ANNUAL REPORT

2025

OPSA

Older Persons
Standards Authority

Older Persons Standards Authority, 2026

The Exchange
It-Telgħa ta' Spencer
Il-Marsa MRS 1982
Malta

Telephone: (+356) 8000 2002
Email: info.opsa@gov.mt
Website: opsa.gov.mt

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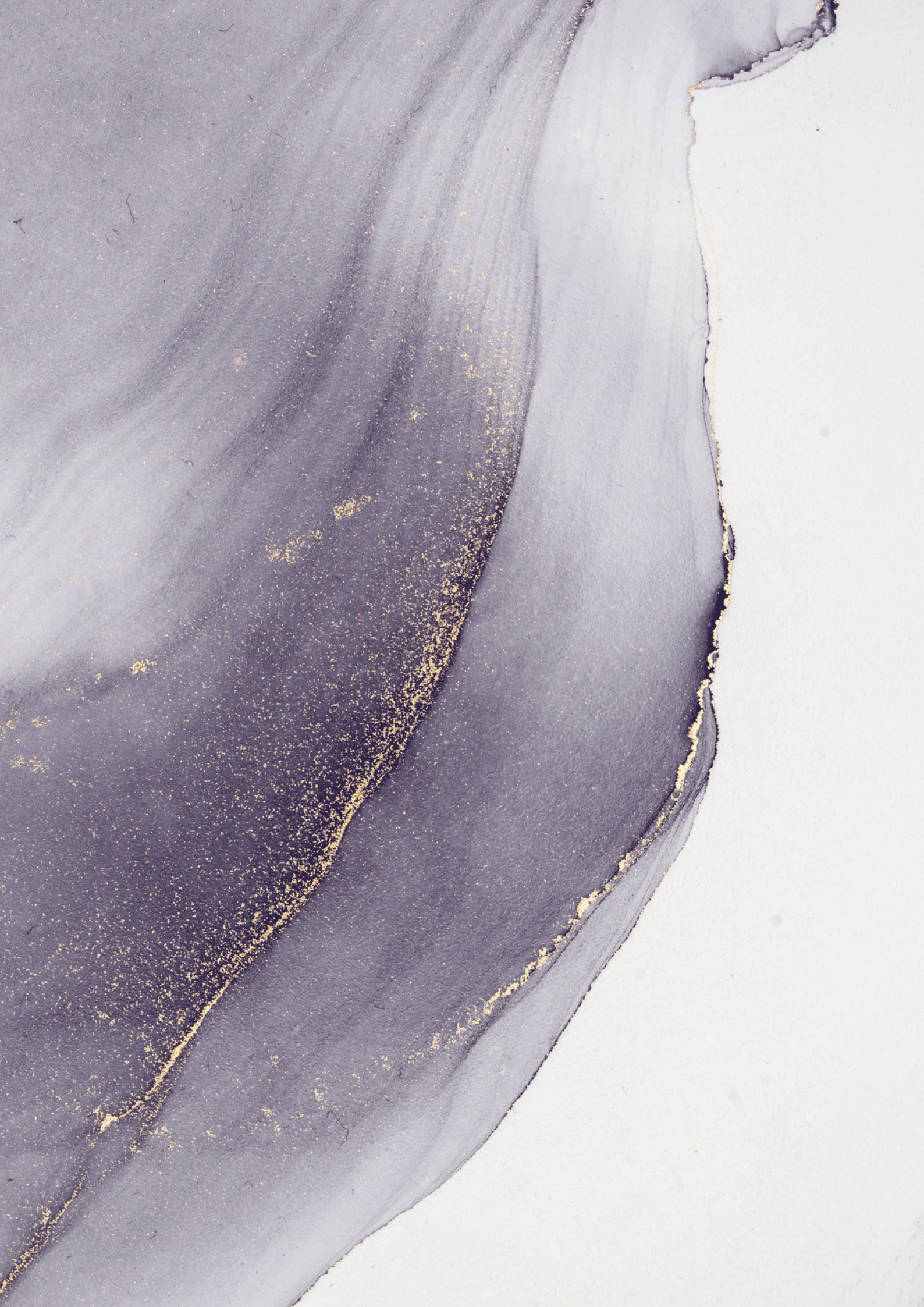
LIST OF ABBREVIATIONS

BCA	Buildings and Construction Authority
CEO	Chief Executive Officer
CFMS	Corporate Financial Management Solutions
EPSO	European Partnership for Supervisory Organisations
GDPR	General Data Protection Regulation
GRECO	Group of States Against Corruption
HR	Human Resources
ICO	Inspectorate Coordination Office
IT	Information Technology
MCAST	Malta College of Arts, Science and Technology
OPSA	Older Persons Standards Authority
PABX	Private Automatic Branch Exchange



MINISTER FOR HEALTH AND ACTIVE AGEING

Hon. Jo Etienne Abela

During the period under review, the Authority continued to advance its strategic objectives in alignment with Government's broader vision for a more inclusive, resilient, and person-centred care sector. Through sustained investment, regulatory strengthening, and collaborative engagement, tangible progress was achieved in enhancing both the quality and accessibility of services for older persons.

A key priority remained the reinforcement of the Authority's operational capacity. In this regard, six new vacancies were successfully filled, while seven positions vacated through resignation were promptly replaced, following the necessary approval of the Board. This reflects a continued commitment to ensuring that the Authority is adequately resourced to meet present and future challenges.

In line with national policies promoting active ageing and social participation, the Authority proudly launched *Talenti b'Għozza*, an initiative that celebrated and showcased the diverse talents of older persons residing in Residential Homes. This initiative not only highlighted the abilities and contributions of older individuals but also reinforced Government's commitment to dignity, empowerment, and community inclusion.

The Authority maintained its robust regulatory and enforcement functions, issuing 71 renewed licences and five new temporary licences, while conducting 135 monitoring visits related to licensing processes. Additionally, 662 inspections were carried out in response to complaints within licensed residential homes, demonstrating a firm and transparent approach to safeguarding standards and protecting residents' rights. These actions reflect an ongoing commitment to accountability and the consistent application of national regulatory frameworks.

Collaboration with stakeholders remained central to the Authority's work. Four structured platforms were held with Service Providers, fostering constructive dialogue, strengthening partnerships, and supporting the effective implementation of policy measures across the sector.

Human resource development also featured prominently within this period. A total of 340 certificates of attendance were awarded to carers who successfully completed accredited training in the care of older persons. This initiative aligns with Government's broader

agenda of professionalising the care workforce and ensuring high-quality service delivery across all care settings.

On the legislative front, the Authority presented an updated version of the Regulatory Standards to Parliament, marking an important step in modernising the regulatory framework and ensuring it remains responsive to evolving needs and expectations. At the same time, progress was registered in advancing sustainability objectives through the tendering process for a new electric fleet of vehicles, in line with national environmental commitments.

Furthermore, discussions continued regarding the introduction of a Skills Pass for Third Country National carers, a forward-looking initiative aimed at strengthening workforce standards, enhancing accountability, and supporting the integration of a skilled and competent labour force within the sector.

These collective achievements underscore the Authority's proactive role in supporting Government policy, driving reform, and ensuring that the highest standards of care and protection are consistently upheld for older persons across all residential settings.

PARLIAMENTARY SECRETARY FOR ACTIVE AGEING

Hon. Malcolm Paul Agius Galea

The role of the Older Persons Standards Authority (OPSA) remains pivotal in ensuring standards are upheld across all facilities under its watch. As expectations, demographics, and standards of care change, it is increasingly more essential that the overarching regulatory structure remains modern, effective, and responsive.

2025 has not only been a year of renewed commitment to safeguarding the dignity, wellbeing, and quality of life of older persons. During the past year, the Authority has continued to strengthen its work across the sector while, at one and the same time, embarking on the important task of updating its regulatory framework.

What stood out mostly in this process was the emphasis placed on listening – engaging openly and meaningfully with providers, professionals, residents, and other stakeholders. This proposed regulatory framework will be subject to a period of public consultation to gather feedback from the wider community. The insights gathered through this process will inform the finalisation of the framework prior to its coming into force. Such dialogue is critical to OPSA's ascertaining that regulation remains responsive, practical, and aligned with the evolving needs of the sector. This collaborative approach is vital. Effective regulation does not exist in isolation; it is built through shared responsibility and a common commitment to improving care.

The work captured in this report reflects these principles and demonstrates OPSA's dedication to wholesomely supporting a sector that provides essential services to some of the most vulnerable members of society.

This report portrays a year of active collaboration and steady progress. I thank the Authority, its staff, and all those working within the sector, for their dedication to delivering quality care and for contributing to the continued development of a regulatory system that serves older persons, families, and providers alike.

PERMANENT SECRETARY MINISTRY FOR HEALTH AND ACTIVE AGEING

Dr Renzo de Gabriele

Safeguarding the well-being, dignity, and rights of older persons remains one of the most important responsibilities of our social and health systems. The Older Persons Standards Authority (OPSA) was established with this mission at its core: to ensure that geriatric services in Malta and Gozo operate to the highest standards of safety, professionalism, and respect. Our elderly population deserves nothing less. They are the individuals who shaped our communities, built our institutions, and contributed to the prosperity we enjoy today.

Over the past year, OPSA has continued to strengthen its role as the national regulator of geriatric services. The Authority has worked diligently to refine its regulatory framework, enhance monitoring mechanisms, and support service providers in meeting the standards expected of them. Through inspections, compliance assessments, and ongoing dialogue with stakeholders, OPSA has helped ensure that care environments remain safe, transparent, and responsive to the evolving needs of older persons.

This year has also seen a deepening of collaboration between OPSA, government entities, and care providers. The Authority has continued to offer guidance during licensing processes and promote best practices that elevate the quality of care. These efforts are essential in fostering a culture of continuous improvement, one where service providers feel supported, residents feel protected, and families feel reassured.

The Government remains committed to strengthening the sector through investment in governance, workforce development, and evidencebased policy. As the needs of older persons become more complex, our systems must adapt. OPSA plays a central role in this transformation by ensuring that standards are not only upheld but also evolve in line with international developments and emerging models of care.

Looking ahead, the Authority will continue to prioritise quality, safety, and accountability. The protection of older persons is a responsibility shared across the entire sector, and OPSA will remain steadfast in its oversight while encouraging innovation and collaboration. Our goal is to ensure that every older person in Malta and Gozo receives care that honours their dignity and supports their well-being.

Together, we will continue raising standards and strengthening trust, ensuring that older persons live their later years in comfort, security, and dignity.

CHAIRPERSON OF THE AUTHORITY

Dr Lisa Cassar Shaw

As Chairperson of the Older Persons Standards Authority (OPSA), it is my privilege to present our Annual Report for 2025. This year has been defined by significant progress and a steadfast commitment to improving the quality of care and services for Malta's elderly population.

DEVELOPMENT AND IMPLEMENTATION OF STANDARDS

OPSA has dedicated significant effort to the development and refinement of the *Regulatory Standards for Residential Services for Older Persons*. Our approach has been thorough and inclusive, involving:

- **benchmarking against international best practice:** Extensive research ensured our standards reflect global benchmarks, guaranteeing that older persons in Malta benefit from care aligned with the highest international expectations.
- **active stakeholder engagement:** Ongoing dialogue with service providers, healthcare professionals, and relatives of older persons, has been essential in shaping standards that are both practical and impactful.
- **commitment to continuous improvement:** We have introduced feedback mechanisms that support the ongoing evaluation and enhancement of our standards, ensuring they remain responsive to the changing needs of our ageing population.
- **updated standards presented to Parliament:** During the year, we formally presented an updated version of the Regulatory Standards to Parliament, reinforcing our commitment to transparency and legislative alignment.

LICENSING AND COMPLIANCE

Throughout 2025, OPSA's Licensing Unit processed a substantial number of applications from both new and established service providers. Each application was subject to a rigorous assessment process, including on-site inspections and detailed evaluations against our prescribed standards. This careful approach ensures that only providers meeting our strict criteria are authorised to operate, thereby upholding the quality and safety of care for older persons.

INSPECTORATE ACTIVITIES

The Inspectorate Unit plays a vital role in promoting a culture of quality that goes beyond mere regulatory compliance. Inspections are viewed as valuable opportunities to strengthen collaboration with service providers and to identify areas for development. Our aim is to nurture a workforce committed to excellence in the care of older persons, where continuous improvement becomes an integral part of everyday practice. During the year, the Inspectorate carried out 662 unannounced inspections in licensed residential homes.

CELEBRATING TALENT AND STRENGTHENING THE WORKFORCE

We were proud to launch the first edition of *Talenti b'Għożża*, an initiative that showcased the many talents of older persons living in Residential Homes. This celebration of creativity and ability highlighted the richness of experience within our homes and brought joy to residents, staff, and families alike.

In parallel, we continued to invest in workforce development. A total of ***340* certificates of attendance** were presented to carers who successfully completed a course in the care of older persons, reinforcing our commitment to raising standards of practice across the sector.

OPSA also followed up on discussions regarding the introduction of the Skills Pass for Third-Country Nationals (TCNs), a measure aimed at ensuring that all carers, regardless of their background, possess the necessary competencies to deliver high-quality care.

FUTURE DIRECTION

While we have achieved considerable progress, challenges persist. The growing demand for elderly care services calls for sustained efforts to:

- **expand capacity:** Collaborate with partners to enhance the availability of high-quality residential and community-based services.
- **strengthen training:** Ensure caregivers and staff benefit from ongoing professional development to address the complex and evolving needs of older persons.
- **promote innovation:** Support the adoption of new approaches and technologies that can significantly enhance the quality of life for our elderly.

As we look back on the past year, I extend my sincere gratitude to the dedicated team at OPSA, our partners, and all those who have contributed to our shared mission. Together, we have built a solid foundation for the future, one in which our older citizens can expect the care, respect, and dignity they rightly deserve.

CHIEF EXECUTIVE OFFICER OF THE AUTHORITY

Mr George Fenech

ANOTHER YEAR AT THE HELM

Another year at the helm of the Older Persons Standards Authority marks a further chapter of our commitment toward safeguarding dignity, quality, and respect in the lives of older persons. The Authority has continued to strengthen its role as a national guardian of standards, ensuring that services designed for later life are not only compliant with regulations but genuinely centred on the well-being and rights of those who rely on them.

Throughout this year, we have steered the organization through evolving social expectations and sector challenges, embracing a clear vision: **that ageing in Malta must always be accompanied by security, choice, and high-quality care**. Emphasis has been placed on robust inspections, transparent licensing processes, and closer collaboration with service providers, families, and older persons themselves. This approach has nurtured a culture in which standards are viewed as tools for improvement rather than mere obligations.

A key priority has remained the empowerment of older persons to actively participate in their lifestyle decisions. Under my guidance, the Authority has promoted practices that inspire participation, personalized care planning, social engagement, and is in the process of encouraging free options in choosing the responsible use of digital technology within homes and community services. Attention to barriers—such as workforce skills, accessibility, and digital literacy, has shaped targeted guidance and outreach initiatives.

The Authority's ongoing dedication has also reinforced its independence and credibility. By investing in professional training, evidence-based policies, and responsive complaint mechanisms, the Authority has become more resilient and is moving forward to become better equipped when addressing complex cases, while maintaining compassion and fairness.

As an Authority, last year saw us organising several communication platforms and launching new projects that helped us build bonds with our stakeholders. All this complemented the issuing of 101 certificates, 230 inspections, 44 new homes consultations, 96 food inspections, 397 monitoring visits, 158 follow-up visits, 416 recommendations, and 1170 conditions on licensing that are our primary obligations within the parameters of the

law. All these saw us engage in ongoing processes, on which we intend to build further this year.

The future will be a challenge for the Authority, as we will be launching public consultation on the new Standards, and also continue with building and recruiting the necessary workforce.

Looking ahead, another year in office offers renewed opportunity to advance the national conversation on ageing, one that recognises older persons as active citizens with objectives, not simply beneficiaries of care. The CEO remains resolute that the Authority will continue to evolve, listen, and lead, so that every service touching later life with our licensed residential homes, and in Malta, reflects the values of excellence, humanity, and respect.

OPSA BOARD OF GOVERNORS

THE BOARD MEMBERS OF THE AUTHORITY WHO HOLD OFFICE ARE—

Dr Lisa Cassar Shaw
Chairperson

Mr Joseph Calleja
Deputy Chairperson

Dr Alex Attard
Member and Commissioner for the Elderly

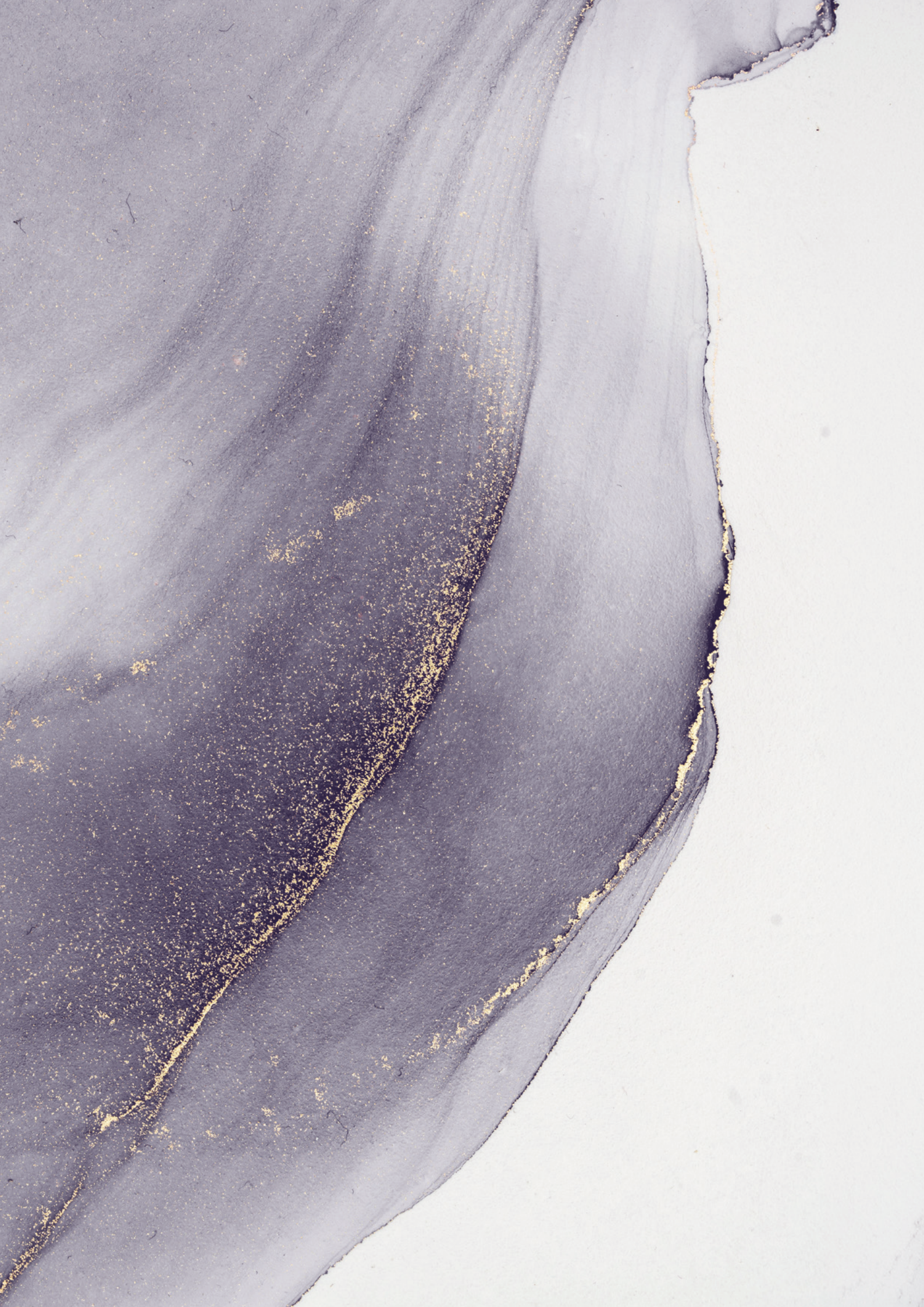
Mr Paul Vella
Member

Dr Svetlana Sammut
Member

Dr Nadine Stivala
Member

Ms Philomena Meli
Member

Mr David Scicluna
Secretary




OFFICE OF
THE CHIEF
EXECUTIVE
OFFICER

2.1 INTRODUCTION

The Office of the Chief Executive Officer plays a pivotal role in guiding, coordinating, and overseeing the implementation of the Authority's strategic direction in alignment with its mission and mandate. It ensures that operations are effectively managed and consistently aligned with the Authority's objectives, performance standards, and national priorities.

The Office supports informed decision-making through the analysis of reports, monitoring of key performance indicators, and advancement of strategic initiatives. It also ensures that the Authority operates in full compliance with its legal mandate while upholding the principles of good governance, transparency, and accountability across all areas of operation.

In providing organizational leadership, the Office offers strategic direction to senior management, fosters a strong performance-driven culture, and oversees key functions including finance, procurement, and operational management. It also supports staff development initiatives to strengthen institutional capacity and promote continuous improvement.

Furthermore, the Office serves as the central liaison between the Authority and its internal and external stakeholders, facilitating effective communication, collaboration, and alignment of shared objectives.

The Communications Office operates within the Office of the CEO and is responsible for ensuring clear, consistent, and strategic messaging that strengthens the Authority's reputation and fosters trust among stakeholders and the general public. The office serves as the principal communications advisor to the CEO and senior leadership team, preparing talking points, briefings, and speeches to support executive engagements and public appearances.

Throughout 2025, the Communications Office coordinated a series of interviews published in local newspapers and magazines, contributing to strengthen media relations and sustain positive engagement with media partners.

In addition, the Office oversees internal communications to ensure employees remain informed and engaged with the Authority's initiatives. It also manages content production across social media platforms, the website, reports, and presentations, ensuring that all communications are consistent, professional, and aligned with the Authority's values.

2.2 COMMUNICATIONS OFFICE

The Communications Office is responsible for planning, coordinating, and implementing activities that enhance public awareness of OPSA's directives and strengthen its corporate image. This is accomplished through a sequence of initiatives, including overseeing media and public relations activities, representing OPSA at conferences and exhibitions, liaising with specialized service providers on design and branding elements, producing and distributing marketing materials, and managing OPSA's official social media platforms.

2.2.1 NEW RECRUIT

In January 2025, a new Senior Research Officer joined the Team as a Communications Officer at OPSA. Upon appointment, the officer was immediately entrusted with a key responsibility: coordinating the drafting, publication, and timely submission to Parliament of the annual report, in accordance with legal requirements and strict deadlines. A copy of this report was also formally presented to Her Excellency, the President of Malta, during an official visit to the President's Palace in July 2025.

2.2.2 MARKETING MATERIAL

In 2025 more marketing material was added. This included the design and purchase of 2 new roll-ups with OPSA branding to be used in various events throughout the year. In addition to this, we have designed a flyer to encourage the older persons and their families to contact us the Authority and promote the use of our feedback service. Existing marketing material has also been restocked where applicable.

2.2.3 SOCIAL MEDIA

The Communications Office is also responsible for managing the Authority's website and Facebook page. The quality of content and the Authority's presence on social media have significantly improved, resulting in a notable increase in followers. In fact, from just a few hundred in the beginning, the Facebook page now boasts around 1,200 followers. This is a remarkable achievement considering that OPSA has been operational for just over a year. All followers were gained organically, without any paid promotions.

In 2025, more media platform facilities were introduced, where a LinkedIn account was launched with the aim of broadening the audience and strengthening engagement.

2.2.4 CORPORATE SOCIAL RESPONSIBILITY

This office also organised and coordinated a corporate social responsibility event for all OPSA employees. In 2025, the event was held at the Soup Kitchen in Valletta over two separate days in July. The activity was planned in such a way that the Authority's day-to-day operations were not disrupted.

2.2.5 *TALENTI B'GĦOŻŻA* EXHIBITON

Talenti b'Għożża is an event that gave the opportunity for residents to showcase their talents. The main aim of the Authority through this event was to raise awareness that older persons have an important role in society, even if they are currently living in care homes. It also highlighted the importance of older persons continuing to pursue their hobbies and keeping themselves active.

The Communications Office played a key role in this event. In addition to assisting with the provision of materials, the office was involved in selecting the venue and liaising with staff at the Old University of Malta, Valletta Campus, where the exhibition was held, to ensure that all requirements were met and that the event was successfully delivered. This office was also responsible for organising the exhibition's launch event in combination with the International Day for Older Persons and Notte Bianca activity held in Valletta at that time. A video feature of the exhibition involving the participants was also launched to promote the event.

Furthermore, the Communications Office shared daily content on social media from the exhibition to promote the event and encourage public attendance, especially during Notte Bianca.

2.2.6 MCAST FRESHERS' WEEK PARTICIPATION IN MALTA AND GOZO

The Communications Office was responsible for coordinating and actively participating in the MCAST Freshers' Week. It ensured that the OPSA stand was strategically placed within the MCAST Paola Campus to maximize visibility and engagement. The office also took

responsibility to manage the distribution of all advertising materials, including freebies and printing material.

The event took place over three days at the MCAST Paola Campus and was followed by an additional day at the Gozo Campus.

2.2.7 ANNUAL CONFERENCE

The Communications Office was fully involved in the organisation of the Annual Conference, which was held this year at the Radisson Blu, St. Julians on 6 November 2025. The office assisted in selecting the venue, determining the gifts to be distributed to attendees and panel participants, and appointing the activity host, Clare Agius. It was also responsible for issuing invitations, managing the attendance list, and liaising with the event organisers engaged to support the conference.

On the day of the event, the Communications Office oversaw the smooth running of the conference, while staff members were assigned specific responsibilities, including participant registration, welcoming panel speakers, and ushering attendees to their seats.

2.2.8 PINK OCTOBER

This year we also celebrated Pink October at the Office to raise awareness about breast cancer in general, as well as the importance of health screening as a means of prevention.

Staff have been informed to wear something pink for this event. We have distributed symbolic metal ribbons and cupcakes themed for the event. We also took a group photo which was subsequently shared on our social media pages to raise public awareness. During this event, funds for cancer foundations were also collected.

2.2.9 MOVEMBER

This year we celebrated Movember in collaboration with the Building and Construction Authority (BCA). The event was held on 14 November 2025. A guest speaker, Tony Cachia, was invited for the event to deliver a talk on the subject. The authority sponsored all the sweet treats (cakes) for this event. Funds for this cause were also collected during this event.

2.2.10 CHRISTMAS 2025 NETWORKING EVENT

During the festive season, the Communications Office organised a networking event that provided service providers with the opportunity to interact informally with OPSA staff. Initiatives like this foster effective communication among all licensed and regulated service providers and promote closer cooperation between the Authority and its stakeholders.

2.2.11 INTERNAL EVENTS

Throughout 2025, the Communications Office coordinated a range of internal events designed to promote staff interaction and enhance communication among teams. A lunch was organised following the visit to Her Excellency the President of the Republic of Malta,

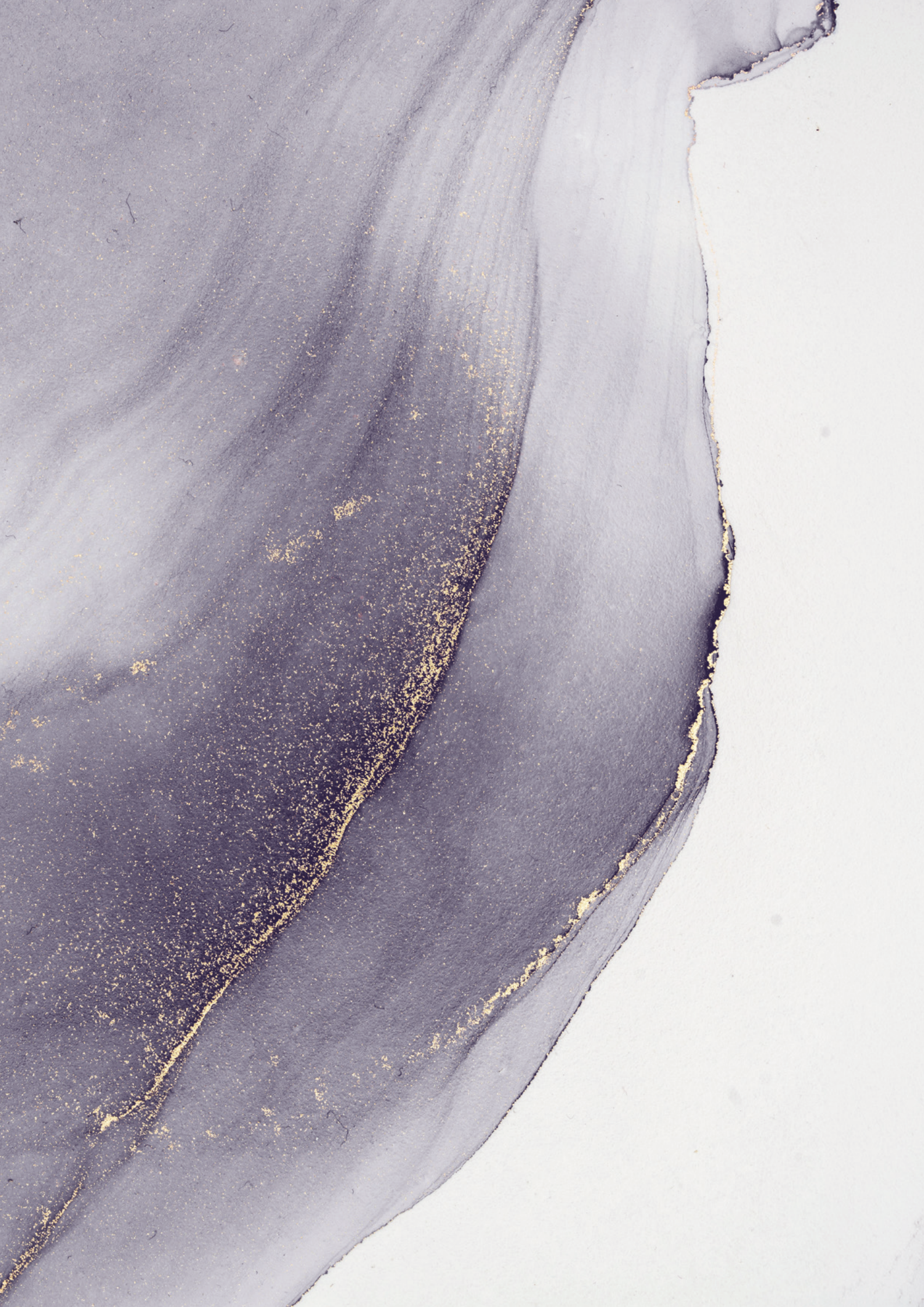
along with two dinner activities held to mark the end of summer and the Christmas season. Further internal events were also organised to celebrate Valentine's Day, International Women's Day, St Patrick's Day, and Workers' Day.

2.2.12 STAFF CARDS

The Communications Office is also responsible for issuing staff cards. Over the past year, the office ensured that all new recruits and staff members who changed roles following a promotion received their respective staff cards.

2.2.13 VISIT TO HER EXCELLENCY THE PRESIDENT OF MALTA

On 5 August 2025, the communications Office, together with the Operations Directorate, organised a courtesy visit to HE The President of Malta at San Anton Palace Attard. All OPSA employees attended this event during which was explained to HE Dr Miriam Spiteri Debono the work carried out by the various units within the Authority.



OPERATIONS DIRECTORATE

3.1 INTRODUCTION

The Operations Directorate provides all required support to enable the authority staff to carry out their work to meet the authority's mission. It provides the required resources and ensures the efficient and effective administrative functioning of the Authority. This Directorate is responsible for a number of key functions which are fundamental for the day-to-day operations with the Authority, including Human Resources, Procurement, Finance, Information Technology (IT), General Data Protection Regulation (GDPR), Administration and Feedback. All these areas are fundamental for the Authority to be able to carry out its operations as expected. These various functions can be seen in the following organigram in Fig. 3.1.

3.2 CORPORATE SERVICES

3.2.1 HUMAN RESOURCES OFFICE

The Human Resources Office plays a central role in supporting OPSA's operational effectiveness and organisational sustainability. Its remit encompasses recruitment and on boarding, employee relations, regulatory compliance, compensation and workforce planning, performance management, the development and review of HR policies and

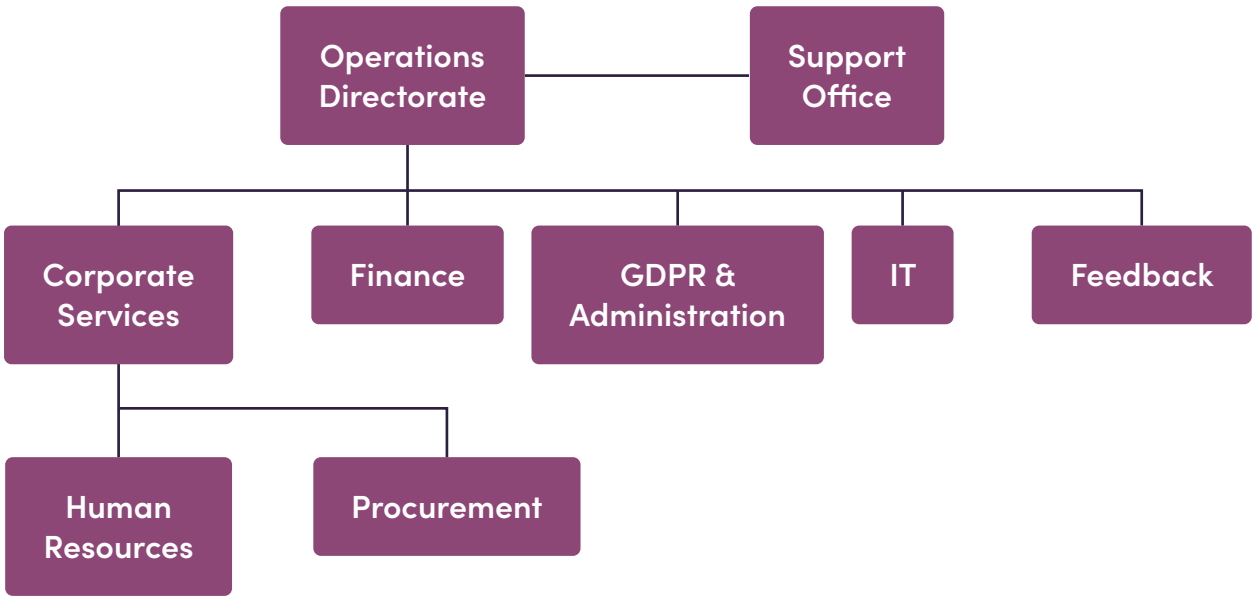


FIGURE 3.1 OPERATIONS DIRECTORATE ORGANIGRAM

procedures, maintenance of employee records, and the day-to-day administration of human resources functions.

The key objectives of the Human Resources Office are to:

- promote a collaborative, supportive, and safe working environment for all OPSA employees.
- support organisational growth, career progression, and professional development through targeted training and development initiatives.
- ensure that the Authority is appropriately staffed with suitably-qualified and competent personnel.
- strengthen employee engagement and retention.
- coordinate with relevant public entities, including Jobsplus, in line with established procedures.
- maintain effective communication with recognised trade union representatives, as required.

3.2.1a WORKFORCE OVERVIEW

During the year 2025, OPSA maintained a multidisciplinary workforce supporting the Authority's regulatory and operational functions. Staffing levels were aligned with organisational requirements, ensuring adequate capacity to meet statutory obligations.

3.2.1b STAFF RETENTION AND STABILITY

During 2025, OPSA prioritised workforce stability while undergoing organisational transition. The Authority focused on retaining institutional knowledge and supporting continuity through effective workforce planning and employee engagement.

3.2.1c RECRUITMENT

In 2025, OPSA undertook a significant recruitment initiative comprised of both internal and external calls that were strategically aligned with OPSA's evolving operational and

regulatory requirements. During 2025, a total of 27 calls for applications were issued to fill a range of posts, including Heads, Managers, Assessors, Senior Research Officers, Allied Health Professionals, Junior Assessors, and Administrative Support Officers.

Looking ahead, the Human Resources Office will finalise negotiations on a new Collective Agreement for OPSA's senior management, which is expected to be concluded and signed in January 2026.

3.2.1d PERFORMANCE MANAGEMENT

OPSA continued to apply established performance management processes in line with the Authority's standards. Performance appraisals, trial and probation reviews supported accountability, clarified expectations, and informed professional development and training needs.

3.2.1e EMPLOYEE WELL-BEING

OPSA remains committed to promoting a safe, respectful, and supportive working environment. Employee well-being is supported through health and safety initiatives, access to statutory support mechanisms, and ongoing efforts to foster a positive workplace culture.

3.2.1f INDUCTION PROGRAMME POLICY

During 2025, the Human Resources Office developed and implemented a formal Induction Programme Policy aimed at ensuring a consistent and structured onboarding experience for all new employees. The programme provides a comprehensive introduction to OPSA's policies, procedures, and organisational functions. New recruits receive presentations from all core units, including Human Resources, Finance, Procurement, Information

Technology, Data Protection, and Health and Safety, thereby facilitating early integration and cross-departmental understanding.

3.2.2 TRAINING

The Training Office is responsible for coordinating and supporting all training and professional development initiatives across the Authority. The Directorate actively identifies relevant external training opportunities and encourages staff participation to support continuous professional growth.

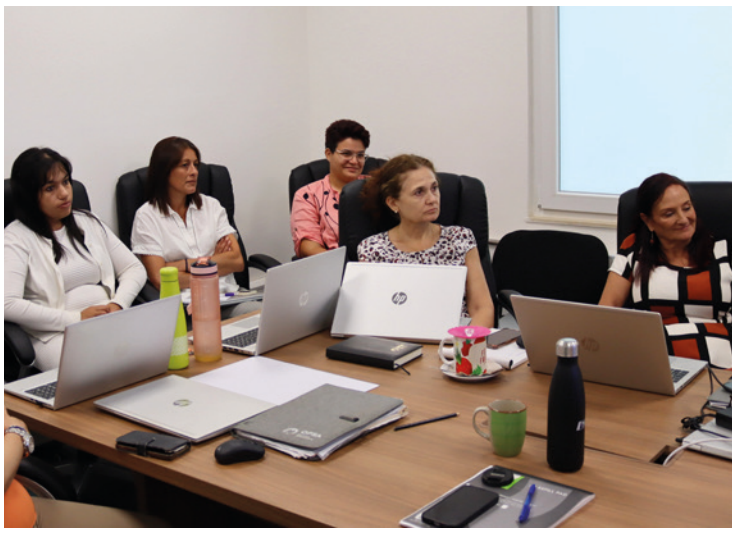
During 2025, OPSA facilitated staff attendance at a range of conferences, workshops, seminars, and accredited courses, delivered both on-site and online. Key training initiatives included GDPR training and the SAFE Programme for all OPSA employees, as well as specialised training in Corporate Financial Management Solution (CFMS) and Payroll Core Principles, GRECO training, and advanced GDPR training for Data Protection Officers. Our staff also attended a number of seminars/conferences aimed to keep them updated on industry trends and latest research.

In total, over 25 different courses and seminars/conferences were attended by our staff in 2025.

3.2.3 HEALTH AND SAFETY

The Operations Directorate remains firmly committed to safeguarding the health, safety, and well-being of OPSA's employees.

Throughout 2025, the Health and Safety Office ensured that all recommendations arising from the 2024 Health and Safety Risk Assessment were systematically followed up and implemented. In addition, the Directorate formulated the 2026 Health and Safety Plans and Compliance Calendar to ensure full alignment with applicable health and safety legislation. Regular fire evacuation drills were also conducted in accordance with legal and regulatory obligations.



3.2.4 PROCUREMENT OFFICE

The role of the Procurement Office is to ensure that adequate supplies and services are available to support the Authority's Day-to-day operations. This includes overseeing procurement activities, ensuring compliance with established procedures, and facilitating timely and efficient acquisition of goods and services. The Office is committed to carrying out its duties in full compliance with Public Procurement Legislation.

The procurement process includes conducting research to determine the necessary specifications and standards, ensuring that Requests for Quotations, Calls for Quotations, and Tenders are issued in accordance with the Authority's needs and in full compliance with the applicable regulations. The Procurement Office is responsible for evaluating the bids received and preparing the corresponding award recommendations. Once the necessary approvals are obtained, the results are issued and all participating suppliers are notified accordingly. This notification includes informing the recommended supplier of the intention to award and advising unsuccessful suppliers of the outcome of the process. Following notification, the Procurement Office proceeds to finalise the Purchase Order or contract, ensuring that all terms and conditions, including pricing, delivery timelines, technical specifications, and any other contractual obligations are accurately included and agreed upon.

Once the Purchase Order or contract is finalised, the supplier may commence delivery of the goods or services in accordance with the established conditions. All supplies and services are inspected upon receipt to confirm compliance with the agreed specifications. Corresponding invoices are then verified against the Purchase Order or contract before being referred for payment to the Finance Office. Complete and accurate records of all procurement activities are maintained to support audit requirements and ensure transparency throughout the process.

In 2025, the Office processed 216 procurement procedures in line with the Authority's requirements, ensuring full adherence to Public Procurement Regulations. These procedures included the publication of a tender for electric vehicles to modernise the Authority's fleet, the procurement and delivery of office furniture to improve the working environment across the Authority's offices, the acquisition of professional legal and architectural consultancy services, and the engagement of food service professionals to address food-related needs within residential homes for older persons.

3.3 FINANCE OFFICE

During 2025, the Finance Office continued to fulfil its role as the central function responsible for the management of the Authority's finances. Core responsibilities include budget preparation and financial planning, expenditure monitoring, keeping abreast with applicable laws and regulations, the continuous maintenance of internal financial controls, processing of payments to suppliers, payroll administration, management of payroll/accounting systems, record-keeping, and liaising with the Authority's External Auditors.

Building on the foundations established during the Authority's initial year of operation, the Finance Office focused on consolidating financial systems and strengthening financial governance. Throughout the year under review, the Finance Office supported the Authority's ever-expanding operational and strategic activities by ensuring the timely and accurate processing of financial transactions, and by providing reliable financial information to Senior Management to facilitate effective planning and decision-making. Ongoing monitoring of expenditure against approved budgets and availability of financial resources was being carried out to promote prudent financial management, value for money and ultimately ensure that operations remain uninterrupted due to working capital management.

As the Authority moves into 2026, the Finance Office will maintain its focus on effective allocation of resources in support of the Authority's functions. This will assist the Authority in sustaining its operational requirements and in supporting initiatives intended to enhance awareness of the Authority's role among external stakeholders, while continuing to uphold robust controls and compliance with legal and regulatory obligations.

3.4 GENERAL DATA PROTECTION REGULATION (GDPR) AND ADMINISTRATION OFFICE

3.4.1 GENERAL DATA PROTECTION REGULATION (GDPR)

Data Protection Legislation, namely the General Data Protection Regulation (GDPR) and the Data Protection Act (Chapter 586 of the Laws of Malta), regulate the processing of all personal data, whether such processing is carried out electronically or in manual form. The Older Persons Standards Authority, being a controller in terms of the law, is set to fully comply with the Data Protection Principles and obligations as set out in such legislation.

In the second half of 2025 the GDPR compliance function was assigned as part of the Operartions Directorate Directorate. A new Data Protection Officer (DPO) was appointed and action commenced for a review of all related legislations and their impact on the laws and all OPSA activities, to ensure compliance with the related legal obligations. All OPSA employees were requested to attend the Institute for the Public Service GDPR course scheduled in September and October 2025. All staff attended the course and participated, revising and increasing awareness. It has become mandatory that all new recruits would attend this course. The DPO attended a specific course regarding advanced GDPR and DPO responsibilities organised by Jobsplus.

Tender/quotation documents and works/system procedures are now also being vetted by the GDPR office and Data Protection Impact Assessments (DPIA) for high-risk cases are carried out prior to issue of tenders or quotations that may include personal data. Recommendations, including changes and new requirements, would be given, and these would be implemented in process procedures to ensure adherence with GDPR principles.

Ongoing action includes checking dedicated emails on generic dedicated email on a daily basis and vetting quotation for issue of DPO clearance. A Controller Processor Agreement for OPSA subcontracted works that may include personal data has been introduced and agreement contents need to be agreed when issuing works orders.

Use of consent forms advice was given and recommendations regarding annual updating of staff personal records were issued.

An OPSA Personal Data Breach Policy has been introduced at end of year 2025. Action shall be taken so that all staff shall be aware and there is compliance with requirements in case of a data breach.

3.4.2 ADMINISTRATION OFFICE

This office caters for all capital and recurrent needs for the tools, equipment, and facilities available at the OPSA rented premises. It caters for all requirements for maintenance services, keeping stock of replacements and repairs in liaison with the landlord or as necessary, such as for lighting and power, communications network, security, fire alarm system including services of fire extinguishers, ventilation and air conditioning.

In year 2025 the Operations Office continued to build on the initial set up activities of 2024, considering that OPSA was set up in November 2023. During 2025 the Administration Directorate was actively involved in providing all the required needs and services to enable OPSA to function in the best possible way, such as in the provision of new offices, all support services, such as contract services for cleaning of premises, air conditioning system servicing, photocopier and paper supply provision, drinking water supply etc. These all required complying with procurement rules and regulations and setting up necessary contracts. Action was taken to ensure continuous office communication services of equipment, such as PABX, telephony services, photocopy machines, internet and Wi-Fi.

The Administration Office is also responsible for the co-ordination and management of all transportation requirements within the authority. This involves the servicing and maintenance, fuel management, insurances, VRTs etc. of the OPSA owned and leased vehicles. The authority has decided to replace all the vehicles with new fully electric vehicles which shall be leased following a public tender which has been issued. This green initiative demonstrates the Authority's commitment to reducing its environmental impact.

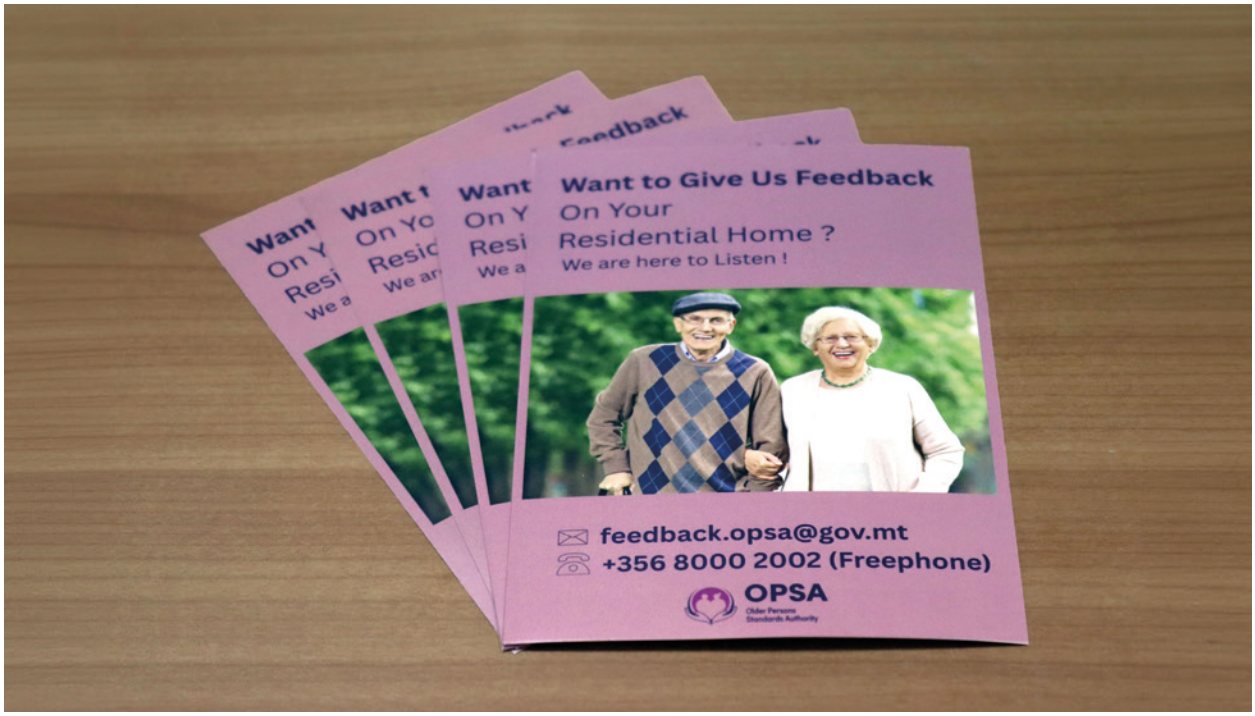
3.5 FEEDBACK OFFICE

The Authority receives concerns and complaints from older person residences service users and their relatives about all aspects of quality care, environment, service provision and practically anything that may be of concern. These complaints can also be referred anonymously to guarantee confidentiality as may be requested.

The Feedback Office serves as a central point for receiving complaints and feedback through various channels, including email, telephone, social media platforms and referrals from OPSA staff members.

A dedicated Freephone number, 80002002, is specifically designated for receiving feedback related to all services licensed by the Authority. Additionally, OPSA maintains a dedicated email address, feedback.opsa@gov.mt, which enables stakeholders to submit feedback in writing at their convenience.

When a complaint is received, records are taken and all is forwarded to the appropriate unit for further investigation. Once the investigations are carried out, the Feedback Office reaches out to the complainants to inform them of the outcome.



For 2025, concerns and feedback were referred as follows:

Feedback Method	Totals
Email on feedback.opsa@gov.mt	71
Letters by post	2
Telephone with anonymous caller	4
Telephone with caller identification	119
Arising during OPSA staff visits	1
Facebook	8
Email on info.opsa@gov.mt	4
Complaints received from OPSA staff	16
Total	**225**

TABLE 3.1 FEEDBACK METHOD

3.6 DOCUMENTARY OFFICE

The Documentary Office is responsible for managing all records and documentation created and maintained by the Authority. It ensures that files and records are properly classified, maintained, and archived to allow for efficient retrieval when required.

The Office holds documentation related to the licensing of residential homes for older persons in the Maltese Islands, as well as records pertaining to the Administration, Finance, Procurement, Human Resources, Projects, and Feedback Offices.

The Office regularly monitors and updates the document registry. OPSA plans to scan all physical files as part of a centralised digitisation process.

3.7 INFORMATION TECHNOLOGY OFFICE

The IT Office was formally established in May 2025 and is currently in full operation, supporting the technological needs of the Older Persons Standards Authority.

It safeguards and enables OPSA's day-to-day operations through end-to-end technology management covering user support, identity and access, endpoint lifecycle, collaboration platforms, data protection alignment, and vendor coordination primarily via MITA. This

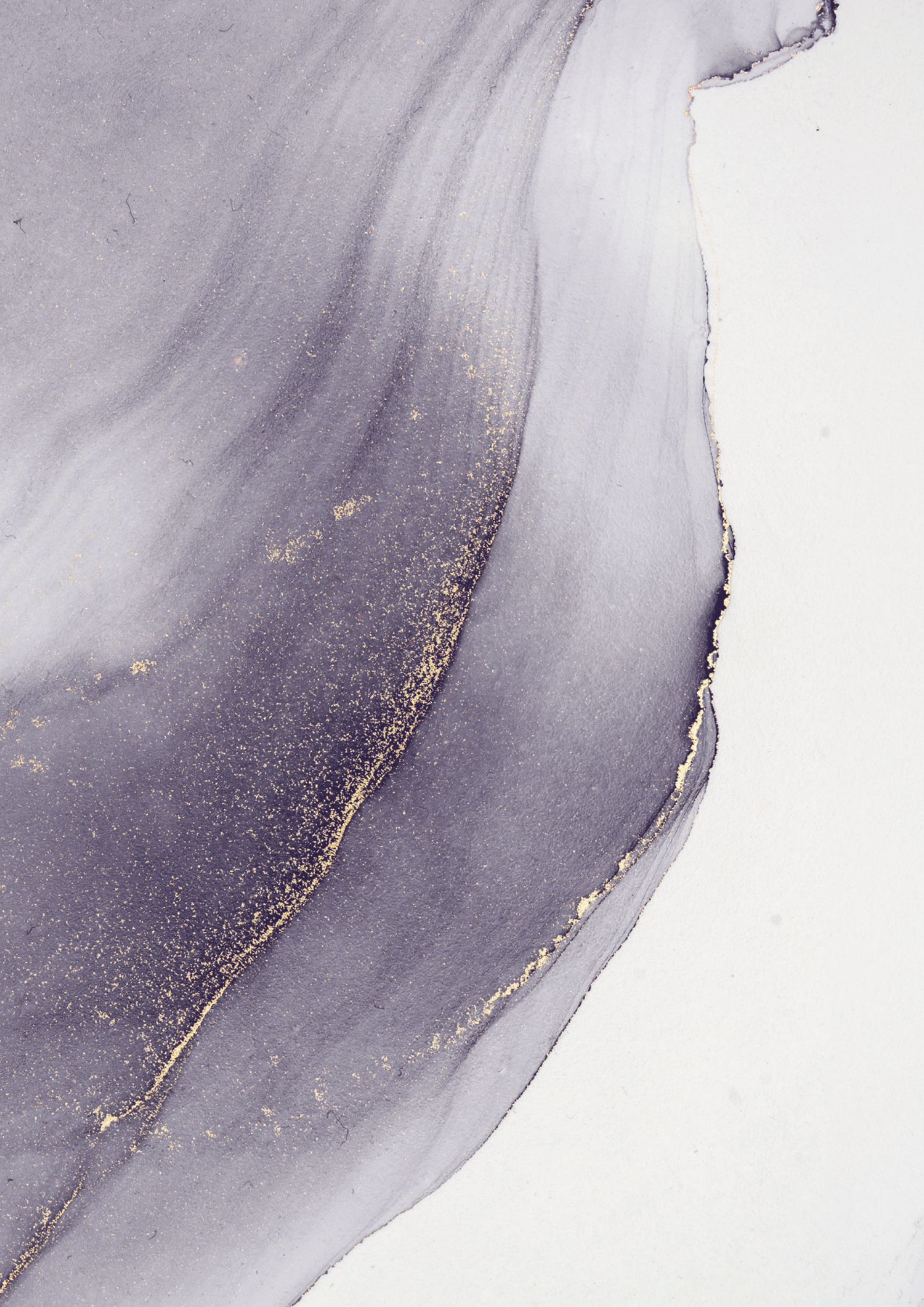
office plans and executes IT functions, runs IT operations, enforces standards/SOPs, and leads projects across infrastructure, business solutions, and information security.

The IT Office takes action to:

- create, maintain, and enforce standards and procedures for technical solutions and onboarding/termination SOPs.
- manage permissions and access reviews, including targeted interventions on SharePoint access anomalies.
- interface with the ICT Security & Governance / IMU / Ministry ICT Coordination to ensure OPSA endpoints and identities remain compliant.
- provide corporate accounts and equip newcomers.
- maintain the inventory of IT equipment and ensure device health.
- initiate and track ICT orders and coordinate with Finance.
- evaluate niche tooling availability for specialized software sourcing.
- support remote-work readiness and aligning with corporate notifications
- promote digital capability and evaluate value of new platforms.
- Software Capability Expansion.
- Resilience for Remote Operations.

In the coming year 2026, in addition to the normal office functions, the IT Office shall be prioritizing the following:

- Strengthening M365 Governance & Productivity.
- Assessing Asset Lifecycle Optimization.
- Accessing Control Maturity.
- Targeting Tooling for Research & Inspection.
- Usingf Microsoft Copilot AI in a daily workflow




QUALITY
ASSURANCE
DIRECTORATE

4.1 INTRODUCTION

The Quality Assurance Directorate plays a central role in safeguarding, regulating, and continuously enhancing the quality, safety, and dignity of care provided to older persons across all services regulated by the Authority. Through its licensing and inspectorate functions, supported by standards development, data analysis, engagement, and outreach, the Directorate ensures that service providers operate in compliance with legislative requirements, Regulatory Standards, and licence conditions, while promoting accountability, transparency, and continuous quality improvement across the sector.

In 2025, the Directorate strengthened its regulatory effectiveness by implementing an integrated, risk-based oversight approach. This included enhanced licensing processes, expanded inspection activity, strengthened monitoring frameworks, and improved coordination between the Licensing Office and the Inspectorate Office, supported by the introduction of digital tools to enable timely, evidence-based, and proportionate regulatory intervention.

A strategic emphasis on data-driven decision-making further enhanced the Authority's capacity to identify emerging trends, assess risk, and implement proactive regulatory responses. Sustained engagement with service providers, residents, families, and national and international stakeholders ensured that regulatory activity remained responsive to evolving needs, emerging challenges, and recognised best practices. Collectively, these

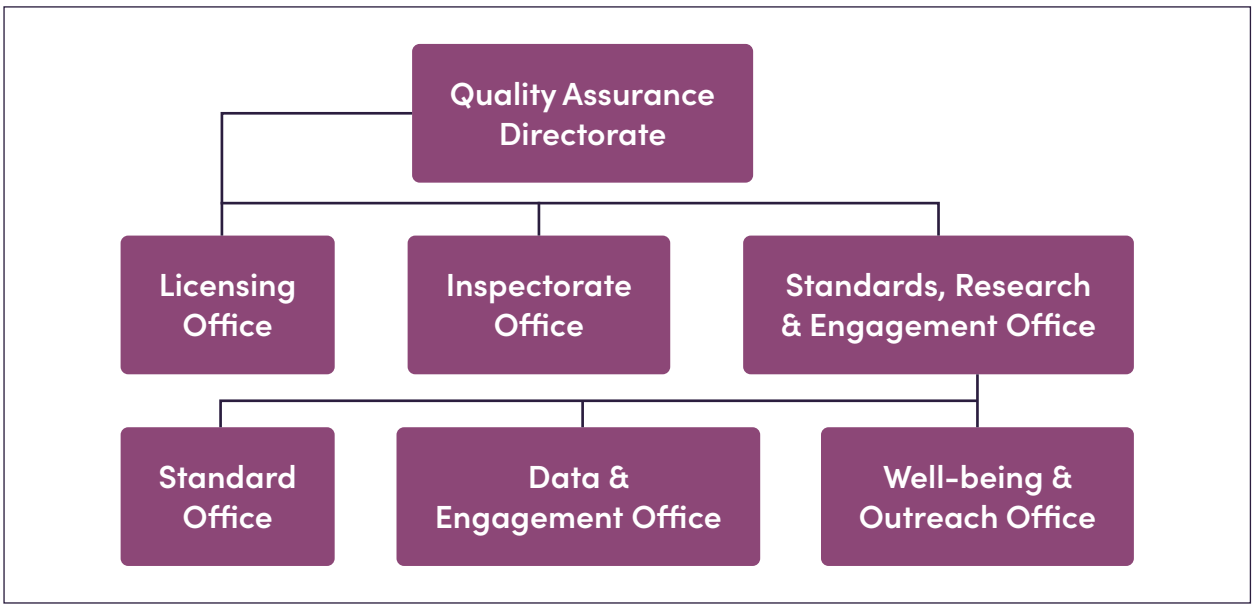


FIGURE 4.1 QUALITY ASSURANCE DIRECTORATE STRUCTURE

actions reinforced the Authority's regulatory framework and contributed to measurable improvements in service quality and compliance across licensed services.

4.1.1 OVERVIEW OF LICENSED SERVICES

During 2025, over 5,700 beds were licensed in residential care homes across Malta and Gozo, and 1,500 beds were licensed in therapeutic care services. With one newly licensed residential care home in Gozo, a total of 40 care homes were operating in 2025, one-fourth of which are located in the Northern region of Malta.

Care homes by district	
Southern Harbour	4
Northern Harbour	12
South Eastern	3
Western	7
Northern	10
Gozo	4

TABLE 4.1 GEOGRAPHICAL DISTRIBUTION OF RESIDENTIAL CARE HOMES BY DISTRICT ACROSS MALTA AND GOZO

4.1.2 RESIDENT PROFILE AND EMERGING CARE NEEDS

This year, a detailed analysis has been carried out to better understand the profile of residential homes in Malta and Gozo. This research, conducted by the Data Office in December 2025, found that over half (54%) of residents in residential care homes are aged 85 or older. This heavily skewed age breakdown in residential homes reflects the increased longevity seen throughout the general population and highlights the need for more complex care needs.

One fourth of residents (41%) living in care homes are classified as high dependency individuals, with only 27% being low dependency individuals. With such high figures

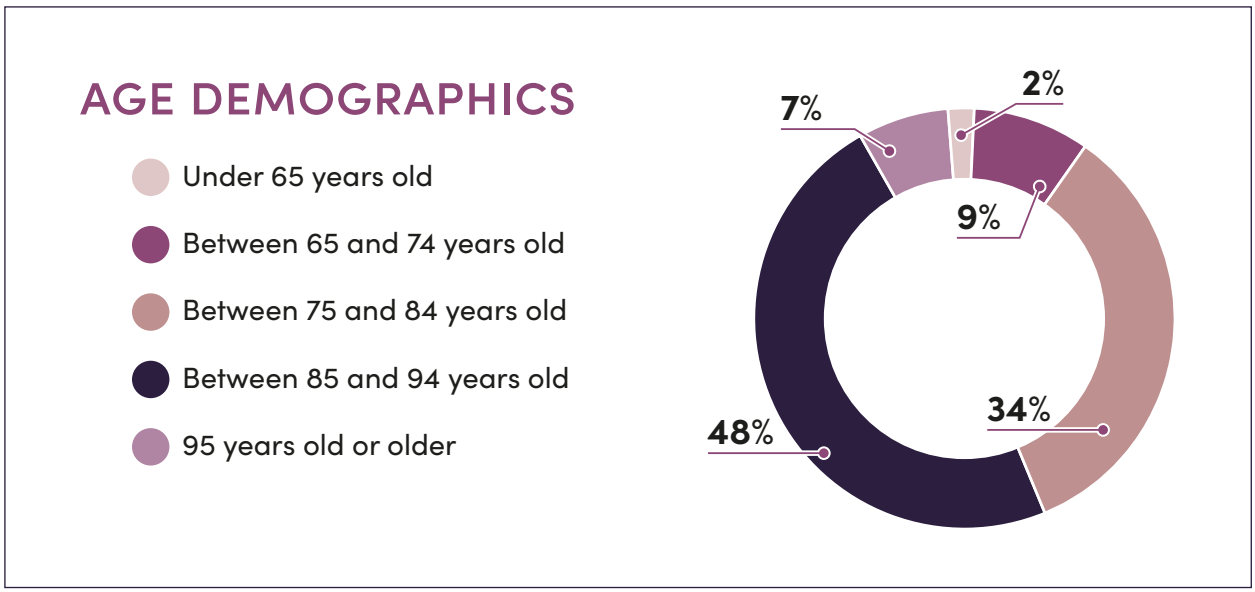


FIGURE 4.2 THE AGE PROFILE OF RESIDENTS LIVING IN RESIDENTIAL CARE HOMES

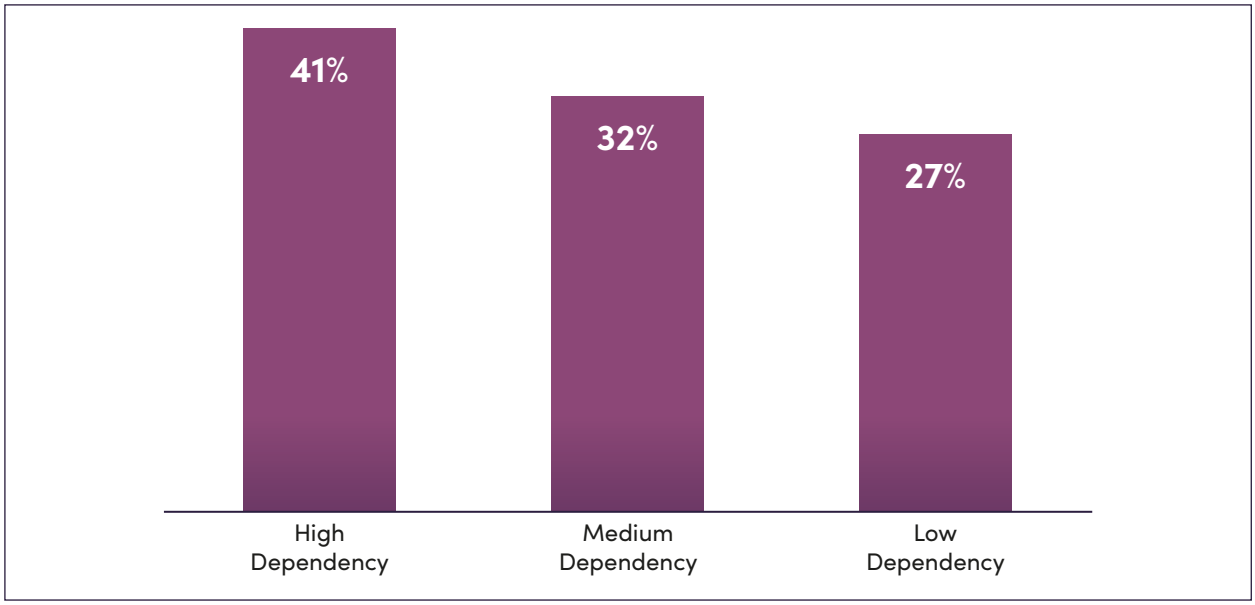


FIGURE 4.3 THE DEPENDENCY PROFILE OF RESIDENTS ACROSS RESIDENTIAL CARE HOMES

of residents classified as high dependency individuals, it is evident that residential care in Malta is increasingly functioning as high dependency, which in turn leads to diverse support needs and potential infrastructural shifts to meet growing needs.

4.2 LICENSING OFFICE

The Licensing Office is responsible for assessing all applications from service providers wishing to offer geriatric services in Malta and Gozo. Applications are carefully reviewed through a detailed process that includes inspection visits and the consideration of information gathered by both the Inspectorate and the Licensing Office. A licence is granted only when the Authority is satisfied that the care to be provided to older persons is safe, effective, and meets the required Regulatory Standards. To ensure quality care and promote transparency and accountability within the sector, the Authority may issue

different types of licences, depending on the situation, including full licences, usually valid for one year, as well as temporary or emergency licences when certain requirements have not yet been fully met. Where there are serious risks to residents or continued non-compliance with standards, the Licensing Office may recommend that a licence be revoked or not renewed.

This Office serves as the primary point of contact for service providers through a dedicated staff member. During 2025, 40 e-inspections were conducted via virtual meetings with residential care home management to discuss operational matters and address any identified issues. The Licensing Office also conducted HR audits to ensure that service providers met staffing and operational standards before granting a licence. In addition, inspection visits were conducted as part of the pre-licensing process to assess new licence applications and confirm that facilities complied with the required operational standards. Overall, Licensing Office personnel conducted a total of 172 visits during 2025.

4.2.1 PROSPECTIVE SERVICE PROVIDERS

In 2025, the Authority provided pre-application guidance to prospective service providers seeking to develop new geriatric services projects, supporting them before submitting formal applications to the Planning Authority. The Licensing Office also assessed project proposals requiring OPSA clearance, including technical consultations with the Authority's architect to verify compliance with Regulatory Standards and operational requirements.

During the reporting year, the Authority issued eight no-objection clearances for new residential care home projects. In total, 86 requests were processed through correspondence, consultation meetings, and inter-agency engagement with the Planning Authority.

4.2.2 REGISTER OF ALL LICENSED SERVICES

In accordance with Article 26 of the Older Persons Standards Authority Act (Chapter 640 of the Laws of Malta), the Authority is required to publish annually, in the Government Gazette, a register of all licensed service providers. This register includes details of licences issued, any licences revoked during the preceding calendar year, and any updates to the conditions applicable to licensing or licence renewal. The register is also available on the Authority's website and is updated monthly to reflect changes throughout the year.

The Licensing Office is responsible for maintaining the accuracy and completeness of this register and for coordinating with the Operations Office to ensure its timely publication in line with statutory requirements.

4.2.3 LICENCES ISSUED

In 2025, the Licensing Office granted licences to a total of 96 services across all regulated categories. During the same year, the Office issued 1169 licensing conditions requiring service providers to implement specific corrective measures as part of the licensing or renewal process, ensuring that identified gaps were addressed within established timeframes.

Residential Services	40
High Dependency Chronic Care Services	48
Day Centres for Older Persons living with Dementia	4
Shelters	3
Office-based	1

TABLE 4.2 LICENSED SERVICES PER CATEGORY

	Government Homes	Church Homes	Private Homes	Government and Private Homes	Total Number of licensed beds
Residential Services	113	149	4909	506	5677
High Dependency Chronic Care Services	1500				1500

TABLE 4.3 NUMBER OF BEDS PER CATEGORY

4.2.4 POST LICENSING MEETINGS

In 2025, the Licensing Office introduced structured post-licensing meetings with service providers to formally review the conditions outlined in licence grant letters and to support the implementation of Corrective and Preventive Action (CAPA) plans. The CAPA document serves as a centralised monitoring tool, consolidating all correspondence related

to licensing conditions and enabling systematic tracking of corrective actions until full compliance is achieved.

A total of 39 post-licensing meetings were conducted during the reporting period, strengthening accountability and supporting the timely resolution of identified issues.

4.2.5 INLINE TOOL

The Licensing Office works in close collaboration with the Inspections Coordination Office (ICO) within the Office of the Prime Minister, which serves as the central government mechanism for coordinating inspection activity across regulatory entities. In the context of residential care homes, the Authority, together with the Environmental Health Directorate, acts as a primary inspection authority. The Authority is responsible for collecting and submitting inspection data on behalf of designated secondary authorities.

The Licensing Office ensures the efficient processing and closure of inspection tickets by uploading relevant grant and recommendation letters, thereby formalising inspection outcomes and supporting inter-agency accountability. In 2025, the Office processed a total of 230 feedback submissions and 39 inspections related to residential care homes through the ICO system, contributing to a coordinated, risk-based, and evidence-informed inspection regime.

4.2.6 RECOMMENDATION LETTERS

The Licensing Office reviews and processes all recommendations submitted by the Inspectorate Office following inspections conducted throughout the year. Identified areas of non-compliance are formally documented and communicated to service providers, along with clear timelines for implementing corrective actions, thereby supporting timely remediation and sustained compliance.

In 2025, the Licensing Office issued a total of 416 recommendations across all licensed services. These recommendations addressed non-compliance in the following key areas:

i. Administration – including failures to uphold service user rights, incomplete or outdated policies and procedures, and other governance-related deficiencies;
ii. Resident Services – relating to the responsiveness of service providers to residents' needs, including the provision of activities, completeness and accuracy of care plans, meal options, and medication management practices;
iii. Environment – addressing concerns regarding the physical condition of services, including accessibility, cleanliness, ventilation, maintenance, and unsecured access to potentially hazardous areas;
iv. Human Resources – covering issues related to staff qualifications, training, supervision, and insufficient staff-to-resident ratios.

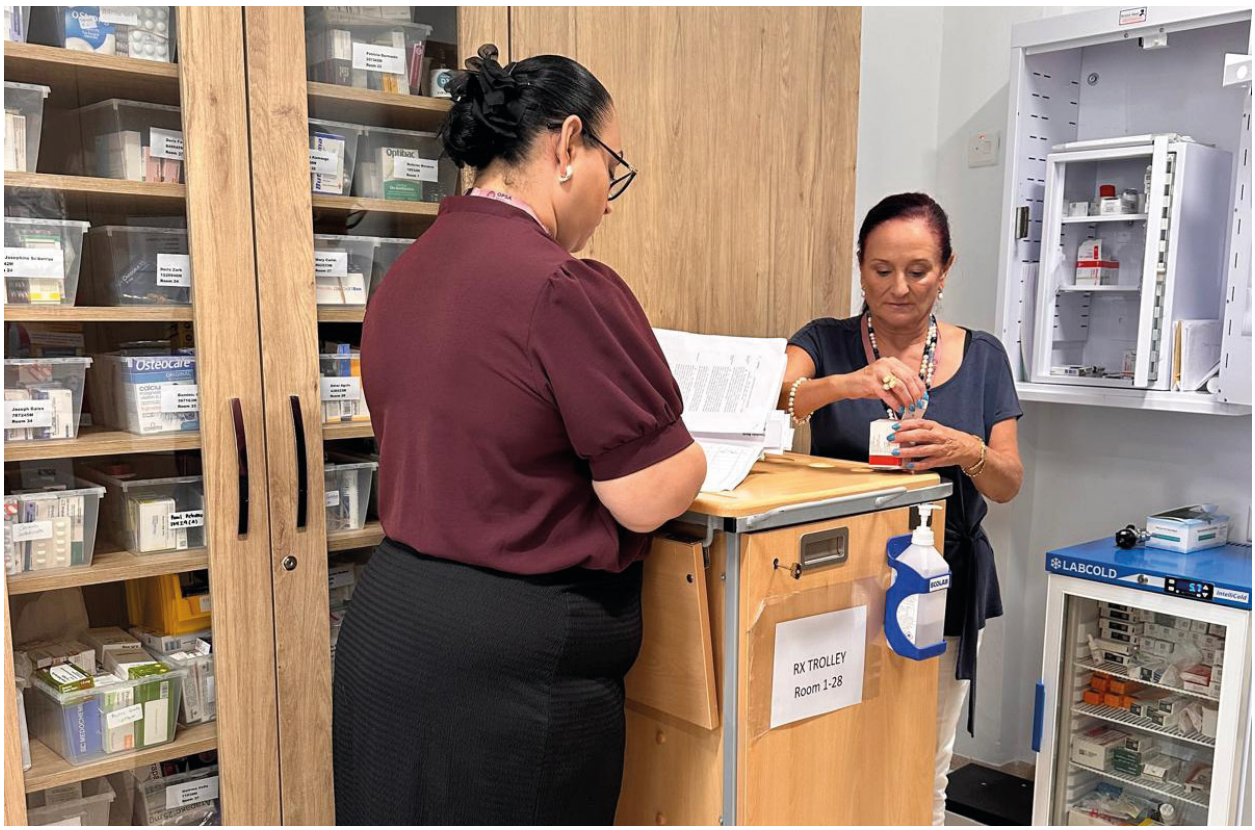
In 2026, this office will continue reviewing processes and procedures to simplify and reduce bureaucracy. Furthermore, the Licensing Office will continue to accept and process

new licence applications and initiate the renewal process for all services licensed in 2025, in accordance with Article 22 of the Older Persons Standards Authority Act (Chapter 640 of the Laws of Malta).

4.3 INSPECTORATE OFFICE

The Inspectorate Office forms an integral part of the Quality Assurance Directorate and is responsible for monitoring licensed services for older persons to ensure ongoing compliance with established regulatory standards and licence conditions. The Office is composed of a multidisciplinary team including a Manager, Assessors, a Practice Nurse, an Occupational Therapist, and a Food Consultant, each contributing specialist expertise to the inspection, monitoring, and compliance process.

Through regular and targeted monitoring visits, the Inspectorate Office collaborates closely with internal departments within the Authority, sharing findings and compliance outcomes to support informed regulatory decision-making and continuous service improvement. The overarching aim of the Inspectorate Office is to safeguard and enhance the quality of life, dignity, safety, and well-being of older persons using licensed services.



4.3.1 MONITORING AND INSPECTION VISITS

The Inspectorate Office conducts ongoing visits to all licensed services, as well as services in the process of being licensed. Inspections are carried out on both announced and unannounced basis, at varying times and on different days and times, for a comprehensive and accurate assessment of the service provided and compliance with Regulatory Standards.

These monitoring visits play a critical role in evaluating services prior to the renewal of operating licences. In addition, the Inspectorate Office investigates concerns and complaints received by the Authority and follows up on the implementation of remedial actions required in relation to licence conditions issued by the Licensing Office, thereby supporting sustained compliance and continuous improvement.

Inspection activity in 2025 reflects the Inspectorate Office's sustained commitment to continuous monitoring, risk-based oversight, and timely regulatory intervention across licensed services. The volume and distribution of visits demonstrate the Office's capacity to maintain consistent regulatory presence, including outside standard operating hours, while responding effectively to feedback and concerns raised by service users, families, and stakeholders. The following key performance indicators summarise inspection and monitoring activity carried out during the reporting year:

1. Total monitoring visits conducted: 885
2. Visits during office hours: 764
3. Visits conducted after office hours: 121
4. Feedback cases received and investigated: 225

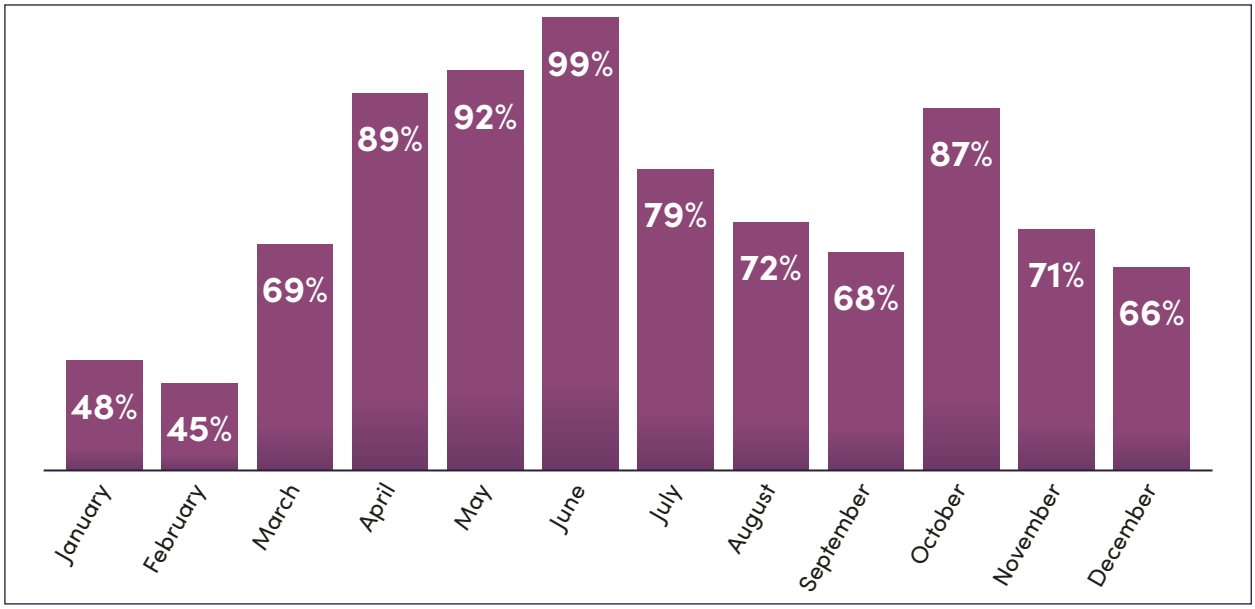


FIGURE 4.4 NUMBER OF MONITORING VISITS PER MONTH

Month	No of Feedback Cases Investigated
January	18
February	17
March	25
April	21
May	20
June	26
July	20
August	9
September	15
October	27
November	13
December	14

TABLE 4.4 NUMBER OF FEEDBACK CASES INVESTIGATED PER MONTH

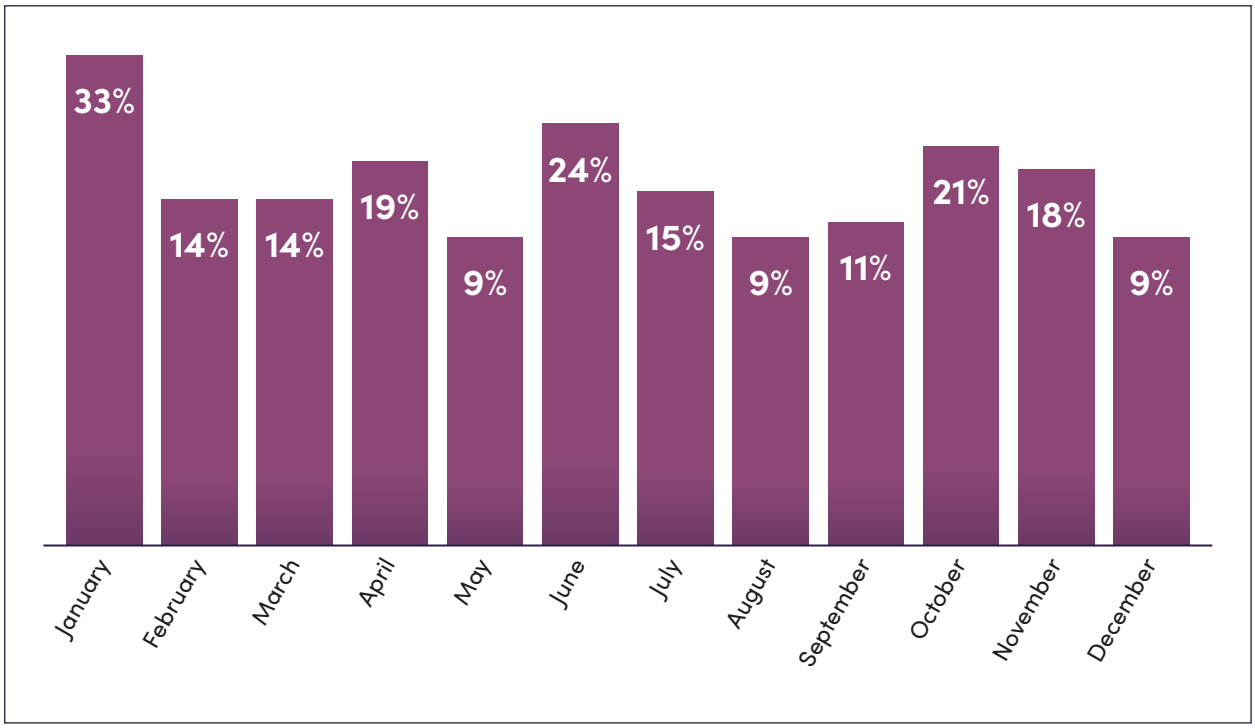


FIGURE 4.5 NUMBER OF FEEDBACK FOLLOW-UPS

4.3.2 INTRODUCTION OF AFTERNOON MONITORING VISITS

In 2025, the Inspectorate Office introduced structured afternoon monitoring visits as an enhanced regulatory measure to strengthen oversight of service delivery beyond routine inspection periods. These visits incorporate standardised monitoring exercises aligned with established regulatory standards and enable officers to assess service provision during the afternoon hours.

The objectives of these visits are to:

1. monitor consistency in care delivery throughout the day.
2. assess staffing levels and service responsiveness during afternoon shifts.
3. ensure sustained compliance with Regulatory Standards outside routine inspection times.

This initiative has strengthened the Authority's capacity to maintain continuous oversight and to ensure that licensed services consistently meet required standards of care and compliance.

4.3.3 USE OF DIGITAL TOOLS AND INTER-AGENCY COLLABORATION

The Inspectorate Office continued to enhance its inspection methodology through collaboration with the ICO. In 2025, the Office supported the use of the Inline Tool to collect inspection-related data on behalf of the secondary authorities included in this project, contributing to a coordinated, evidence-based regulatory approach.

The Inspectorate Office utilised the Inline Tool to open and manage feedback cases (investigation cases) directly linked to specific licensed services. This system supports improved case tracking, data accuracy, and timely follow-up of identified concerns.

4.3.4 DATA MANAGEMENT AND REPORTING OVERSIGHT

In 2025, the Inspectorate Office began maintaining a comprehensive and up-to-date database of all monitoring and inspection visits conducted throughout the year. This database enables the Office to:

i. track inspection outcomes and monitor progress on follow-up actions;
ii. monitor report submission deadlines and ensure timely completion of inspection documentation;
iii. support effective coordination and information-sharing between the Inspectorate and Licensing Offices

In addition, the database provides greater visibility into inspection activity and compliance trends, enabling the Inspectorate Office to adopt a more proactive, risk-based approach to regulatory oversight. This structured approach has enhanced transparency, accountability, and operational efficiency across the Authority.

4.3.5 FOOD QUALITY MONITORING VISITS

As of March 2025, a food consultant was engaged within the Inspectorate Office to conduct targeted visits to residential care homes, monitor food provision, and responding to feedback on meals and catering services. These visits focus on food quality and meal delivery processes.

The scope of this function is to ensure that food services meet Regulatory Standards, promote residents' health and well-being, and uphold dignity, choice, and quality in daily living.

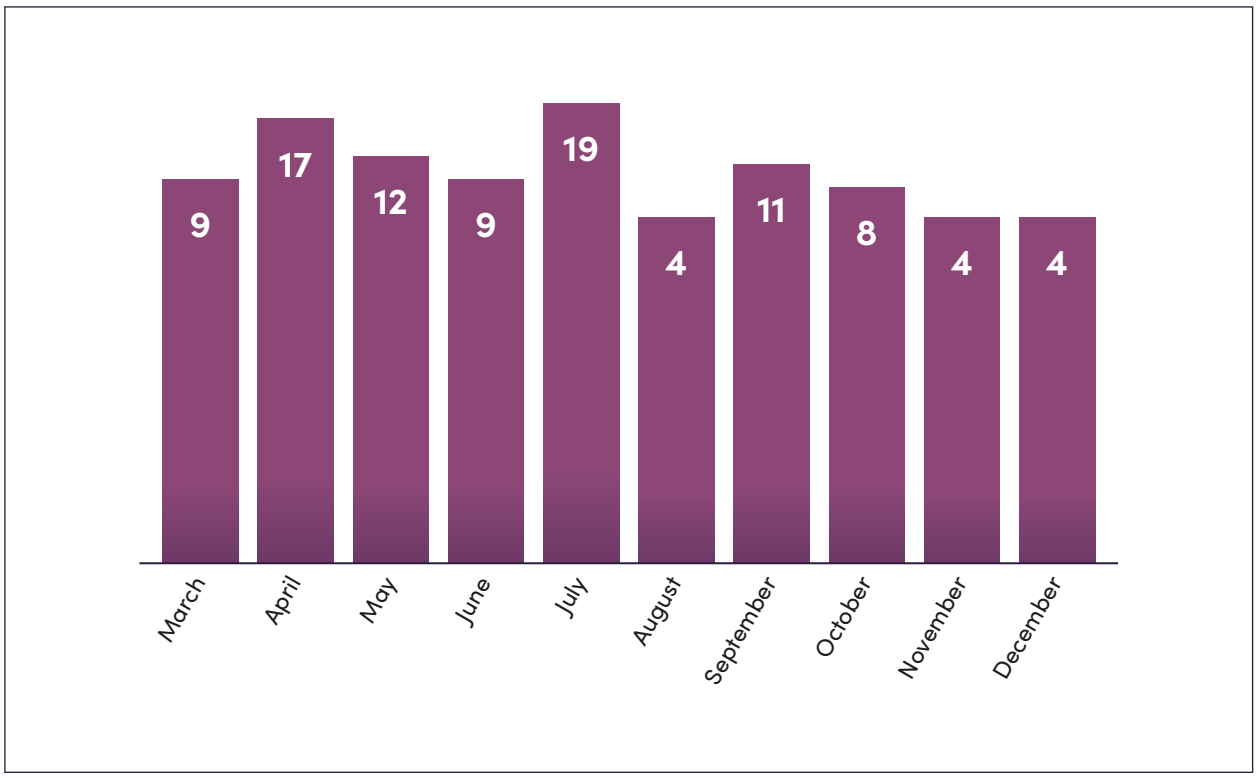


FIGURE 4.6 FOOD INSPECTION VISITS PER MONTH

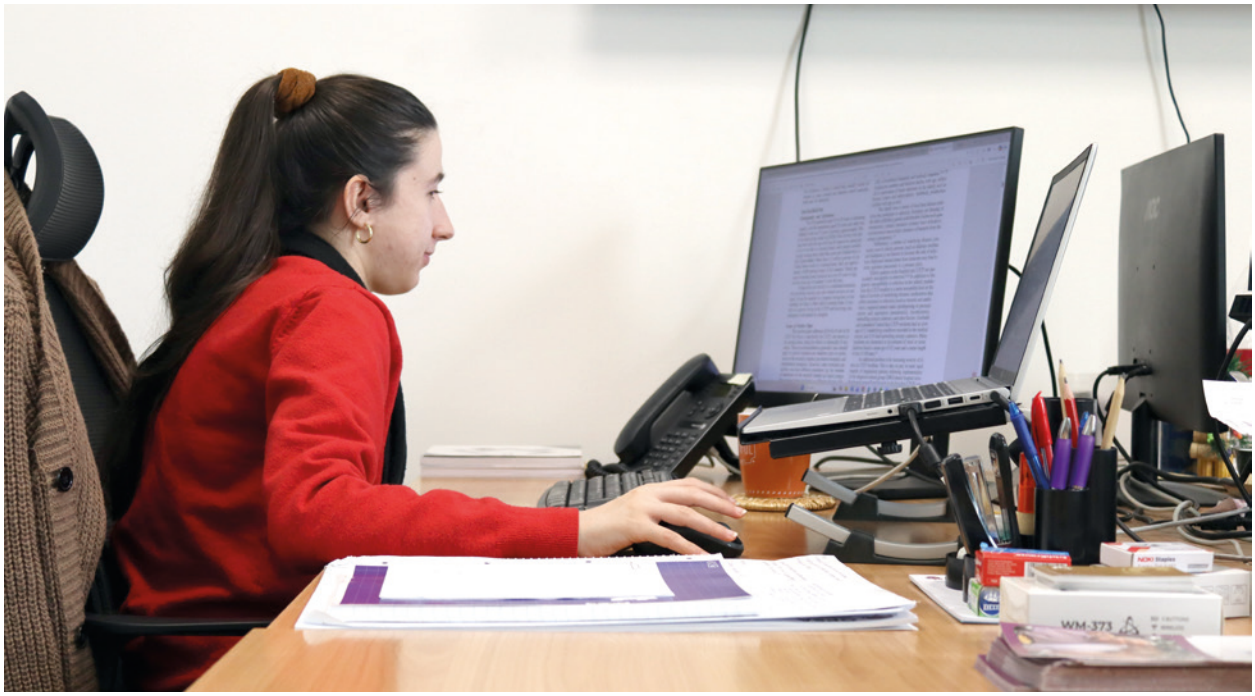
4.3.6 IMPACT AND OUTCOMES

The work carried out by the Inspectorate Office in 2025 had a positive and measurable impact on the quality of services provided to older persons. Through continuous monitoring, responsive follow-up, and strengthened internal processes, the Office contributed to improved compliance, enhanced service delivery, and better outcomes for residents and service users.

The ongoing integration of digital tools, structured monitoring approaches, and inter-departmental collaboration has further strengthened the Authority's regulatory framework and supports continuous improvement across licensed services.

4.4 STANDARDS, RESEARCH AND ENGAGEMENT OFFICE

The Standards, Research and Engagement Office supports the Authority's regulatory work through the development of evidence-based standards, the systematic use of data and research, and sustained engagement with key stakeholders. Its work ensures that regulatory frameworks remain current, responsive to emerging trends, and aligned with national and international best practices. The Office is further supported by the Well-Being and Outreach Office, which contributes qualitative insights from residents and services, strengthening the Authority's understanding of lived experience and informing continuous improvement initiatives. Through research, analysis, engagement, and outreach, the Office contributes to informed decision-making, policy development, and the ongoing enhancement of regulated services.



4.4.1 STANDARDS OFFICE

The Standards Office is responsible for continuously improving Regulatory Standards to ensure that geriatric services in Malta meet the changing needs of service users.

The Office is constantly updating and refining quality indicators to address emerging needs shared during the Authority's continuous communication with service users, including relatives and providers. This is above and beyond any concerns raised during the ongoing, two-way dialogue between stakeholders and the Authority.

In 2025, two Senior Research Officers, trained in data analysis and interpretation, were recruited to assist in expediting and innovating the Standards Office's operations.

In the past year, the Standards Office, following consultation with the other offices of the Authority, reviewed and refined the:

i. Regulatory Standards for Residential Services for Older Persons, including persons living with dementia;
ii. Regulatory Standards for High Dependency Chronic Care; and
iii. Regulatory Standards for Day Care Standards.

Following this rigorous re-evaluation, the updated Regulatory Standards will be presented for public consultation.

Apart from preparing for the eventual legal codification of novel Regulatory Standards, the Office compounded its procedures by implementing the latest Standard Operating Procedures (SOPs) and report templates, as well as updated databases.

Furthermore, in anticipation of future Regulatory Standards, the Office undertook in-depth research into the regulation of community care and semi-independent living services, as well as the emerging use of artificial intelligence in care practices. This research was initiated in response to the evolving needs of the sector, increasing demand for alternative

models of care, and the rapid emergence of new technologies in service delivery. By proactively examining these areas, the Authority is positioning itself to develop responsive, future-focused regulatory frameworks that reflect emerging trends, support innovation, and ensure that new models of care continue to meet required standards of safety, quality, and dignity.

4.4.2 DATA OFFICE

The Data Office is responsible for compiling and maintaining data related to all licensed services, thereby ensuring the Authority has access to accurate information at all times. Data is collected directly from service providers through the use of various data collection tools, including online surveys, focus groups, and face-to-face interviews. The Office also has the ability to contact providers for real-time and intermittent (one-off) data requests. With respect to internal data collection, the Data Office receives all information from the Quality Assurance Directorate regarding visits and remedial actions taken by service providers.

One of the Office's main duties is to conduct analysis of all collected data, with the aim of identifying recurring patterns and trends that may better guide the Regulatory Standards. Moreover, the Data Office ensures that all findings are clearly and accurately presented to the other offices. An example of this ongoing responsibility is the collection and analysis of monthly data to identify novel trends and anticipate potential issues, which are proactively mitigated.

In 2025, the Data Office streamlined the data collection templates used by the Offices of the Authority. The primary objective was to improve the ease of use of the digital templates for data input and ensure better inter-office communication.

In addition to the template revisions, the Office continued to develop the Quality Tool, with an emphasis on residential homes for older persons, which will be used to license service providers as of 2026.

Moreover, the Data Office coordinated the Digitisation Project, aimed at digitising all of the Authority's licensing procedures, from the initial contact with potential service providers up until the annual renewals, and including the feedback processes. This involved a comprehensive analysis of the Quality Tool, breaking it down to extract as much actionable data as possible. This allowed for a greater analysis and comparison exercise of residential care homes between 2024 and 2025.

In 2025, the Data Office upheld its duty of delivering timely and accurate data and proceeded to expand its team through the recruitment of a highly experienced new member. This addition enhanced the development and implementation of advanced quarterly data collection templates aimed at streamlining data input throughout the Authority.

This detailed data extraction continues to facilitate in-depth analysis to provide early indicators of potential issues or trends and pre-emptive measures. The Office's proactive approach continues to ensure that emerging challenges are identified and promptly addressed, thereby reinforcing the Authority's commitment to data-driven decision-making and ongoing improvement.

During 2025, over four fifths of carers working in care homes were foreigners, and thus the Data Office initiated a research project aimed at better understanding and mitigating the language barriers experienced in residential care homes. Through the use of focus groups carried out with staff, residents, and managers from various residential care homes, we explored the impact of language on operations, the current resources used to overcome struggles, established specific topics and instances where language serves to be a challenge, and determined an effective language tool to integrate within residential care homes.

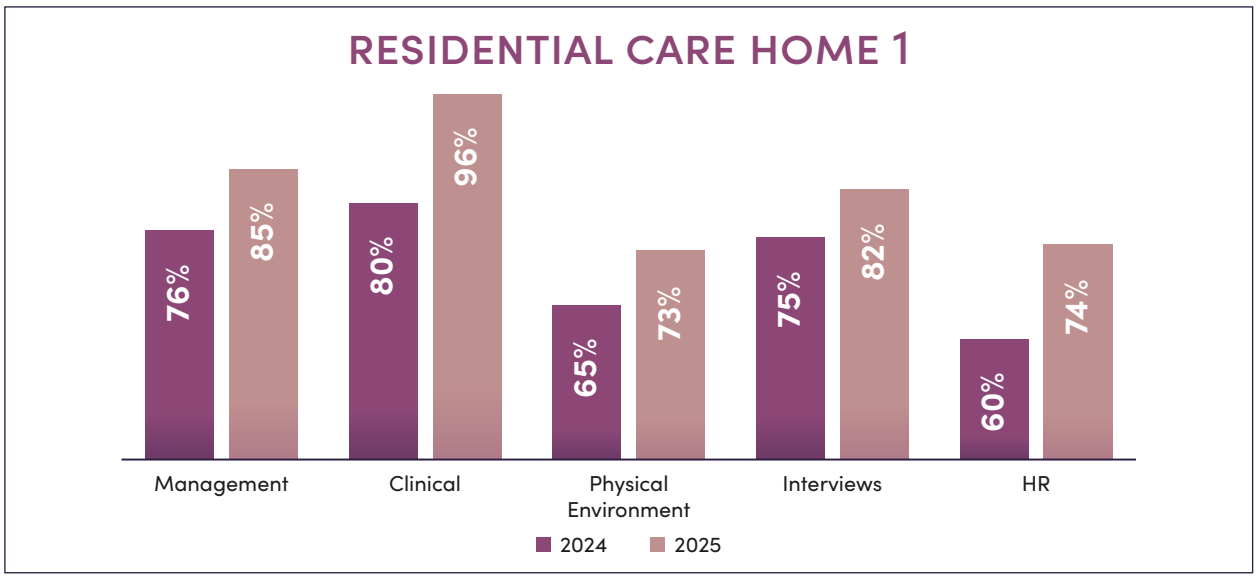


FIGURE 4.7 DATA COMPARISON 2024 VS 2025

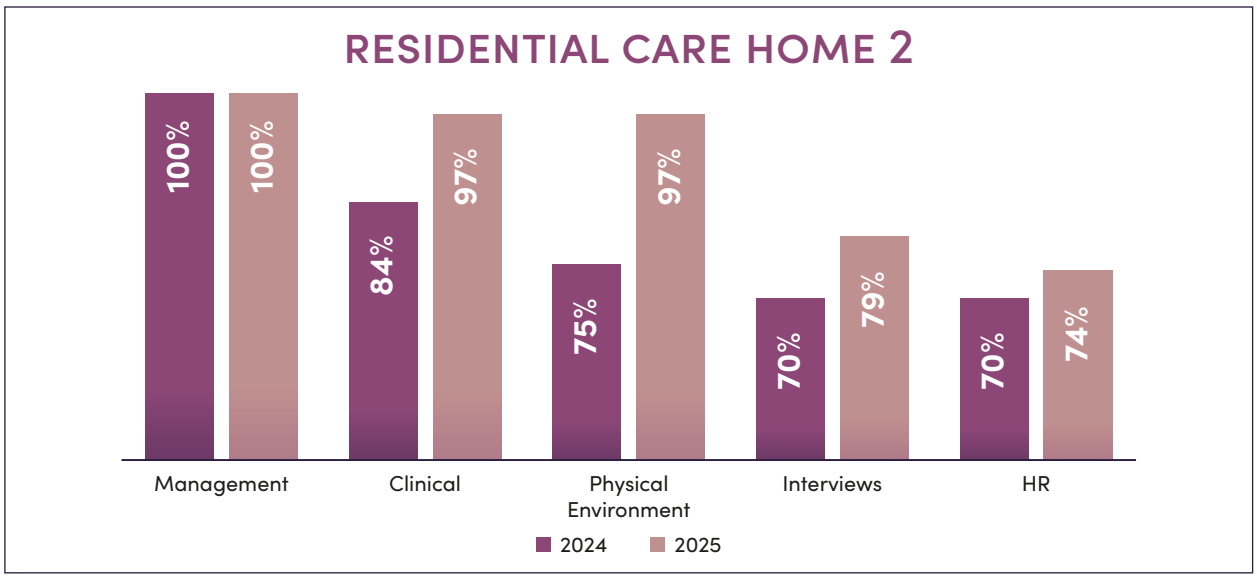


FIGURE 4.8 DATA COMPARISON 2024 VS 2025

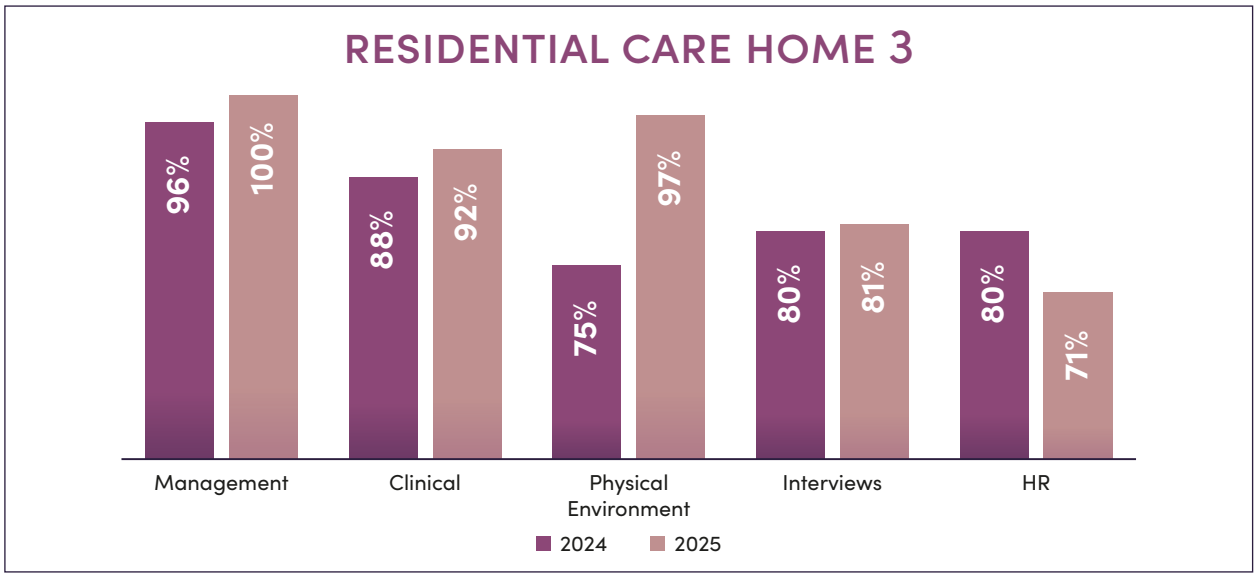


FIGURE 4.9 DATA COMPARISON 2024 VS 2025

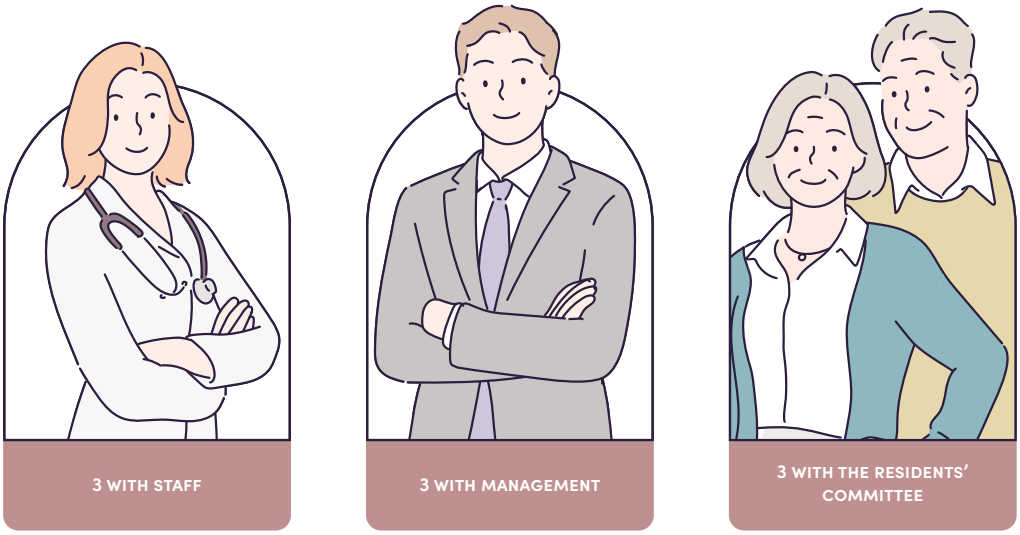


FIGURE 4.10 FOCUS GROUPS HELD

4.4.3 ENGAGEMENT OFFICE

The Engagement Office bridges OPSA with international regulatory bodies and stakeholders worldwide. The Engagement Office arranges collaborations and explores opportunities to facilitate continuous professional development initiatives for Authority staff, such as job shadowing and other visits. Moreover, it facilitates network opportunities to ensure a two-way dissemination of knowledge and best practices between the Maltese Authority and foreign regulators.

In 2025, members of the Engagement Office, along with the CEO and the Director of the Quality Assurance, participated in two EPSO (European Partnership for Supervisory Organisations in Health Services and Social Care) conferences held in Jersey and Dublin, Ireland, where the CEO gave a presentation on End-of-Life Care. While the Director of the Quality Assurance and Manager of Well-being and Outreach gave another presentation on *Enhancing Regulatory and Enforcement Strategy with Trust*. Moreover, the same management personnel visited Leuven, Belgium, for specialised training.

In addition to its networking efforts, the Engagement Office maintained discussions with the University of Malta in 2025 following the Memorandum of Understanding with the Department of Gerontology and Dementia Studies at the University of Malta, with a mutual ongoing commitment to improve the care of older persons through training, research, and evidence-based policies.

In 2026, the Engagement Office shall continue to strengthen and continue to build on pre-existing and explore new opportunities for collaboration locally and with regulatory bodies worldwide. This shall foster long-lasting and fruitful partnerships whilst contributing to the improvement of regulatory practices globally. Moreover, the Office will continue to play an active role in international conferences to expand its network whilst engaging with a diverse range of regulators and stakeholders. This will ensure that the exchange of crucial insights, current knowledge, and best practices remains continuous. In this way, the Engagement Office shall further its mission of driving excellence and innovation in the sector locally and overseas.


EPSO
European
Partnership
for
Supervisory
Organisations
in
Health Services
and
Social Care
EPSO

4.4.4 WELL-BEING AND OUTREACH OFFICE

The Well-Being and Outreach Office, established in October 2024, is responsible for promoting and enhancing the quality of care and the overall well-being of older persons in services regulated by the Authority. The Office focuses on the lived experiences of residents and supports continuous improvement in residential care homes. In addition, the Well-Being and Outreach Office is involved in collecting data through interviews and surveys. This information is used for outreach initiatives and contributes to a broader understanding of the quality of life within residential care settings.

In 2025, the Office expanded by recruiting three experienced assessors. The aim was to engage consistently with residential care homes and develop functions and initiatives focusing on residents' well-being. In the first quarter of 2025, the team prioritised developing foundational policies, procedures, and operational templates to support the Office's day-to-day operations. Rapport was established with key stakeholders through a total of 294 visits to residential care homes for older persons. Meetings with management of residential care homes initially served to introduce the remit of the Well-Being and Outreach Office and highlight the mutual benefits of collaboration for both staff and residents. Over time, engagement progressed to collaborative discussions with suggestions for improving the lives of older persons.

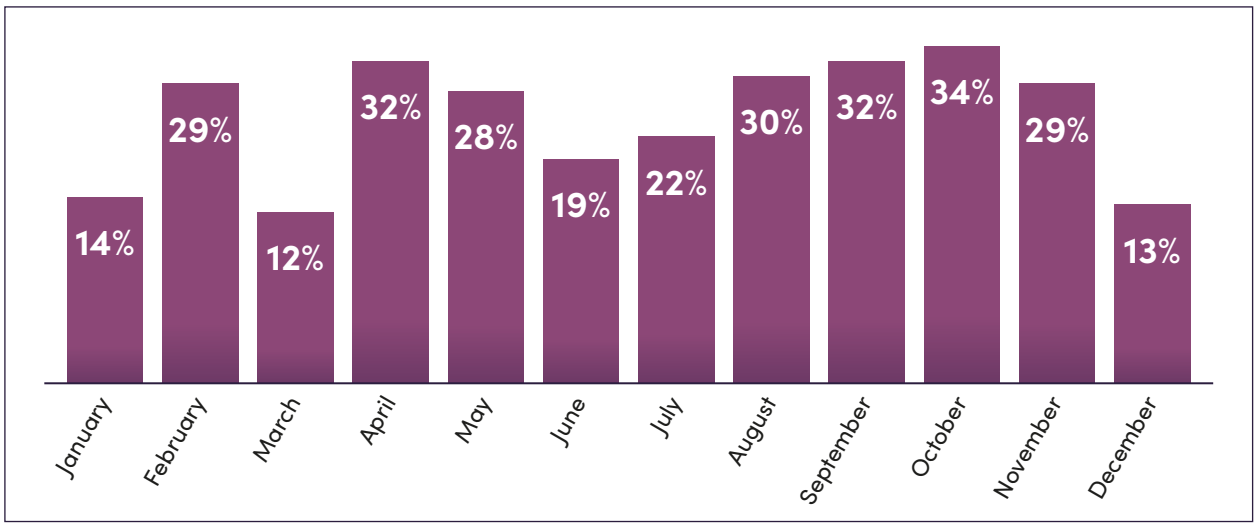


FIGURE 4.11 VISITS CONDUCTED BY WELL-BEING & OUTREACH TEAM

The Well-Being and Outreach Office delivered training sessions for residential care home staff focusing on *Maltese Culture in Residential Care Homes*. These sessions provided staff with an overview of Maltese culture, its significance for older persons, and practical ways to embrace and preserve it within residential care settings. Various topics were covered, including the Maltese language, traditional food, clothing, religion, feasts, and activities. In total, 29 sessions were delivered across 10 different homes, with 502 staff members participating.

The Well-Being and Outreach Office organised 14 *Memories from the Past* sessions with older persons in residential care homes. These sessions are designed to promote social interaction and meaningful conversation, providing residents with the opportunity to share memories, stories, and personal experiences.

An initiative organised by the Well-Being and Outreach Office was the *Insights and Innovations Forums and Collaborative Platforms*, which brought together management from all residential care homes to discuss common challenges and share best practices to collaboratively identify solutions. External stakeholders were also invited to participate

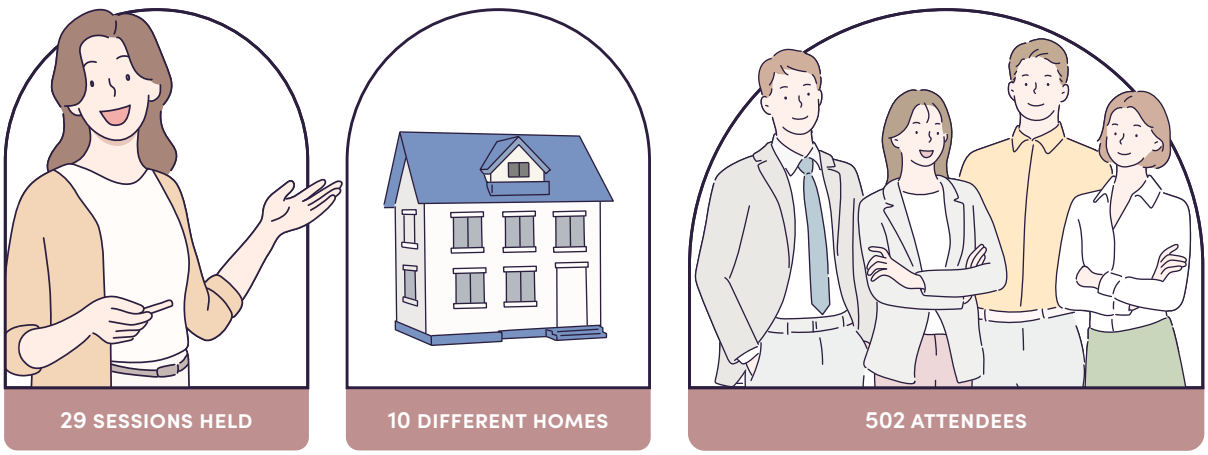


FIGURE 4.12 TRAINING SESSIONS

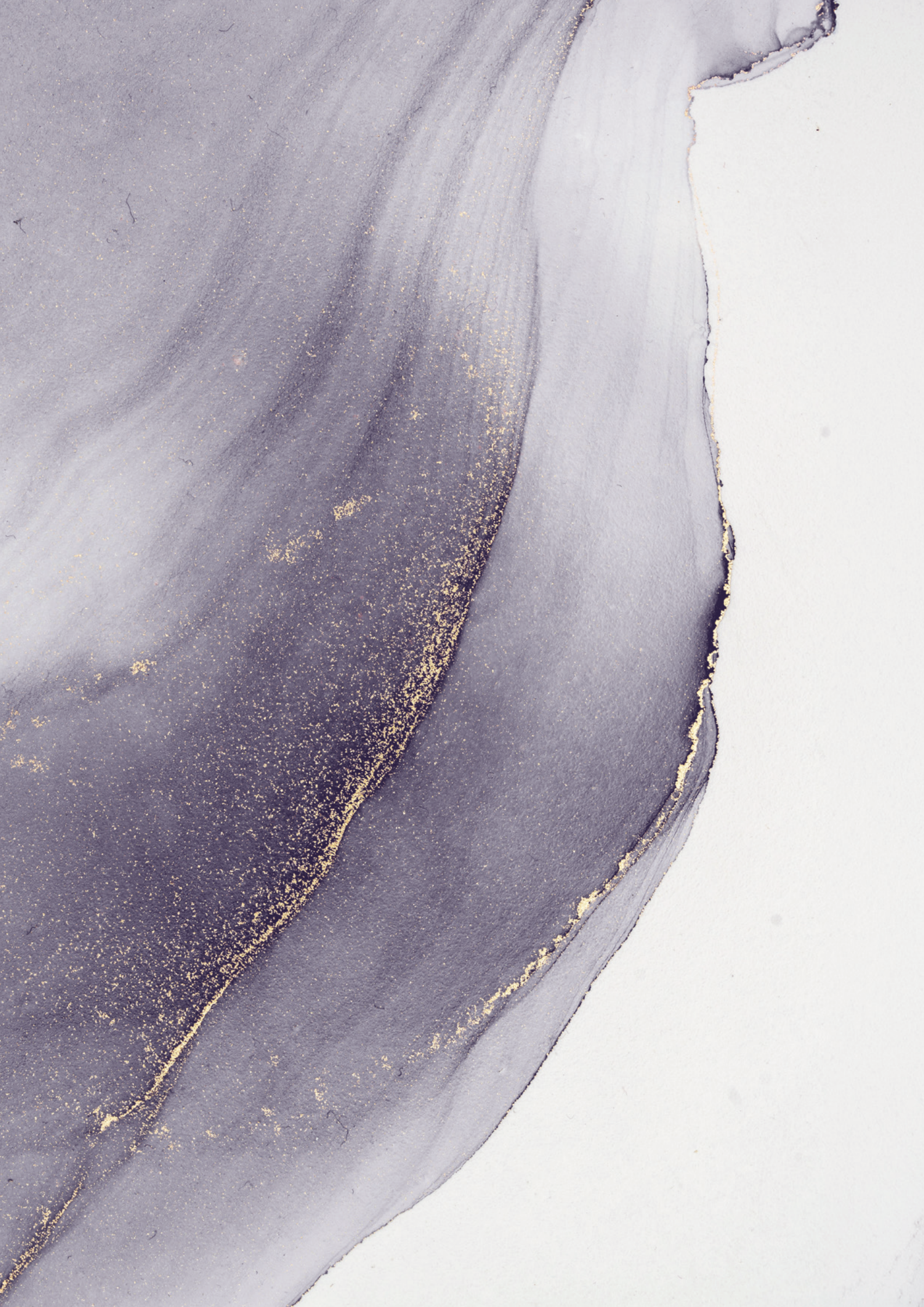
by delivering presentations, allowing professionals to provide guidance and share their expertise.

Another initiative led by the Well-Being and Outreach Office was the *Talenti b'Għożża* exhibition, held in October 2025, for *Jum l-Anzjan*. This event celebrated the talents, skills, and creativity of *150* residents living in residential care homes. The exhibition attracted strong interest from residents and an excellent public turnout. It promoted positive ageing, social inclusion, and greater public awareness of the capabilities and contributions of older persons.

As part of the ongoing outreach initiatives, the Well-Being and Outreach Office took a prominent role at the MCAST Freshers' Week, representing the Authority and engaging directly with students to raise awareness about OPSA. Presentations were delivered at both the University of Malta and MCAST, while there was also participation in media programmes to further promote OPSA's work. In addition, a presentation was delivered during The XI Malta Medical School Conference held in December 2025.

To strengthen community involvement and ensure the voices of families are heard, the Bridging Care Forum was introduced. This initiative provides relatives of older persons residing in residential care homes with a dedicated platform to share insights and suggestions on improving the quality of care and services.

Looking ahead to 2026, the Well-Being and Outreach Office will continue to consolidate and expand its operations, including the recruitment and training of additional team members, the ongoing review and updating of Standard Operating Procedures, alongside other initiatives aimed at enhancing the quality of life of older persons in residential care homes. The Office also plans to strengthen its outreach and awareness-raising sessions for older persons, focusing on the Authority's functions, residents' rights, and key aspects of well-being in later life. Through these ongoing efforts, the Office plays a vital role in building trust with residents and service providers by promoting transparency, engagement, and consistent support.



FINANCIAL STATEMENTS

OLDER PERSONS STANDARDS AUTHORITY

Annual Report and Financial Statements

31 December 2025

Authority Board's report

The members of the Authority Board present their report and the audited financial statements for the year ended 31 December 2025.

Principal activities

The Older Persons Standards Authority was established by virtue of the Older Persons Standards Authority Act (Cap. 640) as a regulatory body and is dedicated to enhancing the quality of geriatric services. Its mission is to protect and promote the dignity, safety, and welfare of older persons by ensuring high standards of care.

Performance review

The financial position of the authority as at 31 December 2025 is disclosed on page 4, while the results for the year under review are disclosed on page 3.

The Authority registered a surplus of €161,757 for the year ended 31 December 2025.

Board members

The board members of the Authority who held office during the year were:

Dr. Lisa Cassar Shaw – Chairperson
Mr. Joseph Calleja – Deputy Chairperson
Mr Paul Vella – Member
Dr. Alexander Attard – Member
Dr. Svetlana Sammut – Member
Dr. Nadine Stivala – Member
Ms. Philomena Meli – Member

Statement of the Authority Board's responsibilities for the financial statements

The Authority is governed by a Board consisting of a Chairperson, Deputy Chairperson, secretary, and five members. They are required to prepare financial statements which give a true and fair view of the state of affairs of the Authority as at the end of each reporting period and of the surplus or deficit for that period.

In preparing the financial statements, the Authority Board is responsible for:

- ensuring that the financial statements have been drawn up in accordance with International Financial Reporting Standards as adopted by the EU;
- selecting and applying appropriate accounting policies;
- making accounting estimates that are reasonable in the circumstances;
- ensuring that the financial statements are prepared on the going concern basis unless it is inappropriate to presume that the Authority will continue in business as a going concern.

Authority Board's report - continued

Statement of Authority Board's responsibilities for the financial statements - continued

The Authority Board is also responsible for designing, implementing and maintaining internal control as the Authority Board is determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and that comply with the Older Persons Standards Authority Act (Cap. 640). It is also responsible for safeguarding the assets of the Authority and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Auditors

Corporate Assurance Limited have indicated their willingness to continue in office and a resolution for their re-appointment will be proposed at the Authority's board meeting.

On behalf of the Authority Board:

Dr. Lisa Cassar Shaw
Chairperson

Mr. Joseph Calleja
Deputy Chairperson

Registered office of the Authority:
The Exchange, It-Telgha ta' Spencer,
Il-Marsa, MRS1982,
Malta

17 March 2026

Statement of comprehensive income

	Notes	**2025**	2024
		€	€
Revenue	*5*	**1,751,533**	1,250,000
Administrative expenses		**(1,577,340)**	(1,142,281)
Finance costs	*8*	**(12,436)**	(15,932)
Surplus for the year representing total comprehensive income	*6*	**161,757**	91,787

The notes on pages 7 to 17 are an integral part of these financial statements.

Statement of financial position

	Notes	2025	2024
		€	€
ASSETS			
Non-current assets			
Property, plant and equipment	*10*	**284,067**	358,213
Current assets			
Receivables	*11*	**7,959**	4,742
Cash and cash equivalents	*14*	**399,081**	113,667
		407,040	118,409
Total assets		**691,107**	467,622
CAPITAL AND LIABILITIES			
Reserves			
Accumulated surplus		**253,544**	91,787
		253,544	91,787
Current liabilities			
Payables	*12*	**177,162**	50,271
Lease liability	*13*	**80,775**	74,949
		257,937	125,220
Non-current liabilities			
Lease liability	*13*	**179,626**	259,615
Total liabilities		**437,563**	384,835
Total reserves and liabilities		**691,107**	467,622

The notes on pages 7 to 17 are an integral part of these financial statements.

The financial statements on pages 3 to 17 were authorised for issue by the board members on 17 March 2026 and were signed on its behalf by:

Dr. Lisa Cassar Shaw
Chairperson

Mr. Joseph Calleja
Deputy Chairperson

Statement of changes in equity

	Accumulated surplus €
Surplus for the year representing total comprehensive income	91,787
Balance at 1 January 2026	91,787
Surplus for the year representing total comprehensive income	161,757
Balance at 31 December 2026	**253,544**

The notes on pages 7 to 17 are an integral part of these financial statements.

Statement of cash flows

	Notes	**2025**	2024
		€	€
Cash flows from operating activities			
Surplus for the year		**161,757**	91,787
Adjustments for:			
Depreciation of property, plant and equipment		**90,096**	84,774
Operating surplus before working capital movements		**251,853**	176,561
Movement in receivables		**(3,217)**	(4,742)
Movement in payables		**52,728**	384,835
Net cash flows generated from operating activities		**301,364**	556,654
Cash flows from investing activities			
Purchase of property, plant and equipment		**(15,237)**	(38,755)
Right of use asset		**(713)**	(404,232)
Net cash flows used in investing activities		**(15,950)**	(442,987)
Net movement in cash and cash equivalents		**285,414**	113,667
Cash and cash equivalents at the beginning of the year		**113,667**	-
Cash and cash equivalents at the end of the year	*14*	**399,081**	113,667

The notes on pages 7 to 17 are an integral part of these financial statements.

Notes to the financial statements

1. Basis of preparation

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the EU and the requirements of the Older Persons Standards Authority Act (Cap. 640). The Authority's financial statements have been prepared under the historical cost convention.

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

2. Significant accounting policies

2.1 Property, plant and equipment

All property, plant and equipment is initially recorded at historical cost. Subsequent costs are included in the asset's carrying amount when it is probable that future economic benefits associated with the item will flow to the Authority and the cost of the item can be measured reliably. Expenditure on repairs and maintenance of property, plant and equipment is recognised as an expense when incurred.

Property, plant and equipment are derecognised on disposal or when no future economic benefits are expected from their use or disposal. Gains or losses arising from derecognition represent the difference between the net disposal proceeds, if any, and the carrying amount, and are included in profit and loss in the period of derecognition.

Depreciation is calculated using the straight-line method to allocate their cost or revalued amounts to their residual values over their estimated useful lives, as follows:

	%
Improvements to buildings	20
Computer and office equipment	20
Computer software	20
Furniture and fittings	10
Plant and machinery	20

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with carrying amount and are recognised in profit or loss. When revalued assets are sold, the amounts included in the revaluation reserve relating to the assets are transferred to accumulated surplus.

2. Significant accounting policies - continued

2.2 Financial instruments

Financial assets and financial liabilities are recognised when the Authority becomes a party to the contractual provisions of the instrument. Financial assets and financial liabilities are initially recognised at their fair value plus directly attributable transaction costs for all financial assets or financial liabilities not classified at fair value through profit or loss.

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when the Authority has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Financial assets are derecognised when the contractual rights to the cash flows from the financial assets expire or when the entity transfers the financial asset and the transfer qualifies for derecognition.

Financial liabilities are derecognised when they are extinguished. This occurs when the obligation specified in the contract is discharged, cancelled or expires.

An equity instrument is any contract that evidences a residual interest in the assets of the Authority after deducting all of its liabilities. Equity instruments are recorded at the proceeds received, net of direct issue costs.

Receivables

Receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in profit or loss. When a receivable is uncollectible, it is written off against the allowance account for receivables. Subsequent recoveries of amounts previously written off are credited against profit or loss.

Payables

Payables comprise obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less (or in the normal operating cycle of the business if longer). If not, they are presented as non-current liabilities.

Payables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method.

2.3 Leases

At inception of a contract, the Company assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

2. Significant accounting policies - continued

2.3 Leases - continued

i. As a lessee

The Company recognises a right-of-use asset (ROU) and a lease liability at the lease commencement date.

The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred and an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentives received.

The right-of-use asset is subsequently depreciated using the straight-line method from the commencement date to the end of the lease term, unless the lease transfers ownership of the underlying asset to the Company by the end of the lease term or the cost of the right-of-use asset reflects that the Company will exercise a purchase option. In that case the right-of-use asset will be depreciated over the useful life of the underlying asset, which is determined on the same basis as those of plant and equipment. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The right-of-use assets are presented as a separate item in the Property, Plant and Equipment schedule.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Company's incremental borrowing rate. The Company uses its incremental borrowing rate as the discount rate.

The incremental borrowing rate depends on the term, currency and start date of the lease and is determined based on a series of inputs including: the risk-free rate based on government bond rates; a country-specific risk adjustment and a credit risk adjustment based on bond yields.

The Company determines its incremental borrowing rate by obtaining interest rates from various external financing sources and makes certain adjustments to reflect the terms of the lease and type of the asset leased.

Lease payments included in the measurement of the lease liability comprise the following :
- fixed payments, including in-substance fixed payments,
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- the exercise price under a purchase option that the Company is reasonably certain to exercise, lease payments in an optional renewal period if the Company is reasonably certain to exercise an extension option, and penalties for early termination of a lease unless the Company is reasonably certain not to terminate early.

The lease liability Is subsequently measured by increasing the carrying amount to reflect interest on the lease liability lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made. It is remeasured when there is a change in future lease payments arising from a change in an index or rate, if there is a change in the Company's estimate of the amount expected to be payable under a residual value guarantee, if the Company changes its assessment of whether it will exercise a purchase, extension or termination option or if there is a revised in-substance fixed lease payment. When the lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero. The Company did not make any such adjustments during the periods presented.

2. Significant accounting policies - continued

2.4 Impairment

All assets are tested for impairment.

At the end of each reporting period, the carrying amount of assets is reviewed to determine whether there is any indication or objective evidence of impairment, as appropriate, and if any such indication or objective evidence exists, the recoverable amount of the asset is estimated.

A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a “loss event”) and that loss event has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated. The Authority first assesses whether objective evidence of impairment exists. The criteria that the Authority uses to determine that there is objective evidence of an impairment loss include:

- Significant financial difficulty of the issuer or obligor;
- A breach of contract, such as a default or delinquency in interest or principal payments;
- It becomes probable that the borrower will enter bankruptcy or other financial reorganisation.

An impairment loss is the amount by which the carrying amount of an asset exceeds its recoverable amount.

In the case of assets tested for impairment, the recoverable amount is the higher of fair value (which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date) less costs of disposal and value in use (which is the present value of the future cash flows expected to be derived, discounted using a pre-tax discount rate that reflects current market assessment of the time value of money and the risks specific to the asset).

Where the recoverable amount is less than the carrying amount, the carrying amount of the asset is reduced to its recoverable amount, as calculated.

Impairment losses are recognised immediately in profit or loss.

In the case of assets tested for impairment, an impairment loss recognised in a prior year is reversed if there has been a change in the estimates use to determine the asset’s recoverable amount since the last impairment loss was recognised.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years.

Impairment reversals are recognised immediately in profit or loss.

2. Significant accounting policies - continued

2.5 Revenue recognition

Revenue comprises the fair value of the consideration received. The Authority recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and when specific criteria have been met for each of the Authority's activities as described below.

- Authority has transferred to the buyer the significant risks and rewards of ownership of the services provided. This is generally when the customer has approved the services that have been provided;
- The amount of revenue can be measured reliably;
- It is probable that the economic benefits associated with the transaction will flow to the Authority; and
- The costs incurred or to be incurred in respect of the transaction can be measured reliably.

Income from government subvention is recognised on an accrual basis.

- Government grants and EU grants are not recognised until there is a reasonable assurance that the Authority will comply with the conditions attached to them and that the grants will be received.
- Government grants and EU grants are recognised in the Income Statement on a systematic basis over the years in which the Authority recognises as expenses the related costs for which the grants are intended to compensate.
- Government grants and EU grants related to assets are presented in the statement of financial position by setting up the grant as deferred income and is recognised in the statement of comprehensive income on a systematic basis over the useful life of the asset.
- Government grants and EU grants that are receivable as compensation for expenses or losses already incurred or for the purposes of giving immediate financial support to the Authority with no future related costs are recognised in the Income Statement in the year in which they become receivable.

2.6 Foreign currency translation

(a) Functional and presentation currency

Items included in the financial statements are measured using the currency of the primary economic environment in which the Authority operates ('the functional currency'). The financial statements are presented in euro, which is the Authority's functional and presentation currency.

(b) Transactions and balances

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in surplus or deficit.

2.7 Cash and cash equivalents

Cash and cash equivalents are carried in the statement of financial position at face value. In the statement of cash flows, cash and cash equivalents includes deposits held at call with banks.

2. Significant accounting policies - continued

2.8 Fair values

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

For financial reporting purposes, fair value measurements are categorised into Level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and
- Level 3 inputs are unobservable inputs for the asset or liability.

3. Judgements in applying accounting policies and key sources of estimation uncertainty

In the process of applying the Authority's accounting policies, management has made no judgements which can significantly affect the amounts recognised in the financial statements and at the end of the reporting period, there were no key assumptions concerning the future, or any other key sources of estimation uncertainty, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

4. International Financial Reporting Standards in issue but not yet effective

The Board anticipate that the adoption of other International Financial Reporting Standards that were in issue at the date of authorisation of these financial statements, but not yet effective, will have no material impact on the financial statements of the Authority in the period of initial application.

5. Revenue

All the Authority's revenue was derived from funds received from the Government of Malta and from contributions.

	2025	2024
	€	€
Government subvention	**1,750,333**	1,250,000
Contributions	**1,200**	-
Net revenue	**1,751,533**	1,250,000

6. Surplus for the year

	2025	2024
	€	€
This is stated after charging:		
Depreciation	**90,096**	84,774

The analysis of the amounts that are payable to the auditors and that are required to be disclosed is as follows:

	2025	2024
	€	€
Annual statutory audit	**2,921**	2,921

7. Employee benefit expense

	2025	2024
	€	€
Board members' remuneration	**79,905**	69,443
Wages and salaries - Regular	**1,095,352**	784,621
Social Security costs	**74,581**	56,579
	1,249,838	910,643

The average number of persons employed by the Authority during the year, including board members was made up as follows:

	2025	2024
Board members	**7**	7
Operations	**28**	24
	35	31

8. Finance costs

	2025	2024
	€	€
Interest expense on lease liabilities	**12,436**	15,932

9. Tax expense

With reference to the Older Persons Standards Authority Act (Cap. 640), Article 37(3) is deemed to be exempt from any liability for the payment of income tax and duty on documents. Hence, no taxation was recognised in these financial statements given the Authority's main source of income is the Government's subventions.

10. Property, plant and equipment

	ROU - leased property	Improvements to buildings	Office equipment	Furniture and fittings	Computer equipment	Computer software	Total
Cost							
Additions	404,232	14,746	7,877	3,379	6,440	6,313	442,987
At 01.01.2025	404,232	14,746	7,877	3,379	6,440	6,313	442,987
Additions	713	5,209	701	3,119	6,208	-	15,950
At 31.12.2025	404,945	19,955	8,578	6,498	12,648	6,313	458,937
Accumulated depreciation							
Provision for the year	80,846	2,372	976	41	118	421	84,774
At 01.01.2025	80,846	2,372	976	41	118	421	84,774
Provision for the year	81,133	3,516	1,637	620	1,928	1,262	8,963
At 31.12.2024	161,979	5,888	2,613	661	2,046	1,683	174,870
Carrying amount							
At 31.12.2024	323,386	12,374	6,901	3,338	6,322	5,892	358,213
At 31.12.2025	**242,966**	**14,067**	**5,965**	**5,837**	**10,602**	**4,630**	**284,067**

11. Receivables

	2025	2024
	€	€
Other receivables	**5,195**	1,199
Prepayments	**2,764**	3,543
	7,959	4,742

12. Payables

	2025	2024
	€	€
Trade payables	**16,914**	6,137
Other taxes	**51,828**	2,027
Accruals	**108,420**	42,062
	177,162	50,271

13. Lease liability

	2025	2024
	€	€
Balance brought forward	**334,564**	-
Additions	**713**	404,232
Interest	**12,436**	15,932
Payments	**(87,312)**	(85,600)
Balance carried forward	**260,401**	334,564

	2025	2024
	€	€
Non-current lease liability	**80,775**	259,615
Current lease liability	**179,626**	74,949
	260,401	334,564

14. Cash and cash equivalents

For the purposes of the statement of cash flows, cash and cash equivalents comprise the following:

	2025	2024
	€	€
Cash at bank	**398,762**	113,659
Cash in hand	**319**	8
	399,081	113,667

15. Related party transactions

As at 31 December 2025, there were no transactions with management personnel except for emolument payments as disclosed in note 7 and the Government subvention as disclosed in note 5.

16. Financial risk management

16.1 Financial risk factors

The Authority's activities potentially expose it to a variety of financial risks: market risk (including cash flow interest rate risk), credit risk and liquidity risk. The Authority's overall risk management focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the Authority's financial performance. The Authority did not make use of derivative financial instruments to hedge certain risk exposures during the current and preceding financial years.

16. Financial risk management - continued

16.1 Financial risk factors - continued

(a) Market risk

Cash flow and fair value interest rate risk

The Authority has no significant interest-bearing assets and liabilities, and its income and operating cash flows are substantially independent of changes in market interest rates.

(b) Credit risk

Credit risk arises from cash and cash equivalents and credit exposures to customers, including outstanding receivables and committed transactions. The Authority's exposures to credit risk as at the end of the reporting periods are analysed as follows:

	2025	2024
	€	€
Loans and receivables category:		
Receivables (note 11)	**7,959**	4,742
Cas and cash equivalents	**399,081**	113,667
	407,040	118,409

The maximum exposure to credit risk at the end of the reporting period in respect of the financial assets mentioned above is equivalent to their carrying amount as disclosed in the respective notes to the financial statements. The Authority does not hold any collateral as security in this respect.

The Authority banks only with local financial institutions with high quality standing or rating.

The Authority assesses the credit quality of its customers taking into account financial position, past experience and other factors. It has policies in place to ensure that sales of products and services are effected to customers with an appropriate credit history. The Authority monitors the performance of its receivables on a regular basis to identify incurred collection losses, which are inherent in the Authority's receivables, taking into account historical experience in collection of accounts receivable.

The Authority manages credit limits and exposures actively in a practicable manner such that there are no material past due amounts receivable from customers as at the end of the reporting period. The Authority's receivables, which are not impaired financial assets, are principally in respect of transactions with customers for whom there is no recent history of default. Management does not expect any losses from non-performance by these customers.

(b) Liquidity risk

The Authority is exposed to liquidity risk in relation to meeting future obligations associated with its financial liabilities, which comprise payables (note 8). Prudent liquidity risk management includes maintaining sufficient cash and committed credit lines to ensure the availability of an adequate amount of funding to meet the Authority's obligations.

The Authority monitors liquidity risk by reviewing expected cash flows, and ensures that no additional financing facilities are expected to be required over the coming year. The Authority's liquidity risk is not deemed material in view of the matching of cash inflows and outflows arising from expected maturities of financial instruments, coupled with the Authority's committed bank borrowing facilities and other intra-group financing that it can access to meet liquidity needs.

16. Financial risk management - continued

16.2 Capital risk management

The Authority's objectives when managing capital are to safeguard its ability to continue as a going concern. The primary objective of the Authority's capital management is to ensure that it maintains a strong credit rating and healthy capital ratios in order to support its operations.

The capital structure of the Authority consists of cash and cash equivalents as disclosed in note 7 and items presented within the accumulated reserve in the statement of financial position. The Authority's Board manages the Authority's capital structure and makes adjustments to it, in light of changes in economic conditions.

17. Fair values of financial instruments

At 31 December 2025, the carrying amounts of cash at bank, receivables, payables and accrued expenses reflected in the financial statements are reasonable estimates of fair value in view of the nature of these instruments or the relatively short period of time between the origination of the instruments and their expected realisation.

18. Statutory information

The Older Persons Standards Authority was established under the Older Persons Standards Authority Act (Cap. 640). The registered office is 4 The Exchange, It-Telgha ta' Spencer, Il-Marsa, MRS1982, Malta.

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19. Events after the reporting period

No adjusting or significant non-adjusting events have occurred between the reporting date and the date of authorisation by the Board.

Corporate Assurance Limited

INDEPENDENT AUDITOR'S REPORT
To the Board members of Older Persons Standards Authority
Report on the Audit of the Financial Statements

Opinion

I have audited the financial statements of Older Persons Standards Authority (the Authority), set out on pages 3 to 17, which comprise the statement of financial position as at 31 December 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements give a true and fair view of the statement of financial position of the Authority as at 31 December 2025, and of its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards as adopted by the EU.

Basis for Opinion

I conducted my audit in accordance with International Standards on Auditing (ISAs). My responsibility under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Authority in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to my audit of the financial statements in accordance with the Accountancy Profession (Code of Ethics for Warrant Holders) Directive issued in terms of the Accountancy Profession Act (Cap 281) in Malta, and I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA Code I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Information other than the Financial Statements and the Auditor's report thereon

The Board are responsible for the other information. The other information comprises the information included the Authority Statutory information and the statement of Board' responsibilities on pages1 and 2, but does not include the financial statements and my auditor's report thereon.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have obtained, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT
To the shareholders of Older Persons Standards Authority
Report on the Audit of the Financial Statements

The Board' Report on pages 1 to 2, in my opinion, based on the work undertaken in the course of the audit:

- The information given in the Board' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Board' Report has been prepared in accordance with applicable legal requirements

In the light of the knowledge and understanding of the Authority and its environment obtained in the course of the audit, I have not identified any material misstatements in the Board' Report.

Responsibilities of the Board for the Financial Statements

As explained more fully in the statement of Board' responsibilities on page 2, the Board are responsible for the preparation of financial statements that give a true and fair view in accordance with IFRSs as adopted by the EU, and for such internal control as the Board determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board are responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

The Board are responsible for overseeing the Authority's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, I exercise professional judgement and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis of my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not the purpose of expressing an opinion on the effectiveness of the Authority's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.

INDEPENDENT AUDITOR'S REPORT
To the shareholders of Older Persons Standards Authority
Report on the Audit of the Financial Statements

- Conclude on the appropriateness of the Board' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

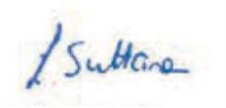
I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on Other Legal and Regulatory Requirements

I have responsibilities to report to you if in my opinion:

- Proper accounting records have not been kept;
- Proper returns adequate for my audit have not been received from branches not visited by us;
- The financial statements are not in agreement with the accounting records and returns; or
- I have been unable to obtain all the information and explanations which, to the best of my knowledge and belief, are necessary for the purpose of my audit.

I have nothing to report to you in respect of these responsibilities.



Lorna Sultana
f/Corporate Assurance Limited
Registered Auditor

The Fort, Level 3,
Hardrocks Business Centre,
Burmarrad Raod,
Naxxar, NXR6345

17 March 2026