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**Guidelines**  
Social Regulatory Standards

**HIGH DEPENDENCY  
CHRONIC CARE SERVICES  
FOR OLDER PERSONS**

**SCSA** | SOCIAL  
CARE  
STANDARDS  
AUTHORITY



## FEEDBACK

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We appreciate feedback about this draft proposal for the Guidelines on the Social Regulatory Standards for High Dependency Chronic Care Services for Older Persons. This document may be viewed on [www.scsa.gov.mt](http://www.scsa.gov.mt) or [www.meae.gov.mt](http://www.meae.gov.mt). The general public is invited to provide their feedback on the proposed guidelines for service providers and submit any other suggestions or comments. These can be submitted by email on [feedback.scsa@gov.mt](mailto:feedback.scsa@gov.mt), or by mail at the following address: Regulation and Standards Office, Social Care Standards Authority, 469, Bugeia Institute, St Joseph High Road, Santa Venera, SVR 1012. The general public may also phone on **2549 4474** for assistance on how to send feedback.



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## GLOSSARY

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“Challenging behaviour” means behaviour of such an intensity, frequency, or duration exhibited by residents that is triggered by intrinsic or extrinsic factors, that it has the potential to cause physical, emotional and/or psychological harm to the residents themselves or other persons around them. This behaviour is likely to limit or deny access to certain services/facilities without adequate support.

“Civil rights” means rights conferred on persons by the laws of Malta.

“Competent person” means a person who is recognised as capable and/or authorised to undertake specific activities in line with applicable national legislation, standards or directives issued by the applicable authorities.

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

“High dependency chronic care services” means the provision of medical, functional, psychological, social, environmental and spiritual care services for older persons who require continuous and long-term care for their wellbeing. Chronic care conditions are multidimensional, interdependent, complex and ongoing and require inhouse interdisciplinary health and social care, including in-house specialist medical, nursing, dental, nutritional, pharmaceutical, podiatry, and other therapeutic services.

“Management” means a person or persons who act on behalf of the service provider to provide leadership to staff and to oversee and control the proper functioning of the services offered to persons with disability.

“Older person” means a person over the age of sixty who has high dependency chronic care needs that can be holistically managed on a long-term basis by a facility. Provided that

for the purposes of this subsidiary legislation, the definition of “older person” shall only consist of the above.

“Performance indicator” means an active descriptor of what service providers need to do to ensure service outputs that support the quality indicators.

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

“Policies and procedures” mean documents released by management that regulate how the residence should operate.

“Quality indicator” means a statement that sets out the requirements to achieve compliance with a Standard.

“Resident” means an older person who enters into an agreement with a service provider to live in and make use of services offered by the facility. Residents may nominate person/s to be kept informed about the residents’ personal affairs and take decisions or act on the residents’ behalf. Such persons cannot be part of the management or staff of the service provider, with the exception of the residents’ personal financial transactions. Residents may also be assigned a guardian by the Guardianship Board in which case certain decisions are taken by the guardian as per Majority, Guardianship, Interdiction and Incapacitation Act No. XXIV of 2012.

“Service provider” means a person who, or organisation that provides and operates a facility and associated chronic care services to older persons on a long-term basis.

“Social Care Standards Authority” means the Social Care Standards Authority as established by virtue of Article 5 of the Social Care Standards Authority Act (Cap. 582).

“Staff” means a person engaged by the service provider wherein one of the person’s responsibilities is to provide resident support, social and/or health care, irrespective of whether or how the person is compensated.



# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

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## Standard Statement:

This Standard promotes rights that assure residents' dignity and supports residents' decisions and feedback while preventing discrimination.

## Quality Indicators:

- 1.0 The service provider makes sure that the residents' privacy is respected and that they are not subjected to unnecessary intrusion.
- 2.0 The service provider makes sure that the residents exercise personal choice and have the opportunity to be socially active.
- 3.0 The service provider maximises residents' capacity to exercise personal autonomy and choice.
- 4.0 The service provider encourages the residents to take part in planning and participating in social and leisure activities.
- 5.0 The service provider makes sure that at the time of their death, residents are treated with care, sensitivity and respect, and in accordance to their religious beliefs.

# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

## Quality Indicator 1

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**1.0** Quality Indicator: The service provider makes sure that the residents' privacy is respected and that they are not subjected to unnecessary intrusion.

Performance Indicators:

The service provider makes sure that:

1.1 The management and staff respect residents' privacy and dignity when delivering health, social and personal care and with particular regard to:

1.1.1 Staff delivering personal care-giving, including nursing, bathing, using the toilet or commode;

1.1.2 Staff entering bedrooms, toilets and bathrooms;

1.1.3 Residents consulting with, and being examined by, health and social care professionals;

1.1.4 Residents consulting with legal and financial advisors;

1.1.5 Residents maintaining social contacts with relatives and friends.

1.2 The staff explains to residents the medical examinations and treatments to be undertaken prior to administration.

1.3 The staff provides medical examinations and treatments in the residents' own room or another specifically designated examination room.

1.4 The management provides adequate screening or partitioning when residents share a room so that their privacy is not compromised when personal care is being given or at any other time.

# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

## Quality Indicator 2

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**2.0** Quality Indicator: The service provider makes sure that the residents exercise personal choice and have the opportunity to be socially active.

### Performance Indicators:

- 2.1 The management makes sure that residents have easy access to a telephone for use in private, easy access to the Internet, easy access to a television connection and receive their mail unopened.
- 2.2 The management has a policy that allows residents to wear their own clothes at all times.
- 2.3 The management and staff introduce themselves to the residents that they have contact with and know the residents' preferred term of address.
- 2.4 The management has a policy that encourages residents to bring personal possessions with them, the extent of which will be agreed in writing prior to admission.
- 2.5 The management considers the physical, social, cultural compatibility of sharing residents when making room-sharing decisions.

# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

## Quality Indicator 3

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**3.0** Quality Indicator: The service provider maximises residents' capacity to exercise personal autonomy and choice.

Performance Indicators:

3.1 The management gives prospective residents the opportunity to visit the facility in a planned manner for at least one time. During this visit, prospective residents may be assisted by two persons that they trust.

3.2 The management and staff acknowledge that resident have the right to refuse any treatment or approach of care. Any such refusal is documented and countersigned by the residents.

3.3 The management and staff provide residents with the facilities and the opportunity to exercise their choice in relation to:

3.3.1 Leisure and social activities;

3.3.2 Cultural interests;

3.3.3 Drinks, food and meals;

3.3.4 Routines of daily living;

3.3.5 Personal and social relationships;

3.3.6 Religious observance.

3.4 The management and staff provide residents with information on:

3.4.1 The assignment of a guardian as per Majority, Guardianship, Interdiction and Incapacitation Act No. XXIV of 2012;

3.4.2 The appointment of a representative;

3.4.3 The preparation of a will.

3.5 The management and staff support residents in exercising their civil rights directly and participating in the civic process if they wish.

3.6 The management and staff take note of the visitors that residents wish to welcome or not.

3.7 The management allows residents access to their personal records, in accordance with the Data Protection Legislation.

# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

## Quality Indicator 4

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**4.0** Quality Indicator: The service provider encourages the residents to take part in planning and participating in social and leisure activities.

Performance Indicators:

- 4.1 The staff enables residents to participate in appropriate activities through staff support and the provision of equipment and aids.
- 4.2 The management provides residents identified as at risk of falling with access to assessment and provision of appropriate devices and aids as specified by a qualified therapist.
- 4.3 The management allows residents to receive visitors at any reasonable time.
- 4.4 The staff develops and maintains links with the local community in accordance with residents' preferences.

# STANDARD 1: RESIDENTS' RIGHTS & DECISION MAKING

## Quality Indicator 5

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**5.0 Quality Indicator:** The service provider makes sure that at the time of their death, residents are treated with care, sensitivity and respect, and in accordance to their religious beliefs.

### Performance Indicators:

- 5.1 The management and staff give care and comfort to residents who are dying, and their death is handled with dignity and propriety, and their spiritual needs, rites and functions are observed.
- 5.2 The staff makes every effort to ensure that residents receive appropriate attention and pain relief as necessary.
- 5.3 The management and staff seek to determine resident's current wishes concerning terminal care and arrangements after death.
- 5.4 The management and staff maintain the privacy and dignity of residents who are dying whilst encouraging visits from relatives and close friends.
- 5.5 The management and staff enable residents to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this.
- 5.6 The management and staff respond positively to residents' requests to return to their own home to die, when this is possible.
- 5.7 The management allows staff and residents who wish to offer comfort to residents who are dying with the consent of the residents.

- 5.8 The management and staff allow relatives and friends of residents who are dying to stay with them for as long as they wish, unless the residents make it clear that they not want them to, or unless their presence is disturbing the dying residents or other residents unduly.
- 5.9 The staff handle the body of a resident who has died with dignity, and time is allowed for family and friends to pay their respects.



## STANDARD 2: PERSONAL CARE PLAN

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### Standard Statement:

This Standard promotes the development, implementation and review of the personal care plan with individual residents to establish the care and support required and set objectives to meet the clients' needs.

### Quality Indicators:

- 1.0 The service provider makes sure that the interdisciplinary team involves the prospective resident in the assessment process and in the formulation and modification of the personal care plan.
- 2.0 The service provider makes sure that the personal care plan contains information on a number of key areas related to the residents' long-term needs.
- 3.0 The service provider makes sure that residents have timely access to identified physical and mental health care services.
- 4.0 The service provider makes sure that residents receive a wholesome, appealing, balanced, varied and adequate diet.

## STANDARD 2: PERSONAL CARE PLAN

### Quality Indicator 1

---

**1.0** Quality Indicator: The service provider makes sure that the interdisciplinary team involves the prospective resident in the assessment process and in the formulation and modification of the personal care plan.

Performance Indicators:

The service provider makes sure that:

- 1.1 The interdisciplinary team explains to residents the details of the personal care plan and any subsequent significant modifications.
- 1.2 The interdisciplinary team modifies the personal care plan according to the changing needs of residents as indicated in the quarterly review reports or following an acute phase.
- 1.3 The interdisciplinary team acknowledges any changes in residents' needs and records how these will be met.
- 1.4 The interdisciplinary team makes sure that these changes in residents' needs are communicated to staff and a proper handover given when necessary.
- 1.5 The management assigns a member of staff on a daily basis to make sure that the requirements detailed in the residents' personal care plan are implemented.

## STANDARD 2: PERSONAL CARE PLAN

### Quality Indicator 2

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**2.0 Quality Indicator:** The service provider makes sure that the personal care plan contains information on a number of key areas related to the residents' long-term needs.

Performance Indicators:

The service provider makes sure that:

- 2.1 The interdisciplinary team develops the residents' personal care plan for daily living and longer-term outcomes based on the needs assessment processes.
- 2.2 The interdisciplinary team sets out in detail in the personal care plan the action that needs to be taken by the staff to ensure that all aspects of the health, personal, spiritual and social care needs of the residents are met.
- 2.3 The interdisciplinary team develops the personal care plan on the basis of the outcome of the initial and ongoing assessments of the residents.
- 2.4 The interdisciplinary team records residents' interests in the personal care plan and identifies opportunities for stimulation through leisure and recreational activities in and outside the facility, providing positive outcomes for the residents' needs, preferences and capacities.

## STANDARD 2: PERSONAL CARE PLAN

### Quality Indicator 3

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**3.0 Quality Indicator:** The service provider makes sure that residents have timely access to identified physical and mental health care services.

Performance Indicators:

The service provider makes sure that:

- 3.1 A medical officer with relevant experience in geriatrics carries out a full assessment prior to a resident being admitted into the facility. This assessment is an integral part of the personal care plan.
- 3.2 A medical officer carries out a medical review on admission and a re-assessment following any acute event or as directed by the residents.
- 3.3 A geriatrician is assigned to each resident and this is recorded in the personal care plan.
- 3.4 The staff considers the identification of pressure sores as an acute event and documents all observations, management plans and outcomes regarding residents who have developed pressure sores in the personal care plan.
- 3.5 The staff assesses those residents who have developed pressure sores on a regular basis, and appropriate measures are implemented accordingly.
- 3.6 The staff monitors the residents' progress regarding treatment of pressure sores using an appropriate standardised tool.
- 3.7 A medical officer reviews the use of all medication at least once every three months and checks that their continued use is medically justified and documented in the personal care plan.

3.8 The staff documents episodes when residents refuse any treatment detailed in the personal care plan. Any such refusals are signed by the resident.

## STANDARD 2: PERSONAL CARE PLAN

### Quality Indicator 4

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**4.0 Quality Indicator:** The service provider makes sure that residents receive a wholesome, appealing, balanced, varied and adequate diet.

Performance Indicators:

The service provider makes sure that:

- 4.1 The interdisciplinary team undertakes nutritional screening on admission and subsequently once every twelve months or earlier if necessary.
- 4.2 The interdisciplinary team records the nutritional intake of residents at risk, including weight gain or loss, and what appropriate action is taken in the residents' personal care plan.
- 4.3 The staff provides residents with special therapeutic diets/feeds when advised to do so by healthcare and dietetic staff.
- 4.4 The staff caters for religious or cultural dietary needs of residents as agreed on admission and recorded in the personal care plan.

## STANDARD 3: RESIDENTS' HEALTH, SOCIAL & PERSONAL CARE

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### Standard Statement:

This Standard promotes the holistic nature of services required to sustain the mental, physical and social wellbeing of residents.

### Quality Indicators:

- 1.0 The service provider makes sure that health care services offered by the facility support the wellbeing of residents.
- 2.0 The service provider makes sure that medication is prescribed, prepared and administered in a documented manner that complies with local legislation and best practice.
- 3.0 The service provider encourages residents to actively participate in social and leisure activities.
- 4.0 The service provider makes sure that personal care is provided in a sensitive and dignified manner.

# STANDARD 3: RESIDENTS' HEALTH, SOCIAL & PERSONAL CARE

Quality Indicator 1

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**1.0** Quality Indicator: The service provider makes sure that health care services offered by the facility support the wellbeing of residents.

Performance Indicators:

The service provider makes sure that:

- 1.1 The management provides residents access to in-house specialist medical, nursing, dental, nutritional, pharmaceutical, podiatry, and other therapeutic services, and to hospitals and community health services according to their needs.
- 1.2 The management provides residents access to services for hearing and sight tests, and to services providing appropriate aids, according to their needs.
- 1.3 The management provides adjustable beds and special mattresses for residents receiving nursing care.
- 1.4 The management provides the equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores to residents at risk of or suffering from pressure sores.
- 1.5 The management seeks and acts upon the professional advice about the promotion of continence and aids, and equipment needed is provided to residents.
- 1.6 The management makes sure that all specialised services offered (e.g. services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities, intermediate or respite care) shall be demonstrably based on current good practice and reflect relevant specialist and clinical guidance.



1.7 The management and staff ensure access to appropriate health care services in a timely manner when needed.

# STANDARD 3: RESIDENTS' HEALTH, SOCIAL & PERSONAL CARE

## Quality Indicator 2

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**2.0 Quality Indicator:** The service provider makes sure that medication is prescribed, prepared and administered in a documented manner that complies with local legislation and best practice.

Performance Indicators:

The service provider makes sure that:

- 2.1 The staff maintains records of the current medication prescribed to residents.
- 2.2 The staff documents the administration of every medication for residents indicating clearly the time of administration and staff administering the medication.
- 2.3 The management provides clear instructions to staff on the identification of residents who can self-administer medication.
- 2.4 Nurses administer all medications, including but not restricted to controlled drugs, unless identified residents choose to self-administer medication.
- 2.5 The staff seeks information and advice from a pharmacist or a medical officer regarding any queries that may arise about the medication of any resident.
- 2.6 The staff monitors the condition of residents on medication and calls in the prescribing medical officer if there is any change in their condition that may be a result of their medication.
- 2.7 The staff makes every effort to ensure that the resident receives appropriate attention and pain relief as necessary.

# STANDARD 3: RESIDENTS' HEALTH, SOCIAL & PERSONAL CARE

Quality Indicator 3

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**3.0** Quality Indicator: The service provider encourages residents to actively participate in social and leisure activities.

Performance Indicators:

The service provider makes sure that:

- 3.1 The management and staff encourage residents to execute the basic activities of daily living and independent activities of daily living providing their health enables them to do so.
- 3.2 The management and staff provide daily opportunities for exercise and physical activity appropriate to the needs and abilities of the residents.
- 3.3 The management and staff provide activities that are enjoyable, purposeful, age and culturally appropriate and take into account the residents' recreational, cultural, and spiritual needs.
- 3.4 The management and staff provide activities that promote healthy living, are flexible and responsive to residents' changing needs and facilitate social inclusion in community events.
- 3.5 The management and staff take into account the needs and abilities of the residents participating when planning the duration of each activity and the daily timetable.

## STANDARD 3: RESIDENTS' HEALTH, SOCIAL & PERSONAL CARE

Quality Indicator 4

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**4.0** Quality Indicator: The service provider makes sure that personal care is provided in a sensitive and dignified manner.

Performance Indicators:

The service provider makes sure that:

- 4.1 The staff make sure that residents' personal and oral hygiene are properly maintained.
- 4.2 The staff performs bathing/bed bathing or showers daily and/or according to the resident's needs and according to preferences within reasonable time limits.
- 4.3 The interdisciplinary team assesses the changing needs of residents for personal support and/or technical aids if their condition deteriorates and makes sure that these are met swiftly to ensure the individual retains maximum control.
- 4.4 The staff offers residents assistance in eating where necessary, in a discreet, sensitive and individual manner, while encouraging independent eating for as long as possible.
- 4.5 The management consults with an Occupational Therapist and/or Speech and Language Pathologist if there are feeding difficulties due to physical or other restrictions. Precautions are effectively taken to ensure correct positioning for feeding.
- 4.6 The management provides specialised dysphagia feeding devices (dysphagia cups, valve straws and auditory swallow prompters) where required.

## STANDARD 4: PROTECTION AND SAFEGUARDING

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### Standard Statement:

This Standard promotes the protection of residents from abuse as well as the safety of residents.

### Quality Indicators:

- 1.0 The service provider makes sure that complaints are dealt with promptly, effectively and confidentially if so requested.
- 2.0 The service provider makes sure that residents are safeguarded from physical, verbal, psychological or sexual abuse.
- 3.0 The service provider makes sure that the location and layout of the facility (including its grounds) is accessible, safe, well-maintained and meets residents' needs.
- 4.0 The service provider makes sure that the facility and equipment are kept clean and hygienic.
- 5.0 The service provider makes sure that the residents' financial interests are safeguarded.

## STANDARD 4: PROTECTION AND SAFEGUARDING

### Quality Indicator 1

---

**1.0 Quality Indicator:** The service provider makes sure that complaints are dealt with promptly, effectively and confidentially if so requested.

Performance Indicators:

The service provider makes sure that:

- 1.1 The management explains to all new residents the procedure for making complaints and gives them a copy of the complaints procedure in a format that is suitable for them.
- 1.2 The management draws up an annual summary of the residents' views on the facility and presents this summary to residents and prospective residents in a format that is suitable for them if requested by residents.
- 1.3 The management makes sure that there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process.
- 1.4 The management makes sure that records of complaints and actions taken are kept.
- 1.5 The management's complaints procedure specifies how complaints may be made and who will deal with them, with the assurance that they will be responded to in a timely manner.
- 1.6 The management keeps a record of all complaints made and keeps details of investigations and any action taken.
- 1.7 The management provides residents with information on how to submit concerns to the Social Care Standards Authority.
- 1.8 The management informs residents about planned inspections by the Social Care Standards Authority.

## STANDARD 4: PROTECTION AND SAFEGUARDING

### Quality Indicator 2

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**2.0** Quality Indicator: The service provider makes sure that residents are safeguarded from physical, verbal, psychological or sexual abuse.

Performance Indicators:

The service provider makes sure that:

- 2.1 The management has procedures in place for responding to suspicion or evidence of abuse or neglect (including whistle blowing) to ensure the safety and protection of all residents.
- 2.2 The management investigates all allegations and suspected incidents of abuse promptly.
- 2.3 The management and staff deal with physical and/or verbal aggression by residents appropriately and restraint is used as a last resort.
- 2.4 The management has a clear least restraints policy and the staff document when, how and why residents were restrained.

## STANDARD 4: PROTECTION AND SAFEGUARDING

### Quality Indicator 3

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**3.0** Quality Indicator: The service provider makes sure that the location and layout of the facility (including its grounds) is accessible, safe, well-maintained and meets residents' needs.

Performance Indicators:

The service provider makes sure that:

3.1 The management has a documented programme of routine maintenance and upkeep of the premises.

3.2 The management engages a competent person to carry out a risk assessment of the premises at least once every two years and when significant changes to the premises take place.

3.3 The management engages a competent person to complete a fire and ventilation report.

3.4 The management makes sure that the use of cameras including CCTV is restricted to entrance areas, passage ways, lifts and stairs for security purposes only and do not intrude on the daily life of residents.

3.5 The management makes sure that residents have access to safe and comfortable indoor and outdoor communal facilities.

3.5.1 Indoor communal space for residents includes:

- i. room(s) in which a variety of social, cultural, recreational and religious activities can take place, and where residents can meet visitors in private;
- ii. dining room(s) to cater comfortably for all residents.

3.5.2 Outdoor communal space for residents includes:



- i. Seating;
- ii. meets the needs of all residents including those with physical, sensory and cognitive impairments.

3.6 The management makes sure that toilet, washing and bathing facilities meet the needs of all residents.

3.7 The management makes sure that there are accessible toilets for residents, clearly marked, close to dining areas.

3.8 The management engages a suitably qualified occupational therapist, with specialist knowledge of the resident groups catered for, to carry out an assessment of the premises and facilities and recommend the disability equipment that needs to be provided, confirm that facilities are accessible to all and recommend any further environmental adaptations that need to be made to meet the needs of residents.

3.9 The management makes sure that aids, hoists and assisted toilets and baths are capable of meeting the assessed needs of residents.

3.10 The management makes sure that the facilities, including communication aids and signs are provided to satisfy the needs of all residents, considering the needs, for example, of those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary.

3.11 The management makes sure that all residents' rooms have non-slip tile flooring or equivalent.

3.12 The management makes sure that each resident has lockable storage space for money and valuables and is provided with the key, which the resident can retain (unless the reason for not doing so is explained in the personal care plan).

3.13 The management makes sure that the facility is serviced by a generator that provides uninterrupted power supply which is sufficient to provide uninterrupted running of lighting, environmental control and essential services.

- 3.14 The management takes out a comprehensive insurance policy for the facility and its operations.
- 3.15 The management has a comprehensive relocation policy in case of service disruption that takes into account the residents' needs.
- 3.16 The staff posts safety procedures and explains these to residents, in formats that are easily understood and takes account of residents' special communication needs.
- 3.17 The staff documents and reports all accidents, injuries and incidents of illness and the management investigates accordingly.

## STANDARD 4: PROTECTION AND SAFEGUARDING

### Quality Indicator 4

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**4.0** Quality Indicator: The service provider makes sure that the facility and equipment are kept clean and hygienic.

Performance Indicators:

The service provider makes sure that:

- 4.1 The staff keeps the facility clean, hygienic and free from offensive odours throughout.
- 4.2 The management has systems in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.
- 4.3 The management has systems for soiled diapers to be disposed of immediately.
- 4.4 The management makes sure that hand washing facilities are prominently situated in areas where infected material and/or clinical waste are being handled.
- 4.5 The management makes sure that the facility has a sluicing facility and a sluicing disinfectant.
- 4.6 The management and staff ensure that the sluice room doors are kept closed at all times.
- 4.7 The management makes sure that the laundry floor finishes are impermeable and these and wall finishes are readily cleanable.
- 4.8 The management and staff ensure that foul laundry is washed at appropriate temperatures to thoroughly clean linen and control risk of infection.
- 4.9 The management makes sure that washing machines have the specified programming ability to meet disinfection standards.
- 4.10 The staff separates foul and dirty laundry from clean laundry.

4.11 The management has systems in place for all items sent for laundry to be returned to their rightful owners.

## STANDARD 4: PROTECTION AND SAFEGUARDING

### Quality Indicator 5

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**5.0** Quality Indicator: The service provider makes sure that the residents' financial interests are safeguarded.

Performance Indicators:

The service provider makes sure that:

- 5.1 The management ensures that residents control their own money and assets except where they state that they do not wish to.
- 5.2 The staff maintains written records and receipts of all financial transactions made on behalf of residents.
- 5.3 The management makes sure that when the money of individual residents is handled, the personal allowances of these residents are not pooled.
- 5.4 The management has policies and procedures regarding residents' money and financial affairs that make sure that residents have access to their personal financial records.
- 5.5 The management precludes staff being involved or assisting in the making of or benefiting from residents' wills.
- 5.6 The management provides secure facilities for the safekeeping of money and valuables on behalf of residents.
- 5.7 The staff keeps written records and issues receipts for all residents' possessions handed over for safekeeping.

## STANDARD 5: SERVICE PROVISION

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### Standard Statement:

This Standard promotes formal resident access and use of services that meet the needs and wishes of the clients.

### Quality Indicators:

- 1.0 The service provider and residents enter into a written agreement covering the conditions and costs of the services and care offered.
- 2.0 The service provider offers services in key areas to the residents.

## STANDARD 5: SERVICE PROVISION

### Quality Indicator 1

---

**1.0 Quality Indicator:** The service provider and residents enter into a written agreement covering the conditions and costs of the services and care offered.

Performance Indicators:

The service provider makes sure that:

1.1 The management gives prospective residents a document regarding financial costs related to residents' use of services offered by the facility.

1.2 The management gives prospective residents a comprehensive document regarding the residents' rights and responsibilities when using the facility services.

1.3 The management makes sure that the agreement is signed by those involved and includes:

1.3.1 The date when the agreement is concluded;

1.3.2 The date from when the residents start using the Facility's services;

1.3.3 If applicable, the period that the agreement is valid for.

1.4 The management concludes the agreement with the residents before or on the day that the residents start using the Facility's services.

1.5 The management verbally explains the content of all documents to the residents.

1.6 The management gives copies of all documents to the residents in a format that is easily accessible for them.

## STANDARD 5: SERVICE PROVISION

### Quality Indicator 2

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**2.0** Quality Indicator: The service provider offers services in key areas to the residents.

Performance Indicators:

The service provider makes sure that:

- 2.1 The staff regularly carries out active aging programmes according to the residents' needs.
- 2.2 The staff regularly carries out mental, physical and emotional wellbeing programmes according to the residents' needs.
- 2.3 The management has a contingency plan through which the staff covers and supports alternative communication in case of breakdown of equipment or other emergencies.
- 2.4 The staff assists the residents in accessing alternative care or support in the event that their needs cannot be met by the facility's services.



## STANDARD 6: SERVICE QUALITY MANAGEMENT

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### Standard Statement:

This Standard promotes service management based on continuous improvement of service operations and staff development.

### Quality Indicators:

- 1.0 The service provider implements management strategies to continuously improve service delivery to the residents.
- 2.0 The service provider implements transparent recruitment strategies and plans for the continuous development of staff.

## STANDARD 6: SERVICE QUALITY MANAGEMENT

### Quality Indicator 1

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**1.0 Quality Indicator:** The service provider implements management strategies to continuously improve service delivery to the residents.

Performance Indicators:

The service provider makes sure that:

- 1.1 The management develops a manual of procedures that defines how staff interacts with the residents. It is easy to understand and use by those needing to refer to it. The management regularly reviews and updates the manual as needed.
- 1.2 The staff performs its work according to the Code of Ethics and Practice of their profession and the Code of Ethics drawn up or adopted by the management of the Facility.
- 1.3 The management regularly organises and records staff supervision.
- 1.4 The management implements a quality improvement system, based on the evaluation of the facility's services and feedback from the residents.
- 1.5 The management maintains direct contact with the residents at least once every six months.
- 1.6 The management implements an efficient system for keeping and sharing information according to legal requirements.

# STANDARD 6: SERVICE QUALITY MANAGEMENT

## Quality Indicator 2

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**2.0** Quality Indicator: The service provider carries out transparent recruitment strategies and plans for the continuous development of staff.

Performance Indicators:

The service provider makes sure that:

2.1 The management selects and assigns staff to specific tasks after a thorough recruitment process which includes:

2.1.1 Verification of identity;

2.1.2 Verification of qualifications;

2.1.3 Verification of conduct certificate; and

2.1.4 Registration in professional registers.

2.2 The management has a procedure for the continuous professional development and ongoing training of all staff, in order for them to employ methods that reflect updated knowledge and best practice in their field. This training includes but is not exclusive to:

2.2.1 Adequate operating procedures ensuring that staff avoid stereotypes and biases related to the sexual orientation, gender identity and cultural background of the residents when delivering services;

2.2.2 Disability equality training;

2.2.3 Moving and handling residents safely;

2.2.4 Valid certification in food handling for staff responsible for handling food;

2.2.5 First aid training;

2.2.6 Action to be taken in an emergency and how to handle a fire emergency.

# ANNEX I: MANUAL OF POLICIES AND PROCEDURES

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The management develops policies and procedures that cover all areas of the facility service. The below is a non-exhaustive list of policies and procedures that should be included in the manual.

## 1.0 Operational Policies and Procedures

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

- 1.10 Allegations of abuse in care
- 1.11 Allegations of bullying in care
- 1.12 Equality
- 1.13 Complaints procedure
- 1.14 Spot checks and monitoring
- 1.15 Financial and money management

## 2.0 Staff

- 2.1 Staff professional behaviour towards residents and co-workers
- 2.2 Supervision policy
- 2.3 Support group
- 2.4 Recruitment:
  - 2.4.1 Employment contract
  - 2.4.2 Job descriptions
- 2.5 Performance appraisals
- 2.6 Training and development
- 2.7 Staff meetings
- 2.8 Complaints by staff
- 2.9 Harassment policy
- 2.10 Staff handover
- 2.11 Staff ratios
- 2.12 House keeping

## 3.0 Health & Safety

- 3.1 Injuries
- 3.2 Administration of medicine
- 3.3 Manual Handling Procedures
- 3.4 Self-evaluation of service
- 3.5 Evaluation and management of risk

## 4.0 Emergency Procedures

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

## 5.0 House Procedures

- 5.1 Common areas
- 5.2 Accessibility personal property
- 5.3 Mobile phones, the internet and electronic media
- 5.4 Absent without permission
- 5.5 Entering and exiting the facility
- 5.6 Visitors
- 5.7 Transportation

5.8 Maintenance and certification of house equipment

5.9 Pets

5.10 Food preparation and handling



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

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The management gives prospective residents accurate information regarding the physical environment of the facility as well as the services offered and includes, but is not limited to, the following information:

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

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

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The management gives the prospective residents a document regarding rights and responsibilities of using the service. The management explains the content of this document to residents verbally and makes it available to the residents in a format that is accessible to them. The information in this document includes, but is not limited to the following:

1. The general rights and responsibilities of the residents.
2. The right of the residents to be informed as soon as possible if the facility, or part of the facility, is closing because of an emergency.
3. The right of the residents to be informed at least six months before the planned closure of the facility if the closure exceeds five days.
4. Regulations regarding residents' access to the premises, activities, staff and management.
5. Regulations regarding the participation of the residents in everyday life and activities.
6. Regulations and consequences of unacceptable behaviour by the residents (behaviour that relates to the disability/medical condition of the residents is not considered "unacceptable" unless it puts the residents or others at risk).
7. The responsibilities of the residents towards the other residents and staff.
8. Information regarding whether there are animals in the facility.
9. Information whether pets may be kept and what type of animals may be kept (a guide dog is always permitted) as well as the responsibilities of the residents.

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

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

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

## ANNEX V: RECORD OF THE PERSONAL CARE PLAN

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

1. The names of the staff members who are assigned to the residents in order to support them in the development of their personal care plan.
2. A note on how the residents prefer to be addressed at all times.
3. The details of persons who are nominated by the residents to represent and/or take decisions on their behalf and/or be kept informed of the services being availed of.
4. The details of the person/s who are nominated by the residents to be contacted in cases of emergency.
5. Notes on information and decisions agreed upon by the parties involved.
6. A report on the assessment of the residents' level of independence in various activities.
7. A report on the assessment of the residents' strengths and limitations.
8. A report on the assessment of the individual needs of the residents.
9. The personal care plan shall include details about:
  - 9.1 The basic care and assistance with activities of daily living;
  - 9.2 More specialised nursing and medical care that is required.