

Regulatory Standards

**High Dependency
Chronic Care Services
for Older Persons**



INTRODUCTION TO THE GUIDELINES

These Guidelines set out the rights and the minimum levels of service which should be provided to older persons who require high dependency chronic care within a residential setting. The service provider shall offer a range of specialised geriatric care services intended to preserve residents' abilities alongside a programme of activities designed to be meaningful and engaging for residents.

The aim of these Regulatory Standards, is to outline what should be done by a service provider to give residents a good quality of life and to provide reassurance to their relatives that their loved one is safe and well cared for. This should begin from the admission process and extend throughout daily life within the service.

PRINCIPLES ON WHICH THE STANDARDS AND GUIDELINES ARE BASED

These Older Persons Regulatory Standards have been established upon the understanding that whoever makes use of such services has the right to high-quality care. This should be based, at a minimum, on the following principles: dignity, privacy, right for choice, safety, informed consent, realising potential, equality, individuality and diversity. These shall be kept in mind both while designing services and throughout all interactions with residents and with their relatives.

This means that all individuals residing within the service shall:

- be treated with respect at all times;
- be treated in the same way as all other residents, and not be treated any less favourably on the basis of ethnic background, language, culture, sexual orientation, gender identity, ability, and faith;
- be able to maintain meaningful relationships with family and friends;
- have their privacy and belongings respected;
- live their life without unnecessary intrusion or restrictions;
- make their own choices and have these respected;
- be given clear and unbiased information on all options available to them;
- be asked for consent to services and have the opportunity to ask for further information or withdraw consent;
- feel safe and comfortable in an environment free from abuse, discrimination or danger;
- make full use of the service's available resources to sustain their well-being and abilities;
- be considered as an individual and valued for who they are;
- raise any concerns without intimidation or fear of discrimination or retaliation; and
- have concerns thoroughly investigated and receive redress where they have been unjustly treated.

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 licenced 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.

“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 high dependency chronic care services are provided, and that have been purposely built or adapted to accommodate older persons with high dependency chronic care needs on a long-term basis. The premises shall have fittings and equipment specifically suited for the holistic provision of the residents’ care and 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.

“High dependency chronic care services”

means the provision of residential care which includes medical, functional, psychological, social, environmental, and spiritual care

services for older persons who require continuous and long-term care for their well-being. Chronic care conditions are multidimensional, interdependent, complex, and ongoing and require in-house interdisciplinary health and social care, including in-house specialist medical, nursing, dental, nutritional, pharmaceutical, podiatry, and other therapeutic services.

“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.

“Management”

means persons who acts 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.

“Older person”

means a person over the age of sixty.

“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.

“Person living with dementia”

means a person diagnosed with dementia by a competent person. The person may experience cognitive impairment, language barriers or communication difficulties due to this condition which necessitate additional and/or specialised care.

“Personalised care plan”

means a document based on a holistic assessment of the resident that specifies how the resident’s needs and aspirations are going to be met and also specifies the resources and actions required to meet the resident’s continuous and long-term chronic care needs.

“Policies and procedures”

mean 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 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 licenced service operates in line with the principles stated in the Quality Indicator.

“Resident”

means an older person who has been certified by medical professionals as having chronic health conditions, whether physical or cognitive, which

render him highly dependent and in need of specialist care.

“Restrictive care”

means any means used to prevent imminent harm or danger to the service user or to others. All use of restrictive care should be authorised by a medical professional and provided only by appropriately trained persons. The service user’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 residential care home or an individual’s capabilities that considers what could cause injury or harm; whether the hazards could be eliminated or otherwise, what preventive or protective measures are, or should be, in place to control the risks.

“Service agreement”

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

“Service provider”

means a person who, or organisation which, provides and operates a residential facility and associated chronic care services to older persons on a long-term basis. Where any aspect of the service, including staffing or premises, is

outsourced or sub-contracted, ultimate responsibility for ensuring that all requirements of these Older Persons Regulatory Standards are met, shall rest with the service provider, even when services are provided by an external agency.

“Staff”

means a person working within the facility, wherein one of the person’s responsibilities is to provide residents with support, social, health or personalised care, irrespective of whether or how the person is compensated, or whether the person is employed directly by the service provider or through another entity.

STANDARD 1: RESIDENTS' RIGHTS AND DECISION-MAKING

STANDARD STATEMENT:

This Standard promotes residents' basic rights and the actions required of the service provider to ensure that these are respected.

QUALITY INDICATORS:

1. The service provider shall ensure that upon admission, a member of staff or management meets with the new resident and his relatives and legally appointed representative to explain the service and its procedures and shall provide them with copies of the information given about the residence. While residing within the service, all residents shall be provided with any information they require in relation to the resident's care or to the service. All information should also be provided to the resident's relatives and legally appointed representative, and shall be given in Maltese or in English, and in a suitable format.
2. The service provider shall ensure that residents are cared for in a manner that is sensitive and respectful and shall provide adequate screening in rooms with two or more beds. All care shall be provided in a way that ensures that the person's privacy and dignity are maintained at all times, including during the provision of health or personalised care and while being assisted to move around and outside the premises. The service provider is also required to ensure that any wishes that the resident or her/his relatives or legally appointed representative express regarding the way in which care is provided, or by whom, are respected to ensure that the person is comfortable and feels respected. Staff shall be aware that the service is the residents' home and consequently they should be free from unnecessary intrusion by staff, other residents or third parties.

3. The service provider shall ensure that residents are able to receive visitors within the premises and may leave the premises to make visits if they wish, as long as this has not been contraindicated by a medical professional. All residents shall be able to communicate with their relatives, friends, and any other persons, in private and via any means they wish to use.

4. The service provider shall ensure that all residents are permitted to bring with them, or have brought in, personal belongings which will make their space feel more home-like. Residents and their relatives and/or legally appointed representatives should be advised beforehand regarding any limitations on such belongings, due to space constraints, to avoid clutter, and for safety reasons. The service provider is also required to provide residents with lockable space to keep personal belongings, with the key being retained by the resident, if s/he wishes, and her/his cognitive ability permits this. For safekeeping purposes, residents may hand over money or valuables to the service provider, in which case a receipt should be issued, and the items kept under lock and key until reclaimed by the resident or his relatives and/or legally appointed representative. Any belongings brought to the residence shall remain the property of the resident and shall not be used by others, treated as communal property, or disposed of without the consent of the resident or her/his relatives and/or legally appointed representative.

5. All residents shall be treated equally, and shall not be discriminated against on any basis, including disability and ageism. The service provider shall investigate any allegations of discrimination that are brought to management or staff's attention and shall take any remedial action necessary to safeguard residents' interests. Residents shall be permitted to practice any religious beliefs, in a way that does not disturb other residents.

6. The service provider shall ensure that all staff and management communicate with residents in an appropriate, non-patronising, manner. When speaking to a resident,

staff and management shall use the resident's preferred method of address and language and shall communicate in a way that the resident can understand.

7. The service provider shall ensure that all residents are able, within the limits of their condition, to remain as autonomous as possible, including being permitted to make their own decisions and to have these respected, as long as these will not cause harm to the resident or to others. Where necessary, staff shall assist residents to identify and express their preferences and shall intervene to ensure the safety and comfort of residents who are unable to make decisions. Residents who are not living within a space designated as closed or secure shall have the freedom to leave the service unaccompanied as long as this has not been indicated to be a risk to the resident.
8. The service provider shall ensure that where a resident appoints a legal representative, or where the Guardianship Board determines that one is required and appoints one, the service provider shall maintain communication with and involve this individual regarding the resident's care and any decisions or wishes expressed by this representative shall be treated as though they were expressed by the resident.

The service provider shall provide all residents and their relatives and/or legally appointed representatives with access to the resident's records, upon request, and shall allow them to contest or request amendments to correct any inaccuracies, in line with the Data Protection Act and the General Data Protection Regulation.

9. Residents reaching the end of life shall be treated in a dignified and sensitive manner, including the administration of pain relief and palliative care as prescribed, provided in their own space where possible. All of the resident's religious or cultural wishes, before and after death, shall be respected. Relatives and friends shall be treated sensitively and shall be permitted to spend all the time they wish with the resident and shall not be hurried after the resident passes away. The bodies of residents who pass away shall be treated with care and dignity, and the service provider shall ensure that the associated processes do not distress relatives or other residents. When a resident

has been bereaved, staff shall provide support throughout the grieving process, and shall refer the resident to appropriate professionals if the resident requires additional support.

10. The service provider shall ensure that all residents and their relatives and/or legally appointed representatives are advised that they are now living within a community, and of the need to treat all other persons within the service and their belongings with respect, and of the actions which the service provider may take in case of any harassment, bullying or other abusive behaviour by residents or their relatives or legally appointed representatives. The service provider shall advise residents' relatives and/or legally appointed representatives that while the service provider undertakes to provide a safe environment and care for the resident, the final legal responsibility remains that of the relatives and/or legally appointed representative. The service provider shall be careful that management and staff do not overstep the boundaries of this role.

QUALITY INDICATOR 1

1.0 Quality Indicator: The service provider shall ensure that upon admission, a member of staff or management meets with the new resident and his relatives and legally appointed representative to explain the service and its procedures including care planning process and shall provide them with copies of the information given about the residence. While residing within the service, all residents shall be provided with any information they require in relation to the resident's care or to the service. All information should also be provided to the resident's relatives and legally appointed representative, and shall be given in Maltese or in English, and in a suitable format.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 New residents and their relatives and/or legally appointed representatives, as appropriate, shall be involved and kept informed throughout the admission process.
- 1.2 An orientation meeting between the resident and his relatives and/or legally appointed representative, as he wishes, and with a representative of management and ward staff, shall be held for introductory purposes.
- 1.3 Staff or management shall explain to new residents and their relatives and/or legally appointed representatives the service's procedures, including but not limited to visits, exiting, and entering the facility, acquisition of medication, use of technology, etc., and shall be provided with copies of the information.
- 1.4 The management shall provide prospective residents, their relatives and/or legally appointed representative with a copy of the residents' basic rights and responsibilities when availing of the service. Residents' rights shall also be clearly displayed in the facility. Information regarding the responsibilities of relatives and/or legally appointed representatives shall also be provided.

1.5 Any requests for information by a resident or their relatives and/or legally appointed representative should be acknowledged. Where the information cannot be given for any reason, this shall be clearly explained to the person making the request.

1.6 Information may be given verbally, physically, or digitally, and communicated in either Maltese or English, depending upon the needs and preferences of the resident and her/his relatives and/or legally appointed representative.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall ensure that residents are cared for in a manner that is sensitive and respectful and shall provide adequate screening in rooms with two or more beds. All care shall be provided in a way that ensures that the person's privacy and dignity are maintained at all times, including during the provision of health or personalised care and while being assisted to move around and outside the premises. The service provider is also required to ensure that any wishes, that are in line with patient safety and good practice, that the resident or his relatives or legally appointed representative express regarding the way in which care is provided, or by whom, are respected to ensure that the person is comfortable and feels respected. Staff shall be aware that the service is the residents' home and consequently they should be free from unnecessary intrusion by staff, other residents or third parties.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 2.1 The service provider shall ensure respect for residents' privacy and dignity throughout the provision of all health, social, and personalised care.
- 2.2 The service provider shall ensure that a private space is made available for residents who wish to speak to management, staff, or to any health or social care professionals in private and without any risk of being overheard. A private space for the resident to speak to visitors shall also be provided if requested.
- 2.3 Partitions and screening shall be used to ensure the privacy and dignity of residents in shared spaces, particularly during the provision of personalised care and medical examination.

- 2.4 Medical examination and treatment shall be given in either the resident's own room or in a designated treatment room, not in other public space unless urgent care is needed in an emergency.
- 2.5 Residents shall be able to indicate the gender of persons from whom they wish to receive personalised care, according to availability. The service provider shall aim to meet these preferences when drawing up rosters.
- 2.6 For the protection of both residents and carers, two members of caring staff (nurses/carers) shall be present when any personalised care is being provided.
- 2.7 When a resident is being moved through the facility, staff shall ensure that the person's privacy and dignity are respected by being dressed appropriately or covered respectfully.
- 2.8 Staff and management shall knock on doors and seek residents' consent before they enter bedrooms or bathrooms, except in cases of emergency or suspected emergency.
- 2.9 Staff shall protect residents from intrusion by any third parties, including the media. This may include, but is not limited to, ensuring consent from the residents or their relatives and/or legally appointed representative for any filming, or by giving the option not to be present or seen.
- 2.10 If third parties are required to enter a resident's space (e.g. technicians or maintenance personnel), written consent shall be sought from the resident before entry. Staff shall ensure that the resident's dignity is maintained and shall ensure that no personalised care, examination, or treatment takes place in third parties' presence.
- 2.11 The management and the staff shall inform the resident and his relatives and/or legally appointed representative in advance about changes in rooming arrangements and/or bed allocation.

2.12 New staff, including any volunteers, students, or trainees, shall introduce themselves to residents when they begin working within the service, and as frequently as required to residents with cognitive impairment.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that residents are able to receive visitors within the premises and may leave the premises to make visits if they wish, as long as this has not been contraindicated by a medical professional. All residents shall be able to communicate with their relatives, friends, and any other persons, in private and via any means they wish to use.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

3.1 Visiting times shall be clearly indicated and shall be spaced out in a way that allows persons who may work irregular hours to visit. Where visiting hours stated by the facility are not feasible for a family, individual arrangements shall be made to ensure that the resident is able to see his family.

3.2 Where visits are not possible, such as due to illness or where family members reside abroad, the service provider shall facilitate telephone and/or video calls or other electronic communication if the resident requires assistance.

3.3 Relatives shall be permitted to take their residents out of the facility for visits if they wish, as long as the recommendations of any medical professionals are adhered to while the resident is outside the premises.

3.4 Residents may contact their relatives or friends via any means and at any time they wish. Staff shall assist residents if required, such as assisting them to make a telephone call, but shall give them privacy to speak.

3.5 Upon request, residents and their visitors shall be provided with a private space in which to speak.

3.6 Residents with cognitive capacity shall be able to decide whether or not they wish to receive any particular visitor.

3.7 Within the facility, residents shall be able to speak privately to each other.

3.8 All residents' personal mail shall be given unopened to the resident or his relatives and/or legally appointed representative unless otherwise agreed.

QUALITY INDICATOR 4

4.0 QUALITY INDICATOR: The service provider shall ensure that all residents are permitted to bring with them, or have brought in, personal belongings which will make their space feel more home-like. Residents and their relatives and/or legally appointed representatives should be advised beforehand regarding any limitations on such belongings, due to space constraints, to avoid clutter, and for safety reasons. The service provider is also required to provide residents with lockable space to keep personal belongings, with the key being retained by the resident, if s/he wishes, and his cognitive ability permits this. For safekeeping purposes, residents may hand over money or valuables to the service provider, in which case a receipt should be issued, and the items kept under lock and key until reclaimed by the resident or her/his relatives and/or legally appointed representative.

Any belongings brought to the residence shall remain the property of the resident and shall not be used by others, treated as communal property, or disposed of without the consent of the resident or her/his relatives and/or legally appointed representative.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

4.1 The management shall provide secure facilities for the safekeeping of money and valuables on behalf of residents. The management shall keep written records and issue receipts for all residents' possessions handed over for safekeeping. Items shall be kept under lock and key until reclaimed by the resident or her/his relatives and/or legally appointed representative following internal policy.

4.2 The management shall provide new residents and their relatives and/or legally appointed representative, as appropriate, with details of items which may not be brought into the facility. Any such items shall not be kept within the facility but shall be given to the resident's relatives or legally appointed representative.

- 4.3 Residents may request lockable space, which shall be provided as long as there is no risk or assessment or diagnosis of cognitive impairment which indicates otherwise.
- 4.4 The management shall retain a key to all lockable space, but shall only use this in case of emergency and at the request of the resident or her/his relatives and/or legally appointed representative. Any such use of spare keys shall be documented.
- 4.5 The management and staff shall follow up with relatives and/or the legally appointed representative if the resident requires any items which the service does not provide (including, but not limited to, clothing, electronic devices, preferred toiletries, etc).
- 4.6 Any personal items, or items purchased by the resident or her/his relatives and/or legally appointed representative, shall only be used by or for the resident to whom they belong, unless with the prior consent of the resident or her/his relatives and/or legally appointed representative.
- 4.7 To facilitate the identification of personal belongings and ensure that they can be returned to the resident, personal belongings, including clothing, shall be labelled. The management shall also have procedures in place which ensure that all items, including those sent for laundry or which are misplaced, are returned to their proper owner.
- 4.8 Staff shall ensure that residents wear only their own clothing or that provided by the service provider, not that of other residents.
- 4.9 Staff shall not take any advantage of, or borrow, residents' belongings and shall be vigilant to minimise the risk of a resident's belongings being used by other residents.
- 4.10 Any clothing or other items which are damaged, no longer usable, or not wanted by the resident shall be offered back to the relatives and/or legally appointed representative.
- 4.11 If the resident is moved to a different ward, all belongings shall be moved with her/him.

4.12 Following the passing of a resident, all the resident's belongings shall be offered back to their relatives and/or to the legally appointed representative.

QUALITY INDICATOR 5

5.0 QUALITY INDICATOR: All residents shall be treated equally, and shall not be discriminated against on any basis, including gender, disability, and age. The service provider shall investigate any allegations of discrimination that are brought to management or staff's attention and shall take any remedial action necessary to safeguard residents' interests. Residents shall be permitted to practice any religious beliefs, in a way that does not disturb other residents.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 5.1 All residents shall be treated fairly, with no preference or discrimination shown on any basis, including but not limited to, those stipulated by the Laws of Malta.
- 5.2 All allegations of discrimination or unequal treatment against a resident or her/his relatives and/or legally appointed representative shall be communicated to management, who shall investigate thoroughly and document their findings.
- 5.3 Remedial action shall be taken to address any allegations of discrimination or otherwise unfair treatment.
- 5.4 The management shall ensure that a space for religious worship is available to residents.
- 5.5 Residents shall be able to practice any religious beliefs and shall be supported by the service provider to meet any religious requirements, such as dietary restrictions or religious observance.

QUALITY INDICATOR 6

6.0 QUALITY INDICATOR: The service provider shall ensure that all staff and management communicate with residents in an appropriate, non-patronising, manner. When speaking to a resident, staff and management shall use the resident's preferred method of address and language and shall communicate in a way that the resident can understand.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

6.1 Staff shall adapt their communication in line with the residents' needs and preferences and shall seek advice from professionals if required.

6.2 The management shall ensure that professional advice is sought where necessary to ensure that staff are able to adapt their communication with residents.

6.3 Staff shall communicate with residents in a way that they can understand and respond to, including the use of assistive technology, translators or cultural mediators if required.

6.4 Staff shall communicate with each resident in either English or Maltese, depending upon the resident's preferences.

6.5 Communication with residents and their relatives and/or legally appointed representatives shall be sensitive, respectful, and non-patronising. At no time shall any member of staff be aggressive or threatening towards any resident or any of his relatives or his legally appointed representative.

QUALITY INDICATOR 7

7.0 QUALITY INDICATOR: The service provider shall ensure that all residents are able, within the limits of their condition, to remain as autonomous as possible, including being permitted to make their own decisions and to have these respected, as long as these will not cause harm to the resident or to others. Where necessary, staff shall assist residents to identify and express their preferences and shall intervene to ensure the safety and comfort of residents who are unable to make decisions. Residents who are not living within a space designated as closed or secure shall have the freedom to leave the service unaccompanied as long as this has not been indicated to be a risk to the resident.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

7.1 If the resident has the capacity to make her/his own decisions, staff shall ensure that the resident is given the time and information they need to make decisions. Staff shall not exert pressure on residents in any direction, including changing their minds once they have expressed any wishes.

7.2 Staff shall work with residents who require assistance to identify and express their preferences. If the resident is not able to express any preferences, these shall be established following discussion with relatives and/or the legally appointed representative.

7.3 The management shall involve the residents during care planning as to provide opinions in key areas, including but not limited to:

7.3.1 Choice of food and drink;

7.3.2 Social and leisure activities, including whether they wish to participate;

7.3.3 Routines and activities of daily living, including how and when personalised care is provided;

7.3.4 Relationships and friendships;

7.3.5 Contact with relatives and visitors; and

7.3.6 Religious observance.

7.4 All residents' choices shall be respected as long as these will not cause harm to the resident themselves, or to other residents, staff, or third parties.

7.5 Residents shall decide on their appearance and clothing. When required, staff shall ensure that residents, particularly those living with dementia or with other cognitive impairments, are dressed appropriately according to the season and the occasion.

7.6 When a resident is required to make a decision, they shall be given all the time and information they need and may change their mind. Staff shall not exert pressure on residents in any direction, including changing their minds once they have made their decision.

7.7 Residents may leave wards that are not designated as closed or secure without being accompanied by a member of staff.

QUALITY INDICATOR 8

8.0 QUALITY INDICATOR: The service provider shall ensure that where a resident appoints a legal representative, or where the Guardianship Board determines that one is required and appoints one, the service provider shall maintain communication with and involve this individual regarding the resident's care and any decisions or wishes expressed by this representative shall be treated as though they were expressed by the resident.

The service provider shall provide all residents and their relatives and/or legally appointed representatives with access to the resident's records, upon request, and shall allow them to contest or request amendments to correct any inaccuracies, in line with the Data Protection Act and the General Data Protection Regulation.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

8.1 The service provider shall maintain a record of all residents' relatives and/or legally appointed representatives and shall ensure that the appropriate person is contacted as necessary regarding the resident's health and care.

8.2 The management shall ensure that new residents who have been assessed as living with dementia or with other cognitive impairments have been referred to the appropriate entity to determine whether a legally appointed representative is required.

8.3 Where existing residents develop signs of dementia or other cognitive impairments, their relatives shall be advised to refer to the appropriate entity regarding the nomination of a legally appointed representative. If the need for a representative is noted by staff, this shall be raised sensitively and privately with the resident's relatives.

8.4 If a resident, or his relatives, expresses concern or a wish to appoint a legally appointed representative, the service provider shall advise them regarding the process of applying for the appointment of a legally appointed representative.

8.5 Staff shall liaise with the resident's legally appointed representative on a regular basis and shall invite her/him to any meetings being held relating to the resident.

8.6 The management shall ensure that all new residents and their relatives and/or legally appointed representatives are advised of the service's procedures for requesting access to their personal files.

8.7 The management shall provide residents and their relatives and/or legally appointed representatives with access to their personal files upon request and shall allow them to request amendments for any information found to be incorrect.

QUALITY INDICATOR 9

9.0 QUALITY INDICATOR: Residents reaching the end of life shall be treated in a dignified and sensitive manner, including the administration of pain relief and palliative care as prescribed, provided in their own space where possible. All the resident's religious or cultural wishes, before and after death, shall be respected. Relatives and friends shall be treated sensitively and shall be permitted to spend all the time they wish with the resident and shall not be hurried after the resident passes away. The bodies of residents who pass away shall be treated with care and dignity, and the service provider shall ensure that the associated processes do not distress relatives or other residents.

When a resident has been bereaved, staff shall provide support throughout the grieving process, and shall refer the resident to appropriate professionals if the resident requires additional support.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

9.1 Residents diagnosed with terminal conditions shall have a palliative care plan drawn up.

9.2 Where feasible, residents and relatives and/or legally appointed representatives shall be asked about any preferences, including religious and cultural preferences or requirements, for residents approaching the end of life. Expressed wishes shall be respected as far as possible.

9.3 All residents at the end of life shall be treated with care and dignity and shall be given appropriate pain relief as advised by medical professionals to ensure their comfort.

9.4 Residents' privacy and dignity shall be maintained throughout the end-of-life process.

9.5 The management and the staff shall inform the relatives of residents who are approaching the end of life in a timely and empathic manner. Where the resident has passed away

before the relatives' arrival, relatives shall be informed gently by management, in a way that is sensitive and in a private space.

- 9.6 No restrictions shall be imposed on relatives or visitors of residents approaching the end of life. Families shall be given privacy during this time.
- 9.7 Relatives may spend as much time as they wish with a resident who is approaching the end of life, unless the resident is becoming distressed by their presence or indicates that s/he wishes them to leave. Relatives shall be advised that at this time, they must also be respectful of other residents in the room.
- 9.8 Where other residents or staff wish to give comfort to the relatives or to a resident who is at the end of life, sensitivity to the resident and their relatives' wishes shall take priority.
- 9.9 After a resident's death, relatives shall be given time to pay their respects and shall not be rushed to leave.
- 9.10 The management and staff shall make every effort to ensure that no unnecessary distress is caused to relatives of residents who are at the end of life or who have passed away.
- 9.11 A dignified space shall be available for residents who have passed away while awaiting transfer to a mortuary or undertaker. All such transfers shall be carried out with respect for the deceased and in a manner that does not cause distress to other residents.
- 9.12 Queries regarding relatives' preferences for arrangements after death shall be raised sensitively and in a manner which does not cause added distress.
- 9.13 Residents who have been bereaved shall be supported to pay their last respects and/or attend funerals if they wish to do so.
- 9.14 Staff shall check in on residents who have been bereaved and encourage them to integrate with other residents, but shall allow them to grieve in their own way. Where staff become concerned for the resident's well-being, this shall be raised with management and

professionals involved in the resident's care, and if necessary, specialised help shall be sought for the resident.

QUALITY INDICATOR 10

10.0 QUALITY INDICATOR: The service provider shall ensure that all residents and their relatives and/or legally appointed representatives are advised that they are now living within a community, and of the need to treat all other persons within the service and their belongings with respect, and of the actions which the service provider may take in case of any harassment, bullying or other abusive behaviour by residents or their relatives or legally appointed representatives. The service provider shall advise residents' relatives and/or legally appointed representatives that while the service provider undertakes to provide a safe environment and care for the resident, the final legal responsibility remains that of the relatives and/or legally appointed representative. The service provider shall be careful that management and staff do not overstep the boundaries of this role.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 10.1 Residents and their relatives and/or legally appointed representatives shall be advised of behaviour which is not acceptable, including, but not limited to, disturbance or inconvenience to other residents, and of the actions which the service provider can take to protect staff and residents.
- 10.2 Residents should be accompanied to all medical appointments by a carer and, if they wish, a relative or their legally appointed representative.
- 10.3 The management and staff shall encourage relatives to visit the resident and, where possible, to keep them involved in family occasions.
- 10.4 Control of residents' finances shall be retained by the resident or by her/his legally appointed representative. Under no circumstances shall the service provider take responsibility for administering a resident's financial affairs.

STANDARD 2: PERSONALISED CARE PLAN

STANDARD STATEMENT:

This Standard establishes the service provider's obligations to assess all residents, establish their care and support needs, and to identify the actions which should be taken to provide person-centred approach.

QUALITY INDICATORS:

1. A full health needs assessment of new residents should be carried out, prior to or upon admission. Assessments shall be holistic and thorough, using any appropriate tools and considering areas such as risks of falls or pressure sores, and the resident's physical, psychological, social, and cultural needs. The service provider shall ensure that an interdisciplinary team is involved, and the resident and the relatives or legally appointed representative should also be able to participate if they wish. As a result of the assessment, a personalised care plan shall be drawn up with each resident, clearly agreeing on the resident's holistic needs and actions which will be taken by the service provider to meet these needs. The resident's immediate care needs should be assessed and a personalised care plan and portfolio reflecting these drawn up by not later than five days of admission.
2. The service provider shall ensure that the initial assessments shall indicate whether the resident has any conditions, such as but not limited to dementia or any other cognitive impairment, which require placement within a closed or specialist ward for enhanced client safety, and any such recommendations should be adhered to. In order to provide specialised care, the service provider shall also accommodate residents with the same needs and conditions together and shall ensure that they are staffed by a consistent team of specially trained staff.

3. The service provider shall ensure that assessments are updated on an ongoing basis and the personalised care plan is updated regularly, at least quarterly, and immediately in case of significant health events or other changes in the resident's needs or conditions which require changes in the support and care being given. The resident and/or his relatives and legally appointed representative shall be invited for a case conference and assisted to participate if they wish.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: A full health needs assessment of new residents should be carried out, prior to or upon admission. Assessments shall be holistic and thorough, using any appropriate tools and considering areas such as risks of falls or pressure sores, and the resident's physical, psychological and social needs. The service provider shall ensure that an interdisciplinary team is involved, and the resident and her/his relatives or legally appointed representative should also be able to participate if they wish. As a result of the assessment, a personalised care plan shall be drawn up for each resident, clearly indicating the resident's holistic needs and actions which will be taken by the service provider to meet these needs. The resident's immediate care needs should be assessed and a personalised care plan and portfolio reflecting these drawn up by not later than five days of admission.

PERFORMANCE INDICATORS:

1.1 Assessments and development of the personalised care plan and portfolio relating to the new resident's immediate daily care and needs shall begin by the interdisciplinary care team immediately upon admission and shall be agreed with the resident and finalised within five calendar days. These shall be updated to take into account the resident's long-term needs and plans within three months.

1.2 A geriatrician and the interdisciplinary team shall be involved in the assessment and drawing up of the personalised care plan.

1.3 The assessments carried out upon intake shall include tools which cover key areas of risk or concern for residents' health and safety. This shall include, but shall not be limited to, falls, pressure sores, nutrition, and mental health.

1.4 The service provider shall take a holistic approach to assessment, considering also the resident's psycho-social needs and interests, and shall ensure that professionals from

both the health and social care fields are involved, as well as any other professionals whose input may be required depending upon the resident's needs.

1.5 The resident, and his relatives and/or legally appointed representative, shall be involved throughout the assessment process. A member of staff shall explain the assessments carried out, their results, and what the service provider will do to meet the resident's identified needs.

1.6 The care plan and portfolio shall consider, in addition to the resident's care and medical needs, his interests and wishes.

1.7 The portfolio shall outline the resident's essential needs to ensure that new, temporary and replacement staff are able to provide safe care at short notice.

1.8 The resident's relatives and/or legally appointed representatives shall be involved in drawing up the care plan and portfolio and should be in agreement with their contents. Copies of all documents shall also be given to them upon request.

1.9 The care plan shall be signed by the resident or by her/his relatives and/or legally appointed representative, as appropriate, and by a member of management.

1.10 The personalised care plan shall consider both the resident's activities of daily living and her/his anticipated longer-term needs.

1.11 The management and the staff shall ensure that details of the care plan and portfolio are communicated to all medical and health care professionals working with the resident.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall ensure that the initial assessments shall indicate whether the resident has any conditions, such as but not limited to dementia or any other cognitive impairment, which require placement within a closed or specialist ward, and any such recommendations should be adhered to maintain patient safety. In order to provide specialised care, the service provider shall also accommodate residents with the same needs and conditions together and shall ensure that they are staffed by a consistent team of specially trained staff.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

2.1 Where wards are designated as specialist wards, including those hosting persons living with dementia or psychogeriatric conditions, these shall be staffed by a consistent team of staff holding additional training. The environment shall be adapted as required upon the advice of professionals to ensure that it is appropriate for the residents' particular needs and conditions.

2.2 Closed or secure wards shall only host residents living with dementia or with severe cognitive impairments who, on the advice of medical professionals, require such a placement for their own or others' safety.

2.3 Allocation of residents to wards, particularly specialist wards, shall be based on the resident's needs and on the ward's ability to cater safely for these, such as staff with particular training, or particular environmental features (e.g. need for a ground floor ward and confined open spaces).

2.4 The service provider shall endeavour to avoid changes in placement to provide stability for the resident, unless the change is unavoidable due to deterioration in the resident's

condition, development of additional conditions, or if requested by the resident, her/his relatives, or legally appointed representative.

2.5 Residents shall be moved as required to a more appropriate ward if their condition changes in order to maintain residents' safety.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that assessments are updated on an ongoing basis and the personalised care plan is updated regularly, at least quarterly, and immediately in case of significant health events or other changes in the resident's needs or conditions which require changes in the support and care being given. The resident and/or her/his relatives and legally appointed representative shall be invited and assisted to participate if they wish.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 3.1 Updates to the personalised care plan and portfolio shall be scheduled at least on a quarterly basis, taking into account the timing of the quarterly review reports. In case of significant health changes, including rapid progression of existing conditions, re-assessment should be carried out urgently and the personalised care plan modified as required with immediate effect.
- 3.2 Conditions which require immediate re-assessment and amendment to the personalised care plan include, but are not limited to, any infections, pressure sores, falls, choking incidents, or suspected deterioration in hearing or sight. Suspected dementia, or progression of dementia, shall also be considered urgent.
- 3.3 The resident and her/his relatives and/or legally appointed representative shall be informed that the process of updating the personalised care plan has begun and may participate in the process if they wish to do so.
- 3.4 Results of all tests or reviews, and the resulting changes in the personalised care plan, shall be explained to the resident and her/his relatives and/or legally appointed representative.

3.5 All updates to the personalised care plan and portfolio shall be documented and signed by the resident or her/his relatives and/or legally appointed representative, as appropriate, and by a member of management.

3.6 Copies of all assessment documents, the personalised care plan, and the portfolio shall be given to the resident, her/his relatives and/or legally appointed representative upon request.

3.7 The management shall ensure that all updates to the personalised care plan are communicated to all staff and medical and health professionals working with the resident.

STANDARD 3: RESIDENTS' HEALTH, SOCIAL AND PERSONALISED CARE

STANDARD STATEMENT:

This Standard sets out the obligation for the service provider to provide healthcare services to meet residents' needs and support their well-being in a dignified way, including medical and specialised, and access to emergency care as the need arises. Residents shall also be provided with opportunities for socialisation with other residents and with family and friends, and to participate in stimulating, meaningful, and enjoyable activities.

QUALITY INDICATORS:

1. The service provider shall be aware of residents' allergies, intolerances and any other dietary requirements and shall ensure that these are respected. All residents shall be provided with a varied, regularly changed, choice of meals and snacks which shall be served at regular intervals, with warm and cold drinks available at all times. Nutritional screening and assessment shall be undertaken to ensure that all residents are hydrated and well-nourished, and that any concerns are flagged with medical or nursing staff. Where residents are unable to eat or drink independently, the responsibility for ensuring that they remain hydrated and well-nourished shall rest with the service provider. The service provider shall ensure that trained and certified staff are available during mealtimes to assist residents who require help to eat and to step in in case of any incidents of choking. All assistance should be provided individually, and residents permitted to take all the time they need to eat.
2. The service shall be equipped to provide healthcare assessments and services, both physical and psychological, to all residents in a timely manner, with medical attention available at all times. Where a resident requires a service that is not available in-house, the service provider shall be responsible for making all arrangements for the resident to access the required service elsewhere. Staff shall be vigilant and undertake regular assessments to ensure that any deterioration, both physical or psychological, or

development of new conditions such as pressure sores or infections are noted and shall ensure that the resident is re-assessed and given the appropriate treatment or care, including the provision of any additional aids.

3. The service provider shall ensure that all medication within the residence is handled, stored and administered safely and in a documented manner, and only by competent persons, in line with the requirements of Maltese law. A system should also be in place for the reporting of any medical errors to management, to the Authority and any other appropriate entities. Residents' prescribed medication shall be reviewed every three months by a medical professional, and an up-to-date record of medication maintained for each resident.
4. All treatment shall be explained to the resident, or to her/his relatives and/or legally appointed representative, prior to administration. The service provider shall ensure that where a resident, or her/his relatives and/or legally appointed representative, refuses any form of treatment or care, or wishes to disregard any recommendations made by professionals, this shall be documented by management on the appropriate form and signed by the resident or her/his relatives and/or legally appointed representative, indicating awareness of any associated risks. Refusal of any treatment or medication shall be respected as long as this refusal does not pose a risk to the safety of other residents.
5. Residents shall be supported to maintain their capacity for self-care and activities of daily living. Where this is no longer possible, staff shall assist residents with bathing, grooming and personal and oral hygiene, respecting the individual's right to dignity while receiving such assistance.
6. Recreational and leisure activities shall be available for all residents, including those who are bedbound or who have particularly complex needs or disabilities. Residents

shall be encouraged to suggest activities, and staff shall strive to accommodate any expressed preferences or interests. All activities shall be adapted if required to ensure that all residents who wish to participate may do so safely and communicated in advance to residents and their relatives and legally appointed representatives. Residents shall also have opportunities to socialise with other residents and to join in with community activities both within and outside the residence. Residents shall be free to decline to participate in any activity and to decide whom they would like to socialise with. The service provider shall be aware of residents' individual interests and hobbies and shall assist them to engage in these.

7. The service provider shall ensure that contact is maintained between management, staff, and residents' relatives and/or legally appointed representatives, and that relatives and/or legally appointed representatives' queries are responded to. The service provider shall also build links with the wider community for the benefit of residents.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: The service provider shall be aware of residents' allergies, intolerances and any other dietary requirements and shall ensure that these are respected. All residents shall be provided with a varied, regularly changed, choice of meals and snacks which shall be served at regular intervals, with warm and cold drinks available at all times. Nutritional screening and assessment shall be undertaken to ensure that all residents are hydrated and well-nourished, and that any concerns are flagged with medical or nursing staff. Where residents are unable to eat or drink independently, the responsibility for ensuring that they remain hydrated and well-nourished shall rest with the service provider.

The service provider shall ensure that trained and certified staff are available during mealtimes to assist residents who require help to eat and to step in in case of any incidents of choking. All assistance should be provided individually, and residents permitted to take all the time they need to eat.

PERFORMANCE INDICATORS:

1.1 Residents shall be provided with varied meals that are nutritionally balanced with low saturated fat, low sugars, and low sodium, and in quantities and quality that are best suited to them.

1.2 Residents shall be offered three (3) full meals per day at intervals of not more than five (5) hours. Snacks shall also be offered regularly.

1.3 A snack shall be offered to all residents following, but not replacing, their evening meal. The interval between this snack and breakfast the following morning shall be no more than twelve (12) hours.

1.4 Special therapeutic diets/feeds shall be provided when advised by healthcare and dietetic staff.

- 1.5 All menus shall be rotated at least fortnightly, and a special menu provided for festive or religious occasions.
- 1.6 Menus shall be made available in advance to all residents so that they may indicate their choice of meals, and to their relatives and/or legally appointed representatives upon request.
- 1.7 Staff shall confirm that the food the resident has chosen is in line with professional recommendations and with his dietary requirements. If required, they shall assist the resident to make an alternative choice.
- 1.8 All residents, including those with dietary or food consistency requirements, shall be provided with a choice of meals.
- 1.9 All meals presented to the resident shall be those that s/he has chosen.
- 1.10 All residents' dietary requirements, including but not limited to, allergies, intolerances, religious and cultural restrictions, shall be catered for.
- 1.11 Nutritional screening shall be undertaken on admission, and subsequently once every twelve (12) months or earlier if necessary. An ongoing record shall be maintained of the nutritional intake of residents at risk, including weight gain or loss, and the action taken.
- 1.12 Staff assisting residents to eat shall be seated at a 90-degree angle to the resident.
- 1.13 If necessary, staff shall explain and/or describe the menu options and food to residents when giving them the meal or when presenting food to them.
- 1.14 The staff shall be alert for signs of choking during mealtimes and assist the residents in such an event. All incidents of choking shall be documented and reported to the management and the interdisciplinary team.

- 1.15 The management shall ensure that, following any choking incident, investigations are undertaken and that the resident is assessed by a professional and the personalised care plan updated if necessary. Recommendations to prevent further such incidents shall be made and implemented following the investigation.
- 1.16 All cooked meals shall be served at the appropriate temperature.
- 1.17 Residents shall be permitted to take all the time they need to eat and shall not be hurried by staff.
- 1.18 Warm and cold drinks shall be made available to residents depending on the season, with thickeners as required according to the resident's needs. Potable water shall be provided at all times.
- 1.19 Cutlery and crockery provided to residents living with dementia shall be in colours which contrast with tables. Such items shall also be provided to other residents if required.
- 1.20 All staff involved in preparing, handling, or serving food, or with feeding residents, shall possess a valid food handling accreditation. They shall also be aware of how to assist residents in case of any choking incidents.
- 1.21 Staff shall encourage residents to eat independently for as long as possible, making use of any aids as appropriate. However, staff shall be ready to provide any assistance required with eating and shall assist residents on an individual basis and as discreetly as possible.
- 1.22 If a resident is experiencing feeding difficulties due to physical or other restrictions, appropriate consultation with an Occupational Therapist and/or Speech and Language Pathologist shall be carried out, and their recommendations implemented.
- 1.23 Residents with a poor appetite shall be frequently seen by a nutritionist, and their recommendations adhered to.

1.24 Residents shall be encouraged to dine together in the dining room where one is available. However, residents may choose to eat in their own room or separately from other residents if they wish.

1.25 Residents shall not be required to be in bed immediately after their evening meal unless they wish to do so. Staff shall allow a reasonable interval after the end of the evening meal before beginning to assist residents to prepare to sleep.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service shall be equipped to provide healthcare assessments and services, both physical and psychological, to all residents in a timely manner, with medical attention available at all times. Where a resident requires a service that is not available in-house, the service provider shall be responsible for making all arrangements for the resident to access the required service elsewhere.

Staff shall be vigilant and undertake regular assessments to ensure that any deterioration, both physical or psychological, or development of new conditions such as pressure sores or infections are noted and shall ensure that the resident is re-assessed and given the appropriate treatment or care, including the provision of any additional aids.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

2.1 A full health needs assessment shall be carried out, using appropriate tools, upon admission, upon re-assessment following significant health concerns, and upon the request of the resident or her/his relatives or legally appointed representative.

2.2 The management shall ensure that the ward shall have one treatment room with single unit air-conditioned temperature control; medicine storage; pharmaceutical fridge; sink with elbow tap; emergency trolley; portable suction machine and ambu bag+ drugs.

2.3 All Treatment rooms shall be equipped with a single unit air-conditioning, depending upon the type of service which may be provided within the room, shall be available in all wards and in all specialist treatment areas.

2.4 All treatment rooms shall have a wall thermometer available to ensure that medications are stored at the appropriate temperature. The temperature within treatment rooms shall be regularly monitored.

- 2.5 Specialised services or care may be required for persons living with dementia and other cognitive impairments, sensory impairments, physical impairments, and other complex needs. When developing such services, management shall ensure that relevant specialists are involved, and practices reviewed at least on a yearly basis to ensure that they are in line with current recommendations and best practices.
- 2.6 Residents in need of specialist services shall be given access to these in a timely manner.
- 2.7 A doctor shall be on call at all times to attend to residents and provide assistance whenever is required.
- 2.8 All residents shall be assigned a physician. Where their assigned physician is not available, the resident shall be attended to by the on-call physician when required.
- 2.9 Residents and their relatives and/or legally appointed representative shall be able to request that an additional physician examine the resident in order to provide a second opinion.
- 2.10 The management shall ensure that residents are assisted to access any additional services they may need and which the service is not able to provide, including access to emergency or intensive care, hospital treatment and community-based care.
- 2.11 When a resident needs hospital treatment, s/he shall be accompanied to the hospital by a carer or nurse at all times until a relative or her/his legally appointed representative can be present. Staff shall ensure that all relevant information regarding the resident and the reason why s/he is being brought to hospital, are passed on to hospital staff.
- 2.12 All relevant professionals shall be involved in the residents' assessments, care and reviews, according to their needs and conditions.
- 2.13 Residents shall be given all necessary medical attention, including pain relief, in a timely manner.

- 2.14 Residents at increased risk of pressure sores shall be identified, and proactive measures shall be taken to reduce the likelihood of pressure sores developing.
- 2.15 Where a resident develops pressure sores, all observations and care shall be documented. Regular re-assessment shall be carried out and progress of treatment monitored using an appropriate tool.
- 2.16 The service provider shall immediately involve a tissue viability nurse if any improper healing or further regression of pressure sores is noted.
- 2.17 The service shall maintain detailed records, updated on a real-time basis, of all treatment received by residents, both from staff and professionals employed by the service, and from other services.
- 2.18 Staff shall be vigilant for signs of changes in residents' needs, and for signs of confusion or behaviour change which may indicate illness or infection. Any such concerns shall be recorded and reported immediately to management, who shall ensure examination/assessment and appropriate treatment.
- 2.19 Staff shall monitor residents' physical and mental health and shall ensure that concerns are raised with management, who shall then ensure that the resident receives assessment and support.
- 2.20 Staff and management shall take immediate action when a resident presents signs of self-harm or suicidal thoughts and shall ensure that assessment and specialised help is sought urgently.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that all medication within the residence is handled, stored and administered safely and in a documented manner, and only by competent persons, in line with the requirements of Maltese law. A system should also be in place for the reporting of any medical errors to management, to the Authority and any other appropriate entities. Residents' prescribed medication shall be reviewed every three months by a medical professional, and an up-to-date record of medication maintained for each resident.

PERFORMANCE INDICATORS:

3.1 Controlled drugs shall be stored in a certified DDA cupboard within the treatment room, equipped with a double-lock and alarm system, at all times until they are administered.

3.2 A nurse shall check and tally the medications held within the DDA cupboard, in writing, on a daily basis.

3.3 Records shall be maintained of all medications brought into the service, administered, and disposed of. Expiration dates shall be recorded and monitored, and medications closest to their expiration date shall be administered first.

3.4 Where devices such as pill crushers or pill splitters are required, these should be thoroughly cleaned before used for each resident.

3.5 Where medication is administered by a member of staff, this shall be a competent person as indicated in Maltese legislation.

3.6 All administration of medication shall be documented in real-time, indicating clearly the medication administered, the time of administration, and the person administering it. The Authority recommends that the administration be witnessed by a second person and countersigned.

- 3.7 Residents should be monitored for signs of adverse reactions to medication, and concerns raised with the prescribing medical officer.
- 3.8 The service provider shall be responsible for procuring all medication needed by residents unless other arrangements are made with the resident's relatives or legally appointed representative.
- 3.9 An up-to-date record of all medication and supplements being taken by each resident shall be maintained by the nurse.
- 3.10 A medical review shall be carried out for each resident at least every three months to confirm that their continued use is justified and to assess for drug interactions. If the resident or her/his relatives and/or legally appointed representative refuse the medication review, this is to be documented accordingly.
- 3.11 The resident, or her/his relatives and/or legally appointed representative, shall be able to request that a second review of the resident's medication be carried out.
- 3.12 Enquiries from residents or their relatives and/or legally appointed representatives regarding their medication shall be referred to the nurse or pharmacist. In case of doubt, these shall be escalated to the prescribing officer.
- 3.13 All medication errors shall be reported by staff and investigated by management. The management shall also advise the Authority and inform the respective resident or, as appropriate, her/his relatives and/or legally appointed representative of the error. A medical officer shall be called immediately to determine whether the resident requires medical attention.
- 3.14 Following a medication error, staff shall monitor the resident for adverse effects and seek medical attention immediately if this is required.

3.15 Following investigation of medication errors, any necessary measures shall be put into place to prevent the error from being repeated.

QUALITY INDICATOR 4

4.0 QUALITY INDICATOR: All treatment shall be explained to the resident, or to her/his relatives and/or legally appointed representative, prior to administration. The service provider shall ensure that where a resident, or his relatives and/or legally appointed representative, refuses any form of treatment or care, or wishes to disregard any recommendations made by professionals, this shall be documented by management on the appropriate form and signed by the resident or his relatives and/or legally appointed representative, indicating awareness of any associated risks. Refusal of any treatment or medication shall be respected and documented as long as this refusal does not pose a risk to the safety of other residents.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 4.1 Staff shall ensure that a documented informed consent from the resident, and/or his legally appointed representative, if cognitively impaired, is given before administering any treatment.
- 4.2 The purpose of all treatment and medication shall be explained/reminded to the resident, even where he is unable to consent to its administration.
- 4.3 The resident, or if cognitively impaired, her/his legally appointed representative on her/his behalf, may refuse any form of treatment. The management or staff shall clearly explain the potential consequences of refusal both verbally and in written format, and if the resident or her/his relatives and/or legally appointed representative continues to refuse, they shall be asked to confirm this refusal in writing, indicating awareness and acceptance of the potential consequences. A member of management shall also sign to confirm this.
- 4.4 The management shall only override refusal of treatment where non-adherence to treatment or to medical recommendations poses a risk to other resident's safety.

QUALITY INDICATOR 5

5.0 QUALITY INDICATOR: Residents shall be supported to maintain their capacity for self-care and activities of daily living. Where this is no longer possible, staff shall assist residents with bathing, grooming and personal and oral hygiene, respecting the individual's right to dignity while receiving such assistance.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

5.1 Residents shall be encouraged to carry out basic self-care and activities of daily living independently, for as long as their health permits and as long as doing so does not put them at risk.

5.2 Residents shall be given all necessary support to care for themselves independently, with the provision of all required aids.

5.3 Support from staff, when needed, shall be of the lowest possible level of intrusion. The aim shall be to promote self-sufficiency in residents, including continence, for as long as possible.

5.4 The management shall consult relevant professionals, such as nurses, speech and language pathologists, occupational therapists, and carers, to assist in ensuring that residents retain the highest possible level of independence.

5.5 Where a resident is not able, or does not wish, to carry out self-care and activities of daily living independently, staff shall be responsible for ensuring that their personal and oral hygiene is maintained in a dignified way.

5.6 All support from staff shall be provided in a way which respects the resident's dignity. Staff shall be discreet when raising possible personal hygiene issues with a resident.

5.7 Bathing, including baths, bed baths, and showers, shall be carried out by staff daily, or depending on each resident's needs and preferences.

QUALITY INDICATOR 6

6.0 QUALITY INDICATOR: Recreational and leisure activities shall be available for all residents, including those who are bedbound or who have particularly complex needs or disabilities. Residents shall be encouraged to suggest activities, and staff shall strive to accommodate any expressed preferences or interests. All activities shall be adapted if required to ensure that all residents who wish to participate may do so safely and communicated in advance to residents and their relatives and legally appointed representatives. Residents shall also have opportunities to socialise with other residents and to join in with community activities both within and outside the residence. Residents shall be free to decline to participate in any activity and to decide whom they would like to socialise with.

The service provider shall be aware of residents' individual interests and hobbies and shall assist them to engage in these.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

6.1 Activities shall be held both indoors and outdoors.

6.2 The service provider shall employ staff who shall be responsible for drawing up, coordinating and implementing programmes of activities for all licenced services/wards.

6.3 Residents shall be provided with daily opportunities to participate in exercise or physical activity if they wish.

6.4 Leisure and meaningful activities for residents shall be organised by the service provider on a daily basis.

6.5 Residents shall be informed in advance of planned activities. The planned programme of activities shall be made available within the ward and communicated to residents' relatives and legally appointed representatives upon request.

- 6.6 The social and leisure activities provided by the service provider shall be varied, stimulating, and appropriate for residents.
- 6.7 Adaptations to activities shall be made to allow all residents who wish to participate to do so safely. If this is not possible, an alternative activity shall be provided for those residents unable to join in, including those who are bedbound.
- 6.8 Residents shall be able to refuse to participate in any activity.
- 6.9 Staff shall collect the views of residents regarding preferred activities and shall accommodate these as far as possible.
- 6.10 Staff shall regularly review programmes of activities to evaluate what went well, what could be improved, and identify additional activities which could be introduced for residents.
- 6.11 Care shall be taken to ensure that the activities provided are neither so easy as to be boring for residents, nor so difficult that they are frustrating.
- 6.12 Staff shall encourage residents to identify individual interests or hobbies with which to occupy their time.
- 6.13 Where residents wish to engage in individual interests or hobbies, staff shall allow and facilitate these.

QUALITY INDICATOR 7

7.0 QUALITY INDICATOR: The service provider shall ensure that contact is maintained between management, staff and residents' relatives and/or legally appointed representatives, and that relatives and/or legally appointed representatives' queries are responded to. The service provider shall also build links with the wider community for the benefit of residents.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

7.1 A record of all residents' relatives/emergency contacts shall be maintained, including for residents who do not require a legally appointed representative.

7.2 Staff shall liaise regularly with residents' relatives and/or legally appointed representatives, particularly where the resident is not able to pass on information, to ensure that they are kept informed of the resident's welfare and any concerns.

7.3 The relatives and/or legally appointed representatives shall be advised of the service's procedures for seeking urgent care for residents in cases where the relatives and/or legally appointed representatives are not reachable, or there is no time to make contact before taking action.

7.4 The service provider shall be proactive in ensuring that each resident's relatives and/or legally appointed representative are kept advised of changes in the resident's needs and of updates to the personalised care plan.

7.5 Staff shall ensure that residents' relatives and/or legally appointed representatives feel free to speak to them about concerns or enquiries regarding the resident's welfare and shall not be dismissive towards them or make them feel that they are wasting the staff's time.

7.6 The management shall work with community and volunteer groups to identify opportunities and initiatives which may be of benefit to residents.

7.7 Staff shall ensure that where community or volunteer groups are involved within the residential facility, residents are comfortable with the group and given the opportunity to opt out if they are not.

STANDARD 4: PROTECTION AND SAFEGUARDING

STANDARD STATEMENT:

This Standard promotes residents' right to live in a safe environment and the service provider's obligations regarding protection of residents from harm or danger. It shall remain management's ultimate responsibility to ensure the safety and security of all residents at all times.

QUALITY INDICATORS:

1. The service provider is required to ensure that the premises, including all perimeters, are secure and structurally sound, and that the service provider is aware of all residents with freedom of movement who have left the premises. All wards or spaces designated as closed or locked should be self-contained and should have secure exits and entrances, which can only be opened by authorised persons from the service provider's staff and from emergency services. Security features such as CCTV, locks and sensors should be in place, but these should not infringe residents' freedom. Caring teams should also undertake frequent checks on residents throughout the night.
2. The service provider shall ensure that the premises are kept clean, hygienic and free from any clutter, offensive odours and health hazards. All equipment within the premises shall be regularly cleaned or sanitised as required, and all required preventative and corrective maintenance and certifications undertaken.
3. The service provider shall ensure that residents are safeguarded from all forms of abuse while living within the residence. Any allegations made should be carefully documented by staff and reported to management, who shall investigate the case. The service provider shall also be required to report any such allegations and incidents to the Authority, and to the police where the matter may be of a criminal nature. While

any investigations are under way, the service provider shall take action to protect residents from any persons against whom allegations of abuse have been made.

4. The service provider shall ensure that each licenced service has been risk assessed by a warranted person and an action plan drawn up to address any risks or hazards. All risk assessments should be updated every two years, and an additional assessment carried out where changes are taking place or work carried out which may affect risk levels. The service should also be covered by a comprehensive insurance policy and be in line with all accessibility requirements stipulated by Maltese authorities. The service should also be certified by all necessary authorities and meet all registration requirements. The service provider shall implement strict infection control measures, infection control, prevention risk assessments and emergency plans, and shall adhere to any other health and safety recommendations made by competent authorities.
5. The service provider shall ensure that restrictive care is only used to ensure a resident's safety, and only used with the consent of the resident's relatives and legally appointed representative, and the authorisation of medical professionals involved in the resident's care, including doctors and members of the interdisciplinary team. The least restrictive option possible shall be used, and for as little time as possible. In order to minimise the need for restrictive care to manage challenging behaviour for residents, staff shall implement de-escalation techniques as appropriate for the particular resident.
6. The service provider shall ensure that any concerns or complaints raised by residents, or their relatives or legally appointed representative are recorded and responded to. The management shall investigate all such feedback and shall investigate and advise the complainant of the outcome. No resident, or his relatives or legally appointed representative, shall be the subject of any retribution for raising any concerns, and their identity shall be kept confidential.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: The service provider is required to ensure that the premises, including all perimeters, are secure and structurally sound, and that the service provider is aware of all residents with freedom of movement who have left the premises. All wards or spaces designated as closed or locked should be self-contained and should have secure exits and entrances, which can only be opened by authorised persons from the service provider's staff and from emergency services. Security features such as CCTV, locks and sensors should be in place, but these should not infringe residents' freedom. Caring teams should also undertake frequent checks on residents throughout the night.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 Regular inspections and maintenance of the building shall be carried out as per the advice of competent persons, including preparation of a condition assessment. The Authority may request copies of the building file and updated reports as required, based on the age and condition of the property.
- 1.2 Any closed wards shall have their own exit and entrance, which cannot be opened by residents or visitors.
- 1.3 The management shall ensure that, whichever system is in place to keep closed wards secure, this can be overridden by emergency services when necessary.
- 1.4 Any use of gates, locks or security systems or personnel to secure the perimeter of the facility shall not infringe residents' freedom.
- 1.5 Unless the resident is residing within a closed ward and/or there is a risk assessment indicating that, for her/his own safety, the resident may not leave either the ward or the facility unaccompanied, staff shall not prevent the resident from leaving.

- 1.6 In all wards, regular checks shall be carried out to ensure residents' well-being throughout the night.
- 1.7 Staff shall be present at all times and shall not leave residents unattended.
- 1.8 For residents' safety, a system should be in place to record departures from the ward and expected return time, any accompanying person/s, and, if the resident wishes to state this, their destination. Where a resident fails to return as expected, this shall be immediately flagged with management, and the relatives and/or legally appointed representative, and management shall take action to ensure the resident's safety.
- 1.9 Any measures used to keep track of residents' whereabouts shall only be used with written consent from the resident or if more appropriate, her/his relatives and/or legally appointed representative. If an electronic tracking system is used, the service provider shall be responsible for ensuring that the system used is GDPR compliant.
- 1.10 CCTV shall only be used in communal areas and entry ways, including corridors, lifts and stairs, and only to ensure residents' safety, security and in compliance with GDPR. CCTV use shall not disrupt the service users and shall be in compliance with applicable legislation. The CCTV footage should have a backup of at least seven (7) days. Where CCTV footage relevant to an investigation is identified by the service provider or requested by any competent authority, this shall be retained until the investigation is concluded.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall ensure that the premises are kept clean, hygienic and free from any clutter, offensive odours and health hazards. All equipment within the premises shall be regularly cleaned or sanitised as required, and all required preventative and corrective maintenance and certifications undertaken.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

2.1 The management shall ensure that all spaces within the facility are cleaned frequently and kept hygienic and free from refuse or litter, or any offensive odours or health hazards.

2.2 Any spills shall be cleaned up promptly, and the area disinfected if necessary.

2.3 The management shall provide hand washing facilities throughout the premises, particularly where care is being provided to residents and where infected/contaminated material or human/clinical waste is handled.

2.4 All equipment used within the premises shall be kept clean and/or disinfected/sanitised as necessary.

2.5 The facility shall be equipped with a sluicing facility and a sluicing disinfector. Access to this area shall be secure and doors kept closed at all times.

2.6 The Management shall ensure that all equipment and machinery used within the facility that needs servicing, such as air conditioners, patient lifters, and water systems, are serviced according to the manufacturer's instructions and that a recorded maintenance schedule is available.

2.7 The management shall ensure that where any equipment or machinery develops a fault, this is attended to or replaced, and measures are taken to ensure residents' comfort and safety in the interim.

- 2.8 The management shall implement and document a programme of routine maintenance and upkeep of the facility, including but not limited to grounds, buildings, water and electrical systems, and all equipment.
- 2.9 Water systems shall be regularly tested and treated to prevent the spread of legionella, in line with regulations issued by the public health authorities.
- 2.10 Laundry facilities shall be sited so that soiled articles, clothing, and infected linen are not carried through areas where food is stored, prepared, cooked, or eaten, and do not intrude on residents.
- 2.11 Hand-washing facilities shall be prominently sited around laundry areas.
- 2.12 Dirty laundry shall be washed at appropriate temperatures to thoroughly clean laundry and minimise the risk of infection.
- 2.13 Laundry facilities, including laundry processes and equipment, shall meet recognised disinfection standards and manage risks of biocontamination.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that residents are safeguarded from all forms of abuse while living within the residence. Any allegations made should be carefully documented by staff and reported to management, who shall investigate the case. The service provider shall also be required to report any such allegations and incidents to the Authority, and to the police where the matter may be of a criminal nature. While any investigations are under way, the service provider shall take action to protect residents from any persons against whom allegations of abuse have been made.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

3.1 The day-to-day running of the service shall be such that the likelihood of abuse is minimised. This shall include, but shall not be limited to, consistency of staff, staff supervision, and keeping staff provided by other entities to a minimum.

3.2 The management and staff shall be vigilant to prevent, in the first instance, and detect any instance of abuse against residents – whether through deliberate intent, negligence or ignorance. This shall include, but is not limited to,

3.2.1 Physical abuse;

3.2.2 Financial abuse;

3.2.3 Psychological abuse;

3.2.4 Sexual abuse;

3.2.5 Neglect;

3.2.6 Self-harm;

3.2.7 Harassment or bullying; and

3.2.8 Inhumane or degrading treatment.

- 3.3 The service provider shall implement clear procedures for the safety of whistleblowers and provide a secure reporting channel for escalating concerns to management.
- 3.4 Residents and their relatives and/or legally appointed representatives shall be made aware of how they may report any concerns or allegations of abuse to the management. They shall also be advised that they may make such reports to the Authority or to any other relevant bodies, including the executive police.
- 3.5 The management shall co-operate with the police and the Authority in all investigations.
- 3.6 The management shall ensure that clear procedures are in place for responding to any concerns, suspicions, or evidence of abuse, and shall adhere strictly to this. Throughout the process, the priority shall be the safety and protection of all residents.
- 3.7 Any concerns, suspicions, or allegations of abuse shall be investigated without delay.
- 3.8 Concerns and allegations of abuse may also be raised anonymously and shall be taken seriously and investigated.
- 3.9 While investigating potential abuse, steps shall be taken to protect the alleged victim/s from the alleged abuser/s.
- 3.10 The management shall involve the police when any concerns are raised regarding potential criminal offences.
- 3.11 All suspicions and allegations of abuse shall be reported to the Authority, including the outcome of investigations when complete. Such information shall also be communicated to the resident's relatives or legally appropriate representative in a sensitive manner.

3.12 Where concerns are raised regarding members of staff who may, for any reason, be unsuited to working with vulnerable persons, management shall investigate and take any remedial action.

QUALITY INDICATOR 4

4.0 QUALITY INDICATOR: The service provider shall ensure that each licenced service has been risk assessed by a warranted person and an action plan drawn up to address any risks or hazards. All risk assessments should be updated every two years, and an additional assessment carried out where changes are taking place or work carried out which may affect risk levels. The service should also be covered by a comprehensive insurance policy and be in line with all accessibility requirements stipulated by Maltese authorities. The service should also be certified by all necessary authorities and meet all registration requirements. The service provider shall implement strict infection control measures and emergency plans and shall adhere to any other health and safety recommendations made by competent authorities.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 4.1 A competent person shall be engaged to evaluate hazards and draw up a health and safety risk assessment report regarding the premises and risks associated with its intended use. The service provider shall ensure that the service 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.
- 4.2 A fire safety report shall be completed as part of the health and safety risk assessment process.
- 4.3 Where there are any changes to the service, or any temporary works which may affect risk levels, a further risk assessment shall be carried out.
- 4.4 The service provider shall develop an action plan to address any shortcomings identified within the health and safety risk assessment reports and shall ensure that any timeframes set by the competent person/s drawing up the report are respected.

- 4.5 All health and safety risk assessment reports, compliance reports and updated action plans shall be forwarded to the Authority as and when requested.
- 4.6 The management shall provide assurance that the service is covered by a valid, comprehensive insurance policy at all times. Insurance coverage should include, but is not limited to, coverage of buildings, employees, residents, and third parties and their property.
- 4.7 The service shall meet all accessibility requirements as per applicable Maltese legislation and as may be indicated by other competent authorities.
- 4.8 The service shall be registered with and licenced by all other competent authorities as required. This may include, but is not limited to, the national health authorities.
- 4.9 Certificates confirming all registrations and licences held by the service shall be displayed prominently close to the entrance.
- 4.10 The premises, both the facility itself and access to wards, shall be easily accessible to emergency services.
- 4.11 When necessary, emergency services shall be able to transport a resident to and from the ward safely and with dignity. This shall include, but is not limited to, the provision of an elevator which holds an ambulance stretcher and accompanying personnel where the ward is located on upper floors.
- 4.12 The management shall implement, and staff shall adhere to, strict procedures to prevent and control the spread of infection.
- 4.13 The management shall implement, and staff shall adhere to, strict procedures to ensure that human and/or clinical waste, including soiled nappies, is disposed of safely.

- 4.14 The management shall provide staff with, and staff shall use, the appropriate personal protective equipment (PPE) and cleaning equipment to ensure their own and residents' health and safety.
- 4.15 The management shall ensure that all staff are aware of how to safely use personal protective equipment (PPE) and/or cleaning equipment, as appropriate.
- 4.16 Staff shall document and report to management all accidents, injuries, and incidents of illness, including close calls.
- 4.17 The management shall investigate all accidents, injuries, and incidents of illness, including close calls. All such events should also be reported to the Authority and to any other relevant authorities.
- 4.18 The management shall record all cases of communicable and/or notifiable diseases and shall advise both the Authority and the appropriate health authorities as soon as the case is brought to management's attention. Measures shall also be taken to prevent or minimise transmission of infection as per local legislation.
- 4.19 The management shall develop emergency plans for the service which ensure the safety of residents in case of any major emergency including, but not limited to, fires, floods, medical emergency, and other threats to safety.
- 4.20 When building and maintenance works are taking place in areas being used by residents, precautions shall be taken to ensure that the residents are not placed in any danger.

QUALITY INDICATOR 5

5.0 QUALITY INDICATOR: The service provider shall ensure that restrictive care is only used to ensure a resident's safety, and only used with the consent of the resident's relatives and legally appointed representative, and the authorisation of medical professionals involved in the resident's care, including doctors and members of the interdisciplinary team. The least restrictive option possible shall be used, and for as little time as possible. In order to minimise the need for restrictive care to manage challenging behaviour, staff shall implement de-escalation techniques as appropriate for the particular resident.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 5.1 Staff shall attempt to manage and de-escalate physical and verbal aggression without immediately resorting to the use of restrictive care.
- 5.2 Staff shall adhere to a policy of least restraint, and shall use restrictive care, including both medical and physical restraint, only as a last resort for the safety of the resident or of others.
- 5.3 Staff using restrictive care shall be trained in how to do so safely in order to avoid harm coming to the resident while restrictive care is being used.
- 5.4 Medical officers shall be required to authorise all uses of restrictive care, including the use of medication to manage challenging behaviour.
- 5.5 Staff shall document all uses of restrictive care, including when, how, and why the resident was restrained.

5.6 Staff shall advise management and the resident's relatives and/or legally appointed representative whenever restrictive care is needed.

5.7 When necessary, staff shall involve and work with professionals to identify patterns of challenging behaviour and minimise the need for restrictive care for a particular resident. This may include, but is not limited to, the identification of triggers and de-escalation techniques specific to the resident. Any particular triggers and techniques shall be documented for continuity.

QUALITY INDICATOR 6

6.0 QUALITY INDICATOR: The service provider shall ensure that any concerns or complaints raised by residents, or their relatives or legally appointed representative are recorded and responded to. The management shall investigate all such feedback and shall investigate and advise the complainant of the outcome. No resident, or his relatives or legally appointed representative, shall be the subject of any retribution for raising any concerns, and their identity shall be kept confidential.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 6.1 The management shall develop and publicise a clear feedback policy, explaining the stages of the process and the timescales involved.
- 6.2 The management and staff shall ensure that all residents and relatives and/or legally appointed representatives are aware of the service's feedback policy and remind them of this as necessary.
- 6.3 All concerns and complaints shall be acknowledged in writing. Complainants shall be advised of when they may expect a response and shall be kept updated throughout the investigation.
- 6.4 All concerns and complaints shall be recorded and investigated. All details of the investigation, including management's actions and the outcome, shall be recorded. This record shall be made available to the Authority upon request.
- 6.5 If the complainant remains dissatisfied, or if the matter cannot be settled by the service provider, the matter shall be referred to the Authority for further investigation.

6.6 The management shall act to protect residents from any retribution or repercussions for raising concerns and shall take action against any staff found to be in breach of this.

6.7 All concerns and complaints raised by residents and their relatives and legally appointed representatives shall be kept confidential.

STANDARD 5: PHYSICAL ENVIRONMENT

STANDARD STATEMENT:

This Standard ensures that residents live in a welcoming, pleasant, and engaging environment, which meets their needs, and which is designed to maximise their freedom while keeping them safe.

QUALITY INDICATORS:

1. The service provider shall ensure that the physical space within each ward/room is adequate for the number of residents. Residents shall also have access to outdoor space, which shall include natural lighting, seating, and greenery, within the facility. All rooms within the facility shall be well-lit and ventilated, with all windows and balconies equipped with curtains or blinds for privacy, and security features such as screens and locks.
2. The service provider shall provide furnishings, fittings, amenities, and facilities to residents which are comfortable for them to use, which meet any physical requirements, and which incorporate safety aids such as, but not limited to, stair gates, grab rails and anti-slip coatings on flooring. The service provider shall ensure that key elements, such as nursing stations, are clearly visible and signposted, and shall use colour to assist residents with navigation and orientation. Within areas used by residents, there shall not be any elements which could be dangerous or disorienting to residents, including patterned tiles or décor.
3. The service provider shall ensure that the premises, both the rooms and wards, and the rest of the facility, are laid out in a way that allows residents to find their way around safely and independently. Amenities and aids should be available which will

enable residents to carry out activities of daily living, or parts thereof, as safely and as independently as possible.

4. The service provider shall ensure that wards and areas hosting persons living with dementia shall be designed, decorated, and furnished to be calming and in a way which will not disorient or confuse residents. The environment within such areas shall also be kept consistent.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: The service provider shall ensure that the physical space within each ward/room is adequate for the number of residents. Residents shall also have access to outdoor space, which shall include natural lighting, seating, and greenery, within the facility. All rooms within the facility shall be well-lit and ventilated, with all windows and balconies equipped with curtains or blinds for privacy, and security features such as screens and locks.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

1.1 All residents shall be able to access and make use of safe and comfortable outdoor spaces.

Outdoor spaces shall include shade, seating, and greenery.

1.2 Within newly licenced services, shared bedrooms, shall have at least eight square metres of usable floor space per resident (excluding any en-suite facilities, entrance, fitted units and moveable furniture).

1.3 Within newly licenced services, single rooms, or in shared bedrooms where one of the residents is a wheelchair user, there shall have at least twelve square metres of usable floor space for the resident, excluding any en-suite facilities, entrance, fitted units and moveable furniture.

1.4 Within newly licenced services, minimum of four-square metres of indoor communal space per resident shall be available within the licenced service. Indoor space shall include dining space and spaces where recreational activities may be held. Corridors and entrances shall not be considered in the calculation of indoor space.

1.5 Within all services operating above ground floor level, lifts shall be available to facilitate movement of residents. Lifts shall be large enough to accommodate wheelchair users and

a standard ambulance stretcher with measurements of 195cm x 55cm x 25cm and accompanying personnel.

1.6 Residents shall be provided with accommodation which is furnished and equipped to ensure their comfort, and which meets their assessed needs. Each resident shall be provided with, at a minimum, furnishings as follows:

1.6.1 A clean, comfortable bed, with a minimum width of at least 900mm. The bed shall be height-adjustable to ensure that the bed is at a suitable height for the individual resident.

1.6.2 A mattress and pillow which meet the resident's particular physical needs;

1.6.3 Clean bed linen;

1.6.4 A nurse calling buzzer per resident, which can be easily reached by the resident while lying in bed;

1.6.5 Drawers and enclosed space for hanging clothing;

1.6.6 Accessible overhead bedside lighting;

1.6.7 At least two accessible double electric sockets;

1.6.8 Access points for television, telephone, and internet sockets;

1.6.9 At least one comfortable chair; and

1.6.10 A mirror, unless this is not advisable for the resident's own comfort and safety.

1.7 The sides of beds shall not touch the walls, and there shall be sufficient space around either side of the bed to allow access to staff and allow any use of aids which may be required for the resident.

1.8 Within shared bedrooms, screening shall also be available to ensure resident privacy.

1.9 Where the resident is capable and wishes to have lockable space, this shall be provided to them.

- 1.10 All rooms within the facility, particularly bedrooms and spaces frequented by residents, shall have ventilation in the form of windows and/or balconies.
- 1.11 Staff shall ensure that windows are opened and closed according to residents' preferences, as long as there is no risk assessment indicating that windows should be kept closed for a resident's safety.
- 1.12 All windows and balconies shall have safety features such as, but not limited to, screens, locks, and window restrictors. The choice of safety features shall be based on risk assessment, including the type of building, the height of the window, and the needs of the residents.
- 1.13 The facility shall be well-lit, using natural light as far as possible. In areas where this is not possible, warm white light shall be available.
- 1.14 Nurse call buzzers shall be connected and fully functional at all times. A record of nurse calls shall be maintained for traceability purposes.
- 1.15 Pull cords to summon assistance shall be available in bathrooms, at a height which can be easily reached by the resident if fall is sustained.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall provide furnishings, fittings, amenities, and facilities to residents which are comfortable for them to use, which meet any physical requirements, and which incorporate safety aids such as, but not limited to, stair gates, grab rails and anti-slip coatings on flooring. The service provider shall ensure that key elements, such as nursing stations, are clearly visible and signposted, and shall use colour to assist residents with navigation and orientation. Within areas used by residents, there shall not be any elements which could be dangerous or disorienting to residents, including patterned tiles or décor.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

2.1 The service provider shall ensure that ambient temperature control, lighting, water supply, and ventilation of all areas used by residents shall be in line with all relevant environmental health and safety requirements.

2.2 Nurse call buzzers shall be connected and fully functional at all times and responded to in a timely manner.

2.3 Windows and balconies shall be equipped with features to ensure the comfort of residents. This may include, but is not limited to, insect screens, curtains, or blinds. This shall depend on the type of window, the building, height of the window, and residents' needs.

2.4 Toilets provided for residents shall be accessible for persons with disabilities and shall be available close to dining areas and bedrooms.

2.5 The nursing station shall be prominently situated within the licenced service.

2.6 All areas frequented by residents shall utilise non-slip flooring. Any tiles used shall be of a matte (non-shiny/non-glossy) and non-patterned type.

2.7 All soft furnishings, including curtains and décor, shall evoke a homely environment and forwards/units with residents having neurocognitive disorders these shall not be made of patterned fabrics, including but not limited to, stripes, spots and checks.

2.8 Within areas used by residents, contrasting colours shall be used to help residents orient themselves and navigate through the area safely. Features which make use of contrasting colours shall include, but shall not be limited to, contrast between floors and walls, and highlight features such as doors and light switches.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that the premises, both the rooms and wards, and the rest of the facility, are laid out in a way that allows residents to find their way around safely and independently. Amenities and aids should be available which will enable residents to carry out activities of daily living, or parts thereof, as safely and as independently as possible.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 3.1 The service provider shall consult professionals such as, but not limited to, occupational therapists, physiotherapists, nurses and speech and language pathologists, to ensure that the service is providing all necessary equipment and adaptations to meet residents' assessed needs and ensure their independence in activities of daily living.
- 3.2 The management shall ensure that all recommended aids and amenities are provided to residents in line with professionals' recommendations. These may include, but shall not be limited to, reaches, walking frames, wheelchairs, adapted crockery and eating and drinking aids. Where the resident requires a walker or wheelchair, sufficient clear space shall be available for him to make use of this to make his way around.
- 3.3 Where the resident requires communication aids or assistive technology, staff shall be given guidance by professionals, including occupational therapists, regarding how to use this, and shall make use of it whenever they communicate with the resident.
- 3.4 Where a resident requires hearing aids or similar items, staff shall remind the resident to use them and shall ensure that they are checked regularly to confirm that they are still functioning. Batteries shall be replaced as required.

- 3.5 All areas used by residents shall be kept free of clutter and of any barriers which may hinder safe ambulation by and of residents.
- 3.6 Grab rails, in a colour which contrasts with the wall, shall be available along both sides of corridors and in bathrooms, at a suitable, safe height for residents, to provide support while walking. Grab rails shall be sturdy and properly affixed to the wall.
- 3.7 The service provider shall ensure that toilet, washing, and bathing facilities are available which meet the needs of all residents. This shall include shower chairs and/or assisted baths, as well as any other facilities needed to support residents in carrying out independent self-care.
- 3.8 The facility, including all wards and outside areas, shall be laid out in a way that will enable all residents to find their way around safely and independently as far as possible. This may include elements such as, but not limited to, use of clear and accessible signage, use of colour-coding of wards or areas and key features which may serve as landmarks. All signage used shall be of a large size, shall make use of symbols, and shall use contrasts between the sign, its mounting and background.
- 3.9 The management shall ensure that residents are not able to gain access to any dangerous zones or objects.
- 3.10 Door handles used by residents shall be of a type which does not require tight grasping or twisting of the wrist.
- 3.11 Taps used by residents shall be lever taps.

QUALITY INDICATOR 4

4.0 QUALITY INDICATOR: The service provider shall ensure that wards and areas hosting persons living with dementia shall be designed, decorated, and furnished to be calming and in a way which will not disorient or confuse residents. The environment within such areas shall also be kept consistent.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

4.1 All secure wards hosting persons living with dementia shall have access to secure outdoor space.

4.2 A safe, circular route should be made available for persons who walk with purpose. Where this is not possible, the service provider shall ensure that there are no dead ends in areas used by such residents, and no areas where the resident may become lost, trapped, or otherwise unable to find her/his way out.

4.3 Bedrooms for persons living with dementia shall use personal décor and memorabilia which may help them to identify their own space.

4.4 Within all areas frequented by persons living with dementia, care shall be taken to ensure that there are no reflective surfaces, particularly doors and floors. This shall include the avoidance of metal door handles and reflective metal grab rails.

4.5 Staffing, layout, and décor of wards hosting persons living with dementia shall be kept consistent in order to keep the environment as familiar as possible for residents.

STANDARD 6: SERVICE PROVISION

STANDARD STATEMENT:

This Standard promotes service users' rights related to use of the service, which should operate transparently, and which should promote service continuity. Use of the service should be covered by a service agreement which indicates all services which the service provider will make available to the service user, and any associated costs.

QUALITY INDICATORS:

1. The service provider shall ensure that all residents and their relatives and legally appointed representatives are provided with information regarding any applicable costs, conditions, and obligations associated with using the residential service. When a resident or his legally appointed representative enters into any contract with the service provider, s/he shall sign a written agreement and be provided with a copy. Any changes to the contract shall also be documented and signed.
2. The service provider shall ensure that where demand for service is greater than the number of beds available, the service provider shall establish a waiting list for prospective service users. Prospective service users and their relatives and/or legally appointed representatives shall be given updated information regarding waiting times for a place upon request and may submit additional information to the service provider should their circumstances change. When making bed allocations, the service provider shall endeavour to place spouses or immediate family members together upon their request, as long as doing so does not contradict professional recommendations regarding the need to place a resident within a closed ward or go against any ward specialisation. Where the service provider operates multiple licenced services or wards, residents may request transfers between services when beds become available. Any refusal of such requests should be justified by the service provider.

3. The service provider shall ensure that residents are given assistance to acquire any basic goods they may need. Any such transactions made on residents' behalf shall be documented with receipts. The management and staff shall not take any advantage of residents' finances and belongings and shall not request or accept any monetary gifts or bequests.
4. The service provider shall maintain contact with the Authority in the interests of residents and shall keep the Authority informed of any changes to the service, including proposed expansions, and of any refurbishment or closure of all or of any part of the service. Any incidents affecting resident safety or health should also be brought to the Authority's immediate attention. The service provider shall ensure that all residents and their relatives and legally appointed representatives are aware of the Authority's role and advised about how they may make contact with the Authority. Residents and their relatives and legally appointed representatives shall also be permitted to speak privately to Authority staff when these are on-site.
5. The service provider shall provide residents with services other than healthcare which they may require in order to sustain their well-being. These shall include, but are not limited to, easy access to internet networks, telephony and television services, provision of well-being programmes, and accessible transport. Where a resident requires a service which is not available within the facility, the service provider shall make arrangements for the resident to access the service elsewhere or for professionals to attend the residence. The service provider shall also provide residents with any specialised equipment they may require, such as wheelchairs, hoists, height-adjustable beds and chairs, and pressure relief mattresses and cushions. Assistance shall also be provided to residents who require help to operate any assistive or communication technology.
6. The service provider shall plan ahead to ensure that the service runs smoothly and continuously, and that residents are not unduly disturbed. Detailed contingency plans

should be in place to ensure that all residents' care needs can continue to be met in the event of any disruption (including, but not limited to, outbreaks of illness within the facility, industrial action, and other extraordinary circumstances). Plans for relocation of residents to other services or to contingency beds within the same facility, including provision for the transfer of their belongings and the handing over of all relevant care information, should be drawn up and reviewed annually.

7. The service provider shall ensure that when any services, such as but not limited to, catering and staffing, are outsourced or sub-contracted from another entity, the service provided shall be compliant with all requirements of these Older Persons Regulatory Standards. The Authority shall hold the licenced service provider responsible for ensuring that all Standards and Quality Indicators are met, regardless of whether the service is provided directly by the licensee or by a third party.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: The service provider shall ensure that all residents and their relatives and legally appointed representatives are provided with information regarding any applicable costs, conditions and obligations associated with using the residential service. When a resident or her/his legally appointed representative enters into any contract with the service provider, s/he shall sign a written agreement and be provided with a copy. Any changes to the contract shall also be documented and signed.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 1.1 Upon intake, the resident and, as appropriate, her/his relatives and/or legally appointed representative, shall be given information regarding their own and the service provider's rights and obligations while the person is residing within the facility.
- 1.2 Residents and their relatives and/or legally appointed representatives shall be advised about any costs associated with making use of the residential facility. This shall also include information about services which the facility is not able to provide, or which may come at an additional cost.
- 1.3 A service agreement outlining all terms of use shall be signed by the resident or, as necessary, her/his relatives and/or legally appointed representative, and by a member of management. A copy of the agreement shall be provided to the resident, or to her/his relatives or legally appointed representative, as they wish.
- 1.4 The service agreement shall be signed and dated and shall include the date when the agreement comes into effect, and the level of care which the service provider undertakes to provide.

1.5 Any updates or addendums to the service agreements (including, but not limited to, changes in terms of service, costs or the level of care required by the resident) shall be signed by the resident and/or her/his legally appointed representative, and by a member of management.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall ensure that where demand for service is greater than the number of beds available, the service provider shall establish a waiting list for prospective service users. Prospective service users and their relatives and/or legally appointed representatives shall be given updated information regarding waiting times for a place upon request and may submit additional information to the service provider should their circumstances change. When making bed allocations, the service provider shall endeavour to place spouses or immediate family members together upon their request, as long as doing so does not contradict professional recommendations regarding the need to place a resident within a closed ward or go against any ward specialisation. Where the service provider operates multiple licenced services or wards, residents may request transfers between services when beds become available. Any refusal of such requests should be justified by the service provider.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 2.1 Where the service provider is not immediately able to accommodate applicants, a waiting list shall be maintained.
- 2.2 Prospective residents and their relatives and/or legally appointed representatives shall be able to request information regarding their position on the waiting list and, if possible, an expected admission date.
- 2.3 Prospective residents and their relatives and/or legally appointed representatives shall be able to provide additional information to the service provider and to update their application following changes in their circumstances which may affect their application.

- 2.4 When placing new residents, management shall consider existing family relationships or friendships and shall, if the residents wish, endeavour to place such residents together, either immediately or as a priority when a space becomes available.
- 2.5 Any placement of family members together shall not go against professional recommendations regarding placement (e.g. a resident requiring a closed ward for safety reasons shall not be placed in an open ward to be with a family member).
- 2.6 Residents and their relatives and/or legally appointed representatives may request that the resident be transferred between wards as and when beds become available.
- 2.7 Where beds are available but the service provider determines that a request for a transfer between wards should be refused, this shall be communicated in writing to the resident and, as applicable, her/his relatives and/or legally appointed representatives, justifying the refusal.

QUALITY INDICATOR 3

3.0 QUALITY INDICATOR: The service provider shall ensure that residents are given assistance to acquire any basic goods they may need. Any such transactions made on residents' behalf shall be documented with receipts. The management and staff shall not take any advantage of residents' finances and belongings and shall not request or accept any monetary gifts or bequests.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

3.1 The management and staff may not be involved in controlling or managing resident finances or property, including the drawing up or witnessing of wills.

3.2 The management and staff shall be precluded from requesting or accepting any financial or material gifts, including bequests, from residents or their relatives and/or legally appointed representatives.

3.3 The management and staff shall assist residents to purchase any basic goods they may need, particularly where the resident is not able to leave the facility independently.

3.4 The management or staff are requested to assist residents with making purchases, written records and receipts for each purchase shall be maintained.

QUALITY INDICATOR 4

4.0 QUALITY INDICATOR: The service provider shall maintain contact with the Authority in the interests of residents and shall keep the Authority informed of any changes to the service, including proposed expansions, and of any refurbishment or closure of all or of any part of the service. Any incidents affecting resident safety or health should also be brought to the Authority's immediate attention. The service provider shall ensure that all residents and their relatives and legally appointed representatives are aware of the Authority's role and advised about how they may make contact with the Authority. Residents and their relatives and legally appointed representatives shall also be permitted to speak privately to Authority staff when these are on-site.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 4.1 The management shall advise the Authority in advance of any changes or disruptions to the service, including but not limited to, any proposed expansions, building works, refurbishment or closure.
- 4.2 Where the service provider wishes to open a new ward or to change any ward specialisations, including changes from open to closed wards and vice versa, or to make any other changes which may affect their licence, the Authority's approval should be sought beforehand. The service provider shall apply for new licences as directed by the Authority.
- 4.3 All new residents and their relatives and/or legally appointed representatives shall be told about the Authority upon intake and given information regarding how to make contact.
- 4.4 When Authority staff are on site, they may speak privately to any member of management, staff, resident, relative or legally appointed representative.

4.5 Should the resident or her/his relative and/or legally appointed representative wish, they may request to speak in private to staff from the Authority.

QUALITY INDICATOR 5

5.0 QUALITY INDICATOR: The service provider shall provide residents with services other than healthcare which they may require in order to sustain their well-being. These shall include, but are not limited to, easy access to internet networks, telephony and television services, provision of well-being programmes, and accessible transport. Where a resident requires a service which is not available within the facility, the service provider shall make arrangements for the resident to access the service elsewhere or for professionals to attend the residence. The service provider shall also provide residents with any specialised equipment they may require, such as wheelchairs, hoists, height-adjustable beds and chairs, and pressure relief mattresses and cushions. Assistance shall also be provided to residents who require help to operate any assistive or communication technology.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

5.1 Residents shall have access within the ward to a television with, at the minimum, local television channels. The number of televisions provided by the service provider shall reflect the number of residents.

5.2 Residents shall have access to an internet network and to a telephone and shall be assisted by staff to use these upon request.

5.3 The service provider shall ensure that personal and psycho-social well-being programmes are run for residents. These may be developed by the service provider for use within the whole facility or be specific to the needs or requests of a particular group of residents.

5.4 Where a resident requests or requires a service which cannot be provided by the service provider, management shall make arrangements for the resident to be given the service elsewhere or for the required professional/s to attend the premises.

5.5 All residents shall be provided with accessible transport as required to attend appointments or activities.

5.6 Adaptations and aids shall be provided to and used for residents depending on their assessed needs. This may include, but is not limited to, standard or bariatric wheelchairs, walking frames, air mattresses and cushions, hoists, etc, and any aids intended to preserve hearing and sight, tissue viability, reduce risk of falls or pressure sores and promote continence.

5.7 Where residents require assistance to operate any personal communicative or assistive technology, staff shall provide the necessary support while respecting the resident's right to dignity during receipt of assistance.

QUALITY INDICATOR 6

6.0 QUALITY INDICATOR: The service provider shall plan ahead to ensure that the service runs smoothly and continuously, and that residents are not unduly disturbed. Detailed contingency plans should be in place to ensure that all residents' care needs can continue to be met in the event of any disruption (including, but not limited to, outbreaks of illness within the facility, industrial action, and other extraordinary circumstances). Plans for relocation of residents to other services or to contingency beds within the same facility, including provision for the transfer of their belongings and the handing over of all relevant care information, should be drawn up and reviewed annually.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

- 6.1 The service provider shall develop contingency plans to ensure that the service is able to provide safe care to residents in all circumstances, including in case of emergencies and industrial action.
- 6.2 The service shall have available at all times a generator which is sufficient to provide an uninterrupted power supply for a period of not less than eight hours and which is sufficient to provide uninterrupted running of the facility's lighting, environmental control, and essential services.
- 6.3 The service shall develop a plan for the relocation of residents if required (e.g. should the ward be deemed unsafe or unusable), including their belongings and all information relating to their care. Relocation possibilities may include the provision of contingency beds or wards within the same facility, or arrangements with other services.
- 6.4 Where the relocation process, including packing and transportation of belongings, incurs additional costs, these shall be borne by the service provider.

6.5 If the service is not able to provide safe care for a particular resident (e.g. due to the need for transfer to a specialist inpatient facility), the service provider shall identify the most suitable alternative and shall facilitate the transfer.

6.6 When a resident is moved to a different ward or service for any reason, copies of all files, records, and relevant information regarding their care shall be moved with them.

QUALITY INDICATOR 7

7.0 QUALITY INDICATOR: The service provider shall ensure that when any services, such as but not limited to, catering and staffing, are outsourced or sub-contracted from another entity, the service provided shall be compliant with all requirements of these Older Persons Regulatory Standards. The Authority shall hold the licenced service provider responsible for ensuring that all Standards and Quality Indicators are met, regardless of whether the service is provided directly by the licensee or by a third party.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

7.1 The service provider shall ensure that when outsourcing or sub-contracting services to another entity, that the entity providing the service is made aware of the relevant requirements of the Older Persons Regulatory Standards.

7.2 The service provider shall carry out checks on outsourced or sub-contracted services to ensure that the requirements stated in the Older Persons Regulatory Standards are being met.

7.3 In case of any suspected breaches of the Older Persons Regulatory Standards within an outsourced or sub-contracted service, the Authority shall liaise only with the service provider and shall hold the service provider responsible for ensuring that remedial action is taken.

STANDARD 7: SERVICE QUALITY MANAGEMENT

STANDARD STATEMENT:

This Standard promotes service users' right to receive high-quality care, and the requirements which should be in place to ensure that the service is managed and run by a sufficient number of suitably vetted staff, who are trained and qualified to provide the specialised care which the residents need.

QUALITY INDICATORS:

1. The service provider shall appoint a person to act as manager of the service, who shall be responsible for overseeing its operations. Persons appointed to manage a residential service for persons with high dependency chronic care needs shall be registered healthcare professionals with an additional qualification in management. Where a service is designated to cater for residents with particular characteristics, the manager should have experience and/or training in that area or should receive such training upon appointment. The manager shall be available to residents and their relatives and/or legally appointed representatives and shall initiate contact with them and follow up on any issues raised.
2. The service provider shall ensure that the quality of service provided is regularly and independently evaluated, taking into account the views of residents and their relatives and legally appointed representatives. The management shall plan for the improvement of services based on such feedback.

3. The service provider shall ensure that detailed documentation which records the operations of the service and residents' care is kept. All shift changes should include the handover of information regarding residents' care, health, and well-being (including, but not limited to, medication, food and drink intake and other concerns or issues which may require closer monitoring), particularly where a resident may be unable to communicate such information herself/himself. For the protection of all staff, this information should be documented.

4. The service provider shall ensure that all staff and volunteers in direct contact with service users have followed accredited training courses, of at least MQF Level 3 in Care, and additional training when working with residents who have particularly complex needs and conditions. All qualifications and experience claimed by applicants shall be checked prior to employment, including the verification of a clean police conduct certificate. Where staff are posted, whether temporarily or permanently, to the service provider by another entity, the service provider is required to verify all qualifications, experience and police conduct certificates before the posted staff member is permitted to work with service users and maintain a copy of all such documentation. All staff, whether employed directly by the service provider or not, shall receive induction training to ensure that they are competent to work with persons with high dependency needs, and ongoing CPD training, supervision, and performance appraisals by management. Records of all training and the outcome of all supervision and appraisals should be maintained, both for staff directly employed by the service provider and those posted to the service by another entity.

5. The service provider shall ensure that at all times the service shall operate with the appropriate staff ratios required to ensure the safety and well-being of all residents. Where a medical and healthcare professional has indicated that a resident, or group of residents, requires a level of attention which is greater than that stipulated by the Authority (such as one to one supervision, or any other ratio), this shall take precedence and shall be met by the service provider without adversely impacting the

level of care and attention which other residents within the service are entitled to. The service provider shall ensure that each ward shall have at least one registered nurse available at all times, and sufficient carers to provide the required caring hours to all residents. Staff rosters should be planned in a way that ensure that, at all times, staff are available who can communicate in both Maltese and English so that residents can use whichever language they prefer and have their wishes understood.

QUALITY INDICATOR 1

1.0 QUALITY INDICATOR: The service provider shall appoint a person to act as manager of the service, who shall be responsible for overseeing its operations. Persons appointed to manage a residential service for persons with high dependency chronic care needs shall be registered healthcare professionals with an additional qualification in management. Where a service is designated to cater for residents with particular characteristics, the manager should have experience and/or training in that area or should receive such training upon appointment. The manager shall be available to residents and their relatives and/or legally appointed representatives and shall initiate contact with them and follow up on any issues raised.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

1.1 When appointing a manager for the service, the service provider shall ensure that the appointee is a registered and warranted healthcare and social care professional.

1.2 The manager should have at least 2 years of experience working in either high dependency chronic care services or with persons with the same type and level of needs as the residents within the service they will be managing. The manager shall have a qualification of at least MQF Level 6 or MQF Level 7 in management, or in a health-related science or in geriatrics.

- 1.3 The manager of a specialised ward shall be required to hold additional training in the area (such as, but not limited to, dementia, complex physical impairment or multiple disabilities), and/or experience working in the area.
- 1.4 Where the appointed manager has experience in working with residents with particular needs but has not received formal training, the service provider shall ensure that the manager follows training to ensure that s/he is up to date with current best practices and recent research.
- 1.5 Prior to appointment of the manager, the service provider shall carry out thorough checks on the person's character, qualifications and experience, including but not limited to:
 - 1.5.1 Verification of identity;
 - 1.5.2 Verification of original certificates for all qualifications claimed;
 - 1.5.3 Verification of all relevant experience claimed;
 - 1.5.4 Verification of a clean, valid, police conduct certificate;
 - 1.5.5 Verification of current registration on the applicable register of healthcare professionals and/or of warrant; and
 - 1.5.6 Reference checks.
- 1.6 The manager shall be proactive in initiating contact with residents and their relatives and legally appointed representatives.
- 1.7 If not working directly within the licenced service, the manager shall ensure that he is regularly present to speak to residents and observe the operations of the service.
- 1.8 The manager shall be responsive to contact initiated by the residents and their relatives and legally appointed representatives.

1.9 The manager shall use the resident, relative or legally appointed representative's preferred communication channels when initiating or responding to contact.

1.10 When concerns are brought to the attention of the manager by the residents or their relatives or legally appointed representatives, s/he shall follow up on these, making referrals and initiating investigations as required.

QUALITY INDICATOR 2

2.0 QUALITY INDICATOR: The service provider shall ensure that the quality of service provided is regularly and independently evaluated, taking into account the views of residents and their relatives and legally appointed representatives. The management shall plan for the improvement of services based on such feedback.

PERFORMANCE INDICATORS:

The licence holder shall ensure that;

2.1 The service provider shall ensure that an audit of the licenced service is carried out on a yearly basis.

2.2 Internal evaluations of the service shall be carried out at least on a yearly basis.

2.3 Internal evaluations of the service shall also collect feedback from residents and their relatives and/or legally appointed representatives.

2.4 All feedback received shall be evaluated and potential areas for improvement identified.

2.5 The management shall develop an action plan to improve the quality of service provided and shall monitor progress towards this. Residents and their relatives and/or legally appointed representatives shall be advised of steps which the service provider is taking to improve the quality of service and provide a better quality of life for residents.

QUALITY INDICATOR 3

QUALITY INDICATOR 3: The service provider shall ensure that detailed documentation is kept which records the operations of the service and residents' care. All shift changes should include the handover of information regarding residents' care, health and well-being (including, but not limited to, medication, food and drink intake and other concerns or issues which may require closer monitoring), particularly where a resident may be unable to communicate such information herself/himself. For the protection of all staff, this information should be documented.

PERFORMANCE INDICATORS

The licence holder shall ensure that;

- 3.1 The service provider shall ensure that manuals and standard operating procedures detailing the operations of the service are made available to all staff.
- 3.2 A detailed handover shall be carried out at all shift changes. For the protection of all staff, such handovers should be documented.
- 3.3 Handovers shall focus on issues related to residents' care and well-being, including but not limited to, residents' medication, intake of food and drink, and any other concerns which should be monitored throughout the shift.
- 3.4 Particular attention shall be paid to handover of information concerning residents who are non-verbal or who may otherwise be unable to communicate information themselves.
- 3.5 All relevant information shall also be passed on by staff to any health and social care professionals visiting the service.

- 3.6 A daily, detailed, record of all care and nursing for each resident shall be maintained.
- 3.7 All documentation and treatment charts shall be updated by health professionals. . Each update shall be signed and initialled by the member of staff, including warrant/registration number if applicable.
- 3.8 Key information regarding residents shall be kept easily accessible to enable new and/or temporary or replacement staff to provide safe care to residents.
- 3.9 All files relating to residents' care shall be kept on site and shall be made available to the Authority upon request.

QUALITY INDICATOR 4

QUALITY INDICATOR 4: The service provider shall ensure that all staff and volunteers in direct contact with service users have followed accredited training courses, of at least MQF Level 3 in Care, and additional training when working with residents who have particularly complex needs and conditions. All qualifications and experience claimed by applicants shall be checked prior to employment, including the verification of a clean police conduct certificate. Where staff are posted, whether temporarily or permanently, to the service provider by another entity, the service provider is required to verify all qualifications, experience and police conduct certificates before the posted staff member is permitted to work with service users, and maintain a copy of all such documentation. All staff, whether employed directly by the service provider or not, shall receive induction training to ensure that they are competent to work with persons with high dependency needs, and ongoing CPD training, supervision and performance appraisals by management. Records of all training and the outcome of all supervision and appraisals should be maintained, both for staff directly employed by the service provider and those posted to the service by another entity.

PERFORMANCE INDICATORS

The licence holder shall ensure that;

- 4.1 All care staff shall be required to have completed an accredited training course of at least MQF level 3 in caring for older persons.
- 4.2 Prior to appointment of all new staff, the service provider shall carry out thorough checks on the person's character, qualifications and experience, including but not limited to:
 - 4.2.1 Verification of identity;
 - 4.2.2 Verification of original certificates for all qualifications claimed;
 - 4.2.3 Verification of all relevant experience claimed;
 - 4.2.4 Verification of a clean, valid, police conduct certificate;

4.2.5 Verification of current registration on the applicable register of healthcare professionals and/or of warrant, for posts requiring such registration; and

4.2.6 Reference checks.

4.3 The service provider shall also liaise with other entities providing the service with temporary and/or permanent staff to ensure that such checks are carried out, and shall retain a copy of documentation confirming the outcome of these checks.

4.4 All checks on new staff shall be completed before the member of staff is permitted to work with service users.

4.5 The management shall take into account staff experience and training when assigning tasks, particularly to new members of staff.

4.6 All members of staff shall be supervised and their performance regularly reviewed to ensure the safety of residents. Supervision and review of new staff shall be carried out more frequently to ensure their competence.

4.7 New staff shall be given induction training to ensure their competence before they begin working directly with service users.

4.8 As part of their induction, management shall provide new staff with copies of the service's manuals and standard operating procedures.

4.9 Staff shall be given regular and ongoing training in areas relevant to their practice and to residents' needs. Particular attention shall be given to ensuring that training in working with persons living with dementia is provided to staff.

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

4.10.1 First aid;

- 4.10.2 Person-centred care;
- 4.10.3 Moving, lifting and handling;
- 4.10.4 Moving and positioning of limbs;
- 4.10.5 Fire safety awareness and fire drills;
- 4.10.6 Infection prevention and control;
- 4.10.7 Managing challenging behaviour;
- 4.10.8 Restrictive care;
- 4.10.9 Continence and catheter care;
- 4.10.10 Managing emergencies;
- 4.10.11 Pressure sore prevention and management;
- 4.10.12 Nutrition and hydration;
- 4.10.13 Stroke awareness;
- 4.10.14 Protection from abuse;
- 4.10.15 Diabetes;
- 4.10.16 Disability awareness; and
- 4.10.17 Mental health first aid.

- 4.11 All nurses shall be given induction training and regular CPD covering the safe handling of medications.
- 4.12 All staff involved in preparing, handling and serving food, and in assisting residents to eat, shall hold a valid food handling licence.
- 4.13 The service provider shall appoint Mental Health First Aiders among staff and management and shall provide all management and staff with training in mental health awareness.
- 4.14 All staff in direct contact with residents shall be strongly encouraged to follow training in Mental Health First Aid.

4.15 All staff files shall be kept on site and made available to the Authority upon request. This shall include files for staff relating to staff posted to the service provider temporarily or permanently by another entity.

QUALITY INDICATOR 5

QUALITY INDICATOR 5: The service provider shall ensure that at all times the service shall operate with the appropriate staff ratios required to ensure the safety and well-being of all residents. Where a medical professional has indicated that a resident, or group of residents, requires a level of attention which is greater than that stipulated by the Authority (such as one to one supervision, or any other ratio), this shall take precedence and shall be met by the service provider without adversely impacting the level of care and attention which other residents within the service are entitled to. The service provider shall ensure that each ward shall have at least one registered nurse available at all times, and sufficient carers to provide the required caring hours to all residents. Staff rosters should be planned in a way that ensure that, at all times, staff are available who can communicate in both Maltese and English so that residents can use whichever language they prefer and have their wishes understood.

PERFORMANCE INDICATORS

The licence holder shall ensure that;

- 5.1 All staff shall wear uniforms which clearly indicate their role, and name tags which clearly state their name. Both uniforms and name tags should be worn at all times.
- 5.2 Each licenced service shall have sufficient registered nurses available at all times to meet the needs of the residents.
- 5.3 The level of care required by each resident shall be assessed and reviewed by a clinician.
- 5.4 Staffing levels shall take into account the level of care required by residents and any minimum requirements which may be indicated by the Authority.
- 5.5 There shall be sufficient staff to ensure that residents' needs, including any requests for support, are promptly attended to.

5.6 All staff shall be trained in first aid and shall have at least one fully-equipped first aid box available to them at all times.

5.7 At all times, there shall be both staff who are fluent in Maltese and staff who are fluent in English on duty, to ensure that residents can use either language as they prefer.

5.8 Care staff who are not fluent in Maltese shall be strongly encouraged to follow courses in Maltese proficiency. Such courses may also be organised by the service provider for non-Maltese speaking members of staff to ensure that all staff can speak and understand basic Maltese.