

Guidelines
Social Regulatory Standards

**Residential Services
for Senior Citizens**

CONTENTS

Introduction to the Guidelines	4
Principles on which the Standards and Guidelines are based.....	5
Glossary	6
Standard 1: Residents' Rights	11
Standard 2: Personal Care Plan and Portfolio	25
Standard 3: Residents' Personal Health and Medical Care.....	29
Standard 4: Protection and Safeguarding	37
Standard 5: Physical Environment.....	45
Standard 6: Service Provision.....	53
Standard 7: Service Quality Management	59
Annex I: Information for Prospective Residents on the Rights and Responsibilities of using the Service	67
Annex II: Responsibilities of the Relatives/Next of Kin or Legally Appointed Representative of the Resident.....	69
Annex III: Interdisciplinary Care Team	70
Annex IV: Personalised Portfolio	71
Annex V: Record of the Personal Care Plan and Personalised Portfolio	78
Annex VI: Four Step Procedure to Respond to Residents' Changing Needs.....	79
Annex VII: Health and Safety Measures	80

Annex VIII:	Information For Prospective Residents On The Physical Environment And Services Offered	81
Annex IX:	Information for Prospective Residents on the Financial Costs of using the Service	82
Annex X:	Manual of Policies and Procedures	83
Annex XI:	Training for Staff	85
Useful links		87

INTRODUCTION TO THE GUIDELINES

These Guidelines establish the level of the service that is expected to be delivered by service providers in line with the provisions established in these Standards and the principles of Residential Services. The aim of this set of Social Regulatory Standards is to ensure that senior citizens living in Residential Care Homes receive the best possible care and the best possible outcomes. These Social Regulatory Standards define the responsibilities of Residential Services towards senior citizens.

PRINCIPLES ON WHICH THE STANDARDS AND GUIDELINES ARE BASED

These Social Regulatory Standards are being established with the understanding that every person living in a Residential Care Home should have the right for quality care. This should be based on the following basic principles: dignity, person-centred care, privacy, physical and mental wellbeing, self-fulfillment, empowerment, and equality.

This means that all persons in the Residential Care Home are able to:

- be given personalised care well-suited towards their needs;
- be treated with respect at all times;
- be given the necessary care to retain optimal physical and mental health;
- enjoy meaningful relationships;
- enjoy opportunities and facilities to continue to be physically and mentally active;
- retain autonomy and be empowered to take informed decisions and provide consent for all aspects of care assisted by legally appointed representative for important decisions when this becomes necessary;
- have their privacy and belongings respected;
- have opportunities and resources to lead a self-fulfilling life;
- be valued for who they are;
- feel safe and secure in their environment free from exploitation;
- be treated equally to others;
- maintain the highest level of independence possible;
- lodge official complaints with right to legal recourse without repercussions;
- fulfil the above through necessary policies and procedures issued and implemented by the service provider of the Residential Care Home.

GLOSSARY

- “Act”** means the Social Care Standards Authority Act (Chapter 582).
- “Authority”** means the Social Care Standards Authority (SCSA) as established by virtue of Article 5 of the Social Care Standards Authority Act (Chapter 582).
- “Challenging behaviour”** means behaviour of such an intensity, frequency, or duration exhibited by residents, that is triggered by intrinsic or extrinsic factors, that has the potential to cause physical, emotional and/or psychological harm to the residents themselves or to other persons around them. This behaviour is likely to limit or deny access to certain services/facilities without adequate support.
- “Civil rights”** mean rights conferred on persons by the laws of Malta.
- “Competent person”** means a person who has the appropriate theoretical and/or practical knowledge and/or experience which render him capable and/or authorised to implement specific activities, in accordance with national legislation, standards or directives issued by the applicable authorities.
- “Comprehensive geriatric assessment”** means a process which includes a multidimensional assessment of a person with increasing dependency, including medical, physical, cognitive, social and spiritual components. Can also include the use of standardised assessment instruments and an interdisciplinary care team to support the process.
- “Facility”** means premises that have been purposely built or adapted to accommodate senior citizens with varying levels of care needs on a long-term basis. The premises shall have fittings and equipment specifically suited for the holistic provision of the residents’ care and wellbeing.

“Holistic assessment”	means the process by which the staff identifies the needs and aspirations of community members in relation to their health, personal, emotional, spiritual, and psychological care, protection and social networking and family support; which services should be delivered to satisfy these needs and aspirations.
“Interdisciplinary team”	means a team made up of a number of professionals from a range of disciplines working collaboratively to deliver comprehensive care that addresses the needs of individuals availing themselves of the service. The team works for a common purpose, shares common goals and responsibilities, and mobilises resources to fulfil its role.
“Legally Appointed Representative”	means a person that may be nominated by the resident to be kept informed about the residents’ personal affairs and take decisions or act on the residents’ behalf. Such persons cannot be part of the management or staff of the service provider. The residents may also be assigned a guardian by the Guardianship Board in which case certain decisions shall be taken by the guardian in accordance to the Civil Code.
“Management”	means persons who act on behalf of the service provider to provide leadership to staff and to oversee and control the proper functioning of services offered to the residents.
“Senior citizen”	means a person over the age of sixty with varying levels of dependency whose care needs will be holistically managed on a long-term basis by a residential care home ¹ .
“Performance indicator”	means an active descriptor of what service providers need to do to ensure service outputs that support the quality indicators.

1 In these Social Regulatory Standards, the terms *Resident* and *Senior citizen* are used interchangeably.

“Personal care plan”	means a document that is based on a holistic assessment of the resident that specifies how the resident’s needs and aspirations are going to be met. This document shall also include the resources required to meet the resident’s continuous and long-term needs.
“Personalised portfolio²”	means a document that is based on the person’s positive and negative experience that will cater for his specific needs.
“Policies and procedures”	means documents released by the management that regulate how the residential care home should operate.
“Quality indicator”	means a statement that sets out the requirements to achieve compliance with a Standard.
“Resident”	means a senior citizen who personally, or through his legally appointed representative, enters into an agreement with a service provider for the senior citizen to live in and make use of services offered by a residential care home.
“Residential Care Home”	means premises that have been purposely built or adapted to accommodate senior citizens with varying levels of care needs on a long-term basis. The premises have fittings and equipment specifically suited for the holistic provision of the residents’ care and wellbeing.

2 In these Social Regulatory Standards, the terms *Personalised portfolio* and *Portfolio* are used interchangeably.

“Restrictive Care”

means any method, physical or chemical, used to restrict the physical movement of a resident or part of the resident’s body to protect the resident or others from injury. Restrictive care, physical or chemical, whenever used, should follow the guidelines set in accordance with the current local legislation. All restraints, physical or chemical, must be prescribed following an interdisciplinary care team meeting involving the resident, relative or legally appointed representative and the rest of the team. Physical or chemical restraint use is to be documented in the necessary related forms. Restrictive care shall be used only with the consent of the senior citizen, of the relatives or legally appointed representative.

“Risk assessment”

means the process of evaluating the likelihood of adverse effects on residents, staff and third parties’ safety and health from hazards or the absence of beneficial influences. It is a systematic examination of all aspects of a residential care home or an individual’s capabilities that considers: what could cause injury or harm; whether the hazards could be eliminated or otherwise, what preventive or protective measures are, or should be, in place to control the risks.

“Service agreement”

means a written agreement between the service user and the service provider which sets out, among other things, services to be provided, associated fees and charges, if any, the terms and conditions and rights and responsibilities of both parties.

“Service provider”

means a person who, or organisation that, provides and operates a residential care home and associated care services to senior citizens on a long-term basis. The service providers shall fulfil any contractual obligations in force that may apply to them.

“Staff”

means a person engaged by the service provider wherein one of the person’s responsibilities is to provide residents with support, social and/or health care. Staff members may also assume administrative duties simultaneously with their caring roles. Staff members working in the administration of an organisation or a centre shall oversee the planning and implementation of organisational plans and actions and the enforcement of rules and procedures.

STANDARD 1:

RESIDENTS' RIGHTS

STANDARD STATEMENT:

This Standard aims to ensure that the residents' fundamental human rights to dignity and respect are safeguarded whilst preventing discrimination, promoting active participation, ensuring a holistic and dignified approach to care and respecting the residents,' relatives' and legally appointed representatives' decisions and feedback.

QUALITY INDICATORS:

1. The service provider shall assist the prospective residents, their relatives, and their legally appointed representative in taking a decision on whether the residential care home is appropriate for their needs.
2. The service provider shall ensure that the residents are treated equally with respect, dignity, and privacy.
3. The management and the staff shall support the residents to maintain existing relationships and develop new relationships.
4. The service provider shall maximise the residents' capacity to exercise personal autonomy and choice whilst considering their mental capabilities, shall ensure that their relatives and legally appointed representatives are aware of their choice, and shall ensure that the residents are given enough time when they need to take a decision.
5. The service provider shall appoint an events' coordinator and shall encourage the residents to actively take part in planning and participating in social and leisure activities.

6. The service provider shall ensure that the residents' legal rights are protected and shall ensure that the residents, their relatives, and legally appointed representatives shall be enabled to exercise their legal rights directly and participate in the civic process, if they want.
7. The service provider shall ensure that residents, their families, and other significant persons close to them are provided with optimal palliative care and support, as well as promote care, sensitivity, respect, and dignity during palliative care.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall assist the prospective residents, their relatives, and their legally appointed representative in taking a decision on whether the residential care home is appropriate for their needs.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The management shall give the prospective residents, their relatives and legally appointed representatives the opportunity to refrain from using the services, without any prejudice, if the service does not meet their requirements.
- 1.2 The management shall give prospective residents, their relatives, and legally appointed representatives the chance to discuss with the management and the staff before making their choice and the opportunity and time to ask questions.
- 1.3 The management shall encourage prospective residents, their relatives and legally appointed representatives to be involved in all decision making related to their move and future.
- 1.4 The management and the staff shall guarantee that residents have access to an interpreter or advocate, if needed.
- 1.5 The management shall provide prospective residents, their relatives and legally appointed representative with a copy of residents' basic rights and responsibilities when availing of the service (see Annex I). Residents' rights shall also be clearly displayed in the facility. Information regarding the responsibilities of relatives and/or legally appointed representatives (see Annex II) shall also be provided.

STANDARD 1: RESIDENTS' RIGHTS

- 1.6 The management shall provide residents, their relatives and legally appointed representatives with an information leaflet in both English and Maltese which includes, at a minimum:
 - 1.6.1 a description of all services provided;
 - 1.6.2 a description of the accommodation and room facilities;
 - 1.6.3 the maximum number of residential places provided, and any special needs or interests catered for; and
 - 1.6.4 an up-to-date summary on the residents' views on the residential care home.
- 1.7 The management shall ensure that, should a cognitive impairment be suspected, the resident or prospective resident shall be referred to a psycho-geriatrician for assessment and further follow-up. The final conclusion shall be recorded in the resident's personal file.
- 1.8 The management and the staff shall ensure that there is a smooth transition for the resident from their home to the residential care home.
- 1.9 Prior to moving into the residential care home, relatives and legally appointed representatives of the residents shall be given written information in the language of their choice, about the residential care home's policy on contacts with the residents and their involvement in the residential care home and they shall be given the opportunity to ask questions.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall ensure that the residents are treated equally with respect, dignity, and privacy.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The management and the staff shall treat all residents with respect regardless of their age, belief, creed or religion, colour, ethnic or national origin, race, family responsibilities, civil and socio-economic status, gender expression or gender identity, genetic features, health including mental health status and physical, intellectual, sensory and social abilities, language, nationality, political opinion, property, sex or sex characteristics and sexual orientation.³
- 2.2 The management and the staff shall communicate with the residents, their relatives, and legally appointed representatives in an appropriate manner, without being patronising.
- 2.3 The management and the staff shall ensure that the residents are supported to understand their rights and responsibilities regarding equal opportunities and that these are in line with the established Social Regulatory Standards.
- 2.4 The management and the staff shall ensure that residents are given the necessary support to enjoy their civil rights.

3 Equality Bill 2020, Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act (Chapter 567 of the Laws of Malta), Gender Identity, Gender Expression and Sex Characteristics Act (Chapter 540 of the Laws of Malta).

STANDARD 1: RESIDENTS' RIGHTS

- 2.5 The management and the staff shall inform the residents when new people are coming to live in the same room.
- 2.6 The management and the staff shall inform the residents when new members of staff, voluntary workers, trainees, or students are going to start working in the residential care home.
- 2.7 The staff shall make sure that the residents are free to practise any beliefs as long as this does not cause undue inconvenience to other residents.
- 2.8 The staff shall ensure that the residents' routine, preferences, and any cultural needs that they have in relation to their personal care are respected. Residents shall have the right to choose the gender of persons providing personal and/or intimate care. The service provider shall be obliged to meet the residents' preferences.
- 2.9 The management shall ensure that two carers are present when any personal and/or intimate care is being provided.
- 2.10 The management and the staff shall make sure that the residents are not excluded from any activities.
- 2.11 The management shall ensure that the staff routines and any other activities are coordinated.
- 2.12 The management and the staff shall ensure that the residents can speak with the staff in a private and confidential manner, if required.
- 2.13 The staff shall ensure that the residents may see a doctor or other healthcare professionals in a way that safeguards their privacy.
- 2.14 The management shall ensure that the residents' privacy and dignity are always respected regarding:
 - 2.14.1 personal caregiving, including nursing, bathing, using the toilet or commode;
 - 2.14.2 entering bedrooms, toilets, and bathrooms;
 - 2.14.3 consultation with, and examination by, health and social care professionals;

- 2.14.4 consultation with legal, notarial and financial advisors;
 - 2.14.5 maintaining social contacts with relatives and friends; and
 - 2.14.6 palliative care and end of life.
- 2.15 The management and the staff shall ensure that the residents can be assisted to make use of technology whilst maintaining their privacy as per GDPR.
- 2.16 The management and staff shall ensure that the residents can use the telephone and/or mobile phone in private.
- 2.17 The staff shall ensure that the residents can receive mail without it being opened.

QUALITY INDICATOR 3

3.0 Quality Indicator: The management and the staff shall support the residents to maintain existing relationships and develop new relationships.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 3.1 The management and the staff shall accept and support the residents' right to have intimate moments in the privacy of the residential care home if it is licit to do so and if all parties consent.
- 3.2 The management shall implement a psycho-educational programme that shall be adapted according to the residents' needs and can be discussed on a case by case basis with a psychotherapist.
- 3.3 The management and staff shall make the necessary arrangements for residents to receive visitors in the residence in private upon request.
- 3.4 The staff shall give the necessary support to the residents to fulfil their parental role obligations.
- 3.5 The staff shall support the residents who have lost someone close to them. This includes giving the residents the opportunity to pay last respects or attend the funeral and provide access to professionals who can support them through the bereavement process.
- 3.6 The residents shall always be able to choose who visits them or otherwise.
- 3.7 Involvement in the residential care home by local community groups and/or volunteers shall accord with the residents' preferences.

QUALITY INDICATOR 4

4.0 Quality Indicator: The service provider shall maximise the residents' capacity to exercise personal autonomy and choice whilst considering their mental capabilities, shall ensure that their relatives and legally appointed representatives are aware of their choice, and shall ensure that the residents are given enough time when they need to take a decision.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 4.1 The residents shall be enabled to exercise maximum personal choice and control over their own personal lives unless their decision will cause risk or harm to self or others.
- 4.2 The staff shall use means of communication that meet the residents' needs and shall adapt it through the advice of professionals.
- 4.3 The management and the staff shall make the necessary arrangements for the residents to express their opinions in Maltese or in English or communicate with management and staff in a format that they prefer.
- 4.4 The residents are given the support needed to be able to exit or enter the residential care home at any time.
- 4.5 The residents are made aware about any safety procedures prior to exiting or entering the facility.
- 4.6 The management and the staff shall support the residents to identify and celebrate special events or occasions if they wish to.
- 4.7 The residents shall have enough time to reflect upon their choices, feelings and opinions and shall not be pressured to decide in any way.
- 4.8 The residents shall decide on their appearance. When required the staff shall give advice to the residents.

QUALITY INDICATOR 5

5.0 Quality Indicator: The service provider shall appoint an events' coordinator and shall encourage the residents to actively take part in planning and participating in social and leisure activities.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 5.1 The management and the staff shall involve the residents:
 - 5.1.1 in the everyday life within the residential care home; and
 - 5.1.2 in the planning of activities.
- 5.2 The staff shall guide and prepare the residents beforehand when activities are held.
- 5.3 The staff shall organise activities in a manner that are well-suited to the residents, shall facilitate social inclusion and active ageing and that meet the preferences and abilities of the residents.
- 5.4 The staff shall organise activities in a manner that encourages the participation of the residents.
- 5.5 The routines of daily living and activities made available shall be flexible and varied to suit residents' expectations, preferences and capacities as far as possible.
- 5.6 The staff shall display the programme of activities in a suitable format and in an appropriate location so that the residents and their relatives, and legally appointed representatives know what activities are scheduled.

- 5.7 The management shall monitor activities that are provided by persons who do not work at the residential care home and shall inform them about any modifications and adaptations that need to be made prior to the activity to ensure the inclusion of all residents who will be participating.
- 5.8 The management and the staff shall keep a record of all activities taking place at the residential care home.
- 5.9 The management and the staff shall review activities and programmes on a quarterly basis and adapt them as necessary to ensure that these meet the residents' changing needs.

QUALITY INDICATOR 6

6.0 Quality Indicator: The service provider shall ensure that the residents' legal rights are protected and shall ensure that the residents, their relatives, and legally appointed representatives shall be enabled to exercise their legal rights directly and participate in the civic process, if they want.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 6.1 Residents shall manage their own financial affairs for as long as they wish to, are able to and have the capacity to do so.
- 6.2 The management shall provide support to the residents as stated in the care plan such as to access financial requirements.
- 6.3 The management and the staff shall oversee that residents are entitled to bring personal possessions with them, the extent of which shall be agreed in writing prior to admission.
- 6.4 The management and the staff shall provide the residents with a lockable drawer or cupboard with extra keys, that are clearly labelled, and where residents can keep their personal belongings. The resident or a person of trust authorised by the resident shall retain the key, unless the reason for not doing so is explained in the personal care plan. Extra keys shall be kept securely by the residential care home's manager and only utilised if the resident's original keys are misplaced and such use documented accordingly. The legally appointed representative shall be informed when extra keys are utilised, and this is also documented.
- 6.5 The management and the staff shall guarantee that residents and their relatives and legally appointed representatives have access to their personal records, in accordance with GDPR.

- 6.6 The management and the staff shall verify that all residents' legal rights are fully protected.
- 6.7 The management and the staff shall refrain from taking any advantage of the residents' wills and possessions.
- 6.8 The management shall guarantee the residents' right to participate in the political process shall be upheld, for example, by enabling them to vote in elections.

QUALITY INDICATOR 7

7.0 Quality Indicator: The service provider shall ensure that residents, their families, and other significant persons close to them are provided with optimal palliative care and support, as well as promote care, sensitivity, respect, and dignity during palliative care.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 7.1 The management and the staff shall ensure that at the end of the resident's life, the resident, their relatives, and legally appointed representative shall be treated with care, sensitivity, respect, dignity, propriety, and privacy in accordance with the personal, social, cultural and religious preferences expressed by the resident and legally appointed representative.
- 7.2 The management and the staff shall inform relatives of residents who are at the end of life in a timely and empathic manner.
- 7.3 The management and the staff shall ensure that the residents who are at the end of life receive appropriate attention and pain relief, as prescribed by doctors.
- 7.4 The management and the staff shall oversee that visits by relatives, friends, and legally appointed representatives of residents who are at the end of life are respected and privacy is maintained.
- 7.5 The management and the staff shall ensure that the residents, their relatives, and legally appointed representatives have access to palliative care, practical assistance, advice, and bereavement counselling by trained professionals.

STANDARD 2:

PERSONAL CARE PLAN AND PORTFOLIO

STANDARD STATEMENT:

This Standard promotes rights that ensure the development, implementation, and review of a personal care plan and portfolio for each resident, to establish the holistic care and necessary support required and set objectives to meet the residents' needs and aspirations.

QUALITY INDICATORS:

1. The service provider shall ensure that the interdisciplinary care team involves each resident during the holistic needs assessment process and the comprehensive geriatric assessment upon admission, and shall ensure in writing that their needs will be met in the formulation, modification and review of the personal care plan and portfolio.
2. The service provider shall ensure that the personal care plan is implemented, and its implementation is documented and communicated regularly with all stakeholders.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall ensure that the interdisciplinary care team involves each resident during the holistic needs assessment process and the comprehensive geriatric assessment upon admission, and shall ensure in writing that their needs will be met in the formulation, modification and review of the personal care plan and portfolio.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 New residents shall be admitted only following a full assessment undertaken by personnel certified in the field of geriatric care, including a full medical assessment.
- 1.2 The management and the staff shall consult with all professionals who shall establish the resident's holistic needs (see Annex III).
- 1.3 The management shall ensure that the resident's initial assessment takes a holistic approach and includes the preparation of a portfolio. This is to be done within one (1) week of admission (see Annexes IV and V).
- 1.4 The needs assessment process, or any other relevant assessment (such as, but not limited to, the Barthel Index 100, the Mini-Mental Score, the Braden, Norton or Waterlow Scores, Mini Nutritional Assessment, Falls Risk Assessment Tool, etc), shall be conducted by an interdisciplinary care team.
- 1.5 The management shall incorporate a person-centred approach in the development of services and the personal care plan including dietary requirements and food preferences.
- 1.6 The management and the staff shall communicate the details of the care plan and portfolio to the resident, their relatives and legally appointed representative and to other medical and health professionals working with the resident.

- 1.7 The interdisciplinary care team shall explain to residents the details of the personal care plan and any subsequent significant modifications.
- 1.8 The management and the staff shall guarantee that all the relevant assessments are conducted by an interdisciplinary care team using the approved assessment guides and index and these shall be reviewed every six (6) months or sooner in the case of an acute phase.
- 1.9 With the six-monthly re-assessment process or following an acute phase, the service provider shall acknowledge any changes in each resident's needs and shall ensure in writing that these will be met. The manager shall ensure that these changes are communicated to staff and proper handover given.
- 1.10 The results of the initial and six-monthly assessments shall form the basis of the personal care plan, which becomes the yardstick for the audit of the delivery of care. The personal care plan is a dynamic document which must be reviewed and may be changed every six (6) months according to the needs of the resident.
- 1.11 The management and the staff shall ensure that residents who develop acute or chronic medical conditions are assessed by medical professionals in a timely manner and due consideration is given to move the resident to a HDU either internally or externally. In case of possible terminal conditions, they are to be assessed and a palliative care needs plan is to be drawn up.
- 1.12 The service provider shall ensure that the addendum to the service agreement between the service provider and the resident and/or their legally appointed representative shall include the personal care plan and its updates, specifying the level of care required based on the physician's initial assessment and evaluated according to the Barthel Index 100. The addendum to the service agreement shall also be modified following changes in the resident's activities of daily living following consultation between the home's manager and a physician chosen by the resident.
- 1.13 Each resident shall have a member of staff allocated who is responsible for ensuring that the requirements detailed in the resident's personal care plan are fully implemented.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall ensure that the personal care plan is implemented, and its implementation is documented and communicated regularly with all stakeholders.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The staff shall report in writing any resident's or legally appointed representative's refusal of any treatment detailed in the personal care plan and this shall be signed by the resident, legally appointed representative and management.
- 2.2 The management and the staff shall ensure that the daily detailed reporting which documents caring, nursing and any other professionals' intervention is maintained.
- 2.3 The management and the professionals shall ensure that the residents and legally appointed representatives are involved in the evaluation of their own risk assessment.
- 2.4 The staff, the relatives and/or legally appointed representatives shall notify the management if any changes are observed in the resident's needs (see Annex VI).
- 2.5 The management shall notify the interdisciplinary care team if any changes are observed in the resident's needs (see Annex VI).
- 2.6 The interdisciplinary care team shall inform the residential care home's doctor who shall review and confirm or otherwise said observations (see Annex VI).
- 2.7 The management shall ensure that appropriate treatment shall be sought and any necessary medication, and/or aids shall be provided (see Annex VI)

STANDARD 3:

RESIDENTS' PERSONAL HEALTH AND MEDICAL CARE

STANDARD STATEMENT:

This Standard promotes rights that ensure the residents' personal health, nutrition, wellbeing and medical care are safeguarded and promoted. The service provider shall ensure medical coverage of the residential care home by appointing a medical doctor who would agree to offer their professional assistance whenever is required.

QUALITY INDICATORS:

1. The residents shall receive a varied, appealing, wholesome, and nutritious diet, which is suited to individually assessed and recorded requirements.
2. The service provider shall promote and safeguard the residents' physical and mental health and wellbeing and shall ensure access to all health care services to meet assessed needs.
3. The service provider shall support and where necessary assist the residents to obtain the prescribed medication they require in a safe manner.

QUALITY INDICATOR 1

1.0 Quality Indicator: The residents shall receive a varied, appealing, wholesome, and nutritious diet, which is suited to individually assessed and recorded requirements.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The management and the staff shall provide the residents with meals that are nutritionally balanced with low saturated fat, low sugars and low sodium, for their dietary requirements including food allergies and intolerances and in quantities and quality that are best suited to them.
- 1.2 The management shall ensure that each resident shall be offered three (3) full meals per day at intervals of not more than five (5) hours.
- 1.3 A snack shall be offered following the evening meal, but is not to replace the evening meal. The interval between this snack and breakfast the following morning shall be no more than twelve (12) hours.
- 1.4 The management shall change the menu seasonally and in case of festive occasions.
- 1.5 Menus shall accommodate religious and/or cultural requirements.
- 1.6 The management and the staff shall guarantee that the residents have regular mealtimes and snacks including warm and cold drinks according to the season. For residents with a poor appetite, frequent small portions of food and flexible food preferences shall be considered.
- 1.7 The management and the staff shall provide plain and colour-coded cutlery and crockery to the residents during mealtimes. Cutlery and crockery shall contrast with the table
- 1.8 The staff shall describe the food on the plate so that the resident is able to distinguish the food and the staff shall ensure that food items on the plate are offered one food item at a time.

- 1.9 The management and the staff shall ensure that all meals shall be served at the right temperature.
- 1.10 The staff shall allow plenty of time for the resident to eat.
- 1.11 Staff shall be ready to help whilst eating and/or feeding where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible. If there are feeding difficulties due to physical or other restrictions, appropriate consultation with an occupational therapist and/or speech and language pathologist shall be sought.
- 1.12 The staff, whenever assisting during mealtimes, shall be seated at eye-level and at a 90° to promote proper supervision and assistance whilst reducing the risk of choking and aspiration.
- 1.13 The staff shall be alert for signs of choking during mealtime and assist the resident in such event and shall report and document choking incidents to the management and the interdisciplinary team.
- 1.14 The management and the staff shall ensure that the menu is made available to the residents, relatives, and legally appointed representatives.
- 1.15 The management and the staff shall ensure that the residents shall have a choice of at least two (2) different menus, which are rotated at a minimum of fortnightly.
- 1.16 The management and the staff shall encourage residents to dine with other residents, however the resident may choose to eat at a time that is more convenient for them and/or to eat privately, should the need arise and unless this creates an inconvenience to the other residents.
- 1.17 The management and the staff shall facilitate residents' access to potable water at no extra cost.
- 1.18 Nutritional screening shall be undertaken on admission, and subsequently on a periodic basis, and a record maintained of nutrition, including weight gain or loss, and appropriate action taken.
- 1.19 Food options shall be given to all residents, including those with different dietary requirements and food consistency requirements.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall promote and safeguard the residents' physical and mental health and wellbeing and shall ensure access to all health care services to meet assessed needs.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The residential care home shall have at least one (1) fully-equipped treatment room. Equipment in treatment room/s should include, but is not limited to:
 - 2.1.1 single unit air-conditioned temperature control;
 - 2.1.2 medicine storage;
 - 2.1.3 pharmaceutical fridge;
 - 2.1.4 sink with elbow tap;
 - 2.1.5 dispenser for paper towels, soap and hand rub;
 - 2.1.6 sharps boxes;
 - 2.1.7 pedal bin for clinical waste;
 - 2.1.8 pedal bin for domestic waste;
 - 2.1.9 double-lock DDA cupboard with alarm system;
 - 2.1.10 gloves;
 - 2.1.11 airways of all sizes;
 - 2.1.12 emergency trolley; and
 - 2.1.13 portable suction machine.

- 2.2 The management and the staff shall ensure that the residents' physical and mental health is monitored and that the residents have access to appropriate and individual treatment.
- 2.3 The management shall ensure that medical coverage is offered by the residential care home. Residents may also seek medical care from a physician of their choice, and the contact details of the identified doctor shall be clearly documented in the individual personal care plan.
- 2.4 Daily opportunities shall be promoted and provided for exercise and physical activity appropriate to the needs and abilities of each resident.
- 2.5 The management shall ensure that each resident has a primary care physician and/or geriatrician assigned who would be responsible for the initial personal care plan and subsequent reviews and revisions.
- 2.6 The management shall ensure that the residents, relatives, and legally appointed representatives have clearly documented procedures for access to emergency medical care in place
- 2.7 The management and the staff shall provide residents with the help that they need to undertake a full medical review.
- 2.8 The management and the staff shall help the residents in maintaining their personal and oral hygiene and shall support the residents' own capacity for self-care.
- 2.9 The management and the staff shall ensure that the residents are assessed by a competent person to identify residents who are at risk of developing pressure sores and other infections/conditions by also observing signs of confusion and/or behaviour changes and shall ensure that appropriate timely treatment is given and records kept in their personal care plan.
- 2.10 The management and the staff shall ensure that professional advice in cases of incontinence is sought and acted upon.
- 2.11 The management and the staff shall regularly monitor the residents' mental health and ensure that therapeutic action is taken in a timely manner.

STANDARD 3: RESIDENTS' PERSONAL HEALTH AND MEDICAL CARE

- 2.12 The management and the staff shall verify that appropriate interventions are carried out for residents identified as being at risk of falling and shall ensure access to assessment is provided and the appropriate devices and aids for the residents are supplied.
- 2.13 The management shall provide the residents with the support needed to have access to hearing and sight tests including appropriate aids according to their needs.
- 2.14 The staff shall assist and accompany the residents when attending for appointments at hospital and/or community health care services, complementary therapies or support groups and/or consultations with other healthcare professionals or for other complex needs when needed unless the resident's relatives, friends and/or legally appointed representative can do so. Such visits shall be documented.
- 2.15 The management and the staff shall take immediate action when residents present signs or show intentions of self-harm or suicidal thoughts, residents are supported in a sensitive manner and specialised help shall be sought.

QUALITY INDICATOR 3

3.0 Quality Indicator: The service provider shall support and where necessary assist the residents to obtain the prescribed medication they require in a safe manner.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 3.1 The management shall verify that there are policies and procedures which the staff adhere to regarding to the procurement, receipt, recording, storage, handling, administration, and disposal of medicines, which are in line with current local legislation.
- 3.2 Records shall be kept of all medicines received, administered and leaving the residential care home or disposed of to ensure that there is no mishandling of medication.
- 3.3 The management and the staff shall guarantee that residents' medicines, supplements, and medications are in line with relevant legislation.
- 3.4 Specialised and/or closed wards shall have a separate system for storage and administration of all medication, including controlled drugs if applicable.
- 3.5 The nurse in charge shall maintain an updated record of current medication prescribed for each resident.
- 3.6 Controlled drugs shall be stored in a certified DDA cupboard and administered by competent persons, in a controlled environment which complies with the current local legislation.
- 3.7 Prior to administration of medicines or the provision of treatment, the staff shall explain in a clear and respectful manner to the resident the course of treatment.

STANDARD 3: RESIDENTS' PERSONAL HEALTH AND MEDICAL CARE

- 3.8 The professional administering the medicine shall record in writing the administration of medicine, supplements and medication, indicating clearly the time of administration and staff administering the medication, and shall ensure that any changes observed in the conditions of the resident on medication shall be reported accordingly.
- 3.9 The management and the staff shall report and record any medical errors by filling an incident report and informing the Authority and other relevant entities.
- 3.10 A medication review for each resident should be undertaken by a medical professional every six (6) months or according to need.
- 3.11 The management shall verify that all medicines are administered by a competent person as per legislation.
- 3.12 The management and the staff shall ensure that the residents and/or legally appointed representatives are enabled and assisted to access the Pharmacy of Your Choice schemes on behalf of the resident.

STANDARD 4:

PROTECTION AND SAFEGUARDING

STANDARD STATEMENT:

This Standard promotes rights that ensure the protection, wellbeing, and safety of the residents.

QUALITY INDICATORS:

1. The service provider shall ensure that competent persons carry out an evaluation of hazards and risks within the residential care home, including individualised risk assessments.
2. The service provider shall ensure that the health, safety and welfare of all residents and the staff are promoted and protected at all times.
3. The service provider shall ensure that the residents are protected and safeguarded from any form of harassment and abuse.
4. The service provider shall ensure that all residents and their relatives and legally appointed representatives shall be confident that their complaints shall be listened to, taken seriously, and acted upon and that they shall be treated confidentially.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall ensure that competent persons carry out an evaluation of hazards and risks within the residential care home, including individualised risk assessments.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The management shall appoint a competent person to carry out a risk assessment every two (2) years or whenever there is a situation whereby there are hazards and risks within the residential care home that may change risk levels. There shall be documented proof that the risk assessment has been carried out by a competent person. The clean risk assessment report should be forwarded to the Authority on a yearly basis.
- 1.2 The management shall ensure that the residential care home is covered by a valid comprehensive insurance policy.
- 1.3 The management shall ensure that the building is covered by a fire and ventilation report prepared by a competent person.
- 1.4 The emergency services shall be able to access the residence.
- 1.5 The management shall ensure that the residential care home meets all the requirements to comply with Health and Safety Legislation (see Annex VII for indicative measures) and with any requirements of the Superintendent of Public Health.
- 1.6 Residential care homes with more than one floor, or located on upper floors, shall have a lift to facilitate the transfer of residents between floors safely. The lift shall accommodate a standard ambulance stretcher with measurements of 195 cm x 55 cm x 25 cm and accompanying personnel.

- 1.7 Certificates, reports and other documents confirming that the service complies with all relevant legislation and procedures (including regulations related to health and safety, food hygiene and service registration with the Authority) shall be displayed on the premises, in a location which is easily visible to all residents and visitors.
- 1.8 Policies and procedures shall be in place for control of infection including the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing. The residential care home's manager shall provide documented proof that policy and procedures are in place in this regard.
- 1.9 Any sluices provided shall be located separately from residents' toilet and bathing facilities.
- 1.10 The residential care home shall have a sluicing facility and a sluicing disinfectant.
- 1.11 The staff shall ensure that all accidents, injuries and incidents of illness, including close calls, and use of restrictive care are always documented and reported to the residential care home's manager.
- 1.12 The management shall ensure that all accidents, injuries and incidents of illness, including close calls, and use of restrictive care are always documented and reported and investigated further and reported to the Authority using the SCSA's Patient Safety Incident Form and to any other relevant authorities immediately.
- 1.13 An interdisciplinary team assessment in consultation with the legally appointed representative shall be carried out prior to any use of restrictive care.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall ensure that the health, safety and welfare of all residents and the staff are promoted and protected at all times.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The management shall ensure compliance with relevant legislation related to workplace safety namely Occupational Health and Safety Authority Act XXVII of 2000, as amended by ACT XXXII of 2007; Legal Notice 426 of 2007; and Act X of 2013; Act XXVII of 2019 and any amendments thereafter.
- 2.2 The management shall ensure that Health and Safety policies and procedures for the residential care home including Emergency Plans, Fire Drills and Infection Control Policies are clearly displayed in areas within the residential care home and clearly understood by the residents, relatives and legally appointed representatives.
- 2.3 The management shall ensure that all staff working at the residential care home understand and abide by Health and Safety policies and procedures including Emergency Plans, Fire Drills, and Infection Control Policies.
- 2.4 The management shall ensure that all equipment and machinery that need servicing, such as air conditioners and similar equipment, are serviced according to the manufacturer's instructions and a recorded preventative maintenance schedule is available.
- 2.5 The management shall ensure that all communicable diseases are recorded and reported immediately to the Superintendent of Public Health, to the Authority and to other relevant entities.

- 2.6 The management and the staff shall ensure that the residents' personal belongings are not used by other persons unless the resident and their legally appointed representative indicate otherwise.
- 2.7 The staff shall support the resident's relatives and/or legally appointed representative in order to ensure that the resident's belongings have personalised labelling.
- 2.8 The management shall ensure that the facility has systems in place for all items sent for laundry to be returned to their rightful owners.
- 2.9 The management and the staff shall ensure that the residents know which spaces in the residential care home are identified as public or private.
- 2.10 The management shall ensure that the use of CCTV cameras shall be restricted to the communal areas and entry ways, including windows, corridors, lifts and stairs, for security and safety reasons only and in line with the Data Protection Act namely Chapter 586 of the Laws of Malta and the Service Provider's Policy about CCTVs.

QUALITY INDICATOR 3

3.0 Quality Indicator: The service provider shall ensure that the residents are protected and safeguarded from any form of harassment and abuse.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 3.1 The residents, their relatives and legally appointed representatives shall be aware of how to report cases of harassment and abuse to the management, the Authority or to other relevant authorities.
- 3.2 The management and the staff shall respond effectively to reports of harassment and/or abuse whilst safeguarding all the residents.
- 3.3 The management and the staff shall ensure that robust procedures for responding to suspicion or evidence of abuse or neglect, including whistle blowing as per the Whistle Blower Act, are in place to ensure the safety and protection of all the residents.
- 3.4 The management and the staff shall ensure that all residents are safeguarded from physical, financial, psychological or sexual abuse, and from neglect, discriminatory abuse or self-harm, inhumane or degrading treatment, whether through deliberate intent, negligence or ignorance, in accordance with written policies.
- 3.5 The management and the staff shall ensure that all allegations and incidents of abuse as indicated above, including neglect, are acted on promptly in accordance with the internal abuse policy and procedures and the measures taken are recorded. Such cases should also be reported to the police, the Authority and to any other relevant authorities immediately.
- 3.6 The service provider shall have a contingency plan in place to ensure that care is provided to residents even in the event of any industrial action.

- 3.7 The management and the staff shall ensure that any new information about staff found to be unsuitable to work with vulnerable adults is considered and acted upon in a timely manner.
- 3.8 The management shall ensure that the residents are treated in accordance with the current consumer legislation namely Consumers Affairs Act (Chapter 378 of the Laws of Malta).
- 3.9 The service provider shall ensure that the residents have the necessary means to provide feedback and suggestions in an anonymous manner.

QUALITY INDICATOR 4

4.0 Quality Indicator: The service provider shall ensure that all residents and their relatives and legally appointed representatives shall be confident that their complaints shall be listened to, taken seriously, and acted upon and that they shall be treated confidentially.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 4.1 The management and the staff shall ensure that the residents, relatives, and legally appointed representatives are aware of procedures on how to report a complaint.
- 4.2 The management and the staff shall ensure that complaints are taken seriously and acted upon in strict confidentiality, without any fear of retribution, and in a timely manner.
- 4.3 The management and the staff shall keep a record of all complaints made and include details of investigations and any action taken.
- 4.4 The service provider shall investigate all complaints received by residents, their relatives and legally appointed representatives. Where no satisfactory outcome may be reached or the complainant is not satisfied with the action taken, the matter shall be referred to the Authority.

STANDARD 5:

PHYSICAL ENVIRONMENT

STANDARD STATEMENT:

This Standard promotes rights that ensure that the environment is engaging, welcoming, familiar, pleasant, and meets the needs of the residents

QUALITY INDICATORS:

1. The location and the layout and all the external spaces of the residential care home shall be appropriate for senior citizens.
2. The service provider shall ensure that the residential care home shall provide to all its residents accessible, safe, and comfortable indoor and outdoor communal and private facilities⁴.
3. The service provider shall encourage residents to maintain the highest possible level of independence.

4 Outdoor space refers to an open outdoor area outside the facility, with natural lighting and adaptive furnishings, canopies, and greenery, such as gardens and/or terraces. Enclosed areas such as shafts should not be considered sufficient outdoor space.

QUALITY INDICATOR 1

1.0 Quality Indicator: The location and the layout and external spaces of the residential care home shall be appropriate for senior citizens.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The residential care home shall comply with the accessibility standards according to the local legislation to ensure its accessibility to all⁵.
- 1.2 The service provider shall ensure that contrast between floors and walls is present.
- 1.3 The service provider shall ensure that the internal layout shall reduce any physical barriers to allow safe ambulation. Grab rails shall be present along corridors on both sides to promote support during mobility.
- 1.4 The service provider shall ensure that natural light is utilised throughout the residential care home. If this is not possible, the service provider shall ensure that adequate warm white light is provided.
- 1.5 The service provider shall promote orientation of place through colour-coding of floors and visual signage.
- 1.6 The service provider shall promote a reduced noise environment within both communal and private areas.
- 1.7 The service provider shall ensure that the nursing station is well-visible and accessible for all residents.

5 Maltese Standard SM 3800:2015 – Accessibility for All in the Built Environment.

- 1.8 The service provider shall ensure that the choice of seating is familiar and meets the residents' physical requirements such as high-back adjustable height, adjustable arms, and adjustable seating.
- 1.9 The service provider shall ensure that dining tables are arranged in smaller setups and are accessible for wheelchair users.
- 1.10 The service provider shall ensure that residential care home design shall be representative of a domestic environment to promote a calm experience.
- 1.11 The ambient temperature control, lighting, water supply and ventilation of residents' rooms shall meet the relevant environmental health and safety requirements. There shall be wall thermometers in corridors, communal areas, treatment rooms and residents' bedrooms.
- 1.12 Rooms shall be individually and naturally ventilated with accessible windows and balconies conforming to recognised standards.
- 1.13 Windows and balconies⁶ shall have curtains, safety features and insect screens.
- 1.14 In all new builds, first time licences, revised licence with regard to the number of beds, extensions and refurbishments of the residential care home, the height of the windows and balconies shall enable the resident to see out of them when seated or in bed.
- 1.15 Lighting in residents' accommodation shall meet recognised standards and shall be domestic in character.
- 1.16 Emergency lighting shall be provided throughout the residential care home.

6 Windows and balconies should overlook open areas such as, but not limited to, roads or gardens, and not shafts.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall ensure that the residential care home shall provide to all its residents accessible, safe, and comfortable indoor and outdoor communal and private facilities.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The service provider shall ensure that the colours of grab rails and other aids, and toilet seats contrast with the walls behind them.
- 2.2 The service provider shall ensure that the location and layout of the residential care home is accessible, safe and well-maintained.
- 2.3 The service provider shall ensure that the outdoor area is adapted to promote activity engagement. The outdoor space shall be designed to meet the needs of all residents, including those with physical, sensory and cognitive impairments, and which shall conform to the Accessibility Standards⁷.
- 2.4 Toilet, washing and bathing facilities shall be provided to meet the needs of all residents.
- 2.5 The service provider shall ensure that the showers are walk-in, spacious and equipped with safety aids. The residential care home shall provide at least one assisted bath (or assisted showers, provided that this meets residents' needs) to no more than five (5) residents.
- 2.6 The service provider shall ensure that taps are lever taps.

7 Maltese Standard SM 3800:2015 – Accessibility for All in the Built Environment.

- 2.7 The service provider shall ensure that doors and entry ways shall be wide enough to ensure wheelchair accessibility and manoeuvrability.
- 2.8 The residential care home shall provide indoor sitting, recreational and dining space⁸ amounting to at least four (4) square metres for each resident. Indoor and outdoor communal space shall be available and includes, but is not limited to:
- 2.8.1 a smoke-free environment;
 - 2.8.2 rooms in which a variety of social, cultural and religious activities can take place;
 - 2.8.3 rooms where the residents can meet visitors in private;
 - 2.8.4 dining room(s) where residents may eat meals together; and
 - 2.8.5 a well-lit and ventilated sitting room
- 2.9 There shall be accessible toilets for residents clearly marked, close to the lounge area and dining area.
- 2.10 Toilets for visitors and staff should be separate from those of the residents.
- 2.11 The residential care home shall provide accommodation for each resident which meets minimum space as follows:
- 2.11.1 in existing establishments, single rooms accommodating wheelchair users shall have at least twelve (12) square metres usable floor space (excluding en-suite facilities, bedroom entrance, fitted units and moveable furniture); and
 - 2.11.2 rooms that are currently shared shall have at least eight (8) square metres of usable floor space per resident (excluding en-suite facilities, bedroom entrance, fitted units and moveable furniture).
- 2.12 Where rooms are shared, they shall be occupied by no more than two (2) residents, unless otherwise agreed upon in the contract. The number of beds in a room should not exceed three (3).

8 Referred to collectively as indoor communal space; excluding residents' private accommodation and corridors, balconies and entrance hall.

STANDARD 5: PHYSICAL ENVIRONMENT

- 2.13 The residential care home shall provide accommodation for each resident which is furnished and equipped to assure comfort and privacy and meets the assessed needs of the resident. In the absence of residents' own provision, furnishings for the individual rooms shall include, but not limited to, the minimum as follows⁹:
- 2.13.1 height adjustable beds and special mattresses, a clean comfortable bed, minimum 900mm wide, at a suitable, safe height for the resident;
 - 2.13.2 bed linen including a pillow;
 - 2.13.3 a nurse calling buzzer or similar per resident;
 - 2.13.4 drawers (one (1) locked as per Standard 1) and enclosed space for hanging clothes;
 - 2.13.5 overhead and accessible bedside lighting;
 - 2.13.6 at least two (2) accessible double electric sockets;
 - 2.13.7 access points for television, telephone and Internet sockets;
 - 2.13.8 a table to sit at and a bedside table; the table needs to be able to accommodate wheelchair users;
 - 2.13.9 one (1) comfortable chair per resident;
 - 2.13.10 curtains or blinds; and
 - 2.13.11 a mirror.
- 2.14 All bedrooms shall have accessible en-suite showers and toilets, as long as residents' safety is not thereby compromised.
- 2.15 All residents' rooms, including bathrooms, shall have non-slip tile flooring or equivalent, and shall be equipped with safety aids such as grab rails and shower chairs.

9 Provided that a wheelchair-accessible table and comfortable seating are not required within the bedrooms if there is an area providing wheelchair-accessible and comfortable seating and tables for residents on each floor.

- 2.16 Call systems with an accessible alarm facility shall be provided in every room, including the bathrooms. The pull cord in the bathroom should be at the right height from the floor and easily accessible for the senior citizen should they fall on the ground anywhere in the room.
- 2.17 Room dimensions and layout options shall ensure that there is ample enough room on either side of the bed, to enable access for the staff and any assistive aids required to be used.
- 2.18 The residential care home shall provide accommodation for each resident which is furnished and equipped to assure comfort and privacy and meets the assessed needs of the resident.
- 2.19 Doors to the residents' private accommodation shall be fitted with locks suited to the residents' capabilities and accessible to the staff in emergencies. When such emergencies occur, a record must be kept.
- 2.20 The residents shall be provided with a key per resident per room unless their risk assessment indicates otherwise.
- 2.21 Screening shall be provided in shared rooms to ensure privacy.

QUALITY INDICATOR 3

3.0 Quality Indicator: The service provider shall encourage residents to maintain the highest possible level of independence.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 3.1 An assessment of the premises and facilities shall be made by a suitably qualified physiotherapist and occupational therapist with specialist knowledge of the resident groups catered for, and shall provide evidence that the recommended equipment has been provided. Further environmental adaptations and aids (such as hoists and assisted toilets and baths) shall be put into place to meet the assessed needs of the residents.
- 3.2 Facilities, including communication aids and signs shall be provided to satisfy the needs of all residents, taking account of the needs, including but not limited to those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary. The advice of an occupational therapist and/or Speech Language Pathologist, or any other relevant professional, shall be sought and recommendations implemented.
- 3.3 Storage areas shall be made available for aids and equipment, including wheelchairs.

STANDARD 6:

SERVICE PROVISION

STANDARD STATEMENT:

This Standard promotes rights that ensure that the residents' transition to the residential care home is facilitated by receiving information prior to and upon access to the related provision of services, as well as the identification of alternative services, to meet the needs and aspirations of the residents.

QUALITY INDICATORS:

1. The service provider shall provide opportunities to residents to be in contact with the Authority and shall keep the said Authority informed whenever the residential care home is refurbished. The services at the residential care home are to be provided to meet the residents' assessed needs upon their admission and when these needs change.
2. The service provider shall make the transition for senior citizens to commence living in the residential care home as easy as possible and ensure that in cases of emergency or discontinuation of the service there are alternative plans for the relocation of the residents.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall provide opportunities to residents to be in contact with the Authority and shall keep the said Authority informed whenever the residential care home is refurbished. The services at the residential care home are to be provided to meet the residents' assessed needs upon their admission and when these needs change.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The residents shall have the possibility of participating in inspections that are carried out by the Authority.
- 1.2 The management shall provide the residents, their relatives, and legally appointed representatives with information about how to contact the Authority, in writing and online, and in Maltese and English.
- 1.3 If there is upgrading or refurbishing of the residential care home, the Authority shall be notified with immediate effect, in consultation with other professionals, including the interdisciplinary care team, in order to carry out the necessary risk assessments prior to commencement.
- 1.4 The management shall regularly organise mental, physical and emotional wellbeing programmes according to the residents' needs.
- 1.5 The service provider shall ensure that the residents have access to the internet, telephone and television infrastructure throughout the residential care home, which are free of charge.
- 1.6 The service provider shall ensure that accessible transport for outings and appointments is made available to the residents.

- 1.7 The management shall ensure that all specialised services are offered to the residents and if not available the residents would be supported to access these elsewhere.
- 1.8 All specialized services offered (including but not limited to services for persons living with dementia or other cognitive impairments, sensory impairments, physical disabilities, intermediate or respite care) shall be demonstrably based on current good practice and reflect relevant specialist and clinical guidance.
- 1.9 Staff individually and collectively shall have the skills and experience to deliver the services and care which the residential care home offers to provide.
- 1.10 The service provider shall be responsible for the provision of all basic equipment required by residents according to their assessed needs. This equipment shall include, but is not limited to, standard or bariatric wheelchairs, hoists, height-adjustable beds, pressure relief mattresses and pressure relief cushions for all residents requiring them.
- 1.11 The service provider shall ensure that any work that is outsourced is covered by a contract that clearly states the quality of the service the subcontractor is expected to provide whilst ensuring that the requirements of this Standard are always maintained even when the services are provided by an external agency.
- 1.12 The management and the staff shall assist the residents in obtaining basic goods for their everyday needs.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall make the transition for senior citizens to commence living in the residential care home as easy as possible and ensure that in cases of emergency or discontinuation of the service there are alternative plans for the relocation of the residents.

PERFORMANCE INDICATORS:

The service provider shall ensure that:

- 2.1 The management shall give the residents a trial period up to a minimum of one (1) month during pre-agreed dates, before they move into the residential care home on a permanent basis.
- 2.2 The management shall ensure that unplanned admissions are avoided where possible and only take place in emergency situations.
- 2.3 The management shall ensure that when an emergency admission is made in the residential care home, the management shall inform the resident, relatives and legally appointed representatives within forty-eight (48) hours about the key features, the services available and the rules and routine procedures within the residential care home, and associated costs (see Annexes VIII and IX).
- 2.4 The prospective residents shall be given the opportunity to visit the residence in a planned manner at least once in order to assess the quality, facilities and suitability of the residential care home. During this visit, the prospective resident may be accompanied by any persons whom they trust.

- 2.5 Each resident shall be provided with a written service agreement with the residential care home detailing the terms and conditions at the time of moving in to the residential care home. Any amendments or changes to the service agreement are to be documented and consented to by all parties.
- 2.6 The service provider shall ensure that there is a contingency plan in the event of a health emergency or an outbreak within the residential care home.
- 2.7 The service provider shall ensure that there is a contingency plan in the event that the residence closes, temporarily or permanently. The contingency plan must include transportation services for the residents to move into alternative accommodation, assistance to the residents to move their belongings into the new accommodation, as well as the necessary social care for the residents to overcome such a move.
- 2.8 The management shall inform the staff of any contingency plans that are written.
- 2.9 The management shall ensure that if a resident needs to be relocated, all relevant information is passed on to the new residential care home
- 2.10 The management shall ensure that if a resident needs to be relocated as a result of residential care home closure relocation costs would be incurred by the service provider.

STANDARD 7:

SERVICE QUALITY MANAGEMENT

STANDARD STATEMENT:

This Standard promotes rights that ensure that the service provider shall be responsible to deliver quality service and support based on continuous improvement in the most respectful and transparent manner.

QUALITY INDICATORS:

1. The service provider shall ensure that the residential care home is managed by a competent person, of good character and able to fulfil his responsibilities to the full.
2. The service provider shall implement transparent recruitment strategies and plan for the continuous development of the staff and ensure that staff are appropriately, regularly and adequately trained and supervised.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall ensure that the residential care home is managed by a competent person, of good character and able to fulfil his responsibilities to the full.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 1.1 The residential care home's manager shall have at least two (2) years' experience in a management role related to geriatric care.
- 1.2 The residential care home's manager shall have a qualification of at least Masters level in management, and/or health related science and/or geriatrics.
- 1.3 The residential care home's manager shall be responsible for not more than one (1) registered establishment.
- 1.4 The residential care home's manager shall demonstrate that s/he has undertaken periodic training as part of continuous professional development such as geriatrics, training in caring for senior citizens, so as to enhance knowledge, skills and competences, whilst managing the residential care home.
- 1.5 The management shall have direct and frequent contact with the residents, at least monthly.
- 1.6 The management and the staff shall develop an annual development plan for the residential care home that is reviewed on a quarterly basis.
- 1.7 The management shall ensure that an internal audit shall be conducted annually.

- 1.8 The management shall ensure that results of surveys and of any audits shall be published and made available to current and prospective residents, their relatives and legally appointed representatives and other interested parties, including the Authority and other relevant bodies.
- 1.9 The management and the staff shall inform residents about planned inspections by the Authority and shall be given access to speak to Assessors. The views of residents, their relatives and legally appointed representatives shall be made available to Assessors for inclusion in their inspection reports. Confidentiality and anonymity shall be adhered to whenever requested.
- 1.10 The management shall ensure that policies, procedures, and practices shall be regularly reviewed in light of changing legislation and of good practice advice.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall implement transparent recruitment strategies and plan for the continuous development of the staff and ensure that staff are appropriately, regularly and adequately trained and supervised.

PERFORMANCE INDICATORS:

The service provider ensures that:

- 2.1 The residential care home shall have a manual of procedures detailing the operations of the facility, which also defines how the staff interact with residents (see Annex X). This manual should be regularly reviewed and updated as required and in line with any changes in the applicable standards. The manual should be accessible to those requesting it, in accordance with management's policy.
- 2.2 A quality improvement system based on the evaluation of the residential care home's services and feedback from the residents shall be implemented.
- 2.3 The management shall ensure that all staff shall have foundation training on basic care and support for senior citizens (see Annex XI).
- 2.4 The management shall ensure that staff, such as nurses and carers, who directly work and support senior citizens shall have advanced training in caring and supporting senior citizens (see Annex XI).
- 2.5 The service provider shall operate a thorough, documented and transparent recruitment procedure and shall ensure the protection of residents at all times.
- 2.6 All carers shall have the applicable training as required by the Authority, but at least MQF Level 3 in Care.
- 2.7 Nurses recruited are to be registered with the Council of Nurses and Midwives.

- 2.8 Any staff whose role requires professional qualifications, registration, certification or licencing should also have such credentials verified by the management prior to employment.
- 2.9 All staff involved in preparing and/or handling food shall possess valid food handling accreditation.
- 2.10 The management shall select and assign staff to specific tasks after a thorough recruitment process which includes:
 - 2.10.1 verification of identity;
 - 2.10.2 verification of qualifications, including confirmation of MQRIC levels with relevant entities; and
 - 2.10.3 registration in professional registers, where applicable.
- 2.11 The management shall ensure that staff shall be employed in accordance with the code of conduct and practice set by the respective professional bodies, where applicable.
- 2.12 The management shall ensure that prospective staff present a clean police conduct certificate from every country in which they have resided over the last ten (10) years, including a certified translation if the document is not presented in English. Police conduct certificates are to be updated on a yearly basis.
- 2.13 The management shall ensure that staff shall follow their job description and do not carry out any tasks which are not within their competencies or within their role's remit.
- 2.14 All staff shall wear service provider-issued identification tags at all times.
- 2.15 The management shall ensure that newly recruited staff shall be given induction training and job shadowing opportunities in foundation training on basic care and support for senior citizens (see Annex XI).
- 2.16 All staff shall receive documented foundation training in line with their role including, but not limited to, handling and transferring training, first aid training, and fire and safety training within the first six (6) months of appointment, which equips them to meet the assessed needs of all the residents as defined in their personal care plan.

STANDARD 7: SERVICE QUALITY MANAGEMENT

- 2.17 The management shall ensure that staff receive appropriate and continuous supervision.
- 2.18 The management shall ensure that policies implemented are in line with these Standards.
- 2.19 The management shall ensure that the recruitment and selection process for any volunteers involved in the residential care home shall be thorough and includes police checks.
- 2.20 The management shall ensure that volunteers have the right qualities, values and attitudes to work with service users, just as any other paid staff.
- 2.21 The management shall ensure that staff ratios and skill mix of qualified and support staff shall be appropriate to the assessed needs of all residents, the size, layout, and purpose of the residential care home.
- 2.22 The ratios of staff to residents shall be determined according to the assessed needs of residents, and in accordance with the resident's level of dependency and care needed in accordance with the Barthel Index 100 and any other relevant assessed methods to properly identify appropriate staffing levels.
- 2.23 The minimum level of nursing/caring for residents having low to medium dependency levels, should not be less than a total of 2.38 hours of nursing/caring per resident per day with at least 0.38 nurse supervision hours per resident per day.
- 2.24 The minimum level of nursing/caring hours to for residents having high dependency or who require specialised dementia care levels, should not be less than a total of 2.85 hours of nursing/caring per resident per day with at least 0.45 hours nurse supervision hours per resident per day.
- 2.25 On admission and following any change in the dependency of any resident, the ratio of staff to residents shall be altered accordingly as determined by the Barthel Index 100.
- 2.26 The skills mix of nurses to care workers shall also be guided by the Barthel Index 100 with the additional minimum requirement that there shall be at least one (1) qualified registered nurse on duty during every shift.
- 2.27 Additional staff shall be on duty at peak times of activity during the day.

- 2.28 There shall be night staff on duty that reflect the numbers and needs of residents and the layout of the residential care home. In residential care homes providing nursing this shall include registered nurses.
- 2.29 The management shall ensure that a recorded staff rota shall be in place showing which staff are on duty at any time during the day and night and in what capacity.
- 2.30 The management shall ensure that staff rosters always include a mix of staff who are fluent in both Maltese and English.

ANNEX I: INFORMATION FOR PROSPECTIVE RESIDENTS ON THE RIGHTS AND RESPONSIBILITIES OF USING THE SERVICE

The management shall give the prospective residents a document regarding rights and responsibilities of using the service. The management shall explain the content of this document to the residents verbally and make it available to the residents in a format that is accessible to them. The information in this document should include, but is not limited to the following:

1. The general rights, obligations and responsibilities of the residents, family of the resident and/or next of kin.
2. The right of the residents to be informed as soon as possible if the residential care home, or part of the residential care home, is closing because of an emergency.
3. The right of the residents to be informed at least six months before the planned closure of the residential care home if the closure exceeds five days.
4. Regulations regarding the residents' access to the premises, activities, staff and management.
5. Regulations regarding the participation of the residents in everyday life and activities.
6. Regulations and consequences of unacceptable behaviour by the residents (behaviour that relates to the disability/medical condition of the residents is not considered "unacceptable" unless it puts the residents or others at risk).
7. Respecting the rights and needs of other staff and residents in the residential care home
8. Respecting the general interests of the community of the residential care home.

9. Informing the relevant authorities about situations of abuse, mistreatment or neglect, whether experienced or witnessed.
10. The right of information regarding whether there are animals in the residential care home.
11. The right of information on whether pets may be kept and what type of animals may be kept (a guide dog is always permitted) as well as the responsibilities of the residents in this regard.

ANNEX II: RESPONSIBILITIES OF THE RELATIVES/NEXT OF KIN OR LEGALLY APPOINTED REPRESENTATIVE OF THE RESIDENT

1. Continuing to be present in the lives of the senior citizens, maintaining frequent contact while attending to their needs.
2. Encouraging the senior citizen to visit the community and attend social gatherings and participate in activities.
3. Taking the senior citizen out of the residential care home on occasion.
4. Consulting with the residential care home's management and check on the residents' welfare frequently.
5. Encouraging the senior citizen to use modern technology including portable devices such as but not limited to, mobile phones and tablets.
6. Be responsible for bringing the resident's personal belongings.

ANNEX III: INTERDISCIPLINARY CARE TEAM

The interdisciplinary care team should include, but is not limited to, the following members from different disciplines:

- Activities Manager
- Care Workers
- Chaplain
- Chiropractor
- Dentist
- Dietician
- Relatives/Legally Appointed Representatives
- Geriatrician
- Occupational Therapist
- Physiotherapist
- Podiatrist
- Psychologist
- Nurse
- Residential Services Home Manager
- Social Worker
- Speech Language Pathologist

ANNEX IV: PERSONALISED PORTFOLIO

MY PORTFOLIO

My name:

I like to be known as:

My birthday:

Important people to me:

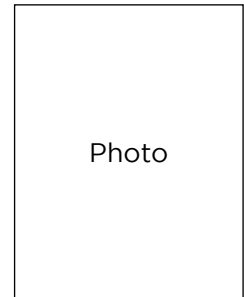
My background, skills and interests:

I like:

I dislike:

Tips for talking to me:

My essential care and support needs:



SAFETY

Areas of high risk for me:

What you must do to keep me safe:

COGNITIVE ABILITY

How getting older has affected my thinking and doing:

What I can still do:

What I find difficult:

How you can help me to do the things I can still do and support me with the things I find difficult:

BIOGRAPHY

What is important for you to know about my past:

How my past affects the way I am today:

How you can support me to make the best use of my past and overcome any difficulties it causes for me:

What it is important for you to know about my cultural background:

How you can support me to maintain my cultural identity:

What you need to know about my use of language:

PERSONALITY

How I am generally as a person, my disposition:

How I respond to new situations and difficulties:

What upsets me:

How you can support me to be positive and help me when I am distressed or withdrawn:

PHYSICAL HEALTH

What I can still do for myself:

What I find difficult:

How you can help with my physical health

PHYSICAL HEALTH: EATING AND DRINKING

Things I enjoy:

Things I do not like:

This is how and where I prefer to eat:

These are things I must have:

How can you help me with eating and drinking:

SENSORY IMPAIRMENT

My good senses are:

What I find difficult:

How you can help me to make best use of my senses:

SPIRITUALITY

These are my beliefs, which are important to me:

How you can help me to sustain them:

OCCUPATION

This is what I like to be doing:

This is how you can help me to do it:

ENTERTAINMENT

This is what I enjoy:

Things I do not enjoy:

ENVIRONMENT

The environment which best suits me is:

These are the challenges I have:

This is how you can support me to make the best of the world around me:

FAMILY, FRIENDS AND COMMUNITY

People and organisations which are important to me:

How you can support me with maintaining these relationships:

How you can support them to maintain a relationship with me:

OTHER PEOPLE

How I like to be around others and how I like others to be around me:

How you can support me with maintaining relationships:

DOCUMENT HISTORY

Completed by:
Last revised by:

Date:
Date:

With information from (please tick)

- Person
- Relative
- Agencies
- Other
- Observation

Name and signature of residential care home manager:

Name and signature of resident/legally appointed representative:

Name and signature of relatives:

Date:

ANNEX V: RECORD OF THE PERSONAL CARE PLAN AND PERSONALISED PORTFOLIO

The management shall make sure that the personal care plan is recorded and includes but is not limited to the following information:

1. The names of the interdisciplinary team members who are assigned to the residents in order to support them in the development of their personal care plan.
2. A note on how the resident prefers to be addressed.
3. The details of legally appointed representative to represent and/or take decisions on their behalf and/or be kept informed of the services being availed of and in cases of emergency.
4. Notes on information and decisions agreed upon by the parties involved.
5. A report on the assessment of the resident's level of independence in various activities.
6. A report on the assessment of the resident's strengths and limitations.
7. A report on the assessment of the individual needs of the resident.
8. The personal care plan shall include details about:
 - 8.1 the basic care and assistance with activities of daily living;
 - 8.2 the therapeutic goals outlined by the interdisciplinary team; and
 - 8.3 more specialised nursing and medical care that is required.
9. Information about the resident's personal, social and medical history.

ANNEX VI: FOUR STEP PROCEDURE TO RESPOND TO RESIDENTS' CHANGING NEEDS

Step 1: Staff, Relatives or Legally Appointed Representatives observe changes in Resident's needs and inform Management.



Step 2: Management are to inform Interdisciplinary Team of these observations, including the Residential Care Home's Doctor



Step 3: Residential Care Home's Doctor is to review and confirm or otherwise said observations.



Step 4: Management is to ensure that appropriate treatment is sought and any necessary medication, and/or aids is provided.

ANNEX VII: HEALTH AND SAFETY MEASURES

The health and safety of the residents and staff shall be ensured by addressing measures including, but not limited to:

- safe storage and disposal of hazardous substances;
- regular servicing of boilers, water tanks, gas storage and air conditioning systems under competent persons and endorsed by a warranted engineer;
- regular servicing of lift systems under contract by competent persons and endorsed by a competent person;
- maintenance of electrical systems and electrical equipment and certified by a competent person;
- installation, testing and maintenance of services supplying and conveying water in accordance with the relevant local legislation;
- prevention of legionella;
- risks from hot water/surfaces (i.e. temperature close to forty-three (43)⁰C);
- provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to the residents;
- maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment;
- fire safety equipment servicing and maintenance;
- security of the premises;
- security of the residents based on an assessment of their vulnerability; and
- Availability of a generator that can provide uninterrupted power supply for a period of not less than eight (8) hours and which shall be sufficient to provide uninterrupted running of lighting, environmental control and essential services.

ANNEX VIII: INFORMATION FOR PROSPECTIVE RESIDENTS ON THE PHYSICAL ENVIRONMENT AND SERVICES OFFERED

The management shall give prospective residents accurate information regarding the physical environment of the residential care home as well as the services offered and includes, but is not limited to, the following information:

1. The locality where the residential care home is situated, the residential care home's surroundings, the physical structure and the design of the residential care home.
2. A description of the facilities and common spaces.
3. The maximum number of residents that can use the residential care home's services at a given time.
4. The mission statement, objectives and values governing the service.
5. The organisational structure of the residential care home.
6. All the services which the residential care home offers.
7. Information on the advantages, disadvantages and the challenges that the residential care home's services may have.
8. How the residential care home's service is suitable for residents who require change.
9. Activities in which the residents may participate.
10. Local events, facilities and activities that the residents can take part in.
11. The residents' possibility of being assisted to talk to a trusted independent person or professional representative.
12. The residents' possibility of participating in inspections that are carried out by the Authority.

ANNEX IX: INFORMATION FOR PROSPECTIVE RESIDENTS ON THE FINANCIAL COSTS OF USING THE SERVICE

The management shall give the prospective residents a document regarding the financial costs of using the service. The management shall explain the content of this document to residents verbally and makes it available to the residents in a format that is accessible to them. The information in this document should include, but is not limited to, the following:

1. Information regarding the basic fee and which services are covered by the said fee.
2. Other services that may be given against an additional specified fee.
3. When and how payment for services is effected.
4. Whether there may be circumstances when money is refunded.
5. What arrangements will be made should the private funds of the resident run out or become insufficient.
6. The right of the residents to be informed at least two months in advance about any increase or variation in the fee/s or any changes in the method of payment or to whom this is due.
7. Any penalties for late or non-payments (if applicable).

ANNEX X: MANUAL OF POLICIES AND PROCEDURES

The management shall develop policies and procedures that cover all areas of the residential care home service. The below is a non-exhaustive list of policies and procedures that should be included in the manual.

1.0 OPERATIONAL POLICIES AND PROCEDURES

- 1.1 Confidentiality policy
- 1.2 Data Protection policy:
 - 1.2.1 Record keeping and access to records
 - 1.2.2 Incident reports
 - 1.2.3 Data Retention Policy
- 1.3 Entrance and eligibility
- 1.4 Admission and termination
- 1.5 Initial and subsequent assessments
- 1.6 Welcoming new residents
- 1.7 Personal care plan:
 - 1.7.1 Reviews
 - 1.7.2 Health and wellbeing
- 1.8 Behaviour management:
 - 1.8.1 Dealing with challenging behaviour
 - 1.8.2 Restrictive Care

- 1.9 Allegations of abuse in care
- 1.10 Allegations of bullying in care
- 1.11 Reverse abuse by residents on home staff
- 1.12 Equality and Diversity
- 1.13 Complaints and Feedback procedure
- 1.14 Spot checks, CCTV and monitoring
- 1.15 Self-evaluation of services
- 1.16 Financial and money management
- 1.17 Accountability for management, staff and service providers

2.0 STAFF

- 2.1 Staff professional behaviour towards residents, visitors and co-workers
 - 2.1.1 Guidelines for interactions with residents
- 2.2 Supervision policy

- 2.3 Support group
- 2.4 Recruitment:
 - 2.4.1 Employment contracts
 - 2.4.2 Job descriptions
- 2.5 Performance appraisals
- 2.6 Training and development plans
- 2.7 Staff meetings
- 2.8 Complaints by staff
- 2.9 Harassment policy
- 2.10 Staff handover
- 2.11 Staff ratios
- 2.12 House keeping

3.0 HEALTH & SAFETY

- 3.1 Injuries
- 3.2 Administration of medicine
- 3.3 Manual Handling Procedures
- 3.4 Risk assessment and management of risk
- 3.5 Infection Control

4.0 EMERGENCY PROCEDURES

- 4.1 First aid
- 4.2 Emergency management and evacuation
- 4.3 Fire emergency procedures
- 4.4 Medical emergency

5.0 HOME PROCEDURES

- 5.1 Common areas
- 5.2 Designated Smoking Areas
- 5.3 Accessibility of personal property
- 5.4 Mobile phones, the internet and electronic media
- 5.5 Absence without permission
- 5.6 Entering and exiting the residential care home
- 5.7 Visitors
- 5.8 Transportation
- 5.9 Maintenance and certification of house equipment
- 5.10 Pets
- 5.11 Food preparation and handling

ANNEX XI: TRAINING FOR STAFF

The management makes sure that the staff has regular training, including refresher courses that include but are not limited to the following:

1. Principles of care;
2. Safe working practices;
3. Induction and job shadowing;
4. Moving, lifting and handling residents safely;
5. Joint movement and positioning during functional activities;
6. Valid certification in food handling;
7. Valid First Aid training and certification;
8. Valid Mental Health First Aid certification;
9. Anaemia Awareness;
10. Awareness on different Disabilities;
11. Breakaway Training;
12. Continence and Catheter Care Training;
13. Dementia Awareness;
14. Diabetes Awareness;
15. Dignity in Care;
16. Effective Communication;
17. Effective Record Keeping Training;
18. Epilepsy Awareness and Medication Training;

19. Equality & Diversity Awareness;
20. Fire Safety Awareness and Fire Emergency Training;
21. Infection Control;
22. Managing Challenging Behaviour Training;
23. Nutrition & Hydration Awareness;
24. Pressure Sore Prevention and Management Training;
25. Restrictive Care;
26. Risk Assessment;
27. Safeguarding Vulnerable Adults;
28. Safer Handling of Medication;
29. Stroke Awareness;
30. Maltese Language Training for the sector;
31. Training on the role of the interdisciplinary team; and
32. Basic Human Rights Principles.

USEFUL LINKS

1. Charter of Fundamental Rights of The European Union (2000/C 364/01) http://www.europarl.europa.eu/charter/pdf/text_en.pdf
2. Health and long-term care in the European Union Report https://sid.usal.es/idos/F8/FDO22761/health_european_union.pdf
3. The Toronto Declaration on the Global Prevention of Elder Abuse by the World Health Organisation http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf
4. European Charter of the rights and responsibilities of older people in need of long-term care and assistance https://www.age-platform.eu/sites/default/files/22495_guide_accompagnement_EN_low.pdf
5. International Dysphagia Diet Standardisation Initiative - the complete Framework Detailed Definitions 2.0 | 2019 https://iddsi.org/IDDSI/media/images/Complete_IDDSI_Framework_Final_31July2019.pdf
6. Chapter 424: Occupational Health and Safety Authority Act <https://legislation.mt/eli/cap/424/eng/pdf>
7. Maltese Standard SM 3800:2015 - Accessibility for All in the Built Environment <https://www.parlament.mt/media/78993/05294.pdf>