

Regulatory Standards

**Residential Services
for Older Persons
including Persons
living with Dementia**



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INTRODUCTION TO THE GUIDELINES

These Guidelines establish the level of 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 Regulatory Standards is to ensure that older persons living in Residential Care Homes receive the best possible care with the best possible outcomes. These Regulatory Standards define the responsibilities of Residential Services towards older persons.

PRINCIPLES ON WHICH THE STANDARDS AND GUIDELINES ARE BASED

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

This means that all persons in the Residential Care Home have the right 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 a 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 and abuse;
- be treated equally to others;
- maintain the highest level of independence possible;
- lodge official complaints with the right to legal recourse without repercussions; and
- fulfil the above through the necessary policies and procedures issued and implemented by the service provider of the Residential Care Home.

GLOSSARY

“Act”	means the Older Persons Standards Authority Act (Cap. 640).
“Authority”	means the Older Persons Standards Authority as established by virtue of ACT No. XXXVIII of 2023 of the Older Persons Standards Authority Act (Cap. 640).
“Challenging behaviour”	means behaviour of such an intensity, frequency, or duration exhibited by residents that is triggered by intrinsic or extrinsic factors, that it has the potential to cause physical, emotional, and/or psychological harm to the residents themselves or other persons around them. This behaviour is likely to limit or deny access to certain services or facilities without adequate support.
“Civil rights”	means rights conferred on persons by the laws of Malta.
“Cognitive impairment”	means a condition, such as but not limited to, stroke, brain injury, developmental disability, degenerative brain disorders, or exposure to toxic substances, which causes, temporarily or permanently, difficulties with daily functions such as remembering, concentrating, understanding, decision-making, or communication, or any other difficulties that may affect the person’s everyday life.
“Competent person”	means a person who is qualified and licensed to carry out specific activities, in accordance with national legislation, standards, or directives issued by the applicable authorities, and who is registered with the relevant professional body.
“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.
“Dementia-friendly”	means an environment which ensures the safety of and facilitates perception and navigation for persons living with dementia, as well as reducing the risk of confusion and agitation, and encouraging independence.

“Facility”

means the premises from where geriatric services are provided, and that have been purposely built or adapted to accommodate older persons with varying levels of care needs on a short-term or long-term basis. The premises shall have fittings and equipment specifically suited for the holistic provision of the residents’ care and well-being. It shall be the service provider’s responsibility to ensure that any obligations regarding the facility are met, including cases where the premises are not owned by the service provider.

“Geriatric care service”

Geriatric services are a specialist area concerned with the health care, social aspects, and preventative needs of older persons, both in health and illness. Geriatric services include assessment, treatment, and short-term and long-term care for older people with physical, cognitive impairment/dementia, or functional support needs. Services are typically provided by multidisciplinary teams of health professionals with specific qualifications and/or expertise in disease processes and injury in older persons.

“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, and which services should be delivered to satisfy these needs and aspirations.

“Interdisciplinary care 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 resident may also be assigned a guardian by the Guardianship Board, in which case certain decisions shall be taken by the guardian in accordance with the Civil Code.

“Licensed beds”	means beds to be occupied by older persons and licenced as per Regulatory Standards for Residential Services for Older Persons including Persons living with Dementia Regulations. In the case of any breaches of the bed licensing conditions, the license holder shall be held accountable.
“Management”	means persons who are designated on the facility to act on behalf of the service provider to provide leadership to staff and to oversee and control the proper functioning of the services offered to residents.
“Night shelter”	means a service where older persons attend to spend the night, arriving in the evening and leaving the next morning.
“Older person”	means a person over the age of sixty.
“Older person living with dementia”	means an older person with a documented dementia diagnosis, made by a licensed, specialised medical practitioner or a specialised and warranted psychologist, in accordance with the latest internationally recognised diagnostic criteria. The condition ranges from mild to severe stages, each necessitating additional, proportionate levels of care and support tailored to the individual’s cognitive, functional, and psychosocial needs.
“Performance indicator”	means an indicative, but not exhaustive, action which the service provider should take in order to be compliant with the associated Quality Indicator. The Authority may amend these performance indicators at any time and may also issue additional recommendations to the service provider if any practices are noted which go against the Quality Indicator.
“Personal care plan”	means a document that is based on a comprehensive geriatric assessment of a given resident that clearly outlines the overall treatment plan, including follow-up, as well as a list of resources prescribed by the interdisciplinary care team.
“Policies and procedures”	means documents released by management that regulate the operations of the service.

“Portfolio”	means a document which outlines the resident’s history and interests, which will allow staff working with the resident to understand him/her as an individual.
“Quality indicator”	means a statement which sets out the requirements to achieve compliance with a particular Standard. The Authority may issue performance indicators to serve as guidelines, but it is the service provider’s responsibility to ensure that the licensed service operates in line with the principles stated in the Quality Indicator.
“Resident”	means an older person who requires a geriatric service and enters into an agreement with a service provider for the older person to live in and make use of the services offered by a care home.
“Residential care home”	means the provision of residential care which includes medical, functional, social, environmental, and spiritual care services for older persons who require short-term or long-term care for their well-being.
“Restrictive care”	means any methods, physical or chemical, used to prevent imminent harm or danger to the resident or to others. All use of restrictive care should be authorised by a medical professional and provided only by appropriately trained persons. The resident’s legally appointed representative shall also be required to consent to and to be informed of its use.
“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 facility 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 resident or legal appointed representative and the service provider which sets out, among other things, services to be provided, associated fees and charges, if any, and the terms and conditions and rights and responsibilities of both parties.

“Service provider”

means a person or organisation which provides and operates a geriatric care service. They shall hold the ultimate responsibility to ensure that all the requirements of these Regulatory Standards are met during the provision of the service, including any part of the operation that is outsourced or subcontracted.

“Staff”

means any person working within the facility, in the employ of the service provider, or by service agreement (in the case of outsourcing), and including any voluntary workers.

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 licence holder shall ensure that;

- 1.1 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.
- 1.2 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.
- 1.3 The management and the staff shall guarantee that residents shall be offered the services of an interpreter and/or advocate, on request. The cost of such an additional service shall be clearly communicated to the resident and shall be included in the service agreement.
- 1.4 The management shall provide prospective residents, their relatives, and/or legally appointed representatives with a copy of the residents' basic rights and responsibilities when availing of the service. Management shall verbally explain the content of this document to the residents and make it available to them in an accessible format. The information in this document should include, but is not limited to, the following:
 - 1.4.1 The general rights, obligations, and responsibilities of the residents, their families, and/or next of kin;

- 1.4.2 Residents' right to be promptly informed if the residential care home, or part of the residential care home, is closing due to an emergency;
 - 1.4.3 Residents' right to be informed at least six (6) months in advance if the planned closure of the residential care home exceeds five (5) days;
 - 1.4.4 Regulations regarding residents' access to the premises, activities, staff, and management;
 - 1.4.5 Regulations regarding the participation of the residents in everyday life and activities;
 - 1.4.6 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);
 - 1.4.7 Respecting the rights of staff and other residents in the residential care home;
 - 1.4.8 Respecting the general interests of the community of the residential care home;
 - 1.4.9 Reporting abuse, mistreatment, or neglect to the relevant authorities, whether experienced or witnessed;
 - 1.4.10 The right to information regarding whether there are animals in the residential care home; and
 - 1.4.11 The right to 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;
- 1.5 The management shall ensure that residents' relatives and/or legally appointed representatives shall be provided with information regarding their responsibilities while the older person is residing within the facility.
- 1.6 Management and staff shall actively encourage relatives to maintain frequent contact with the residents, address their needs, and, where possible, involve them in family occasions.

- 1.7 The management shall ensure that information regarding residents' rights and responsibilities, as well as those of their relatives and legally appointed representatives, is prominently displayed within the facility.
- 1.8 The management shall provide prospective residents, their relatives, and legally appointed representatives with an information leaflet in both English and Maltese which includes, at a minimum:
 - 1.8.1 details about the location, address, and contact details, surroundings, physical structure, and design of the residential care home;
 - 1.8.2 the mission statement, objectives, and values governing the service;
 - 1.8.3 the organisational structure of the residential care home;
 - 1.8.4 a full description of all the services provided;
 - 1.8.5 a description of individual rooms and communal space provided;
 - 1.8.6 any special needs or interests catered for;
 - 1.8.7 activities in which the residents may participate;
 - 1.8.8 the residents' possibility of participating in inspections that are carried out by the Authority; and
 - 1.8.9 an up-to-date summary of the views of current residents regarding the service.
- 1.9 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.
- 1.10 The management and staff shall be responsible for ensuring a smooth transition for residents moving to the residential service, including the intervention of a social worker and/or psychotherapist to help residents adjust to their new environment.

- 1.11 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 licence holder shall ensure that;

- 2.1 The management and the staff shall make sure through the service provision to 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.
- 2.2 The management and staff shall ensure that any allegations of discrimination or unequal treatment involving a resident, his/her relatives, and/or legally appointed representative shall be communicated to management, who shall investigate and take remedial measures. The complainant shall be informed of the outcome of the investigation and any actions taken to address the issues raised.
- 2.3 The management and the staff shall communicate with the residents, their relatives, and legally appointed representatives in an appropriate manner without being patronising.
- 2.4 The management and staff shall establish how each resident wishes to be addressed and shall respect these wishes at all times.

- 2.5 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 Regulatory Standards.
- 2.6 The management and the staff shall ensure that residents are given the necessary support to enjoy their civil rights.
- 2.7 The management and the staff shall inform the residents when new people are coming to live in the same room.
- 2.8 The management and the staff shall inform the residents when new members of staff, volunteers, trainees, or students are going to start working in the residential care home.
- 2.9 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. A dedicated space for religious worship shall be made available to residents.
- 2.10 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 care, which the service provider shall endeavour to accommodate residents' preferences whenever possible, when drawing up rosters.
- 2.11 The management shall ensure that residents are assessed by a professional to determine the number of carers that are required when any personal and/or intimate care is being provided. Such assessment needs to be documented in the care plan.
- 2.12 The management and the staff shall make sure that the residents are not excluded from any activities.
- 2.13 The management shall ensure that the staff routines and any other activities are coordinated.

- 2.14 The management and the staff shall ensure that the residents can speak with the staff in a private and confidential manner, when required.
- 2.15 The staff shall ensure that the residents may see a doctor or other healthcare professionals in a way that safeguards their privacy. The management shall facilitate this process when required.
- 2.16 The management shall ensure that the residents' privacy and dignity are always respected regarding:
- 2.16.1 personal caregiving, including nursing, bathing, using the toilet or commode;
 - 2.16.2 entering bedrooms, toilets, and bathrooms;
 - 2.16.3 consultation with, and examination by, health and social care professionals;
 - 2.16.4 consultation with legal, notarial, and financial advisors;
 - 2.16.5 circumstances where confidential and/or sensitive information, such as details of medical conditions and treatment, is being discussed;
 - 2.16.6 maintaining social contacts with relatives and friends; and
 - 2.16.7 palliative care and end of life.
- 2.17 The management shall ensure that medical examinations and treatment shall be provided in residents' rooms or designated examination areas.
- 2.18 The management shall ensure that where residents share a room, adequate screening or partitioning shall always be provided to safeguard their privacy, particularly during the provision of personal care and medical examinations.
- 2.19 The management and the staff shall ensure that the residents can be assisted to make use of technology whilst maintaining their privacy as per the General Data Protection Act (Cap. 586).

- 2.20 The management and staff shall ensure that the residents can use the telephone and/or mobile phone in private.
- 2.21 The management and staff shall ensure that the residents can receive mail without it being opened.
- 2.22 The management and staff shall ensure that residents are not subjected to any form of intrusion by third parties, including but not limited to the media and/or social media. This may involve obtaining consent from residents, their relatives, and/or legally appointed representatives to ensure that any filming/photographs are done with their knowledge and approval, or providing the option not to be present.
- 2.23 The management shall ensure that, if a resident requires to be absent for a period of time for various reasons, including admission to hospital, their bed is not made available to other individuals in need of short-term or night shelter.

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 licence holder shall ensure 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 offer a warranted psychotherapist's services to residents who express difficulty integrating into the residential care home's community and/or complain of social isolation.
- 3.3 The management and staff shall make the necessary arrangements for residents to receive visitors in the residence privately upon request.
- 3.4 The management and 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.
- 3.5 The management and staff shall ensure that the resident's choice of who visits them or otherwise is respected.
- 3.6 The management shall ensure that when visits are not possible, due to health and safety concerns, lockdowns, or other circumstances, staff shall facilitate communication through telephone, video calls, or other electronic means, as needed by the resident.

- 3.7 The management shall ensure that residents shall be free to contact their relatives or friends at any time using their preferred means of communications. Staff shall assist residents as required and respect their privacy during conversations.
- 3.8 The management shall ensure that residents may temporarily leave the residential care home by their relatives. Furthermore, it shall facilitate adherence to the recommendations of the interdisciplinary team while the resident is away from the facility.
- 3.9 The management may work with community and volunteer groups to identify and support initiatives that may benefit the residents.
- 3.10 The management shall ensure that involvement in the residential care home by local community groups and/or volunteers shall accord with the residents' preferences. Staff shall ensure that residents feel comfortable with these groups and have the opportunity to opt out if they wish.

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 choices, and shall ensure that the residents are given enough time when they need to take a decision.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 4.1 The management shall ensure that residents shall have the opportunity to exercise their choice unless their decision will cause risk or harm to themselves or others in various aspects, including, but not limited to:
 - 4.1.1 drinks, food, and meals;
 - 4.1.2 social and leisure activities;
 - 4.1.3 routines and activities of daily living;
 - 4.1.4 personal and social relationships;
 - 4.1.5 contact with relatives and visitors; and
 - 4.1.6 religious observance.
- 4.2 The management shall ensure that staff shall use means of communications 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 management shall ensure that residents are given the support needed to be able to exit or enter the residential care home and not be restricted by any time constraints.

- 4.5 The management shall ensure that residents shall be permitted to leave the premises unaccompanied unless there is a risk assessment indicating otherwise or the resident resides within a closed ward.
- 4.6 The management shall ensure that the residents, their relatives, and/or legally appointed representatives shall be made aware of any safety procedures prior to exiting or entering the facility.
- 4.7 The management shall ensure that a log sheet is kept of all visitors entering and exiting the residential care home.
- 4.8 To ensure resident safety, the management shall implement a system to record departures from the facility, including the anticipated time of return, any accompanying individual/s, and their destination (if provided by the resident). If a resident fails to return as scheduled, this shall be promptly communicated to the management, the resident's relatives, and/or the resident's legally appointed representative, and immediate action shall be taken to ensure the resident's safety and well-being.
- 4.9 The management and the staff shall support the residents to identify and celebrate special events or occasions if they wish to.
- 4.10 The management shall ensure that residents shall have enough time to reflect upon their choices, feelings, and opinions and shall not be pressured to decide in any way or to change their minds after expressing their wishes.
- 4.11 The management shall ensure that staff support residents who require assistance in identifying and expressing their preferences. In cases where residents are unable to express their preferences, these shall be determined through discussion with their relatives and/or legally appointed representative.
- 4.12 The management shall ensure that the residents are free to decide on their appearance and clothing. When necessary, staff shall ensure that residents,

particularly those living with dementia or other cognitive impairments, are appropriately dressed according to the season.

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 licence holder shall ensure that;

- 5.1 The management and the staff shall involve the residents:
 - 5.1.1 in everyday life within the residential care home; and
 - 5.1.2 in the planning of activities.

- 5.2 The management shall appoint an activities coordinator who shall be responsible for developing, coordinating, and implementing programmes of purposeful activities within the residential care home.

- 5.3 The management shall ensure that staff shall guide and prepare the residents beforehand when activities are held.

- 5.4 The management shall ensure that activities shall be organised both indoors and outdoors.

- 5.5 The management shall ensure that leisure activities for residents are organised on a daily basis.

- 5.6 The management shall prioritise safety in all activities and shall ensure that staff responsible for planning, organising, and supervising activities are well-trained and knowledgeable in their respective areas.

- 5.7 The management and staff shall organise activities in a manner that is: well-suited for the residents, facilitates social inclusion and active ageing, and meets the preferences and abilities of the residents.
- 5.8 The management and staff shall organise activities in a manner that encourages the participation of the residents.
- 5.9 The management shall ensure that the majority of organised outings and activities are affordable to all the residents.
- 5.10 The management shall ensure that 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.
- 5.11 The management shall ensure that residents shall have the opportunity to be involved in developing the programme of activities, including making suggestions for improvement and expressing their preferences.
- 5.12 The management and staff shall display the programme of activities in a suitable format and in an appropriate location, at least one (1) week in advance, including the financial costs involved, so that the residents and their relatives, and legally appointed representatives know what activities are scheduled.
- 5.13 The management shall ensure that the programme shall include age-appropriate activities that are enjoyable, meaningful, and stimulating, while also considering residents' recreational, cultural, and spiritual needs. Activities shall be flexible, responsive to residents' changing needs, and promote social inclusion.
- 5.14 The management shall monitor activities that are provided by persons who do not work at the residential care home at all times and shall inform them about any modifications and adaptations that need to be made prior to the activity to ensure the inclusion and safety of all residents who will be participating.

- 5.15 The management and the staff shall keep a record of all activities taking place at the residential care home, including the person leading the activity, and the residents who participate.
- 5.16 The management shall ensure that residents have the option to decline participation in any activity.
- 5.17 The management shall ensure that staff shall assist residents who wish to engage in individual activities, hobbies, or any other personal interests by providing access to the necessary resources and guidance while following any recommendations by the interdisciplinary team.
- 5.18 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 licence holder shall ensure that;

- 6.1 The management shall ensure that 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, unless the resident is certified otherwise.
- 6.3 The management and the staff shall oversee that residents are entitled to bring personal possessions with them. The management and the staff are to keep a record of all personal belongings of the residents. Such documents shall be kept under lock and key.
- 6.4 The management and the staff shall provide the residents with a lockable drawer or cupboard with extra keys, which 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 shall be 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 refrain from taking any advantage of the residents' wills and possessions.

- 6.6 Management and staff shall be precluded from requesting or accepting any monetary and/or material gifts, including personal belongings and bequests, from residents, their relatives, and/or legally appointed representatives.
- 6.7 The management shall ensure that policies and procedures are in place to safeguard the confidentiality of residents' personal data. The collection, use, disclosure, retention, storage, and disposal of residents' personal data as per General Data Protection Act (Cap. 586).
- 6.8 The management shall inform all new residents, as well as their relatives and/or legally appointed representatives, about the service's policy for accessing personal records.
- 6.9 The management and the staff shall guarantee that residents and their relatives and legally appointed representatives have access to their personal records, as per General Data Protection Act (Cap. 586).
- 6.10 The management and the staff shall verify that all residents' legal rights are fully protected.

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 licence holder shall ensure that;

- 7.1 The management shall ensure that a palliative care plan is developed for residents diagnosed with progressive, life-limiting diseases.
- 7.2 The management shall ensure that policies and procedures for handling dying and death are in place and adhered to by all staff.
- 7.3 The management shall ensure that staff receive training and guidance on end-of-life care as appropriate to their roles.
- 7.4 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, and privacy in accordance with the personal, social, cultural, and religious preferences expressed by the resident and legally appointed representative.
- 7.5 The management and the staff shall inform relatives of residents who are at the end of life in a timely and empathic manner.
- 7.6 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.

- 7.7 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.
- 7.8 The management shall ensure that the relatives and friends of a resident who is approaching the end of life shall be allowed to stay with them for as long as they wish, unless the resident indicates that s/he wishes them to leave, or unless the management determines that their presence is disturbing the dying resident or other residents.
- 7.9 The management shall ensure that the relatives of residents who are approaching the end of life shall be informed of the services' procedure after death, and appropriate guidance shall be provided.
- 7.10 The management shall ensure that after a resident's death, time shall be allowed for family and friends to pay their respects in private.
- 7.11 The management shall ensure that a dignified space shall be made available for residents who have passed away. The transportation of the deceased person shall be carried out with the utmost discretion to ensure that, as far as possible, this is not witnessed by any of the residents.
- 7.12 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.
- 7.13 The management shall ensure that, following the death of a resident and necessary clearances, any personal possessions shall be returned to the residents' relatives and/or legally appointed representative in a respectful and dignified manner. This process shall be documented, witnessed, and signed.

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 licence holder shall ensure that;

- 1.1 The management shall ensure that new residents are admitted only following the 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.
- 1.3 The management shall ensure that an interdisciplinary care team conducts assessments and develops a personal care plan to address the new resident's immediate care needs, with completion required on admission. The personal care plan shall be updated to account for the resident's long-term needs within three (3) months of admission.
- 1.4 The management, upon admission, shall develop the resident's personal portfolio to keep a record of the resident's background and preferences, helping staff on duty to better understand the resident as an individual (Annex I).
- 1.5 The management shall ensure that a holistic assessment is conducted, using appropriate tools to address various aspects, including the risk of falls and pressure sores, the resident's physical and mental health, as well as his/her personal and social care needs.

- 1.6 The management shall incorporate a person-centred approach in the development of services and the personal care plan, including dietary requirements and food preferences.
- 1.7 The management shall ensure that the resident, his/her relatives, and/or legally appointed representative shall be actively involved in the development of the personal care plan.
- 1.8 The management shall ensure that the personal care plan shall include details about the resident's holistic needs and the actions the service provider will take to meet these needs.
- 1.9 The management shall ensure that the personal care plan shall consider the resident's basic care and assistance with activities of daily living, as well as more specialised nursing and medical care where this is required, and longer-term outcomes based on the needs assessment processes.
- 1.10 The management shall ensure that the resident, his/her relatives, and/or legally appointed representative shall be fully involved in the assessment process. A member of staff shall provide a comprehensive explanation of the assessments, their outcomes, and the actions the service provider will take to address the resident's identified needs.
- 1.11 The management shall ensure that the personal care plan and portfolio shall be agreed upon and signed by the resident, or by his/her relatives and/or legally appointed representative, as well as by a member of management.
- 1.12 The management shall ensure that a copy of the personal care plan and portfolio is provided to the resident, his/her relatives, and/or legally appointed representative in an accessible format upon request.

- 1.13 The management and the staff shall communicate the details of the care to the resident, their relatives, and the legally appointed representative, and to other medical and health professionals working with the resident. The interdisciplinary care team shall explain to residents the details of the personal care plan and any subsequent significant modifications.
- 1.14 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.
- 1.15 The management and staff shall ensure that, following the six-monthly reassessment 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 a proper handover is given.
- 1.16 The management shall ensure that the personal care plan is reviewed and updated at least every six months, as documented in the quarterly reassessment report. In the event of any significant health changes or concerns, an immediate reassessment should be carried out, and the personal care plan is to be changed as required.
- 1.17 The management shall ensure that if a resident or legally appointed representative refuses the re-assessment after 6 months or any other assessment that may be required, this refusal is to be documented accordingly.
- 1.18 The management shall ensure that residents shall be re-assessed, and the personal care plan is to be updated following but not limited to the following residents conditions: sudden changes in mobility or ambulation; falls; pressure sores; infections; allergic reactions or adverse drug reactions; choking incidents; changes in nutritional needs or severe weight loss or gain; suspected dementia; or progression of dementia.

- 1.19 The management shall ensure that the resident, his/her relatives, and/or legally appointed representative shall be informed about any changes to the personal care plan. These changes shall be explained to the resident, his relatives, and/or legally appointed representative.
- 1.20 The management shall ensure that all updates to the personal care plan shall be documented, agreed upon, and signed by the resident, or by his/her relatives and/or legally appointed representative, as well as by a member of the management.
- 1.21 The management shall ensure that all updates to the personal care plan are communicated to staff and medical and health professionals involved in the resident's care.
- 1.22 The management and the staff shall ensure that residents who develop acute or chronic medical conditions are assessed by medical professionals without unnecessary delay. Such professionals are to advise whether the resident is to be moved to a Specialised Care Ward or not. In case of possible terminal conditions, they are to be assessed, and a palliative care needs plan is to be drawn up.
- 1.23 The management shall ensure that the addendum to the service agreement between the service provider and the resident or his legally appointed representative includes the personal care plan and its updates, specifying the level of care required based on the physician's initial assessment and evaluation using appropriate tools.
- 1.24 The management shall ensure that 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 licence holder shall ensure that;

- 2.1 The management shall ensure that should a resident or, in the case of cognitive impairment, their legally-appointed representative, refuse any form of treatment or medication, the management or the staff shall explain the potential consequences, including the possibility of delayed recovery, worsened symptoms, or an increased risk to their health, both verbally and in writing. Should the resident or legally-appointed representative nonetheless insist on refusing treatment or medication, they shall be required to confirm this refusal in writing, acknowledging their awareness and acceptance of the potential consequences. Furthermore, a member of the management shall also sign the document to confirm that an explanation of all potential consequences was given, and refusal is documented.
- 2.2 The management and staff shall ensure that any refusal of treatment or medication shall be respected, as long as such refusal does not pose a risk to the safety, health, and well-being of other residents.
- 2.3 The management and the staff shall ensure that the daily detailed reporting, which documents caring, nursing, and any other professionals' intervention, is maintained.
- 2.4 The management shall ensure that a detailed and accurate handover shall be carried out during all shift changes to ensure continuity of care. Such information shall be documented to safeguard both residents and staff from potential issues that may arise during or after the provision of care and treatment.

- 2.5 The management shall ensure that handovers shall include information such as, but not limited to, resident's current condition, medication (including any specific treatments or interventions that were provided during the shift), food and drink intake, nursing and care needs, and any issues that may require close monitoring.
- 2.6 The management shall ensure that staff communicate all relevant information to any health and allied health professionals visiting the residential care home, to ensure that a consistent and coordinated level of care is maintained at all times.
- 2.7 The management shall ensure that all documentation and treatment charts are promptly updated following the provision of care to ensure that all health and allied health professionals, and any members of staff involved in the resident's care, have access to the most current and accurate information. The responsible staff member shall sign each update, indicating their designation and, if applicable, their warrant and registration number.
- 2.8 The management shall ensure that when a resident needs to be transferred to another care setting, such as a hospital, a copy of the Continuity of Care Form (COCF) shall be filed in the resident's medical records. A note should also be logged in the nursing notes and any other relevant documentation to ensure that staff are informed of the transfer and can provide any necessary follow-up care upon the resident's return.
- 2.9 The management shall ensure that all files, records, and documentation should include the resident's name, surname, and I.D. card number for proper identification and reference purposes.
- 2.10 The management shall ensure that all files relating to residents' care and treatment shall be kept on-site and made available to the Authority for verification purposes upon request.

- 2.11 The management and the professionals shall ensure that the residents and legally appointed representatives are involved in the evaluation of their own risk assessment.
- 2.12 The management shall ensure that staff, the relatives, and/or legally appointed representatives shall notify the management if any changes are observed in the resident's needs.
- 2.13 The management shall notify the interdisciplinary care team if any changes are observed in the resident's needs.
- 2.14 The management shall ensure that the interdisciplinary care team shall inform the residential care home's doctor, who shall review and confirm or otherwise the said observations.
- 2.15 The management shall ensure that appropriate treatment shall be sought and any necessary medication and/or aids shall be provided.
- 2.16 The management and staff shall maintain regular contact with residents' relatives and/or legally appointed representatives to ensure they are kept informed about the resident's well-being, including any concerns that may arise.
- 2.17 The management shall ensure that residents' relatives and/or legally appointed representatives shall be informed about the procedures the service follows in cases where urgent care is needed for residents, particularly when relatives and/or legally appointed representatives cannot be reached, or when immediate action is necessary, leaving no time for prior contact.

STANDARD 3: RESIDENTS' PERSONAL HEALTH AND MEDICAL CARE

STANDARD STATEMENT:

This Standard promotes rights that ensure the residents' personal health, nutrition, well-being, 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 well-being 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 licence holder shall ensure 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 according to their care plan.
- 1.2 All food and beverages provided to older persons within care homes shall comply with the nutritional requirements and standards established under, and emanating from, Chapter 550 of the laws of Malta, Healthy Lifestyle Promotion and Care of Non-Communicable Diseases Act, and any regulations and/ or guidelines issued thereunder.
- 1.3 The management shall ensure that each resident shall be offered three (3) full meals per day as guided by a nutritionist or dietician.
- 1.4 The management shall change the menu seasonally and in case of festive occasions. Such a menu shall accommodate religious and/or cultural requirements.
- 1.5 The management and the staff shall guarantee that the residents have regular mealtimes and, including warm and cold drinks, according to the season. For residents with a poor appetite, a dietitian is to be consulted.
- 1.6 Management and staff shall ensure that residents are provided with cutlery and crockery, plain, high-contrast, coloured, or otherwise, as recommended by a healthcare professional during mealtimes.

- 1.7 The management and the staff shall ensure that all meals shall be served at the right temperature, while the starter and main course shall not be served at once.
- 1.8 The management and the staff shall ensure that residents are allowed plenty of time to eat.
- 1.9 The management and 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.
- 1.10 The management and the staff shall ensure that whenever assisting during mealtimes, staff shall be seated at eye-level to promote proper supervision and assistance whilst reducing the risk of choking and aspiration.
- 1.11 The management and staff shall ensure that when assisting with feeding, staff shall focus on the resident they are assisting and stay with the resident throughout the meal.
- 1.12 The management and the staff shall be trained to be alert for signs of choking during mealtime and assist the resident in such an occurrence and shall report and document choking incidents to the management and the interdisciplinary team.
- 1.13 The management and staff shall ensure that, following any choking incident, management shall ensure that investigations are conducted and that the resident is assessed by a professional. The personal care plan shall be updated if necessary, and any recommendations to prevent similar incidents shall be implemented.

- 1.14 The management and staff shall ensure that food, including therapeutic and modified consistency diets, shall be presented in an attractive and appealing manner, considering flavour, texture, and appearance.
- 1.15 The management and staff shall ensure that menus shall be provided in advance to all residents so that they may indicate their choice of meals. In cases of cognitive impairment, relatives and legally appointed representatives are to be consulted on the resident's choice.
- 1.16 The management and the staff shall ensure that the residents shall have a selection of choices that vary each week.
- 1.17 The management and staff shall ensure that food options shall be given to all residents, including those with different dietary requirements and food consistency requirements.
- 1.18 The management and the staff shall ensure that menus shall be designed to offer a variety of meal options for residents to choose from during each mealtime.
- 1.19 The management and the staff shall ensure that menus shall be drawn up by a dietician/nutritionist, in conjunction with a speech and language pathologist, according to residents' needs.
- 1.20 The management and the staff shall ensure that menus shall be made available in formats suitable for the residents, including pictures of the food. If required, staff shall explain the menu to residents in a way they can understand.
- 1.21 The management and the staff shall ensure that nutritional screening shall be undertaken on admission, and subsequently on a periodic basis, and a record shall be maintained of nutrition, including weight gain or loss, and appropriate action taken. An ongoing record shall be maintained of each resident at risk, including weight gain or loss. Any concerns in this regard shall be promptly addressed.

- 1.22 The management and the staff shall be aware of resident's dietary requirements, including food allergies and intolerances.
- 1.23 The management and the staff shall confirm that the food the resident has chosen is in line with their dietary requirements and any professional recommendations. In cases where an alternative option is needed, staff shall offer guidance and assistance.
- 1.24 The management and the staff shall ensure that should a resident insist on choosing an item from the menu that is not according to one's care plan, the staff shall explain all possible concerns and document this matter.
- 1.25 The management and the staff shall ensure that residents receive the meal they have chosen.
- 1.26 The management and the staff shall ensure that all residents shall be reminded to drink regularly. If a resident is unable to drink independently, staff shall offer assistance to ensure they remain adequately hydrated. Such potable water is to be provided at no extra cost.
- 1.27 The management and the staff shall ensure that residents with a poor appetite shall be frequently assessed by a dietitian/nutritionist, and their recommendations shall be adhered to.
- 1.28 The management and the staff shall encourage residents to dine in the dining area with other residents, however the resident may choose to eat at a time that is more convenient to them and/or to eat privately, should the need arise, and unless this creates an inconvenience to the other residents.
- 1.29 The management and the staff shall ensure that residents who are not able to eat and drink independently shall be assisted as required.

1.30 The management and staff shall ensure that residents shall not be required to go to bed immediately after their evening meal unless they express a desire to do so. Management shall ensure that residents are given enough time to transition comfortably from their evening meal to bedtime.

QUALITY INDICATOR 2

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

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 2.1 The management and staff shall ensure that the residential care home shall have at least one (1) fully equipped treatment room.

- 2.2 The management and staff shall ensure that the treatment room should include, but is not limited to:
 - 2.2.1 single unit air-conditioned temperature control;
 - 2.2.2 medicine storage;
 - 2.2.3 pharmaceutical fridge;
 - 2.2.4 sink with elbow tap;
 - 2.2.5 dispenser for paper towels, soap, and hand rub;
 - 2.2.6 sharps boxes;
 - 2.2.7 pedal bin for clinical waste;
 - 2.2.8 pedal bin for domestic waste;
 - 2.2.9 double-lock DDA cupboard with alarm system;
 - 2.2.10 disposable gloves;
 - 2.2.11 disposable airways of all sizes;
 - 2.2.12 emergency trolley; and
 - 2.2.13 portable suction machine.

- 2.3 The management and staff shall ensure that treatment rooms shall be equipped with a wall thermometer to ensure that medications are stored within the appropriate temperature environment. The temperature within treatment rooms shall be regularly monitored and documented.
- 2.4 The management and staff shall ensure that the residential care home has a functioning AED within reasonable reach.
- 2.5 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.
- 2.6 The management shall ensure that medical coverage is available for the residential care home. Residents may also seek medical care from a medical doctor of their trust, and the contact details of the identified medical doctor shall be clearly documented in the personal file.
- 2.7 The management and staff shall ensure that daily opportunities shall be promoted and provided for exercise and physical activity appropriate to the needs and abilities of each resident.
- 2.8 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.
- 2.9 The management shall ensure that the residents, relatives, and legally appointed representatives have clearly documented procedures for access to emergency medical care in place.
- 2.10 The management and the staff shall provide residents with the help that they need to undertake a full medical review.

- 2.11 The management shall provide residents with access to specialist medical, nursing, dental, nutritional, pharmaceutical, podiatry, and other therapeutic services, as well as hospitals and community health services according to their needs.
- 2.12 The management shall consult relevant professionals, including but not limited to speech and language pathologists and occupational therapists, to ensure that residents maintain the highest possible level of independence.
- 2.13 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.
- 2.14 The management and staff shall ensure that in cases where a resident is not able or unwilling to independently perform basic self-care and activities of daily living, staff shall be responsible for ensuring that their personal and oral hygiene is maintained.
- 2.15 Residents shall be provided with all the necessary support and aids needed for independent self-care.
- 2.16 All support from staff shall be provided in a manner which respects the resident's dignity.
- 2.17 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 are kept in their personal care plan.
- 2.18 The management and staff shall ensure that residents at higher risk of developing pressure sores shall be identified by a competent person, and preventive measures, including but not limited to regular repositioning, shall be implemented to reduce the likelihood of pressure sores developing.

- 2.19 The management and staff shall ensure that when a resident develops pressure sores, all relevant information, including observations, management plans, and care provided, shall be documented in the resident's personal care plan. Regular re-assessment by a tissue viability professional of the resident's condition shall be carried out, and the progress of treatment shall be monitored using an appropriate tool.
- 2.20 The management and staff shall ensure that a tissue viability professional shall be immediately consulted if any issues related to the healing process of pressure sores are noted, including improper healing or deterioration.
- 2.21 The management and the staff shall ensure that professional advice in cases of incontinence is sought and acted upon.
- 2.22 The management and the staff shall regularly monitor the residents' mental health and ensure that therapeutic action is taken in a timely manner.
- 2.23 The management and the staff shall verify that appropriate interventions are carried out for residents identified as being at risk of falling.
- 2.24 The management shall provide the residents with the support needed to have access to the necessary medical assessment, including appropriate aids according to their needs.
- 2.25 The management shall ensure that the staff shall assist and accompany the residents when attending for appointments at the 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.
- 2.26 The management and staff shall ensure that when a resident requires hospital treatment, the relative or legally appointed representative has to accompany him.

Should the relative or legally appointed representative not be available, the management shall ensure that a carer or a nurse accompanies the resident upon agreement with the relative or legally appointed representative until the resident is attended to or moved to a ward.

- 2.27 The management and staff shall ensure that all relevant information regarding the resident's condition, including current symptoms, prescribed medications, and any other pertinent details, is communicated to hospital staff.
- 2.28 The management and staff shall facilitate the process for residents who are declared as independent by a professional and are required to attend outpatient appointments.
- 2.29 The management shall ensure that staff shall be trained to recognise symptoms and signs of mental health conditions in older persons.
- 2.30 The management shall ensure that residents' mental health shall be monitored regularly during quarterly assessments or earlier if necessary, and both preventive and therapeutic action shall be taken in a timely manner without unnecessary delay.
- 2.31 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 licence holder shall ensure 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 The management shall ensure that 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 shall ensure that any medications brought into the facility by residents' relatives shall be signed for by both the relative and the person responsible for receiving the medications.
- 3.4 The management and the staff shall guarantee that residents' medicines, supplements, and medications are in line with relevant legislation.
- 3.5 The management shall ensure that specialised and/or closed wards shall have a separate system for storage and administration of all medication, including controlled drugs if applicable.
- 3.6 The management shall ensure that the nurse in charge shall maintain an updated record of all medication and supplements being taken by each resident, including self-administered medication, if applicable.

- 3.7 The management shall ensure that expiration dates shall be recorded and monitored, and medications closest to their expiration date shall be administered first.
- 3.8 The management shall ensure that 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.
- 3.9 The management shall ensure that for safe practice, DDA cupboards shall only be used for the storage of controlled drugs.
- 3.10 The management shall ensure that only staff with authorised access shall be permitted to hold keys to the DDA cupboard.
- 3.11 The management shall ensure that a Controlled Drug register shall be maintained for record-keeping purposes. The register in use shall be kept in the DDA cupboard.
- 3.12 The management shall ensure that a nurse shall conduct a daily check and tally of the medications held within the DDA cupboard in writing. This procedure shall be witnessed by a second person and countersigned. Any discrepancies shall be documented and reported immediately for investigation.
- 3.13 The management shall ensure that at the end of each shift, the nurse in charge shall hand over the stocks of controlled drugs to the nurse overseeing the next shift, and vice versa. This exchange should be documented in the Controlled Drug register.
- 3.14 The management shall ensure that prior to the 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.

- 3.15 The management shall ensure that the professional administering the medicine shall record in writing the administration of medicine, supplements, and medication, clearly indicating 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.
- 3.16 The management shall ensure that staff shall follow medication administration schedules to ensure that residents receive their medications at the specified times, as prescribed by healthcare professionals.
- 3.17 The management shall ensure that a record shall be kept when prescribed medication is not administered, including the reason for non-administration.
- 3.18 The management shall ensure that medicine doses shall be prepared immediately before their administration from the container in which they are dispensed, unless blister packaging is used.
- 3.19 The management shall ensure that pharmacists preparing blister packages indicate the dosage and expiry date of medication on a separate information sheet.
- 3.20 The management shall ensure that medications are given directly to residents in a clean medication cup.
- 3.21 The management shall ensure that when devices such as pill crushers or pill splitters are needed for residents, the person in charge shall clean thoroughly after each resident and drug.
- 3.22 The management shall ensure that any queries from residents, or their relatives, and/or legally appointed representatives regarding prescribed medication shall be referred to the nurse, pharmacist, prescriber, or any other relevant healthcare professionals.

- 3.23 The management shall ensure that policies and procedures shall be in place and records are maintained for the use of non-prescription medicinal products by residents.
- 3.24 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.
- 3.25 The management shall ensure that when a medication error is identified, management shall ensure that immediate medical attention is sought and that detailed records of the error, including the cause of the error, actions taken to address the error, any interventions or treatment provided to the resident, as well as the resident's response to those interventions, are maintained.
- 3.26 The management shall ensure that, following investigation of medical errors, any necessary measures shall be implemented to prevent the recurrence of similar errors.
- 3.27 The management shall ensure that the use of all medication shall be reviewed by a medical professional at least every three (3) months as part of the 6-monthly review or as needed, and their continued use shall be medically justified and documented in the personal care plan. If the resident, or his/her relatives, and/or legally appointed representative, refuse the medication review, this refusal is to be documented accordingly.
- 3.28 The management shall verify that all medicines are administered by a competent person as per legislation.
- 3.29 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.

- 3.30 The management shall ensure that where self-administration of medication is permitted, management shall offer residents the choice to self-administer medication, excluding controlled drugs, after assessing the associated risks and confirming the resident's competence for self-administration. Any changes to the resident's risk assessment or their ability to self-administer medication shall be documented. The arrangements for self-administration of medication shall be reviewed on a regular basis and updated to ensure they align with the resident's current needs and capabilities.
- 3.31 The management shall ensure that residents self-administering medication shall be required to sign a declaration confirming that they will take full responsibility for any medication errors.
- 3.32 The management shall ensure that medications designated for self-administration shall be stored securely and made accessible only to the resident and authorised staff members.

STANDARD 4: PROTECTION AND SAFEGUARDING

STANDARD STATEMENT:

This Standard promotes rights that ensure the protection, well-being, 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 licence holder shall ensure that;

- 1.1 The management shall be responsible for engaging a competent person to carry out a health and safety risk assessment and to draw up a report regarding the premises and risks associated with its intended use. The service provider shall ensure that the residential care home is covered by a valid health and safety audit (valid for two (2) years) at all times and shall ensure that a compliance report is issued after one (1) year. A further risk assessment shall be conducted whenever there are any changes to the service or temporary works that may affect risk levels.
- 1.2 The management shall develop and implement an action plan to address any identified shortcomings within the health and safety risk assessment reports and ensure compliance with the timeframes set by the competent person/s responsible for preparing the report.
- 1.3 The management shall ensure that all health and safety risk assessment reports, compliance reports, and updated action plans shall be submitted to the Authority as and when requested.
- 1.4 The management shall ensure that as part of the risk assessment process, the service provider shall submit health and safety documentation to the Authority, including lift certification, Legionella testing, and any other documentation that the Authority may deem necessary.

- 1.5 The management shall ensure that regular inspections and maintenance of the building shall be carried out as per the advice of competent persons. The Authority may request copies of the building file and updated reports as deemed necessary.
- 1.6 The management shall ensure that the residential care home is covered by a valid, comprehensive insurance policy. The insurance coverage shall include, but is not limited to, coverage of buildings, employees, residents, and third parties.
- 1.7 The management shall ensure that areas undergoing renovation or where building and maintenance work is being carried out shall remain inaccessible to residents for the entire duration of the work.
- 1.8 The management shall ensure that the premises shall be easily accessible to emergency services for both entry and navigation purposes.
- 1.9 The management shall ensure that the residential care home meets all the requirements to comply with Health and Safety Legislation and with any requirements of the Superintendent of Public Health.
- 1.10 The management shall implement and document a programme of routine maintenance and upkeep of the facility, including but not limited to:
 - 1.10.1 regular servicing of boilers, water tanks, gas storage, and air conditioning systems;
 - 1.10.2 regular servicing of lift systems;
 - 1.10.3 regular testing and treatment of water systems to prevent the spread of Legionella;
 - 1.10.4 maintenance of kitchen equipment and laundry machinery, outdoor steps, and pathways;
 - 1.10.5 maintenance of windows and balconies, including safety features;
 - 1.10.6 fire safety equipment servicing and maintenance; and
 - 1.10.7 maintenance of electrical systems and electrical equipment.

- 1.11 The management shall ensure that the residential care home is maintained at all times, including the upkeep of the facility to ensure security and safety for the residents.
- 1.12 The management shall ensure that the 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.
- 1.13 The management shall ensure that 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.
- 1.14 The management shall ensure that 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; and hand washing. The residential care home's manager shall provide documented proof that policy and procedures are in place in this regard.
- 1.15 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 to the residential care home's manager.
- 1.16 The management shall ensure that all documented accidents, injuries, incidents of illness, and close calls are investigated and reported to the Authority and any other relevant entities. These shall include, but are not limited to, falls, fractures, fatal injuries, bodily harm, aggressive behaviour, suicides, unexplained deaths, communicable and/or notifiable diseases, wounds, alleged abuse, medication errors, and incidents of choking.

- 1.17 The management shall ensure that an interdisciplinary team assessment in consultation with the resident, his/her relatives, and/or legally appointed representative shall be carried out prior to any use of restrictive care.
- 1.18 The management shall ensure that all uses of restrictive care, including the use of medication to manage challenging behaviour, shall be authorised by medical professionals involved in the resident's care.
- 1.19 The management shall ensure that restrictive care shall only be used in line with the Mental Health Act, such that restrictive care shall only be permissible if it is:
- 1.19.1 the only means that will prevent imminent harm and danger to self and others;
 - 1.19.2 prescribed by a medical professional.
- Moreover, the final decision for restrictive care shall be the product of in-depth discussions between relatives, the medical practitioner, and inter-disciplinary team.
- 1.20 The management shall ensure that staff shall notify both management and the resident's relatives and/or legally appointed representative whenever there is a need for restrictive care.
- 1.21 The management shall ensure that restrictive care shall only be used by appropriately trained staff.
- 1.22 The management shall ensure that staff shall make every effort to effectively manage and de-escalate physical and verbal aggression, as well as other forms of challenging behaviour, without immediately resorting to the use of restrictive care.
- 1.23 The management shall ensure that staff shall adhere to a policy of least restraint and shall use restrictive care, both physical and chemical, only as a last resort in situations where there is an imminent risk of serious harm to the resident or others, and only after exhausting all other available alternatives to restrictive interventions. The policy regarding restrictive care needs to be followed at all times.

- 1.24 The management shall ensure that staff shall document all instances of restrictive care, including recording the precise time of application, specifying the type of restraint used, and providing a clear explanation for the decision to restrain the resident. All documented use of restraint shall be made available to the Authority upon request.
- 1.25 The management shall ensure that restrictive care shall not be prolonged unnecessarily once the intended purpose or need for its use has been fulfilled.
- 1.26 The management shall ensure that when required, staff shall seek professional input to identify patterns of challenging behaviour and minimise the need for restrictive interventions for specific residents. This may involve, but is not limited to, the identification of potential triggers and the implementation of resident-specific de-escalation techniques.
- 1.27 The management shall ensure that after the restraint is applied, initial monitoring is done whenever necessary, but at least every 15 minutes for the first hour. When the resident is stable and without significant changes, the monitoring and correlation documentation is then done at least every 4 hours. The following aspects of care must be provided as needed to a restrained resident and documented at least every four (4) hours when the person is restrained for non-behavioural reasons, and at least every two (2) hours when the person is restrained for behavioural reasons unless the person needs more frequent care. After applying a restraint;
- 1.27.1 Evaluate the person's condition for signs of injury every 15 minutes;
- 1.27.2 Remove the restraints at least every 2 hours, and assess the placement of the restraint, circulation, skin condition, position, and provide range of motion exercise, toileting, and skin care;
- 1.27.3 Evaluate for any complications of immobility;

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 licence holder shall ensure that;

- 2.1 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, staff, relatives, and legally appointed representatives.
- 2.2 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.
- 2.3 The management shall ensure that the residential care home shall have well-defined emergency plans in place and trained staff members to ensure the safety of all residents in the event of major emergencies, such as floods or fire-related emergencies. Emergency evacuation plans, including safety procedures and signage indicating evacuation routes, emergency exits, and designated assembly points, shall be prominently displayed on the premises and presented in formats that are easily understood and considerate of any special communication needs of the residents.
- 2.4 The management shall ensure that the residential care home shall be equipped at all times with suitable and sufficient fire-fighting equipment, including smoke detectors and alarm systems, as necessary.
- 2.5 The management shall ensure that all spaces within the residential care home are kept clean, hygienic, and free from unpleasant odours and health hazards at all times.

- 2.6 The management shall ensure that the premises shall be kept free from clutter, refuse, and litter, with waste receptacles emptied daily as required.
- 2.7 The management shall ensure that clean bed linen shall be readily available at all times and changed as often as necessary.
- 2.8 The management shall ensure that high-touch surfaces, such as, but not limited to, light switches, door handles, grab rails, and lift buttons, shall be cleaned and disinfected at regular intervals throughout the day.
- 2.9 The management shall ensure that multiple-use equipment is cleaned and disinfected between uses and that single-use and single-person devices are not reused or shared.
- 2.10 The management shall ensure that in cases where the resident owns the equipment needed for his care or treatment, staff shall ensure that it is clean, safe, and suitable for use.
- 2.11 The management shall ensure that staff with responsibility for cleaning shall receive training on the use of appropriate cleaning methods and agents, as well as the correct handling and storage of cleaning equipment.
- 2.12 The management shall ensure that, to prevent the risk of cross-contamination, all materials and equipment used for cleaning purposes, such as but not limited to cloths, shall be colour-coded according to their assigned tasks and designated areas of use. Cleaning materials shall be thoroughly cleansed after each use, regularly disinfected, and replaced at frequent intervals.
- 2.13 The management shall ensure that the residential service shall maintain cleaning and disinfection schedules. The manager shall provide documented proof that such schedules are in place and that records and checks of cleaning show compliance with the cleaning schedule.

- 2.14 The management shall ensure that hand washing facilities shall be provided throughout the premises, particularly in areas where care is delivered and where infected material or clinical/human waste is handled.
- 2.15 The management shall ensure that alcohol-based hand rub dispensers shall be located in all common areas, including entrances and corridors.
- 2.16 The management shall ensure that all members of staff have access to personal protective equipment (PPE) and are aware of how to use it safely.
- 2.17 The management shall ensure that policies and procedures for the safe handling and disposal of clinical/human waste, including soiled diapers, shall be in place.
- 2.18 The management shall ensure that policies and procedures shall be in place for the safe storage and disposal of hazardous substances.
- 2.19 The management shall ensure that used sharps, such as needles and syringes, shall be disposed of in designated sharps containers.
- 2.20 The management shall ensure that any spills shall be cleaned up promptly, and if necessary, appropriate measures shall be taken to disinfect the affected area.
- 2.21 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.
- 2.22 The management shall promptly attend to any faulty equipment or machinery. During the repair process, measures shall be taken to prioritise the comfort and safety of residents, with efforts made to minimise any inconvenience caused.
- 2.23 The management shall ensure that staff and any other individuals required to operate equipment and/or medical devices receive adequate training to use them appropriately.

- 2.24 The management shall ensure that when a resident's transportation is provided, such transportation is accessible and safe for the resident. Residents shall be covered by a comprehensive insurance policy.
- 2.25 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. Appropriate measures shall also be taken to prevent or minimise the transmission of infection.
- 2.26 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.
- 2.27 The management shall ensure that the staff support the resident's relatives and/or legally appointed representative in order to ensure that the resident's belongings, including clothing, have personalised labelling.
- 2.28 The management shall ensure that the facility has systems in place for all items sent for laundry to be returned to their rightful owners.
- 2.29 The management shall ensure that any items that are damaged or no longer usable shall be returned to the resident's relatives and/or legally appointed representative.
- 2.30 The management and the staff shall ensure that the residents know which spaces in the residential care home are identified as public or private.
- 2.31 The management shall ensure that CCTVs are used in indoor and outdoor communal areas, including entryways, windows, corridors, lifts, and stairs, for security and safety purposes only and in compliance with GDPR. CCTV use shall not disrupt the residents and shall be in compliance with applicable legislation. The CCTV footage should have a backup of at least a minimum of seven (7) days. If the service provider identifies CCTV footage relevant to an investigation or if it is requested by any

competent authority, the footage shall be retained until the investigation is concluded.

2.32 The management shall ensure that the premises, including all perimeters, are secure. Any use of gates, locking mechanisms, security systems (including surveillance cameras), or personnel to secure the perimeter of the facility shall not restrict or compromise residents' freedom.

2.33 The management shall ensure that regular checks shall be conducted and recorded throughout the night to ensure residents' well-being.

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 licence holder shall ensure that;

- 3.1 The management shall ensure that 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 are in place for responding to suspicion or evidence of abuse or neglect, to ensure the safety and protection of all the residents.
- 3.4 The management shall ensure that staff shall receive training in recognising signs of abuse and in responding to and reporting any suspected, alleged, or actual instances of abuse.
- 3.5 The management and the staff shall ensure that all residents are safeguarded from physical, verbal, financial, psychological, or sexual abuse, as well as neglect, discriminatory abuse, self-harm, inhumane or degrading treatment, harassment, and bullying, whether through deliberate intent, negligence, or ignorance, in accordance with written policies.
- 3.6 The management and the staff shall ensure that all allegations and incidents of abuse, 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.

- 3.7 The management and the staff shall ensure that any new information about staff found to be unsuitable to work with older persons is considered and acted upon in a timely manner.
- 3.8 The management shall ensure that while investigations are underway, actions shall be taken to safeguard the alleged victim/s from the person/s against whom allegations of abuse have been made.
- 3.9 The management shall ensure that residents, their relatives, and/or legally appointed representatives have the necessary means to raise concerns, suspicions, and allegations of abuse anonymously. Such reports shall be taken seriously and thoroughly investigated.
- 3.10 The management shall ensure that where there is concern that a resident has been abused or may have been abused or ill-treated, the resident shall be offered counselling and support.
- 3.11 The management 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 licence holder shall ensure that;

- 4.1 The management shall ensure that a simple, clear, and accessible complaints procedure is in place, outlining the stages and timescales of the complaint resolution process.
- 4.2 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.
- 4.3 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.
- 4.4 The management shall ensure that all concerns and complaints shall be acknowledged in writing. Complainants shall be kept updated throughout the investigation process.
- 4.5 The management shall ensure that records of all concerns and complaints, including details of investigations, actions taken, and outcomes, are kept. This record shall be made available to the Authority upon request.
- 4.6 The management shall ensure that all complaints received by residents, their relatives, and legally appointed representatives are investigated. 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.

- 4.7 The management shall ensure that residents, their relatives, and/or legally appointed representatives shall be provided with information on how to submit complaints to the Authority or any other relevant entities.

- 4.8 The management shall ensure that residents are not subjected to any form of retribution for raising concerns, and appropriate action shall be taken against staff found to be in violation of this principle.

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, the layout, and all the external spaces of the residential care home shall be appropriate for older persons.
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 facilities.
3. The service provider shall encourage residents to maintain the highest possible level of independence.

Clause – Physical Environment

Clause 2.25 and 2.26 of Standard 5 entitled 'Physical Environment' of the Regulatory Standards for Residential Services for Senior Citizens issued on the 6th of August 2021 shall only apply for all those whose licenses were issued or applications with the Planning Authority for the development of a Residential Home for Senior Citizens was submitted on and after the 6th of August 2021.

Provided that licensees who were granted their respective license or applicants who have submitted their application with the Planning Authority as abovementioned on and after the 1st of January 2019 up till the 5th of August 2021 shall remain governed and will be expected to adhere to the the National Minimum Standards For Care Homes For Older People which were issued in 2013 Regulatory Standards applicable at the time when their respective license was issued or the relative application with the Planning Authority was submitted.

Further provided that licensees who were granted their respective license or applicants who have submitted their application with the Planning Authority as abovementioned before the 1st of January 2019, shall remain governed and will be expected to adhere to the guidelines Regulatory Standards applicable at the time when their respective license was issued, or the relative application with the Planning Authority was submitted.

The term licensee shall include a service provider as defined in these Regulatory Standards.

For all intents and purposes, it is being clarified that any new development, including any development to be carried out to or in the airspace of existing Residential Homes or those Residential Homes whose application has already been submitted with the Planning Authority prior the 5th of August 2021, shall be governed and will be expected to adhere to the current Regulatory Standards for Residential Services for Senior Citizens.

QUALITY INDICATOR 1

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

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 The management shall ensure that plans for newly built homes and extensions for the residential care home are to be approved by the Authority through a no objection letter from OPSA. Plans are to be in full detail, including furniture layouts.
- 1.2 The management shall ensure that any plans for refurbishments of the residential care home are to be forwarded to the Authority. Plans are to be in full detail, including furniture layout and an action plan for the duration of the works.
- 1.3 The management shall ensure that the residential care home complies with the accessibility standards according to the local legislation to ensure its accessibility to all.
- 1.4 The management shall ensure that contrast between floors and walls is present.
- 1.5 The management 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. Grab rails shall be securely affixed to the walls and positioned at a height that is safe and appropriate for residents.
- 1.6 The management 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.

- 1.7 The management shall promote orientation of place through colour-coding of floors and visual signage.
- 1.8 The management shall promote a reduced noise environment within both communal and private areas.
- 1.9 The management shall ensure that the nursing station is well-visible and accessible for all residents.
- 1.10 The management shall ensure that choice of seating is appropriate and meets the residents' physical requirements, such as high-back adjustable height, as required.
- 1.11 The management shall ensure that dining tables and chairs shall be arranged in small setups (maximum 4 persons per table) and shall be at a suitable height, allowing for easy visibility of food and drink, and wheelchair accessibility.
- 1.12 The management shall ensure that residential care home design shall be representative of a domestic environment to promote a calm experience.
- 1.13 The management shall ensure that 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, and treatment rooms. During the summer, management shall document the ambient temperature of the residents' bedrooms.
- 1.14 The management shall ensure that the premises shall be equipped with both heating and cooling systems.
- 1.15 The management shall ensure that rooms shall be individually and naturally ventilated with accessible windows and balconies conforming to recognised standards.

- 1.16 The management shall ensure that windows and balconies shall overlook open areas such as, but not limited to, roads or gardens.
- 1.17 The management shall ensure that all windows and balconies shall be equipped with features to ensure residents' comfort, including but not limited to insect screens, curtains, or blinds. The specific requirements shall depend on factors such as the type of window, the building, the height of the window, and the assessed needs of the residents.
- 1.18 The management shall ensure that all windows and balconies shall be equipped with safety features, including but not limited to locks and window restrictors. The choice of safety features shall depend on the type of building, the height of the window, and the needs of the residents, as recommended by a professional.
- 1.19 The management shall ensure that staff shall open and close windows and balconies in accordance with residents' preferences, unless there is a risk assessment indicating that windows and balconies should remain closed for the safety of a resident and consideration of other residents within the same room.
- 1.20 The management shall ensure that lighting in residents' accommodation shall meet recognised standards and shall be domestic in character.
- 1.21 The management shall ensure that emergency lighting shall be provided throughout the residential care home.
- 1.22 The management shall ensure that the residential care home shall be equipped with a generator that shall supply uninterrupted power for a period of not less than eight (8) hours. The generator shall have sufficient capacity to ensure continuous operation of lighting, environmental control systems, and essential services without interruption.

1.23 The management shall ensure that at no time shall the indoor and outdoor spaces and facilities be used for other purposes other than that of a residential care home for older persons.

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 licence holder shall ensure that;

- 2.1 The management shall ensure that the colours of grab rails and other aids, and toilet seats contrast with the walls behind them.
- 2.2 The management shall ensure that the location and layout of the residential care home is accessible, safe, and well-maintained.
- 2.3 The management 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 Standards¹.
- 2.4 The management shall ensure that outdoor spaces shall include natural lighting, seating, as well as recreational facilities, and shall be adapted to promote activity engagement.
- 2.5 The management shall ensure that residents shall have access to sheltered seating areas where they can enjoy outdoor spaces without exposure to the elements.
- 2.6 The management shall ensure that outdoor spaces shall be easily accessible for residents with limited mobility, including ramps, handrails, and smooth pathways to prevent tripping hazards.

¹ Maltese Standard SM 3800:2015 – Accessibility for All in the Built Environment

- 2.7 The management shall ensure that pathways and walking areas in outdoor spaces shall be well-lit during the evening hours to enhance visibility and reduce the risk of accidents or falls.
- 2.8 The management shall ensure that pathway surfaces shall be made of slip-resistant material and shall be kept free from obstacles that might pose tripping hazards.
- 2.9 The management shall ensure that outdoor seating shall be equipped with backrests and armrests for support and ease of use.
- 2.10 The management shall ensure that outdoor areas shall be enclosed with a secure perimeter to ensure the safety of all residents.
- 2.11 The management shall ensure that stairs shall have non-slip surfacing and shall be low-stepped, wide, and supported by a sturdy handrail.
- 2.12 The management shall ensure that stair gates shall be installed at the top and bottom of staircases and securely fastened to prevent dislodgement.
- 2.13 The management shall ensure that the edges of stairs and steps shall be marked with highly contrasting coloured tape or paint as a safety measure.
- 2.14 The management shall ensure that guard rails and protective bars shall be installed on low-sited apertures.
- 2.15 The management shall ensure that toilet, washing and bathing facilities shall be provided to meet the needs of all residents.
- 2.16 The management shall ensure that the showers are walk-in, spacious, and equipped with safety aids, including corrosion-proof grab rails, shower chairs, and any other facilities to support residents in carrying out independent self-care. Shower floors shall be slip-resistant even when wet.

- 2.17 The management shall ensure that 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.
- 2.18 The management shall ensure that all taps used by residents shall be lever-operated and include hot and cold-water regulators.
- 2.19 The management shall ensure that doors and entry ways shall be wide enough to ensure wheelchair accessibility and manoeuvrability as per CRPD guidelines.
- 2.20 The management shall ensure that the residential care home shall provide indoor sitting, recreational, and dining space² amounting to at least four (4) square metres for each resident. Indoor and outdoor communal space shall be available and include, but are not limited to:
- 2.20.1 rooms in which a variety of social, cultural, and religious activities can take place;
 - 2.20.2 rooms where the residents can meet visitors in private;
 - 2.20.3 dining room(s) where residents may eat meals together; and
 - 2.20.4 a well-lit and ventilated sitting room.
- 2.21 The management shall ensure that furnishings of communal rooms shall be domestic in character and of good quality, and suitable for the range of interests and activities preferred by the residents.
- 2.22 The management shall ensure that a smoke-free environment shall be maintained throughout the facility, although a designated area for smoking may be provided.
- 2.23 The management shall ensure that there shall be accessible toilets for residents, clearly marked, close to the lounge area and dining area.

² Referred to collectively as indoor communal space, excluding residents' private accommodation and corridors, balconies and entrance hall.

- 2.24 The management shall ensure that toilets for visitors and staff should be separate from those of the residents.
- 2.25 The management shall ensure that the residential care home shall provide accommodation for each resident which meets minimum space as follows:
- 2.25.1 In newly built residential care homes, first-time licences, revised licence with regard to the number of beds, extensions, and refurbishments, shared bedrooms 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); and
- 2.25.2 In newly built residential care homes, first time licences, revised licence with regard to the number of beds, extensions, and refurbishments, in single rooms or in shared bedrooms where one of the residents is a wheelchair user, there shall be at least twelve (12) square metres of usable floor space for the resident (excluding en-suite facilities, bedroom entrance, fitted units and moveable furniture).
- 2.26 The management shall ensure that where rooms are shared, they shall be occupied by no more than two (2) residents, unless otherwise agreed upon in the contract, in which case, the number of beds in a room should not exceed three (3).
- 2.27 The management shall ensure that should the residential care home identify the need to have one room designated to provide advanced care, the proposal must be sent to the Authority for approval. The management shall ensure that the room accommodates a maximum of nine (9) residents with fixed separators for groups of three (3) residents. The room shall be equipped with oxygen and shall have an emergency trolley and a designated DDA cupboard.
- 2.28 The management and the staff shall ensure that residents who develop acute or chronic medical conditions are assessed by medical professionals in a manner without unnecessary delay. Such professionals are to advise whether the resident

shall receive advanced care within the same residential care home with nursing supervision at all times or not.

2.29 The management shall ensure that 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 follows:

2.29.1 a clean and comfortable single bed, at least 900mm wide, which is height-adjustable to ensure a suitable and safe height for the resident;

2.29.2 a mattress suitable for the assessed needs of the resident;

2.29.3 clean bed linen, including a pillow;

2.29.4 a nurse calling buzzer or similar per resident, which can easily be reached by the resident while lying in bed;

2.29.5 drawers and enclosed space for hanging clothes;

2.29.6 overhead and accessible bedside lighting;

2.29.7 at least two (2) accessible double electric sockets;

2.29.8 access points for television, telephone, and Internet sockets;

2.29.9 a table to sit at (the table should be able to accommodate wheelchair users);

2.29.10 a bedside table

2.29.11 one (1) comfortable chair per resident; and

2.29.12 a mirror of an appropriate size and height, unless this is not advisable for the resident's own safety.

2.30 The management shall ensure the comfort of residents by accommodating those in need of longer beds, particularly individuals of tall stature.

2.31 The management shall ensure that nurse calling buzzers shall be connected and fully functional at all times and responded to by staff in a timely manner.

- 2.32 The management shall ensure that a record or log of all nurse call activities shall be maintained for traceability purposes. Nurse call systems shall be equipped with a time tracking feature that records the exact times when a resident initiates a call for assistance and when a staff member acknowledges or responds to that call.
- 2.33 The management shall ensure that each bedroom shall have accessible an en-suite facility with showers and toilets, as long as residents' safety is not thereby compromised. Should a multidisciplinary team determine that the safety of the resident is compromised, the management shall take the necessary measures and the Authority shall be kept informed.
- 2.34 The management shall ensure that each residents' room, including the ensuite, shall have non-slip tile flooring or equivalent, and shall be equipped with safety aids such as grab rails and shower chairs.
- 2.35 The management shall ensure that a call system with an accessible alarm facility shall be provided in every room, including the ensuite. The pull cord in the bathroom should be at the right height from the floor and easily accessible for older persons, should they fall on the ground anywhere in the room.
- 2.36 The management shall ensure that light switches in residents' accommodation shall be conveniently located and designed for easy accessibility and operation.
- 2.37 The management shall ensure that night lights are available in residents' bedrooms to reduce the risk of falls and enable care tasks to be carried out with a greater level of comfort at night.
- 2.38 The management shall ensure that room dimensions and layout options shall accommodate that the sides of beds do not touch the walls and that there is sufficient space around either side of beds to allow the use of any aids or equipment required by the resident and access to staff to provide any necessary care or treatment. In the case where residents insist that the side of the bed is to be against

the wall, management should discourage such practice, and if the resident persists, management are to get written consent.

- 2.39 The management shall ensure that 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.
- 2.40 The management shall ensure that 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.
- 2.41 The management shall ensure that the residents shall be provided with a key per resident per room unless their risk assessment indicates otherwise.
- 2.42 The management shall ensure that 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 licence holder shall ensure that;

- 3.1 The management shall ensure that 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 The management shall ensure that 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 The management shall ensure that storage areas shall be made available for aids and equipment, including wheelchairs.

- 3.4 The management shall ensure that where a resident requires assistive technology³ or communication aids, staff shall seek guidance from relevant professionals on their proper use. Staff shall utilise the aids whenever communicating with the resident to ensure that the resident's communication needs are effectively met.
- 3.5 The management shall ensure that all areas used by residents shall be kept free of clutter to prevent tripping hazards.

³ Assistive technology refers to any device, equipment or tool, such as memory aids, speech generating devices, and screen readers, designed to enable residents to perform activities that might otherwise be impossible or challenging to do on their own.

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 older persons 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 licence holder shall ensure that;

- 1.1 The management shall ensure that 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 The management shall ensure that 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 ensure that the Authority is notified in advance of any disruptions to the service, including planned closures that may affect the entire service or specific areas within it. All closures, whether planned or unplanned, shall be communicated to the Authority as soon as the need for closure is brought to the management's attention.
- 1.5 The management shall ensure that the Authority is notified in the event of a change in the person responsible for managing the service or the person who holds legal responsibility for the service.

- 1.6 The management shall regularly organise mental, physical, and emotional well-being programmes according to the residents' needs.
- 1.7 The management shall ensure that the residents have access to the internet, telephone, and television infrastructure throughout the residential care home, which are free of charge.
- 1.8 The management shall ensure that accessible transport for outings and appointments is made available to the residents.
- 1.9 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.
- 1.10 The management shall ensure that all specialised 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. Such practices and procedures shall be regularly reviewed, at least on a yearly basis, to ensure their effectiveness and compliance with current recommendations and best practices.
- 1.11 The management shall ensure that staff individually and collectively shall have the skills and experience to deliver the services and care which the residential care home offers to provide.
- 1.12 The management 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.

- 1.13 The management 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.
- 1.14 If any outsourced or subcontracted services are found to be in breach of these Regulatory Standards, the Authority shall hold the service provider responsible for addressing any shortcomings and ensuring that remedial action is taken.
- 1.15 The management shall ensure that the staff shall assist the residents in obtaining basic goods for their everyday needs, particularly where the resident is unable to leave the premises independently due to physical, sensory, or cognitive impairments.
- 1.16 The management shall ensure that when staff are requested to assist residents in acquiring basic goods for their everyday needs, written records and receipts for each purchase made on behalf of the residents shall be maintained. In such cases, the money belonging to different residents should not be pooled but managed separately to ensure a clear and accurate account of each resident's expenses.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider shall make the transition for older persons 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 licence holder shall ensure that;

- 2.1 The management shall ensure that unplanned admissions are avoided where possible and only take place in emergency situations.
- 2.2 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.
- 2.3 The management shall ensure that 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.
- 2.4 The management shall ensure that each resident shall enter into a written agreement with the service provider, clearly defining, among other things:
 - 2.4.1 the services to be provided, including the level of care which the service provider undertakes to provide;
 - 2.4.2 any associated fees and charges;
 - 2.4.3 the terms and conditions;
 - 2.4.4 the rights and responsibilities of both parties;

- 2.4.5 the date when the agreement is concluded and signed;
 - 2.4.6 the date from when the older person is to start making use of the residential service;
 - 2.4.7 the period of time for which the agreement remains valid, if applicable; and
 - 2.4.8 clear conditions under which the service agreement may be terminated by either the service provider or the resident, including their respective obligations in case of termination.
- 2.5 The management shall ensure that the content of the service agreement is verbally explained to the residents, and if applicable, their legally appointed representatives, prior to signing. This information should also be provided in an accessible and understandable format if required.
- 2.6 The management shall ensure that the service agreement shall be concluded and signed by a member of management and the resident or, if applicable, his legally appointed representative, before or on the day that the older person begins to make use of the residential service.
- 2.7 The management shall ensure that a signed and dated copy of the service agreement shall be provided to the resident and, if applicable, his legally appointed representative.
- 2.8 The management shall ensure that any updates or addenda to the service agreement, including but not limited to changes in the terms of service, costs, or the level of care required, shall be agreed upon and signed by the resident or, if applicable, his legally appointed representative, and by a member of management. A copy of the updated document shall be provided to the resident and his legally appointed representative, if applicable.
- 2.9 The management shall ensure that a contingency plan is in place to ensure that care is provided to residents even in the event of any industrial action.

- 2.10 The management shall ensure that there is a contingency plan in the event of a health emergency or an outbreak within the residential care home.
- 2.11 The management 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.
- 2.12 The management shall inform the staff of any contingency plans that are written.
- 2.13 The management shall ensure that all contingency plans are reviewed and updated as necessary on an annual basis.
- 2.14 The management shall ensure that if a resident needs to be relocated, all relevant information is passed on to the new residential care home.
- 2.15 The management shall ensure that if a resident needs to be relocated as a result of residential care home closure, relocation costs, including transportation of residents' belongings, would be incurred by the same service provider.
- 2.16 The management shall minimise disruptions to residents during any relocation process by providing timely updates on relocation plans, coordinating with relevant service providers to ensure a smooth transition of care and services, and offering emotional support and counselling to help residents adjust to the changes in their new environment.
- 2.17 The management shall ensure that if a resident's care needs can no longer be met by the residential care home, the service provider, in consultation with the resident, his relatives, and/or legally appointed representative, shall identify the most suitable alternative care options and facilitate the transfer.
- 2.18 The management shall ensure that a waiting list for prospective residents who cannot be immediately accommodated is established.

- 2.19 The management shall ensure that in cases where a waiting list is maintained, the service provider shall implement policies and procedures that prioritise fair management.
- 2.20 The management shall ensure that upon request, management shall provide prospective residents, their relatives, and/or legally appointed representatives with clear and up-to-date information regarding waiting times, including, if possible, an estimated date of admission.
- 2.21 The management shall ensure that prospective residents and their relatives and/or legally appointed representatives shall have the opportunity to update their application following changes in their circumstances. This includes, but is not limited to, updates related to personal information, health-related matters, and changes in their care needs.
- 2.22 The management shall ensure that any decision or arrangement made to accommodate family members together aligns with professional advice and recommendations.

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 their 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 their responsibilities to the full.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 The residential care home's manager shall have a qualification of at least MQF Level 6 or MQF Level 7 in management, in a health-related science, social field, or in geriatrics.
- 1.2 Prior to the appointment of the manager, the service provider shall conduct thorough checks to ensure that all necessary requirements are met. These checks shall include, at a minimum:
 - 1.2.1 verification of identity;
 - 1.2.2 verification of qualifications, including confirmation of MQRIC levels with relevant entities;
 - 1.2.3 verification of registration in professional registers and/or warrants (where applicable);
 - 1.2.4 verification of all relevant experience;
 - 1.2.5 verification of a clean and valid police conduct certificate; and
 - 1.2.6 reference checks.
- 1.3 The residential care home's manager shall be responsible for not more than one (1) registered establishment.
- 1.4 The manager of the residential service shall undertake periodic training as part of continuous professional development (CPD) in areas such as management,

geriatrics, or a related field to enhance their knowledge, skills, and competencies while managing the residential service.

- 1.5 The manager of the residential service shall establish and maintain direct and frequent contact with the residents, at least on a monthly basis, and shall take immediate action to address any issues or concerns that are brought to his attention.
- 1.6 The management shall ensure that the residential care home is overseen by another member of management in the absence of the manager of the residential care home.
- 1.7 The management shall ensure that when the residential care home manager is on leave, their replacement is chosen, and such information is communicated to the Authority.
- 1.8 The management and the staff shall develop an annual development plan for the residential care home that is reviewed on a quarterly basis.
- 1.9 The management shall ensure that an internal audit shall be conducted annually.
- 1.10 The management shall ensure that feedback on the quality of service shall be formally sought from residents, their relatives, and legally appointed representatives at least once annually, and informally as needed.
- 1.11 The management shall ensure that a quality improvement system based on the evaluation of the residential care home's services and feedback from the residents shall be implemented.
- 1.12 The management shall ensure that residents and their relatives and legally appointed representatives shall be informed about any corrective measures being implemented by the service provider to improve the quality of service.

- 1.13 The management and the staff shall inform residents about planned inspections by the Authority and shall be given access to speak to Authority staff. The views of residents, their relatives, and legally appointed representatives shall be made available to Authority staff for inclusion in their inspection reports. Confidentiality and anonymity shall be adhered to whenever requested.
- 1.14 The management shall ensure that policies, procedures, and practices shall be regularly reviewed in light of changing legislation and 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 licence holder shall ensure that;

- 2.1 The management shall ensure that the residential care home shall have a manual of policies and procedures detailing the operations of the facility, which also defines how the staff interact with residents (see Annex II). This manual should be regularly reviewed, at least on an annual basis, 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 The management shall ensure that all policies and procedures shall be dated when issued, reviewed, or revised.
- 2.3 The management shall ensure that as part of their induction, all new staff shall be provided with copies of the policies and procedures that regulate the day-to-day operations of the residential care home, as well as training sessions appropriate to their role in the service, to facilitate their implementation.
- 2.4 The management shall ensure that all members of staff shall be required to sign a statement confirming their awareness and understanding of the policies and procedures to be followed at all times, in accordance with their respective roles. The signed statements shall be kept in the personnel file of each staff member.
- 2.5 The management shall ensure that staff shall be informed in writing of any changes or updates to the service's manual of policies and procedures.

2.6 Key areas to be covered in induction training and regular refresher sessions for all care and nursing staff shall include, but are not limited to:

- 2.6.1 Principles of care;
- 2.6.2 Safe working practices;
- 2.6.3 Infection prevention and control;
- 2.6.4 Fire safety awareness;
- 2.6.5 Person-centred care;
- 2.6.6 First Aid;
- 2.6.7 Mental Health First Aid;
- 2.6.8 Moving, lifting, and handling residents safely;
- 2.6.9 Managing challenging behaviour;
- 2.6.10 Restrictive care;
- 2.6.11 Protection from abuse;
- 2.6.12 Disability awareness;
- 2.6.13 Dementia awareness;
- 2.6.14 Diabetes awareness;
- 2.6.15 Stroke awareness;
- 2.6.16 Nutrition and hydration;
- 2.6.17 Continence and catheter care;
- 2.6.18 Pressure sore prevention and management; and
- 2.6.19 Managing emergencies.

2.7 The management shall ensure that refresher training on moving, lifting, and handling residents safely is carried out at least on an annual basis.

2.8 The management shall ensure that staff are supervised when moving, lifting, and handling residents.

2.9 The management shall maintain a record of all training, including induction and professional development activities completed by staff.

- 2.10 The service provider shall operate a thorough, documented, and transparent recruitment procedure and shall ensure the protection of residents at all times.
- 2.11 The management shall ensure that all carers shall have the applicable training as required by the Authority, but at least MQF Level 3 in Care.
- 2.12 The management shall ensure that nurses recruited are to be registered with the Council of Nurses and Midwives.
- 2.13 The management shall ensure that any staff whose role requires professional qualifications, registration, certification, or licensing should also have such credentials verified by the management prior to employment.
- 2.14 The management shall ensure that all staff involved in preparing, handling, and serving food, as well as assisting residents during mealtimes, shall possess a valid food handling licence.
- 2.15 The management shall select and assign staff to specific tasks after a thorough recruitment process which includes:
- 2.15.1 verification of identity;
 - 2.15.2 verification of qualifications, including confirmation of MQRIC levels with relevant entities;
 - 2.15.3 verification of all relevant experience;
 - 2.15.4 verification of registration in professional registers, warrants and licences (where applicable);
 - 2.15.5 verification of a clean and valid police conduct certificate; and
 - 2.15.6 reference checks.
- 2.16 The service provider shall liaise with other entities providing the residential care home with temporary and/or permanent staff to ensure that all verifications of qualifications, experience, and police conduct certificates are carried out. A copy of

documentation confirming the outcome of these checks shall be maintained by the service provider.

- 2.17 The management shall ensure that non-Maltese-speaking care staff shall be required to follow a proficiency course in the Maltese language that is relevant to their role in the service.
- 2.18 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.
- 2.19 The management shall ensure that a Code of Ethics is in place for all staff members, consistent with the principles underpinning these Regulatory Standards.
- 2.20 The management shall ensure that police conduct certificates shall be updated on a yearly basis.
- 2.21 The management shall ensure that when selecting and assigning new staff to specific tasks, management shall ensure that there is a clear link between their skills and experience and the assessed needs of the residents.
- 2.22 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.
- 2.23 The management shall ensure that while on duty, all staff and volunteers shall wear uniforms, as well as identification tags issued by the service provider, indicating their name and role.
- 2.24 The management shall ensure that there is a written staff training and development plan in place, which is regularly reviewed and updated on an annual basis.

- 2.25 The management shall ensure that all members of staff shall receive regular supervision, at least every six months, from qualified and experienced personnel. Supervision of new staff shall be conducted more frequently to ensure their competence and the safety of residents.
- 2.26 The management shall ensure that all members of staff shall receive a regular performance appraisal, conducted at least annually by appropriate personnel.
- 2.27 The management shall ensure that documentation of staff supervision and performance appraisals shall be maintained, and any identified training needs shall be planned for and supported.
- 2.28 The management shall ensure that an updated and accurate personnel file shall be maintained for every staff member, including those assigned to the residential care home by another entity. All personnel files shall be kept on-site and made available to the Authority upon request.
- 2.29 The management shall ensure that policies implemented are in line with these Standards.
- 2.30 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.
- 2.31 The management shall ensure that volunteers have the right qualities, values, and attitudes to work with older persons, just as any other paid staff.
- 2.32 The management shall ensure that volunteers shall receive training, supervision, and support appropriate to their role.
- 2.33 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.

- 2.34 The management shall ensure that 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.
- 2.35 The management shall ensure that the minimum level of nursing/caring hours 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.
- 2.36 The management shall ensure that the minimum level of nursing/caring hours 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 of nurse supervision hours per resident per day.
- 2.37 The management shall ensure that 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.
- 2.38 The management shall ensure that 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.
- 2.39 The management shall ensure that additional staff shall be on duty at peak times of activity during the day.
- 2.40 The management shall ensure that 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.
- 2.41 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.

2.42 The management shall ensure that staff rosters always include a mix of staff who are fluent in both Maltese and English.

STANDARD 8: LEGAL REPRESENTATION FOR PERSONS LIVING WITH DEMENTIA

STANDARD STATEMENT:

This Standard aims to ensure that persons living with dementia residing in a residential care home for older persons who lack the capacity to make a decision have a legally appointed representative who can be involved in their care and promote their interests.

QUALITY INDICATORS:

1. The service provider for persons living with dementia in residential care homes for older persons shall ensure that each person living with dementia who lacks the capacity to make a decision¹ has a legally appointed representative and that this person shall be involved in all aspects of care for the said person living with dementia.

¹ Mental Health Act and Guardianship order

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall ensure that each person living with dementia who lacks the capacity to make a decision has a legally appointed representative in place and that this person shall be involved in all aspects of care for the said person living with dementia.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 The management and staff shall ensure that persons living with dementia in residential care homes for older persons who lack the capacity to make a decision have a legally appointed representative in place.
- 1.2 The management and staff shall establish the person living with dementia's current level of understanding and ensure that the legally appointed representative is involved when discussing preferences about their care. Residents should be involved in all decision-making if they have the capacity to do so.
- 1.3 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 or their legally appointed representative, and management.

STANDARD 9: RESIDENTS' PERSONAL HEALTH AND MEDICAL CARE FOR PERSONS LIVING WITH DEMENTIA

STANDARD STATEMENT:

This Standard ensures that the service provider for persons living with dementia in residential care homes for older persons has in place additional safeguards to protect the health of residents.

QUALITY INDICATORS:

1. The residents shall be supported to eat and drink in a safe manner.
2. The service provider for persons living with dementia in residential care homes for older persons shall supervise residents' health needs and ensure that they are able to access healthcare adequately and conveniently.
3. The service provider for persons living with dementia in residential care homes for older persons shall ensure that medication to manage challenging behaviour is used responsibly.

QUALITY INDICATOR 1

1.0 Quality Indicator: The residents shall be supported to eat and drink in a safe manner.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 The management and staff shall provide plain and colour-coded, and adapted cutlery and crockery to the residents during mealtimes. Colours of cutlery and crockery shall contrast with the table.
- 1.2 The residents are assisted to make their own personal food choices by the management and staff.
- 1.3 The staff shall ensure that during mealtimes, the resident is in a safe and secure environment, in a well-lit room, with fewer distractions, and the table is kept in a familiar setting.
- 1.4 The management and staff shall ensure that any feeding equipment required (such as divided plates) is provided following a needs-based assessment and recommendation by a competent person.
- 1.5 The staff shall ensure that residents are kept hydrated. Residents shall have access to potable water at all times and at no extra cost.
- 1.6 Residents identified as being at risk of choking should be supervised during meals.
- 1.7 The management shall ensure that the residents are monitored during mealtimes. Such monitoring shall include, but not be limited to, the amount of food which is being consumed by the resident.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall supervise residents' health needs and ensure that they are able to access healthcare adequately and conveniently.

PERFORMANCE INDICATOR:

The licence holder shall ensure that;

- 2.1 The management shall ensure that the resident's personal care plan acknowledges their dementia and indicates any changes in their care which reflect the different stages of dementia as required.
- 2.2 The management shall ensure that the assessment and care plan is updated every three (3) months or as required, with the involvement of the legally appointed person. The care plan is to be followed at all times.
- 2.3 The management shall ensure that the resident and their legally appointed representative shall be kept informed of the medications the resident is receiving and of any changes in medication.
- 2.4 The management shall ensure that residents receive regular health checks carried out by a competent person at least every six (6) months or as may be required.
- 2.5 The management shall ensure to consult the inter-disciplinary team and the legally appointed representative when there is difficulty in administering medicine. When faced with this scenario, it is essential to develop and document a strategy in the individual's medical records to ensure that the resident living with dementia adheres to their prescribed medication regimen.

- 2.6 The management and staff shall ensure that the residents are assessed for pain and shall be vigilant for signs of pain. If the presence of pain is suspected, the resident shall be assessed by a competent person/s and the necessary treatment initiated.
- 2.7 The staff shall ensure that if the resident wears dentures, these are properly fitted, regularly cleaned, and inspected.
- 2.8 The management shall ensure that when a resident is admitted to the hospital, they are accompanied by a member of staff, and that all relevant information is communicated to hospital staff.
- 2.9 The management shall ensure that residents have the opportunity to maintain and enhance their sense of dignity and self-esteem by engaging in meaningful social interactions.

QUALITY INDICATOR 3

3.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall ensure that medication to manage challenging behaviour is used responsibly.

PERFORMANCE INDICATOR:

The licence holder shall ensure that;

- 3.1 The management shall ensure that a procedure for the use of medication to manage challenging behaviour is drawn up and reviewed at least on an annual basis or when the need arises, by a professional trained in dementia management and care. Staff shall be made aware of this procedure and use it accordingly.

- 3.2 Staff should be appropriately trained to manage situations which may trigger challenging behaviour and de-escalate these such that the use of physical and/or chemical restraint is minimised and not encouraged.

STANDARD 10: PHYSICAL ENVIRONMENT FOR PERSONS LIVING WITH DEMENTIA

STANDARD STATEMENT:

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

QUALITY INDICATORS:

1. The service provider for persons living with dementia in residential care homes for older persons shall ensure that the location and the layout of the residential care home and all its external grounds shall be appropriate for persons living with dementia.
2. The service provider for persons living with dementia in residential care homes for older persons shall ensure that adaptations are in place which allow residents to orient and navigate in their environment.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall ensure that the location and the layout of the residential care home and all its external grounds shall be appropriate for persons living with dementia.

PERFORMANCE INDICATOR:

The licence holder shall ensure that;

- 1.1 The management, when possible, shall ensure that the layout is circular in setting*.
- 1.2 The management for persons living with dementia in residential care homes for older persons shall ensure that floors, walls, and soft furnishings do not have patterned designs.
- 1.3 The management for persons living with dementia in residential care homes for older persons shall ensure that access doors are of a different colour than the wall.
- 1.4 The management for persons living with dementia in residential care homes for older persons ensures that tile colour and patterns are kept the same between rooms.
- 1.5 The management for persons living with dementia in residential care homes for older persons shall ensure that the internal layout shall reduce any physical barriers to allow safe ambulation. Non-slip grab rails that are easy to grip shall be present along corridors to promote support during mobility. Potential hazards like steps should be eliminated to minimise risks.
- 1.6 The management and the staff shall be guided by the advice of professionals such as Occupational Therapists and Physiotherapists in order to ensure that the residential care home is appropriate for persons living with dementia.

- 1.7 The management and the staff shall be guided by professionals to promote the use of assistive technology, aids, and adaptations for residents as required.
- 1.8 The management shall ensure the residential care home has a specific lounge area for activities and for relatives to visit.
- 1.9 The management shall ensure a dining area adequate for persons living with dementia.

QUALITY INDICATOR 2

2.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall ensure that adaptations are in place which allow residents to orient and navigate in their environment.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 2.1 No mirrors or any reflecting doors are present in residents' rooms.
- 2.2 The management shall ensure that clear contrast is made when colours are being used both in communal areas and in the residents' rooms.
- 2.3 The residents' bedrooms shall be easily identifiable from the outside.
- 2.4 Residents shall be allowed to display personal memorabilia that serves as orientation cues to help identify bedrooms.
- 2.5 Safety measures should be in place to ensure that dangerous zones and objects are inaccessible to residents who walk with purpose.
- 2.6 The service provider shall ensure having a secure exterior pathway, with appropriate sitting space and points of interaction.
- 2.7 The layout of the residential care home shall be designed with a view to minimise the amount and the length of corridors which residents must pass through*.
- 2.8 The layout of the residential care home shall have minimal repetitive elements, objects, and patterns to facilitate wayfinding for residents*.

* Mandatory only for all new builds, first time licences, extensions and refurbishment of residential care homes which have a dementia-specific area.

- 2.9 Door handles shall be such that do not require tight grasping or twisting of the wrist.
- 2.10 The lettering of signs shall be enlarged, and there shall be a contrast between the signage, its mounting, and its background.
- 2.11 The management shall ensure that all entrances and exits are access-controlled.

STANDARD 11: SERVICE QUALITY MANAGEMENT FOR PERSONS LIVING WITH DEMENTIA

STANDARD STATEMENT:

This Standard promotes rights that ensure that the service provider for persons living with dementia in residential care homes for older persons shall be accountable for delivering quality service and support based on competency and continuous improvement.

QUALITY INDICATORS:

1. The service provider for persons living with dementia in residential care homes for older persons shall ensure that the residential care home is managed by a competent person who employs staff who are adequately trained to work with persons living with dementia.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider for persons living with dementia in residential care homes for older persons shall ensure that the residential care home is managed by a competent person who employs staff who are adequately trained to work with persons living with dementia.

PERFORMANCE INDICATORS:

The service provider for persons living with dementia in residential care homes for older persons ensures that:

- 1.1 The residential care home's manager shall demonstrate that they have undertaken periodic training as part of continuous professional development, including training in caring for persons living with dementia to enhance knowledge, skills, and competencies, whilst managing the residential care home.
- 1.2 The management shall ensure that staff who directly work with and support persons living with dementia in residential care homes for older persons shall have advanced training on supporting persons living with dementia.
- 1.3 All staff who work directly with and support persons living with dementia are to receive, on a yearly basis, specialised continuous professional development on dementia.

ANNEX I: PORTFOLIO

MY DETAILS	
Name and Surname:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Photo</div>
ID Card Number:	
Date of Birth:	
Gender:	
ABOUT ME	
I like to be addressed as:	Allergies/Intolerances:
Spoken language:	What upsets me:
I used to live in:	Areas of high risk for me:
My previous occupation:	People who are important to me:
My hobbies/interests:	What is important for you to know about my past:
My religious/spiritual beliefs:	What is important for you to know about my cultural background:
MY LIKES AND DISLIKES	
Food and Drink:	
Social and Leisure Activities:	
ANY OTHER IMPORTANT INFORMATION FOR STAFF	
DOCUMENT HISTORY	
Completed by:	Date:
Last revised by:	Date:
Name and signature of service manager:	
Name and signature of resident/relatives/legally appointed representative:	

ANNEX II: MANUAL OF POLICIES AND PROCEDURES

The following is a non-exhaustive list of the policies and procedures that should be in place:

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
- 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 well-being
- 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 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

2.10 Staff handover

2.11 Staff ratios

2.12 Housekeeping

3.0 HEALTH AND SAFETY

3.1 Injuries

3.2 Medication management

3.3 Manual handling procedures

3.4 Risk assessment and management of risk

3.5 Infection prevention and control

4.0 EMERGENCY PROCEDURES

4.1 First aid

4.2 Emergency management and evacuation

4.3 Fire emergency

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