immediately and, if necessary, the employer has a warning and/or dismissal procedure in place in case of significant error on the part of the employee.

Informing the client and patient of the legal remedies available to him or her

The Social Services and Patient Affairs Officer advises clients, relatives and staff in matters related to the treatment, participation, rights and legal protection of clients. The Social Services and Patient Affairs Officer is an impartial person whose task is advisory and he or she may also act in a mediating role. The service is free of charge for the customer.

In accordance with the Act on Patient and Social Affairs Officers (739/2023), the activities of patient and social affairs officers will be organised entirely as a public service. Onni directs patients and clients to turn to the patient or social affairs officer of the wellbeing services county of

Ostrobothnia, if necessary. Onni's employees tell the customer about the possibility to make a reminder.

Katarina Norrgård is responsible for social affairs in the wellbeing services county of Ostrobothnia. She can be reached Mon-Fri 8–14, tel: 040 507 9303. Email (unencrypted) is sosiaaliasiavastaava@ovph.fi

The patient affairs officers of the wellbeing services county of Ostrobothnia are Marjut Meltoranta and Sari Mäkinen. Telephone hours are Mon-Thu 9–11, tel. 06 218 1080. Email (unencrypted) is potilasasiavastaava@ovph.fi

The Consumer Advisory Service's online service, www.kuluttajaneuvonta.fi provides instructions and assistance in matters related to consumption between consumers and companies.

Ensuring the realisation of clients' and patients' right to self-determination, and principles and concrete procedures for limiting client and patient self-determination

Everyone has the right to make choices and decisions concerning their own lives. The task of the staff is to respect and strengthen the customer's autonomy and to support his/her participation in the planning and implementation of their services.

The right to self-determination is a fundamental right of everyone, consisting of the right to personal liberty, integrity and security. Closely linked to it are the rights to privacy and the protection of private life. Personal freedom protects not only a person's physical freedom, but also his agency and self-determination. As far as possible, the customer should have the right to express wishes, for example, about who assists him or her in gender-sensitive situations.

Home services do not use measures, sanctions or restrictions that are independent of the customer's will.

Unit-specific plans and instructions drawn up if necessary to strengthen the service unit's customer's autonomy

The service unit does not have separate instructions that apply only to this unit. The service unit operates in accordance with the general procedures and procedures provided by the client.

Procedures for drawing up and updating statutory service plans for clients and patients (e.g. customer service or treatment plans):

In the wellbeing services county of Ostrobothnia, the representative of the contracting party determines the service needs of outsourced service or service voucher customers. The customer's representative makes the decision on the customer's inclusion in the scope of services, the number of service hours, content and duration of the service. Usually, for new clients, services are started with a 6-week evaluation period for temporary home care. After this, the representative of the contracting party together with the customer and their loved ones makes a decision on the continuation or termination of the regular service. The treatment and service plan is drawn up by the client's representative in cooperation with the customer, but Onni's home care also prepares its own care and service plan for the customer information system DomaCare and, in addition, a service agreement for self-paying and service voucher customers. These are prepared together with the customer. If desired, the client can ask a family member to participate in drawing up the

plan. The responsibility for updating the care and service plan lies with the home care family nurse. The update is carried out as needed, at least every six months.

The staff of the service unit acts in accordance with the plans drawn up for the client and patient, and the implementation and updating of the plans is monitored

In Onni's home care, the treatment and service plan is recorded in the customer's information in the customer information system DomaCare. From there, goals have been raised as guiding headlines for structured daily logging. Special things to note In addition, instructions for nurses concerning the agreed visit contents and the most important matters to consider have been defined in the field.

The treatment and service plan and treatment objectives are followed in daily nursing work. A report on the customer is recorded in accordance with structured recording in accordance with the structured recording at each visit.

Duties of the social and patient affairs officers of the service unit

The Social Services and Patient Affairs Officer advises clients, relatives and staff in matters related to the treatment, participation, rights and legal protection of clients. The Social Services and Patient Affairs Officer is an impartial person whose task is advisory and he or she may also act in a mediating role. The service is free of charge for the customer.

In accordance with the Act on Patient and Social Affairs Officers (739/2023), the activities of patient and social affairs officers will be organised entirely as a public service. Onni directs patients and clients to turn to the patient or social affairs officer of the wellbeing services county of Ostrobothnia, if necessary. Onni's employees tell the customer about the possibility to make a reminder.

Work with reminders

A person dissatisfied with the quality of the service or the treatment received by the customer has the right to submit an objection to the person in charge of the operating unit or a senior official. If necessary, the objection can also be submitted by the customer's legal representative, relative or close relative. The addressee of the blackout must deal with the matter and provide a written, reasoned reply within a reasonable time. As a rule, the objection must be made in writing. Reminders and complaints are recorded in the Onni home care incident management system Falcony. Reminders are always brought to the attention of the employees concerned and their supervisor. Serious deficiencies and problems are handled by Onni's quality group.

Responsible for handling reminders

The (medical) director responsible for healthcare services is responsible for ensuring that reminders about healthcare services are handled carefully and appropriately.

The subscriber of the service must respond to objections to service providers pursuant to section 23 of the Act on the Status and Rights of Social Welfare Clients (812/2000) and section 10 of the Act on the Status and Rights of Patients (785/1992).

Recipient of social welfare reminders:

Wellbeing services county of Ostrobothnia, Registry, Hietalahdenkatu 2–4, 65130 Vaasa.

Reminder handlers for this service unit:

Persons responsible for the service unit:

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Procedures for handling objections

Feedback is answered by the Service Manager. Feedback will be answered within the deadline. For reminders, complaints and complaints, the following approach is used:

- 1) A customer, relative or unit staff gives feedback or a complaint
- 2) The service manager records the feedback in the Falcony system and forwards it to the service manager in question. employees and ask them for their responses.
- 3) The Service Manager informs the company's management about the complaint process and forwards the responses received to the Client (if the reminder has come via the Client) or to the (medical) Director responsible for healthcare services for a response.
- 4) The (medical) director responsible for healthcare services prepares a response to the objection if it has been requested directly from the company and, if necessary, decides on measures to rectify the procedure that caused the complaint
- 5) The service manager documents the reminder and responses to the Falcony system
- 6) The (medical) director responsible for healthcare services and the service manager are responsible for ensuring that possible inappropriate behaviour does not recur.

Complaints and reminders forwarded by the supervisory authority are recorded in the Falcony system and replied to by the (medical) director responsible for health services on the basis of explanations provided by employees.

Taking into account any shortcomings or shortcomings revealed in the reminders in operations and their development

Serious deficiencies and problems should be rectified immediately and communicated extensively. The root causes of detected shortcomings are analysed and reviewed on a case-by-case basis with the necessary configurations (with employees, in business unit meetings, steering group, quality group, management team) in order to identify and prevent corresponding deviations, change operating models if necessary, specify instructions (at unit level or more extensively), prevent other types of deviations due to the same root cause, and identify orientation needs.

Staff

Personnel planning takes into account the legislation applicable to operations. The number of personnel required depends on the customers' need for assistance, the number and the operating environment. When recruiting personnel, special attention is paid to the necessary competence. Services for elderly clients must take into account the requirements set out in the Act on Services for the Elderly.

When hiring employees, the person's competence, suitability and reliability must be taken into account. When recruiting, the register information concerning the professional rights of healthcare and social welfare professionals must be checked from the register of social welfare and health care professionals (Terhikki/Favorite). In addition, the unit may have its own needs related to the structure and competence of the personnel, about which open communication is important. Social welfare and health care professionals must have the oral and written language skills required for the tasks they perform, the assessment of which is the employer's responsibility.

Number of staff in the service unit, structure and principles for the use of substitutes

The home care team is supervised by a team supervisor. His management is supported by the service manager of the area. Home care has a total of 38 employees, of whom 1 team supervisor, 7 nurses, 1 bachelor of social services, 23 practical nurses, 1 nursing student, 4 practical nurse students. One of the practical nurses also works as a work planner. Some employees work shifts as needed, slightly less than a full roster.

New employees are recruited according to customer needs. Preparations are made for the annual holiday period by starting the recruitment of summer workers already in January.

Home care uses a stand-by system to ensure the provision of services to clients in cases of sudden absences.

Every new employee is guaranteed a good and sufficient orientation, which is documented. In addition, the support of the team leader is important.

Home care does not use hired labour or labour subcontracted from another service provider.

Verification of the professional rights of healthcare and social welfare professionals

The organization has written instructions for verifying the qualifications of personnel. During the job interview, diplomas and certificates of employment are checked. Through the PublicTerhikki/Favourite service, the registration of professional rights in Valvira's register is

checked. In addition, identity and right to drive are checked. Records of checking these things are stored in the HR system.

How to ensure that the personnel participating in the provision of the service have appropriate training, sufficient competence and professional skills as well as language skills for their duties;

During the job interview, diplomas and certificates of employment are checked. Copies are stored in the HR system. Language skills are verified at the job interview. The recruiting supervisor must be sure that the language skills of the persons applying for the positions are sufficient. In the case of the language skills of a social and health care professional, the supervisor will contact Valvira if necessary and check whether the language skills have been checked as required by law.

When concluding an employment contract, the employee undertakes to provide an extract from the criminal record without delay upon request.

Ensuring adequate induction and maintenance of professional skills and ensuring that personnel participate sufficiently in continuing vocational training

Home care staff will be familiarised with customer work, the processing of customer data and data protection, as well as the implementation of self-monitoring in accordance with the induction programme. The same applies to students working in the unit and those returning to work after a long absence. The orientation is documented in the HR system. The importance of leadership and training is emphasised when the work community adopts a new kind of operating culture, for example, in supporting self-determination or in the planning and implementation of self-monitoring. The Act on Social Welfare and Health Care Professionals lays down provisions on employees' obligation to maintain their professional competence and on employers' obligation to enable supplementary training. The unit operates in accordance with the principles of the organisation's Work Community Development Plan.

Onni has its own induction programme and material for employees. We also use the Onniakatemia online induction platform, which contains Onni's induction and training materials. In addition, we acquire expertise in new things, for example, through THL's online training (terminal care passport). The Quality and Sales Manager organises nationwide training meetings related to pharmacotherapy competence for persons responsible for pharmacotherapy. A training plan will be drawn up for the personnel in order to implement continuing education.

According to Onni's induction plan, team supervisors familiarise new employees with Onni's operating methods in general, as well as the unit's own operating instructions and the use of various aids at the beginning of the employment relationship. The orientation also covers the identification and handling of risks at work. Onni has drawn up a home care manual that clearly describes the tasks of home care and discusses occupational safety.

A pharmacotherapy plan is an important part of orientation. The Group has a joint pharmacotherapy plan, in addition to which the unit has its own appendix. Those participating in pharmacotherapy must have completed the LOVE training in pharmacotherapy. In addition, competence is ensured by receiving demonstrations. A medicine licence is granted after these have been successfully completed. The licence is granted by the Director of Health Care Services. A new section of the medicine licence is the collection of venous blood samples. Here, too, completed theoretical studies must be demonstrated and practical competence must be demonstrated. In home care, permission to take venous blood samples is only applied for nurses.

Home care has a team meeting for everyone about once a month. In addition, a nurse's meeting is held once a month to discuss medical matters and possible deviations related to medical care or

medication. In addition, the meeting discusses the competence gaps that have arisen and provides training for them, e.g. Tying comprimans.

The right to work will be ensured for students working temporarily as licensed social welfare or health care professionals. Guidance, management and supervision of students in practice.

In home care, the student's right to work in an employment relationship is ensured by checking an up-to-date transcript of records that shows not only the attainments of studies but also the continuity of studies. The student is always paired with a health care professional during the orientation, who together with the team supervisor ensures the student's competence. The team supervisor defines the work tasks that the student can participate in according to their competence. The student's competence in equipment and assistive devices is verified and recorded. Competence in pharmacotherapy is verified once a week by a licensed nurse and documented. In home care, the student does not distribute medicines independently. A licensed nurse checks each medicine dispensation. The team supervisor is responsible for supervising the student's competence and work.

The competence of the personnel and the appropriateness of their work are monitored during the operations, and any shortcomings detected are addressed

The competence of the personnel and the appropriateness of their work are monitored through training monitoring, observations, feedback and performance and development discussions. Identified competence gaps or inappropriateness are reacted to by supporting the employee with additional orientation or training, regular monitoring and open discussion. There is also an early support model that encourages early response and anticipation of potential challenges.

Investigation of an employee's criminal background on the basis of section 28 of the Supervision Act from persons working with elderly and disabled persons

The reliability of employees, including substitutes, is checked before signing an employment contract. The new Act on the Supervision of Social Welfare and Health Care 741/2023 introduced the inspection of extracts from criminal records in accordance with section 26 as of 1.1.2024 and as of 1.1.2025 for services for persons with disabilities. The employer has the right and obligation to check the criminal record extract of employees. The right applies to tasks that permanently and essentially involve assisting, supporting, caring for or otherwise caring for elderly or disabled persons or other work in personal interaction with an elderly or disabled person.

The job applicant/employee is required to present a criminal record extract to the team supervisor before signing the employment contract or at the latest before the employee comes for their first shift. The supervisor checks the criminal record extract and enters the date of the check in the HR system. The extract from the criminal record or a copy thereof is not stored in the employer's archives, but is returned to the employee without delay after the inspection.

Monitoring the adequacy of personnel involved in customer and patient work

How do the persons responsible for the service unit or service sectors ensure, in all situations, that there are sufficient staff to provide health and social services in relation to the need for services and the number of clients and patients?

Home care shifts are planned according to customer needs, and a sufficient number of staff are reserved for each shift in proportion to this. In home care, the sufficiency of staff is ensured by proactive recruitment, by preparing for annual holidays and by taking possible absences into account by ensuring that there are enough people called to work when necessary. The team leader continuously monitors personnel needs and their correspondence to the services provided.

The team supervisor participates in customer work as necessary and thus ensures the quality of customer services and the implementation of self-monitoring. The Service Manager ensures and monitors that the team leader has enough time to complete the tasks.

Concrete operating models for ensuring sufficient personnel and responding to customers' service needs, as well as for situations when there are not enough personnel

The anticipated employee needs are taken into account in the number of personnel as part of the normal recruitment process and workforce planning. In case of sudden employee shortages, the team supervisor first looks together with the work planner to see if the work lists can be condensed. If necessary, the team manager communicates the need for employees to gig workers and fills the gap with their help. As a secondary option, the shift is carried out by full-time staff as overtime.

Multidisciplinary cooperation and service coordination

The customer may need several simultaneous services. Client transitions from one service to another have proven to be particularly risky in terms of information flow and continuity of care. In order for the service package to be functional from the customer's point of view and meet their needs, cooperation between service providers and special attention to the flow of information are required.

Implementation of cooperation and flow of information with other social and health care service organisers and providers included in the client's and patient's service package

Cooperation and information flow are implemented through regular communication and information. In day-to-day operations, cooperation is emphasised in the communication and communication between the parties participating in each customer's service, as well as in reporting and recording.

Ensuring cooperation with the service provider's other service units related to services provided to the customer or patient (Onni's internal cooperation between the service units)

Internal cooperation between Onni's service units is ensured through national steering group work and national cooperation between team supervisors. Through uniform operating models and nationwide cooperation, service units have the opportunity to develop through sharing best practices. Cooperation across business boundaries is also carried out in everyday life between Onni's different business units.

Facilities and equipment

Facilities used in operations, including the operating environment, and equipment, as well as their safety, safe use and suitability for their purpose

As a rule, employees work in customers' homes. The office premises serve as break and meeting rooms, a storage room for care supplies and office work for team leaders, work planners and nurses. Home care clients do not visit the premises, relatives rarely.

Any inspections carried out on the premises as well as the approvals and permits granted and their dates. Key findings found in inspections and approvals from the point of view of self-monitoring of premises

The wellbeing services county of Ostrobothnia and AVI carry out regular monitoring visits in accordance with their annual programme. However, the supervision does not focus on the premises, but on the operations themselves.

Private social welfare services: OID: 1.2.246.10.20801200.10.158, date of issue 24.5.2018

Private healthcare services: OID: 1.2.246.10.20801200.10.153, date of issue 30.5.2018

Risks related to the use of premises and equipment, including related customer privacy rights, and ways to manage them

Site-specific risk assessments are carried out annually using the Falcony system in accordance with separate guidelines. Risks related to the use of premises and equipment are assessed from the perspective of customer safety and experience as part of the mapping of risks related to customer safety and experience, as well as environmental and emergency conditions, and from the perspective of occupational safety and health as part of the mapping of occupational safety and health risks. Operations are evaluated from different perspectives, which is used to identify, report and assess risks. Based on the reported observations, the need for measures is planned and their implementation monitored. New risks are observed and the status of already identified risks is monitored through annual surveys.

It is important for the work community to report observations openly and actively using the Falcony system and to record customer feedback.

Procedures for the maintenance, servicing, reporting of irregularities and flow of information

Activity in the office is minimal. Home care staff clean the premises themselves. If necessary, cooperation is carried out with the property owner. Cooperation ensures the functionality of basic systems, such as heating and ventilation. Grievance reports can be made directly by contacting the property owner. As a rule, the contact person is the team supervisor, who informs the team if necessary.

Operating models, resources and plans for the long-term maintenance of real estate used for service activities

Home care does not have a property used for service activities, the services are provided at the customer's premises.

How to ensure that the service unit does not have equipment that is inappropriate or unsuitable for the services and poses a security risk

At the home care office, we ensure that all tools in use, such as computers, printers, phones, are appropriate and safe in relation to the services. The maintenance of work equipment has been arranged through regular inspections and necessary maintenance measures.

Medical devices, information systems and use of technology

Home care clients are treated taking into account work ergonomics and client safety, using appropriate aids. In the case of a new customership, the wellbeing services county of Ostrobothnia is responsible for mapping the need for assistive devices and acquiring the necessary aids. In the future, Onni's home care will cooperate with the wellbeing services counties when it becomes necessary to update assistive devices.

The devices used by Onni are, for example: blood pressure monitor, blood glucose meter, finger pulse oximeter, personal scale. The devices are compliant CE marked medical devices and are regularly serviced. The devices are entered in the electronic device register. There is a device passport for the safe use of the equipment, in which training in the use of the devices and ensuring competence in the use of the devices are recorded. Any customer-specific medical devices and assistive devices are procured by the wellbeing services county.

How to ensure compliance with obligations under the Medical Devices Act (719/2021)

According to Fimea, medical devices include devices found at home, such as blood pressure monitors, plasters, glasses and hearing aids. These are also used by home care customers. Ultimately, it is the manufacturer of the product that determines whether it qualifies as a medical device or not. Actual traditional medical devices are not used in home care.

Person responsible for the safety of professional equipment and articles to ensure compliance with incident reports and other provisions relating to equipment:

The person responsible for the safety of professional equipment and accessories ensures strict compliance with all incident reports and equipment-related regulations. They have overall responsibility for the equipment in the wellbeing services county, but home care staff are always obliged to report any deviations they observe that may affect customers, personnel or third parties, and they must act in accordance with the quality system.

In home care, equipment and equipment are the responsibility of: Team Manager Karoliina Nummi, tel. 041 731 2118, karoliina.nummi@onnion.fi

How to ensure that the service unit uses information systems in accordance with the Customer Data Act that meet the essential requirements and that correspond in purpose to the service provider's operations and whose information can be found in Valvira's information system register

In home care, only information systems in accordance with the Customer Data Act that have been designated and approved by the company's information management organisation for business use are used to process health care and social welfare customer data. The approval of information systems for Valvira's information system register has been ensured from the public register maintained by Valvira.

Users are mainly prevented from installing programs on their own workstations. The installation of software may be permitted on a case-by-case basis by decision of the company's information management. The systems installed on the workstation are installed centrally by IT management or its authorized partner (B2B Solutions). Systems that are mainly installed on the workstation are installed before the station is handed over to the user.

How to ensure the appropriateness of the use of information systems in accordance with the Customer Information Act, the training of personnel in their use and the continuous verification of competence related to their use in the service unit

The orientation of each employee involved in the processing of social welfare and health care client data includes orientation to the processing of social and health care client data, the secure use of information systems and general information security.

The team supervisor is responsible for providing sufficient orientation before starting the processing of personal data and the use of information systems. HR and IT support managers by producing and distributing onboarding material to support onboarding and ensure consistent onboarding. The orientation is documented in accordance with the instructions in force at any given time.

Incidents related to information security or the processing of personal data are recorded in the incident management system and processed to the required extent. The Data Protection Officer and IT management employees support all employees in matters related to data security and the processing of personal data.

Date of preparation/updating of the information security plan in accordance with the Customer Information Act. and the person responsible for its implementation in the service unit

The information security plan has been updated on 15.2.2024
The service manager is responsible for the implementation of the plan in the service unit.

How to ensure that the rights and responsibilities of the controller are realised in the operations of the service unit

Data is processed and stored only to the extent and in the manner specified, in accordance with the guidelines on data protection. The data is processed only in approved information systems and is not stored, for example, on personal workstations. All operations comply with the data protection instructions specified by the customer.

How to ensure the obligation under section 90 of the Customer Information Act to report deviations from the essential requirements of the information system and information security disruptions affecting information networks, as well as necessary self-monitoring measures throughout the duration of the deviation and disruption?

Preparedness for exceptional situations and continuity planning are carried out together with system suppliers. Each system vendor is contractually obliged to prepare for exceptional situations.

In case of errors and problems, the following procedures have been agreed with the system suppliers:

- The customer reports any deviations to the system vendor immediately.
- The customer's representative may be a Med Group employee or administrator who eliminates the problem when using the system OR B2B Solutions Oy/IT support who detects a network or telecommunications problem.
- The deviation is recorded in the non-conformance management system.
- The system vendor will determine the root cause and rectify the situation in accordance with the service agreement.
- The system vendor reports the root cause and preventive measures in a service meeting, after which the deviation is processed in the quality management system.

If IT management or business management assesses that a deviation may cause a significant risk to customer safety or information security, the National Supervisory Authority for Welfare and Health (Valvira) will be notified of the deviation. The deviation report is submitted by the administrator of the system in question to Valvira using the electronic occurrence report form available on the website. Data breaches are reported by the Data Protection Officer to the Data Protection Ombudsman in accordance with the provisions of the General Data Protection Regulation.

How is the suitability, appropriateness and safety of the technology used in the services ensured in relation to the services provided, as well as guidance on how to use the personnel?

Only technology that corresponds to the need for use and meets the requirements set for it will be taken into use. In addition to user training, each employee familiarises themselves with the instructions and principles for the safe use of the technology used. The need for the scope and method of implementation of user training is assessed on a case-by-case basis. Technology-related faults are prepared for with spare equipment, non-technological means and spare equipment/preparedness practices agreed with the supplier.

How to ensure the individual needs of the client and patient and the realisation of self-determination when utilising technology in service provision

In home care, the client's data protection and privacy are ensured in all technological solutions, in compliance with current laws and regulations.

Pharmacotherapy plan

Date of preparation/updating of the service unit's pharmacotherapy plan. and the person responsible for its preparation/updating in the service unit

4.2.2025 Team Manager/Nurse Karoliina Nummi and Nurse Hely Niveri

The person responsible for the appropriateness of pharmacotherapy at the service unit and for the implementation and monitoring of the pharmacotherapy plan at the service unit

Team Manager Karoliina Nummi

Processing of customer and patient data and data protection

Director responsible for the processing of customer data and related instructions of the service unit in accordance with section 7 of the Customer Information Act

Kati Mäkelä, Business Area Director (Professional Services)

Name and contact details of the service provider's data protection officer

Juha Reihe tietosuoja@onnion.fi

How to ensure that the service unit complies with legislation related to data protection and the processing of client and patient data, as well as the instructions and official regulations related to the recording of client and patient data drawn up for the unit

As part of the orientation and maintenance training, the personnel complete data protection training, which discusses the principles of customer data processing and reviews the instructions in use. The operating models, guidelines and practices have been drawn up taking into account the data protection perspective and the customer's rights. Any action or practice that violates the privacy policy will not be tolerated and will be addressed immediately by the team manager. Customer information is recorded and maintained only in designated information systems with personal user IDs. Your personal usernames will not be shared with others. When leaving the workstation, log out of the customer information systems.

Taking into account the data protection principles of the EU General Data Protection Regulation ((EU) 2016/679 and the requirements for the realisation of the rights of data subjects in the operations of the service unit

Our daily operations and all data processing comply with the principles of the General Data Protection Regulation and respect the rights of the data subject. In connection with orientation and as a regular refresher, all employees complete the required GDPR training package in accordance with the job description, the performance of which is documented. All deviations related to data protection shall be brought to the attention and processing of the Data Protection Officer.

Taking regular and other feedback into account***How is feedback regularly collected from customers and patients receiving services from the service unit, their relatives and loved ones, and the personnel of the service unit***

Customers and patients receiving the service can give feedback directly to the employee, team manager, service manager or through the company's website. Contact information and a feedback form can be found on page <https://onnion.fi>. In addition, Onni commissions a separate customer survey annually for customers, patients and subscriber customers.

Through the client's own feedback channels, feedback is forwarded by the client to the customer service provider.

Feedback is collected regularly from the personnel: employee satisfaction surveys are carried out once a year, Falcony feedback and development ideas can be given continuously either by using a QR code or by entering into the system. In addition, feedback is received in regular team meetings, operational meetings and one-to-one discussions. If the staff wants to give feedback without headland, it is possible.

How regularly collected and otherwise received feedback is utilised in developing self-monitoring and the quality of operations

All feedback is recorded in the Falcony system. The staff primarily records the feedback themselves, but if necessary, they can also give feedback by phone, in which case the supervisor records the feedback in the quality system on behalf of the employee.

All feedback received is processed monthly in meetings with the Service Manager, Quality and Sales Manager, and Team Managers. In addition, feedback is processed in team meetings involving the team supervisor and the unit's staff. The feedback will be communicated to the Business Area Director and corrective actions will be initiated immediately. Written objections will be answered as soon as possible.

The feedback received is discussed constructively with the staff in personnel meetings. The main topics of discussion are:

1. What reasons led to feedback.
2. How to avoid something similar happening in the future.
3. Communicating solutions to staff.
4. Development of operations based on feedback.

The results of the customer satisfaction survey are discussed annually with the personnel.

The feedback received is taken into account in the planning of procedures, work instructions, processes and operations. As a result of the feedback, the implementation of the changed operating models and guidelines will be closely monitored.

All customer feedback is collected and reported to Onni's management team for analysis. The results of the collected customer feedback are also part of Onni's self-regulation report and the self-monitoring development plan included in it.

Self-monitoring risk management

Identifying risks that endanger customer and patient safety is the starting point for the self-regulation plan and the implementation of self-monitoring. Without risk identification, risks cannot be prevented and actual shortcomings cannot be addressed systematically. Self-monitoring is based on risk management, in which service-related risks and potential threats of shortcomings must be assessed from the perspective of the service received by the customer.

Risks may arise, for example, from insufficient staffing levels or operating culture. Risks may arise from unjustified restrictions on the customer's autonomy, the physical operating environment (e.g. problems with accessibility and suitability of premises or equipment that is difficult to use). Often risks are the sum of many activities.

A prerequisite for risk management is that there is an open and safe discussion atmosphere in the work community, where both personnel and customers and their families dare to express their observations related to quality and customer safety.

In risk management, quality and customer safety are improved by identifying in advance the critical work phases in which the fulfilment of the requirements and goals set for operations is at risk. Risk management includes systematic action to eliminate shortcomings and identified risks or minimize. As part of the implementation of risk management, actual adverse events are recorded, analysed, reported and corrective actions are implemented.

The team supervisor is responsible for familiarising the personnel with the principles and implementation of self-monitoring, including the statutory obligation of the personnel to report any shortcomings and threats thereof concerning customer safety. Risk management and self-monitoring are part of everyday work in services.

Service unit's risk management responsibilities, risk identification and assessment

Responsibility for risk management of the service unit's operations and organisation of risk management

Risk assessment and management is the responsibility of every employee. Liability may consist of an obligation to report the detected risk up to the obligation to plan measures and take care of them realization, depending on the job function. The risk management process and main responsibilities are described in the risk management policy.

The management and team supervisors responsible for operations are responsible for providing instructions and arranging self-monitoring and ensuring that employees have sufficient information on safety issues. Those responsible for operations shall ensure that sufficient resources have been allocated to ensuring safety. It is the supervisor's responsibility to create a positive attitude towards the handling of safety issues. Risk management requires commitment and active actions from the entire personnel. It is in the nature of risk management that the work is never finished.

The responsibility for utilising the information obtained in risk management in development lies with the party responsible for operations, but employees must report any detected risks to the management.

Identification of risks in the service unit's operations and, in terms of customer and patient safety, the key risks of the service unit's operations

Risk management consists of a comprehensive and regular assessment of risks and their identification. Risk management is an integral part of daily operations and extends to all planning, decision-making, doing, monitoring and evaluation, in addition to which separate systematic risk assessments are carried out. The aim is to identify, measure and manage risks that threaten the company's operations, customer or occupational safety. Careful risk management work enables the identification and management of risks that affect personnel, customers, services, reputation, assets, capital and the company's ability to operate in normal and exceptional circumstances.

Site-specific risk assessments are carried out using the Falcony system according to separate instructions

In accordance with. Operations are evaluated from different perspectives, which is used to identify, report and assess risks. Based on the reported observations, the need for measures is planned and monitored their realization. New risks are observed and the status of already identified risks is monitored through annual surveys.

In addition to risk assessments, a significant role in identifying and reacting to risks is played by: active reporting of everyday deviations and feedback, analysis of the root causes of deviations, and utilising the analyses of reported observations extensively throughout the Group.

The key risks, their handling measures and the status of the measures are recorded in the service unit's latest report on the mapping of risks related to customer experience and safety, as well as the environment and exceptional circumstances.

Assessment of the magnitude of risks identified in risk management and their impact on service operations

Each identified risk is reported using the Falcony system for separate processing, and when identifying the risk, the probability of the risk is assessed.

1. The risk is highly unlikely to materialise
2. The risk is unlikely to materialise
3. Realisation of risk is possible
4. The risk is likely to materialise

As well as the effects of the risk:

1. The effects of the materialisation of the risk would be small
2. The effects of the materialisation of the risk would be relatively small
3. The effects of the materialisation of the risk would be quite large
4. The effects of the materialisation of the risk would be very significant,

These form the classification and magnitude of the risk. The probability and impacts of risks are also reassessed annually for previously identified and addressed risks.

Risk management methods and handling of shortcomings and deficiencies in operations

Prevention and management of risks to the operations of the service unit and to customer and patient safety

Each identified risk, deviation, feedback or development idea is reported with the Falcony tool as a separate observation and accountable to the unit's service manager. The Service Manager is responsible for planning and implementing measures to the extent required by each observation. Measures may include, for example, monitoring, preparedness, guidance, consideration in the action plan, change in process/workflow. The status of measures is also monitored on a per-observational basis.

Ensuring the effectiveness and adequacy of risk management measures

The effectiveness and adequacy of risk management measures are assessed at Group level by the Quality Group and the Management Team by monitoring the trends of surveys and observations more extensively based on the results of risk surveys as well as changes in the amounts, types and severity of observations. Internal and external audits and internal audits also serve as means of ensuring the functionality and adequacy of risk management measures. Changes are reacted to according to current needs.

How to ensure that shortcomings and deficiencies in self-monitoring are addressed as required by the situation

In the risk management process, measures related to the correction of identified adverse events and defects are agreed. The root causes of quality deviations requiring change are investigated and the necessary measures are planned to bring about the change. Adverse events and defects, corrective and preventive actions, severity classification, and the status of procedures and handling are documented in the Falcony system.

Incident reporting and learning procedure

The incident is recorded as an occurrence observation in the Falcony system, and in the event of a serious incident, it is also reported separately directly to the team supervisor or management without delay. An incident that requires corrective or preventive measures at several locations or units is also notified to the Business Unit's Quality Manager, who is responsible for handling the non-conformance at unit level and/or in Onni's quality group.

In the handling of non-conformances, the severity and effects of the non-conformance are assessed, the necessary corrective actions are planned and implemented, and additional information is requested if necessary.

The assessment of the need for action and the measures to be taken are recorded on the occurrence form in the Falcony system. The handler also analyses and records the root cause of the deviation, based on which it is possible to learn to anticipate and avoid similar dangerous events.

Dangerous situations are reviewed in the work community, and lessons learned from dangerous situations and corrective actions are shared. We report grievances, problems and near misses openly and without blame; We strive to learn not only from our own actions but also from each other's actions.

Quality managers ensure that deviations have been handled on schedule and with high quality. Non-conformities are reviewed monthly under the management of the business quality officers. The quality team reviews serious deviations in regular meetings and ensures the implementation of planned measures.

In connection with hazardous events, the need for defusing shall always be considered in accordance with separate instructions.

Procedural instructions concerning the implementation of the service provider's and personnel's duty and right to notify pursuant to section 29 of the Act on the Supervision of Service Providers and Personnel, as well as other possible statutory reporting obligations

The employee must immediately notify the person responsible for the operations if, in the course of his or her duties, he or she notices or becomes aware of a maladministration or a threat of obvious maladministration in the provision of the customer's services. A defect refers to, for example, deficiencies in client and patient safety, mistreatment of a client or patient, and actions that are harmful to the client or patient included in the operating culture. Abuse refers to physical, psychological or drug-induced activities.

The supervisor responsible for operations who has received the report must initiate actions to eliminate the grievance or threat thereof as follows:

- The supervisor responsible for operations is informed of a report of a grievance or a threat of obvious grievance
- The supervisor responsible for operations is in direct contact with the service manager and/or business management
- The supervisor in charge of operations records the feedback in the Falcony system
- The Service Manager/Business Management processes and corrects the shortcomings of the report without delay, by means of self-monitoring measures, and informs the notifier thereof
- The Falcony system in use guides you to monitor matters and actions
- The quantity and quality of notifications are monitored regularly by the company's quality working group

The person submitting the notification may also inform the supervisory authority, notwithstanding secrecy provisions.

If the defect is such that it can be rectified in the unit's self-monitoring procedure, it will be immediately put to work. If the defect is such that it requires action by the party responsible for organising the organisation, responsibility for corrective measures is transferred to the competent party.

The person submitting the report shall not be subject to any adverse retaliation as a result of the report.

When risks materialise, the team supervisor's task is to present corrective actions that will be processed and implemented according to the schedule and mode of action according to the scale and severity of the problem. Serious deficiencies and problems should be corrected immediately, and they should be communicated extensively within the organisation.

How staff are informed about reporting obligations and rights and how to exercise them

The personnel are familiarised with the reporting obligation and right as part of the induction of self-monitoring and by regularly reminding them. The unit's personnel are committed to active observation and reporting.

Processing and taking into account the supervisory authorities' requests for clarification, guidance and decisions in the service unit's risk management

The recipient of the request for information enters the request for information in the Falcony system immediately after receiving it and assigns responsibility to the right party to handle the request for clarification. The person handling the report hears/requests the reports from all parties involved. The processor prepares a written explanation in response to a request for clarification, which is sent to the party requesting clarification and stored in the Falcony system. After the matter has been processed, the decision received from the party requesting clarification is recorded as part of the request for clarification under consideration in the Falcony system, any necessary measures are taken, and when all the necessary measures have been taken, the report is marked as closed.

Risk management monitoring, reporting and ensuring competence

Monitoring and evaluation of the effectiveness of risk management

The effectiveness and adequacy of risk management measures are assessed at Group level by the Quality Group and the Management Team by monitoring the trends of surveys and observations more extensively based on the results of risk surveys as well as changes in the

amounts, types and severity of observations. Internal and external audits and internal audits also serve as means of ensuring the functionality and adequacy of risk management measures. Changes are reacted to according to current needs.

Monitoring the implementation of hygiene instructions and infection control

According to section 17 of the Communicable Diseases Act, the unit must systematically prevent healthcare-associated infections. All employees are trained in the basics of hygiene practices and asepsis, including in particular how to wash and disinfect hands, follow aseptic rules of procedure and use protective equipment correctly. The work instructions emphasize the importance of hand hygiene. The necessary protective equipment is acquired for the use of employees and instructions are given on how to use them. If necessary, employees also receive customer-specific orientation in aseptics.

Adequate vaccination protection can prevent the spread of infectious diseases (especially influenza).

Inadequate or non-compliant activities are addressed without delay and personnel are instructed to follow the correct procedures. Suspicion of non-compliance with the instructions may arise, for example, on the basis of abnormal consumption of protective equipment, hygiene or disinfectant supplies, or due to the increased incidence of infectious diseases. The increased number of sick leaves of employees also gives reason to examine compliance with hygiene instructions and the implementation of infection control.

In home care, the hygiene contact person is: Nurse/Team Supervisor Karoliina Nummi, tel. 041 731 2118. If necessary, we cooperate with the hygiene nurses of the wellbeing services county of Ostrobothnia in customer hygiene matters and infection control.

Incident and adverse event reporting policies

The handling of adverse events and near-misses includes reporting, recording, analysing and reporting them without delay. Reporting hazards and adverse events and recording them is the task of every Onni employee. The observations shall be brought to the attention of the person responsible for the operations without delay. The handling of adverse events also includes discussing them with employees, the customer and, if necessary, relatives. If a serious adverse event with compensable consequences occurs, the customer or family member will be informed of applying for compensation.

Ensuring personnel risk management competence

Personnel are actively involved in mapping and identifying risks and making observations. The identified/detected risks and their measures are included in the planning of everyday activities and in instructions, the review and internalisation of which is ensured in connection with maintaining normal competence. Risk management and the changes observed on the basis of it are discussed openly with the work community. The level of competence is ensured by monitoring observations related to the risk in question (e.g. deviations, near misses).

Outsourced services and subcontracting

No subcontracting is used in the service unit.

Preparedness and continuity management

Service unit's preparedness and continuity management

Onni has an organisation-level preparedness and continuity management plan, which is updated annually by the quality group. The preparedness and continuity management plan describes the Group's general principles for maintaining preparedness and continuity management. The plan is reviewed and updated as necessary to ensure that it is up-to-date and meets the Group's needs.

Onni's preparedness and continuity management are maintained by extending their assessment to everything day-to-day operations, instructions, operations and management principles are described, in a number of different plans and guidelines that contribute to complementing the Plan. A prerequisite for preparedness and continuity management is knowledge of the operating environment, anticipation, regular maintenance of policies and guidelines and compliance with them and comprehensiveness, systematic risk assessment.

The aim of preparedness and continuity management planning is to support the organisation's strategic goals and core processes in case of disruptions and to secure business continuity. Preparedness and the prerequisites for continuity management are assessed using both internal and external methods.

Implementation, publication, monitoring and updating of the self-regulation plan

Execution

How the service unit ensures the personnel's self-monitoring competence and commitment to continuous operations in accordance with the self-regulation plan.

An up-to-date self-monitoring plan must be known and available to the personnel of the service unit at all times. Changes to the self-regulation plan shall be communicated to the personnel. The self-regulation plan is reviewed with the employee as part of the orientation. The key areas of the self-regulation plan are reviewed in personnel meetings on a monthly basis, and the themes of self-regulation are communicated in other everyday ways in personnel bulletins and discussions.

How the appropriate implementation of the self-regulation plan and any updates to it is ensured in the daily operations of the service unit

The unit's team supervisor is responsible for monitoring the implementation of the unit's self-regulation plan. The implementation of the self-regulation plan is assessed regularly as part of daily management work and separately in personnel meetings. The assessment of the implementation of the self-regulation plan also utilises the data collected, for example. customer feedback evaluations and reviews of near misses.

Publishing, monitoring and updating implementation

Publication and display of the self-regulation plan at the service unit

An up-to-date and approved self-regulation plan is published on the Group's website <https://www.onnion.fi/yritys/laatu> and displayed at the service unit's premises.

How to ensure that the self-regulation plan is kept up-to-date and that any updates to it are published without delay

When updating and publishing the self-regulation plan, changes in services, their quality, and customer and patient safety are taken into account. Any changes to the operating instructions are recorded in the self-monitoring plan without delay and communicated to the personnel. Communication is the responsibility of the team manager, and it takes place in regular team meetings.

The updated self-regulation plan is published on Onni's website and printed in the unit's own induction folder to replace the outdated version, immediately after the updates have been made. This is the responsibility of the person responsible for planning and monitoring self-monitoring (service manager).

How to ensure that the implementation of the self-regulation plan is monitored and shortcomings detected in monitoring are corrected

The implementation of self-monitoring is monitored continuously in the units and by the Onni quality group with regard to observations, deviations and feedback reported quarterly, and the necessary changes/development measures are defined.

Reporting on the monitoring of the implementation of self-monitoring

The monitoring of the quality group is compiled into a summary of observations, deviations and feedback, as well as any changes made based on them, if necessary. The consolidated report is published on the Group's website www.onnion.fi quarterly. In addition, we publish an annual report, a sustainability report and a quality management and patient safety plan, which also serve as tools for regular monitoring and reporting on the implementation of self-monitoring.

Summary of the development plan

The development of quality and customer safety is part of Onni's ISO 9001 quality system, in which every development need received from customers, personnel and through risk management is recorded, monitored and, if necessary, corrective actions or changes are drawn up in accordance with the quality system. Continuous induction of personnel and development of self-monitoring are key areas in providing high-quality service.

Here are measures to continuously develop the unit's operations:

Continuous orientation of personnel according to customer needs. Continuous updating of the onboarding plan according to customer needs.

Competence monitoring: Monitoring the competence and qualifications of personnel on a regular basis and identifying training needs related to changes in customer needs.

Continuous learning: Encouraging continuous learning and self-development among staff. This includes, for example, new necessary online courses at Onniakatemia.

Continuous development of self-monitoring in accordance with feedback:

Communication and openness: Open communication to personnel and customers on how feedback is utilised in the development of self-monitoring.

Culture of continuous improvement: Creating and maintaining a culture where feedback and self-monitoring are seen as tools for continuous improvement.

In 2025, special attention will be paid to well-being at work in the team. We are also investing more in training and orientation.

Digitalization has allowed us to create a consistent and easy-to-follow onboarding path that ensures that every new employee gains the knowledge and skills they need to start working efficiently. This change has reduced the possibility of human error and increased transparency in onboarding. In addition, digital onboarding enables materials Easy updating and sharing, ensuring that all employees receive timely and relevant information. This has increased the certainty that employees understand the content of the onboarding better and are able to apply what they have learned in practice.

The process we have developed not only improves the onboarding experience of employees, but also supports their continuous learning and development in the organization. This way we can ensure that our personnel are well prepared to face potential challenges and know how to act correctly in different situations.

Developing problem and complaint processes is an essential part of customer service strategy. Our goal is to solve the problems and complaints our customers face and experience in a more agile and efficient way. This is achieved by streamlining and automating processes, enabling faster and more accurate service to our customers. In addition, our personnel are trained to identify and handle problem situations proactively, which reduces delays and improves customer satisfaction. In this way, we ensure that our customers' needs and expectations are met quickly and with high quality, which in turn strengthens customer relationships and the quality of operations.

In addition, we develop the functionality of the ERP systems in use; for example, in the new DomaCare 2, employees can see customer visits and planned shifts. In addition, employees can send messages to their colleagues and supervisor in the system and participate in discussions concerning the customer in a secure manner.

Approval and signature

The self-regulation plan is approved and confirmed by the head in charge of the unit

*(*If health care services are provided in the service unit, the self-regulation plan is approved and confirmed by the director responsible for health care services)*

Turku, 04.02.2025

Riika Merivirta