



Guidelines
Social Regulatory Standards

Residential Services offered to
**PERSONS WITH DRUG, ALCOHOL
AND GAMBLING RELATED PROBLEMS**

Comments and Feedback from the General Public

We appreciate feedback about this draft proposal for the Guidelines on the Social Regulatory Standards for Residential Services offered to Persons with Drug, Alcohol and Gambling related Problems. This document may be viewed on www.konsultazzjoni.gov.mt or www.scsa.gov.mt. The general public is invited to provide its 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 , 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 4444 for any help on how to send feedback.

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Introduction to the Guidelines

These guidelines establish the level of the service that is expected to be delivered by service providers. They guide the service provider of the agency/facility to take decisions in relation to:

- the needs of the residential facility;
- the choice of workers, who should be adequate and competent to carry out the work entrusted to them; and
- the manner in which the service should be managed.

In a small number of cases some individuals availing of such services may be subject to laws which limit their freedom. These regulations may affect the way in which some of the provisions within these guidelines are reached. If this is the case, then certain aspects of these provisions must be implemented differently. The legal reasons for this difference will be evidenced in the individuals' personal support plan, in line with legal principles and requirements.

Disclaimers

These guidelines apply for residential facilities offering services to persons with drug, alcohol or gambling related problems irrespective of the ages of the persons availing of the service. However, persons under the age of eighteen (18) shall be accommodated in separate premises from the over eighteen (18) cohort.

These guidelines apply for residential facilities offering services to all persons irrespective of their sex, sexual orientation, gender identity, gender expression and/or sex characteristics. However, females and males shall be accommodated in separate premises.

Principles on which the Standards and Guidelines are based

These regulatory standards are being established with the understanding that whoever makes use of such services has the right for access to quality care. This should be based on the following basic principles: dignity, privacy, right for choice, safety, realising potential, equality, individuality and diversity.

This means that all individuals are able to:

- be treated with respect at all times;
- enjoy meaningful relationships;
- have their privacy and property respected;
- live their life without unnecessary intrusion;
- make their own choices;
- get information on all options available to them;
- feel safe and secure in an environment free from abuse and discrimination;
- reach their goals and make full use of available resources;
- be treated equally to others irrespective of ethnic background, language, culture, sexual orientation, gender identity, ability and faith;
- be valued for who they are;
- develop their abilities; and
- complain responsibly without being intimidated.

Glossary

‘Agency’ means the entity providing a service.

‘Challenging behaviour’ means behaviour exhibited by individuals that is triggered by intrinsic or extrinsic factors and has the potential to endanger the quality of life of the individuals themselves or other persons around them.

‘Civil rights’ means those rights conferred on persons by the laws of Malta.

‘Competent person’ means a person who has the appropriate theoretical and/or practical knowledge and/or experience which render him/her capable and/or authorised to undertake specific activities. This is done in line with national legislation, standards or directives issued by the applicable authorities.

‘Director/Manager of the residential facility’ means the person having the ultimate responsibility for the residential facility.

‘Dependent persons’ means persons who require special support from their legal parents/tutors.

‘Holistic assessment’ means the process in which staff members identify the needs and aspirations of the individuals availing of the service. Such an assessment identifies aspects of the individuals’ health, personal, cognitive, behavioural, emotional, spiritual and psychological care, protection, social networking and family support. This helps to determine what services should be delivered to satisfy these needs and aspirations.

‘Independent representative’ means a person, who is independent from any aspect of the service and from any agency involved in the provision of service, working in the name of the person availing of the service or in his/her interest. The representative carries out such work after having been formally appointed to do so by the individual in whose name the representative is acting or (if the individual is not in a position to do so) as stipulated by law.

‘Individuals’ means persons having a drug, alcohol or gambling related problem who enter into an agreement with a service provider to avail of the services offered by the residential facility.

‘Key worker’ means a worker responsible for co-ordinating the individuals’ action plan.

‘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 provided.

‘Multidisciplinary team’ means a team made up of a number of professionals from a range of disciplines working together to deliver comprehensive care that addresses the needs of individuals availing of the service.

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

‘Personal support plan’ means a document that is based on a holistic assessment of the individuals that specifies how the individuals’ needs and aspirations are going to be met and also includes the resources required by the individuals whilst living in the residential facility. This is established upon the admission of the individuals into the service and is further developed during one’s stay at the facility. The involvement of individuals, their relatives and/or representatives and relevant professionals is crucial when developing such plan. The plan (both the original and subsequent updates) is agreed upon between the individuals (and/or her/his representative) and the service provider.

‘Policies and procedures’ means a set of rules or guidelines issued by the management/service provider, which regulate all operations within a residential facility¹.

‘Prospective residents’ means persons who are considering whether to enter into an agreement with a service provider in order to avail from therapeutic services within a residential facility.

‘Quality indicator’ means a statement that sets out the requirements to achieve compliance with a standard.

‘Relapse’ means a return to substance abuse or other addictive habits after an attempt to stop. Individuals may be provoked by or exposed to situations and other risk factors that may increase the chances of them to return to such habits. Relapse indicates the need for more or different treatment.

‘Residential facility’ means an accommodation which provides personal care and support service to people who have drug, alcohol or gambling related issues.

‘Risk management’ means a systematic approach to the management of risk to reduce loss of life, financial loss, loss of workers’ availability and to improve safety and reputation.

‘Risk profile’ means a list of risks and/or dangers.

¹ Refer to Annex 3 – Manual of Policies and Procedures

‘Therapeutic communities’ means a common form of residential treatment for substance use disorders which focus largely on the recovery of individuals by seeing the individual more holistically including working on aspects of his/her lifestyle and behaviour and not solely abstinence from drug use.

‘Treatment card’ means a document that keeps an account of the administration of medication in the residential service based on the doctor’s/specialist’s prescription. This is also used when staff members provide information regarding the condition of the individual availing of the service. This includes the medication administered, how an individual should take the medication, the possibility of any side effects and which cases should be referred back to the doctor.

‘SCSA’ means Social Care Standards Authority as established by virtue of Article 5 of the Social Care Standards Authority Act (Cap. 582).

‘Service provider’ means a person who, or organisation that provides and operates a residential facility and associated services to individuals who are seeking help for their drug, alcohol and gambling related problems.

‘Staff members’ means persons engaged by the service provider to offer support and care to individuals availing of the service. Different staff members assume different roles including providing assistance in personal care, supporting individuals during activities and providing advice and support on life skills and other aspects in one’s own life. Other staff members offer professional, specialised care as part of a therapeutic service.

Standard 1: Developing a holistic Person-Centred Support Plan

Standard Statement:

A personal support plan shall reflect the individuals' needs, goals, aspirations and preferences whilst indicating the course of action to be followed to fulfil such plan.

Quality Indicators:

1. The service provider ensures that an individualised personal support plan is devised upon a holistic assessment of the individuals.
2. The service provider and staff members support and understand the individuals' needs, goals and aspirations and empowers them to achieve these.
3. The service provider ensures that the personal support plan reflects the changing needs of the individuals and is thus reviewed and updated in a regular manner.

Standard 1: Developing a holistic Person-Centred Support Plan

Quality Indicator 1

1.0 Quality Indicator: The service provider ensures that a personal support plan is devised upon a holistic assessment of the individuals.

Performance Indicators:

The service provider ensures that:

- 1.1 The personal support plan is developed together with the individuals availing of the service. Any decision and information pertaining to the individuals shall be recorded in such plan².
- 1.2 The individuals are provided with a copy of the personal support plan, to which they agree, in a language and format that they can understand.
- 1.3 A key worker is assigned to every individual to be responsible for the drawing up and the implementation of the personal support plan and keeps regular contact with the individuals under his/her care and with all those involved in providing support.

² Refer to Annex 2: The Personal Support Plan

Standard 1: Developing a holistic Person-Centred Support Plan

Quality Indicator 2

2.0 Quality Indicator: The service provider and staff members support and understand the individuals' needs, goals and aspirations and empower them to achieve these.

Performance Indicators:

The service provider ensures that:

- 2.1 In consultation with the key worker, the individuals establish goals which enable them to work on the issues for which they are seeking help and which they will achieve whilst availing of the service.
- 2.2 The personal support plan reflects the individuals' hopes, choices, needs and responsibilities.
- 2.3 The management uses this plan to help individuals decide whether the care service is meeting the identified needs. This is done through discussions and consultations with the individuals.
- 2.4 The key worker liaises closely with the manager of the facility and a multidisciplinary team (including persons outside the residential facility) to ensure that the individuals receive the service that is set out in their personal support plan.
- 2.5 If individuals relapse during their stay at the residential facility, the staff members together with the individuals in question fully assess the circumstances. The consequences of the relapse (including any action that will be taken or any changes in the treatment plan) are recorded in the individuals' personal support plan.
- 2.6 If individuals availing of the service have persons who are dependent on them, the needs of these persons are also acknowledged. Staff members help individuals to understand and fulfil their legal responsibilities to safeguard the best interest of the persons involved.

Standard 1: Developing a holistic Person-Centred Support Plan

Quality Indicator 3

3.0 Quality Indicator: The service provider ensures that the personal support plan reflects the changing needs of the individuals and is thus reviewed and updated in a regular manner.

Performance Indicators:

The service provider ensures that:

- 3.1 The individuals availing of the service have regular meetings with their key worker to discuss their progress in relation to their personal support plan. Frequency of such meetings depends mostly on the distinctive needs of the individuals.
- 3.2 The individuals and their key workers participate in review meetings held with the management of the service where the individuals' care and personal support plan are reviewed.
- 3.3 Together with the key worker, individuals are able to discuss who should be invited to attend review meetings. The key worker informs the individuals about persons that are legally required to be present during such meetings. This is done prior to the meeting.
- 3.4 Minutes of the care review proceedings are taken and circulated to all those invited including those who could not attend.
- 3.5 Persons invited for the care review meeting who cannot attend are asked whether they like to give their feedback to the individuals' key worker, either verbally or in writing, prior to the meeting.
- 3.6 The key worker discusses this feedback with the individuals prior to the meeting.
- 3.7 The key worker helps the individuals understand the decisions taken at the care review meetings and how these will impact their personal support plan.

Standard 2: Exercising Rights in a Therapeutic and Empowering Environment

Standard Statement:

Individuals are treated with respect and are ensured a holistic and dignified approach to care. The service provider encourages individuals' autonomy in decisions pertaining to the care provided.

Quality Indicators:

1. The service provider and all staff respect the dignity, rights and individuality of all including safeguarding the right to lead the preferred social, cultural and religious lifestyle.
2. The service provider promotes active participation of the individuals and encourages them to exercise personal choice and realise their full potential.
3. The service provider ensures that any information that individuals might find useful is provided to them in a complete, timely and unconditional manner.
4. The service provider is aware of the individuals' dietary requirements and food choices.

Standard 2: Exercising Rights in a Therapeutic and Empowering Environment

Quality Indicator 1

1.0 Quality Indicator: The service provider and all staff respect the dignity and individuality of all including safeguarding the right to lead the preferred social, cultural and religious lifestyle.

Performance Indicators:

The service provider ensures that:

- 1.1 The individuals' talents, preferences and aspirations are acknowledged and respected.
- 1.2 Staff members always address individuals in a way as desired by the latter.
- 1.3 Individuals are encouraged to participate in physical activities that aim to help them keep themselves physically fit.
- 1.4 All individuals are treated with respect and dignity in every aspect of their life, including personal care, healthcare, social activities and community life.
- 1.5 Individuals can continue receiving social benefits which they are entitled to.
- 1.6 All individuals are supported in exercising their civil rights.
- 1.7 When individuals inform the management of leaving the service, they are given back any saved money and/or any money being securely kept in the office, in accordance with the prior agreement stipulated by the service.
- 1.8 Staff members ensure that they are properly informed about the implications of the individuals' social, cultural, religious or spiritual beliefs for the same persons' benefit and that of others.
- 1.9 The management acknowledges days and feasts which the individuals inform them about and ways are identified to ensure that they can commemorate and celebrate these occasions in a decent manner.
- 1.10 Individuals are given the required opportunity and support to practice their beliefs but they can opt not to practice anything at all.

- 1.11 Individuals are not obliged to participate in any social events, entertainment and activities organised by the service if these go against their religion or faith.
- 1.12 Any routine, preferences and cultural needs that individuals' may have in relation to their personal care are respected.
- 1.13 Individuals have the opportunity to continue engaging in their personal relationships including (where appropriate) with their partner, children and important family members, in accordance with the service's regulations and if it is safe for them to do so.

Standard 2: Exercising Rights in a Therapeutic and Empowering Environment

Quality Indicator 2

2.0 Quality Indicator: The service provider promotes active participation of the individuals and encourages them to exercise personal choice and realise their full potential.

Performance Indicators:

The service provider ensures that:

- 2.1 Individuals are engaged in meaningful activities which help them practice and improve their talents in activities which they enjoy and which aim to reach the identified goals.
- 2.2 Individuals have reasonable time to consider their choices and prepare for important events (such as assessments and hospital appointments) and are given time to express their feelings, views and decisions.
- 2.3 Individuals can spend time on their own in accordance with the policies and procedures adopted by the residential facility.
- 2.4 Individuals can continue carrying out their financial, legal and personal activities when is convenient to them, unless there are legal reasons preventing this or if this goes against the service's regulations. Individuals may decide on who should be aware of their personal activities.
- 2.5 Individuals are supported to discuss with authorised persons the possibility of changing their key worker. Support is given to help them understand any limiting factors related to this choice.

Standard 2: Exercising Rights in a Therapeutic and Empowering Environment

Quality Indicator 3

3.0 Quality Indicator: The service provider ensures that any information that individuals might find useful is provided to them in a complete, timely and unconditional manner.

Performance Indicators:

The service provider ensures that:

- 3.1 Individuals are provided with information about the options offered to them by the service. They may also request professional advice.
- 3.2 Individuals are provided with information about the services offered to their family members or significant others.
- 3.3 Individuals requesting information about available hospital and preventive care services are provided with the required information and are given the necessary support to acquire such services.
- 3.4 Individuals receive information about what to do in case of fire or other emergencies.

Standard 2: Exercising Rights in a Therapeutic and Empowering Environment

Quality Indicator 4

4.0 Quality Indicator: The service provider is aware of the individuals' dietary requirements and food choices.

Performance Indicators:

The service provider ensures that:

- 4.1 The management and staff members are aware of the dietary conditions and requirements of the individuals and, with their consent, arrange for this to be regularly assessed and reviewed.
 - 4.2 Meals are nutritionally balanced and prepared in a way that respects the individuals' ethnicity and religion.
 - 4.3 The service provides a menu that varies regularly.
 - 4.4 Individuals can have snacks and drinks during the day in accordance with the service's regulations and any personal dietary requirements.
 - 4.5 Meals are hygienically prepared and are well presented.
 - 4.6 Meals are prepared and stored in places which are registered with the Food Safety Commission.
 - 4.7 Staff members ensure that the necessary arrangements are made for individuals to enjoy their meals.
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Standard 3: Safeguarding the individuals' safety and security

Standard Statement

The environment shall enhance the quality of life of all individuals availing of the service and be a pleasant place to live in. All necessary measures are taken to avoid unwanted risks without invading the privacy of individuals.

Quality Indicators:

1. The service provider ensures that the residential facility is safe, welcoming, physically accessible and well maintained.
2. The service provider promotes systems that ensure overall safety and security of all staff and individuals availing of the service.
3. The service provider respects the individuals' privacy, personal aspirations and needs.
4. The service provider deals effectively and in a timely manner whenever the individuals express concern or submit a complaint.
5. The service provider ensures that the individuals' health condition and needs are well known by management and staff members.

Standard 3: Safeguarding the individuals' safety and security

Quality Indicator 1

1.0 Quality Indicator: The service provider ensures that the residential facility is safe, welcoming, physically accessible and well maintained.

Performance Indicators:

The service provider ensures that:

- 1.1 The location and design of the facility reflect its philosophy.
- 1.2 The residential facility's décor is homely and welcoming.
- 1.3 The residential facility is physically accessible to everybody³
- 1.4 The residential facility is run in a way that protects individuals from any avoidable risks or harm, including physical harm and infection.
- 1.5 The premises are kept clean, hygienic and free from offensive odours and intrusive sounds.
- 1.6 The service provider ensures that the service conforms to relevant legislation⁴ to avoid and control the spread of infection.
- 1.7 Individuals can bring personal belongings with them if they are staying in the residential facility for a long time. This should be done according to the service's regulations⁵.
- 1.8 The bedrooms should have adequate personal space so that the individuals' dignity and privacy are respected.
- 1.9 Indoor and outdoor communal spaces are available and able to accommodate all individuals availing of the service, at any given time.
- 1.10 If the service provider is upgrading the residential facility, the SCSA are notified with immediate effect.
- 1.11 Copies of basic rights and obligations of individuals availing of the service are clearly displayed in the facility.

³ The residential facility should conform to building regulations as stipulated by the Planning Authority and the Commission for the Rights of Persons with Disability.

⁴ Public Health Act (Chapter 465 of the Laws of Malta)

⁵ Refer to Annex 3 - Manual of Policies and Procedures

- 1.12 Certificates, reports and other documents confirming that the service complies with all relevant legislation and procedures (including regulations related to health and safety, food hygiene and service registration with SCSA) are displayed around the premises, in a location which is easily visible to all individuals availing of the service and visitors.
- 1.13 If the Inspectorate Office from the SCSA requires individuals to take part in the inspection of the service that they are receiving, they are given the opportunity to do so and be free to decide whether to participate or not.

Standard 3: Safeguarding the individuals' safety and security

Quality Indicator 2

2.0 Quality Indicator: The service provider promotes systems that ensure overall safety and security of all staff and individuals availing of the service.

Performance Indicators:

The service provider ensures that:

- 2.1 The evaluation of hazards and risks within the residence is carried out at least once every two years or whenever there is a situation that may change risk levels. Individuals are aware that daily activities and events can pose an element of risk.
- 2.2 Individuals are fully involved in the evaluations of their own risk. Individuals are responsible for their own actions and are expected to contribute towards ensuring their own health and safety and that of others.
- 2.3 Staff members record all accidents or incidents including episodes where control of challenging behaviour is required.
- 2.4 The management is always informed of any accidents or incident and will further investigate the case accordingly. Where required, adaptations to the service are carried out to safeguard the health and safety of the residents as well as of others.
- 2.5 If legally required, staff members inform competent persons of incidents and accidents. They also inform relatives, representatives or other persons upon request and consent of the individuals involved.
- 2.6 Staff members can exert control over challenging behaviour only as permitted by law. Restrictive care shall only be exerted if other interventions have failed.
- 2.7 The service provider shall preserve a drug-free environment, except for prescribed medication by a doctor.
- 2.8 Staff members identify and inform the management about any possible violent situations. They do everything to prevent and control these situations diligently and take the required action to ensure that similar accidents are not repeated.

- 2.9 All individuals availing of the service are involved in the upkeep of the residence to ensure a physical environment that is safe for all including staff members.
- 2.10 Staff members are committed to ensure that the residential facility is free from bullying, harassment and any other form of abuse.
- 2.11 Individuals are not discriminated against on the basis of sex, sexual orientation, age, race/ethnic origin, religion/belief, gender identity, gender expression, sex characteristics, language, family responsibilities, or disability. Allegations of discrimination are fully investigated according to established procedures.
- 2.12 If the individuals' behaviour challenges the principles of the service, then they are provided with professional support.
- 2.13 Staff members inform such individuals about services which can help them in the eventuality that they are requested to leave the residential facility, due to the service's regulations.

Standard 3: Safeguarding the individuals' safety and security

Quality Indicator 3

3.0 Quality Indicator: The service provider respects the individuals' privacy, personal aspirations and needs.

Performance Indicators:

The service provider ensures that:

- 3.1 The individuals' personal space is respected within the boundaries of creating and maintaining a safe and secure environment for themselves and others.
- 3.2 Individuals can discuss their needs with the staff members in a confidential and private manner.
- 3.3 Staff members are able to enter bedrooms, restrooms and bathrooms to ensure safety, while protecting the individuals' privacy and rights. This procedure is clearly explained to all individuals.
- 3.4 Staff members knock on bedroom, restroom and bathroom doors and wait for the individuals' permission before entering. Individuals are able to close doors but staff members are able to open them in certain circumstances, as explained in the service's regulations.
- 3.5 The use of cameras, including CCTV, is restricted to entry ways, passages, lifts and stairs for security and safety reasons only and should not disrupt the individuals' everyday personal life.
- 3.6 If intimate physical care or treatment is needed, this is carried out by a competent person in a sensitive and private manner, respecting the dignity of the individuals. The latter can choose whether it is a male or female to help them with their intimate physical care.
- 3.7 The service has a policy on the management of mail and staff members explain this clearly to all individuals upon moving into the residential facility. This policy enables individuals to receive personal mail securely and be informed from where to collect it.
- 3.8 Individuals have access to a telephone, internet and/or mobile phone in accordance with the service's procedures and are provided with clear explanations if use is restricted.

Standard 3: Safeguarding the individuals' safety and security

Quality Indicator 4

4.0 Quality Indicator: The service provider deals effectively and in a timely manner whenever the individuals express concern or submit a complaint.

Performance Indicators:

The service provider ensures that:

- 4.1 Regular evaluations of the service are performed to ensure that this remains in tune with the needs of individuals at any point in time. Individuals are given the opportunity to participate in these evaluations, should they wish to do so.
- 4.2 Individuals can quickly contact one of the workers when they need help or in case of emergency, for example through the intercom or alarm.
- 4.3 Individuals are able to discuss any concern they might have, at an appropriate time, without fearing retribution. This can be done with different people including the key worker, the residential facility's manager or a higher authority if required.
- 4.4 Individuals are informed on how to submit a complaint or how to comment to the service provider about the service being provided. They are also informed about the procedure to submit a complaint directly to the SCSA.
- 4.5 The management acknowledges all concerns and complaints put forward by individuals or other persons and informs the complainants of the proceedings and outcomes of any investigation following a complaint.

Standard 3: Safeguarding the individuals' safety and security

Quality Indicator 5

5.0 Quality Indicator: The service provider ensures that the individuals' health condition and needs are well known by management and staff members.

Performance Indicators:

The service provider ensures that:

- 5.1 The service has clear policies and procedures⁶ with regards to the preparation, administration and management of medicine and medication.
- 5.2 The individuals can continue visiting their usual doctor and dentist. If this is not possible the staff members help them visit another doctor or dentist as quickly as possible.
- 5.3 If the individuals availing of the service were receiving community or hospital healthcare services and still need them, they continue to receive these services.
- 5.4 If the individuals' review indicates the need for health advice (not necessarily from a doctor), staff members provide the necessary support to get the required help and to follow any advice being given.
- 5.5 In the event that individuals are feeling unwell (physically or emotionally) and feel that they need healthcare services, they know that staff members will contact the doctor or other healthcare professional or the hospital. A review of the personal support plan is carried out if required.
- 5.6 If medication is part of the individuals' treatment plan or might be used as part of the service provided, this is explained to the individuals before they start availing of the service. They know the reasons for this, including any risks of the medication interacting with alcohol or drugs.
- 5.7 A medical assessment is carried out by a medical practitioner authorised by the service provider before moving into the residential facility.
- 5.8 A review of healthcare needs, medication being used and the manner in which it is administered is carried out regularly.

⁶ Refer to Annex 3: Manual of Policies and Procedures

- 5.9 Any assessment and every review carried out are documented on a treatment card.
- 5.10 If individuals are legally required to take or be given medication as directed and they fail to do so they know and understand that the staff members must report this to the relevant authorities. This could lead to consequences in line with the regulations of the service.
- 5.11 If individuals receive medical care which is provided by a third party (for example, an injection), the person providing this assistance does so in a way which recognises and respects the individuals' privacy and dignity.
- 5.12 The name, duties, responsibilities and authority of each person involved in the process of managing medicine or medication are clearly documented. Individuals are aware of who has access to the medicines and who can participate in its administration.
- 5.13 Any medication being administered would have been prescribed by the doctor and used solely by the individual that it was prescribed to. The persons preparing and administering medicine are competent and authorised to do so.
- 5.14 The administration of medication is documented on a treatment card. Staff members note down when individuals take the medication, when they refuse to take the medication and when the medication is not administered. In the latter two instances, the reasons why they did not take/receive the medication are also recorded. The management is informed immediately in such situations.
- 5.15 The service has clear policies and procedures on the administration of medication *pro re nata* (medicine given as needed under particular circumstances). This includes a list of medicines that can be administered in this manner upon the individuals' request as well as the dose and amount that can be given out.

Standard 4: Ensuring effective and respectful procedures

Standard Statement:

Prospective residents are supported to decide whether the service fits their needs or not. The individuals are supported to have a smooth transition both upon entering the service as well as when they move out.

Quality Indicators:

1. The service provider ensures that information about what the service will offer is duly given to prospective residents prior to admission.
2. The service provider and the individuals who wish to avail of the service enter into a written agreement which sets out the terms and conditions for receiving the service.
3. The service provider together with the staff support individuals to prepare themselves for moving on in a planned manner after their discharge from the service.

Standard 4: Ensuring effective and respectful procedures

Quality Indicator 1

1.0 Quality Indicator: The service provider ensures that information about what the service will offer is duly given to prospective residents prior to admission.

Performance Indicators:

The service provider ensures that:

- 1.1 Prospective residents are given an introductory pack⁷ available in both Maltese and English which clearly explains the service being offered.
- 1.2 The introductory pack is explained verbally by a staff member to prospective residents during one or more meetings. Prospective residents are encouraged to bring relatives and significant others with them to this meeting.
- 1.3 Prospective residents are offered a visit to the residential facility, where they have the opportunity to walk around the premises and speak to staff members and other individuals availing of the service (if the latter is possible).

⁷ Refer to Annex 1: Information on the Service

Standard 4: Ensuring effective and respectful procedures

Quality Indicator 2

2.0 Quality Indicator: The service provider and the individuals who wish to avail of the service enter into a written agreement which sets out the terms and conditions for receiving the service.

Performance Indicators:

The service provider ensures that:

- 2.1 The service has a clear and documented procedure for joining the therapeutic community which is explained to all new members. All individuals are introduced to the principles and values that define the community.
- 2.2 Once accepted into the service, individuals are fully involved in developing the details of the service agreement to which they agree.
- 2.3 Individuals are provided with a dated copy of this written service agreement in a format that they can understand which they and the service provider both sign.
- 2.4 The service agreement (both the original and any subsequent updates) includes:
 - the signatures of everyone involved;
 - the date when the agreement was made;
 - the date the service starts being provided;
 - the duration of service delivery;
 - clear information about whether there are financial charges associated with the service, the nature of these charges and to whom they are payable;
 - the name and profession of the service provider, the location from where the service is being provided and the frequency with which the service is provided;
 - consent to sharing information about individuals; and
 - information about how to change any detail in the service agreement or how to terminate it.

2.5 Individuals are given the opportunity to review their service agreement if they wish to do so. They are fully involved in these reviews and are satisfied with the outcome of the reviews.

2.6 The service has policies and procedures⁸ that are easily accessible and are written down in a manner which individuals can understand.

2.7 Staff members read, explain and help individuals understand the service's policies and procedures at the various stages during their stay at the residential facility.

⁸ Refer to Annex 3: Manual of Policies and Procedures

Standard 4: Ensuring effective and respectful procedures

Quality Indicator 3

3.0 Quality Indicator: The service provider together with the staff support individuals to prepare themselves for moving on in a planned manner after their discharge from the service.

Performance Indicators:

The service provider ensures that:

- 3.1 The service has written procedures regarding the discharge from the residential facility.
- 3.2 Staff members support individuals in planning for their future as part of an after-care plan. They are involved in meetings to discuss their future move.
- 3.3 The staff members support individuals towards social inclusion by assisting them in creating links with services and groups in the community.
- 3.4 Individuals are involved in assessing the possible risks for themselves or others when they leave the residential facility.
- 3.5 At least two weeks before the termination of the service, individuals attend a meeting together with the key worker and other agencies involved in their care to discuss their future and to ensure that all the necessary arrangements are in place. This is done in an open and collaborative manner.
- 3.6 The management sends a discharge summary letter and a progress report to the individuals within a week from their discharge. The same information shall be circulated to other agencies involved in the provision of care of the same individuals if they had given their consent for this to be done or if this is required by law.
- 3.7 Individuals are encouraged to keep contact with the therapeutic community after they leave the service. They receive social and emotional support whenever they require and are supported in analysing their options.
- 3.8 If individuals have to leave suddenly or due to an emergency, the move occurs with the minimum possible risk for themselves and others. The reasons are consistent with the policies on discharge and rules of the residential facility.

- 3.9 With the individuals' consent, significant professional workers and persons responsible for the individuals' care including the doctor and key worker, are notified within 24 hours about the emergency or sudden discharge. These persons are provided with the reasons for the individuals' discharge, any potential risks, the required and provided medication and the progress made during the stay within the residential facility.
- 3.10 If upon discharge the individuals' health and safety is perceived to be at risk, the staff shall notify relatives or significant others.
- 3.11 If individuals have children, the impact of their discharge on their children is also given due consideration to ensure that the children are not being put at risk due to this move.

Standard 5: Promoting an effective system for the safekeeping of documentation and information dissemination

Standard Statement:

The service provider abides with data protection measures when it comes to using, processing, retaining and disseminating confidential information about individuals availing of the service.

Quality Indicators:

1. The service provider keeps a record of important documentation and other relevant information relating to the individuals availing of the service.
2. The service provider ensures safe keeping and sharing of information pertaining to the individuals in line with respective laws and regulations.

Standard 5: Promoting an effective system for the safekeeping of documentation and information dissemination

Quality Indicator 1

1.0 Quality Indicator: The service provider keeps a record of important documentation and other relevant information relating to the individuals availing of the service.

Performance Indicators:

The service provider ensures that:

- 1.1 Individuals have the right to their personal information in accordance with the Data Protection Act, if they make such a request in writing.
- 1.2 If there are staff members who are somehow involved in managing any finances belonging to the individuals availing of the service, every decision taken and/or transaction must be witnessed, recorded and sufficiently verified.
- 1.3 Upon discharge from the residential facility or if the individuals need to go to hospital or elsewhere in an emergency, they are given a written summary indicating the treatment received from the service.

Standard 5: Promoting an effective system for the safekeeping of documentation and information dissemination

Quality Indicator 2

2.0 Quality Indicator: The service provider ensures safe keeping and sharing of information pertaining to the individuals in line with respective laws⁹ and regulations.

Performance Indicators:

The service provider ensures that:

- 2.1 All confidential information about individuals availing of the service is securely stored and is only shared with others with their consent, unless the law requires otherwise.
- 2.2 Staff members inform individuals of the reasons why certain information cannot be kept confidential and who has access rights in accordance with the policies and procedures of the service.
- 2.3 All individuals availing of the service understand and respect boundaries with regards to confidentiality.

⁹ Data Protection Act (Chapter 586 of the Laws of Malta)

Standard 6: Establishing and maintaining external relations

Standard Statement:

The service provider shall ensure comprehensiveness and continuity of care by being proactive towards maintaining positive collaborative relationships with persons close to the individuals as well as different professionals who can provide the necessary care.

Quality Indicators:

1. The service provider communicates with significant persons close to the individuals and retains such contact if it is in the best interest of the same individuals.
2. The service provider collaborates with third parties including professionals and support bodies so as to enhance the therapeutic experience of the individuals availing of the service.

Standard 6: Establishing and maintaining external relations

Quality Indicator 1

1.0 Quality Indicator: The service provider communicates with significant persons close to the individuals availing of the service and retains such contact if it is in the best interest of the same individuals.

Performance Indicators:

The service provider ensures that:

- 1.1 Families and persons significant to the individuals are respected and provided with the necessary support.
- 1.2 Individuals can ask their family or representative to support their own key worker and other staff members in communicating with them in the most appropriate manner and at their own pace.
- 1.3 The family and/or representative of the individuals can discuss their concerns on the care provided with staff members in private. Staff members value the opinion of these persons, acknowledge their expectations of the service and provide information on how their concern will be dealt with.
- 1.4 Family members and/or representatives shall be involved in the planning and implementation of the service only if the individuals give consent and if it is deemed appropriate to do so, given the circumstances that both the individuals and their families find themselves in.

Standard 6: Establishing and maintaining external relations

Quality Indicator 2

2.0 Quality Indicator: The service provider collaborates with third parties including professionals and support bodies so as to enhance the therapeutic experience of the individuals availing of the service.

Performance Indicators:

The service provider ensures that:

- 2.1 If the individuals have an independent representative, staff members listen to what the representative has to say on their behalf as if they were expressing the views personally.
- 2.2 The key worker liaises with other workers within and outside the residential facility to organise the individuals' participation in meaningful activities. All entities work together to deliver a holistic service in the best interest of the individuals availing of the service.
- 2.3 If the individuals have any questions or need advice about their medication and these cannot be addressed by staff members, the same staff members help in receiving advice from a third party.
- 2.4 If individuals have changing needs that cannot be met by the residential facility, then, with their consent, they should be referred to specialised professionals, persons or entities who can give the level and type of care that they need.

Standard 7: Service Quality Management

Standard Statement:

The management and staff are accountable to deliver quality support and care in the most respectful and transparent manner.

Quality Indicators:

1. The service provider ensures professional and ethical practice that is safe and appropriate to the emerging needs of the individuals availing of the service.
2. The service provider implements transparent recruitment strategies and plans for the continuous development of its staff.

Standard 7: Service Quality Management

Quality Indicator 1

1.0 Quality indicator: The service provider ensures professional and ethical practice that is safe and appropriate to the emerging needs of the individuals availing of the service.

Performance Indicators:

The service provider ensures that:

- 1.1 Staff members and volunteers know how to put all policies and procedures into practice and operate in a manner that is consistent with the values and philosophy of the therapeutic community.
- 1.2 Staff members have sufficient knowledge about the theory underpinning the therapeutic intervention being implemented.
- 1.3 Staff members and volunteers who work directly with the individuals are supervised by competent persons.
- 1.4 All staff members use methods designed according to up-to-date knowledge and best-practice guidelines in accordance with the service's philosophy and objectives.
- 1.5 The management is continuously striving to improve practice.
- 1.6 The management and staff maintain effective communication between them and ensure continuity in the care provided.
- 1.7 Staff members perform their work according to the Code of Ethics and Practice of their profession and the Code of Ethics drawn up by the management of the residential facility.
- 1.8 Staff shall be culturally sensitive and demonstrate the ability to communicate and interact with all individuals in a comfortable and appropriate manner, irrespective of the individuals' ethnicity or cultural background.
- 1.9 Staff shall use appropriate language when speaking with or about the individuals availing of the service in order to avoid discriminatory jargon.

- 1.10 Staff members in charge of organising the provision of medication know how to store and administer medication safely and in the way that suits best the individuals, in line with the doctor's prescription.
- 1.11 Staff members and volunteers follow their job description and they do not carry out any tasks which are not within their competencies.
- 1.12 Staff members offer practical help (if and as required) to individuals to be able to meet the people visiting them and to help any persons with disability to gain access to the building.
- 1.13 Staff members are sensitive and supportive during difficult times, if for instance someone close to the individuals passes away.

Standard 7: Service Quality Management

Quality Indicator 2

2.0 Quality Indicator: The service provider implements transparent recruitment strategies and plans for the continuous development of its staff.

Performance Indicators:

The service provider ensures that:

- 2.1 All staff members are adequately qualified, trained and/or experienced to carry out their tasks according to current best practice.
- 2.2 The number of trained staff having the necessary skills is always sufficient to provide the required support and care, at all times.
- 2.3 There are always at least one female and one male staff member at any given time.

Staff members and volunteers working in the residential facility have been recruited and selected following a thorough process which includes:

- verification of identity;
 - verification of qualifications;
 - verification of police conduct; and
 - verification that the staff members and volunteers are free from any drug or alcohol related issues. Newly recruited staff members must not have been using drugs or misusing alcohol for at least two years prior to their employment. Any volunteers must not have been using drugs or misusing alcohol for at least one year prior to being allowed to provide their service at the residential facility.
- 2.4 The service has a procedure for the continuous professional development and ongoing training of all staff. This training should ensure that:
 - staff members avoid stereotypes and biases related to the sexual orientation, gender identity and cultural background of individuals when delivering services through operational procedures that would allow for this;
 - staff responsible for handling food acquire valid certification in food handling;

- staff have a valid First Aid certification; and
- staff take the required action in an emergency including a fire emergency.

2.5 Staff supervision and performance appraisals are also carried out to identify any training needs required by staff members as well as to ensure optimal quality in service delivery.

Annex 1: Information on the service

Details and contacts

- i. details of the agency providing the service and of the Director and/or the highest authority within the said agency;
- ii. organisational structure;
- iii. the location of the facility and a description of its physical environment;
- iv. the details, including contacts of the SCSA.

Admission and discharge from the service

- v. written admission criteria and client mix that one can expect to find in the facility;
- vi. the process of moving into the residential facility, clearly indicating the procedures that are followed before entry;
- vii. written procedure of what happens when individuals are discharged from the service including what happens if individuals leave prematurely; both when they decide to leave or when they are instructed to leave.

General information about the service

- viii. details of the philosophy, aims and objectives of the service and how these will be achieved;
- ix. the treatment modality, if applicable;
- x. the maximum and minimum length of time that one can spend at the facility;
- xi. the day's structure and activities that one can participate in while residing at the facility;
- xii. rules and consequences should these be violated;
- xiii. whether the service allows family members (including dependents) to reside together at the residential facility and any rights and obligations attached to this;
- xiv. equal opportunities and working against discrimination, violence and bullying
- xv. the charges incurred for using the service and the services covered by these charges;

- xvi. the role of medication and other forms of treatment within the service and one's rights on this regard;
- xvii. the conditions under which control over challenging behaviour can be exerted;
- xviii. cooperation with other services and/or professionals;

Policies and procedures followed by the service which includes:

- xix. the procedure on how to make a complaint to the service provider, and to the SCSA, and the manner in which the said complaint is handled;
- xx. the facility's procedure on assigning roommates, which includes how one's wishes about room sharing are listened to and taken into account;
- xxi. the procedure to be followed during an emergency, which includes what steps and decisions the service provider can and cannot take if one cannot take his/her own decisions;
- xxii. the procedure related to testing alcohol or drug levels;
- xxiii. searches (this includes the types of searches practiced within the residential facility, the circumstances in which the residential facility can exercise different type of searches as well as procedures to be followed during searches);
- xxiv. the procedure related to bringing items into the residential facility including what one needs to bring into the residential facility, what one can take and what is prohibited;
- xxv. what is meant by having a relapse and related risks;
- xxvi. the procedure and rules related to contacts (including phone calls, SMS, mail, social media and email) and visits (including various levels of restriction);
- xxvii. the procedure and rules related to smoking, including restrictions on the number and type of cigarettes that may be consumed per day (if applicable), and the times when smoking is permitted;
- xxviii. the unauthorised use of substances or medicines.

Annex 2: The Personal Support Plan

The below is a non-exhaustive list of important information that can be found in the individuals' personal support plan:

- i. goals upon admission, assessment of needs and interventions required;
- ii. learning, practice and development of new skills which enable them to avoid a relapse;
- iii. holistic assessment of needs, the care being received, and the care received in the past;
- iv. needs which will be addressed as part of the rehabilitation process and the services that will enable this, including:
 - iv.i individual and family counselling;
 - iv.ii healthcare;
 - iv.iii support from other people who are in a similar position;
 - iv.iv risk profile;
 - iv.v facilitating access to external services such as training and employment schemes;
 - iv.vi job prospects and how these can be improved (if necessary);
- v. preference with regards to how they want to be addressed;
- vi. personal dietary preferences and special requirements including allergies where applicable;
- vii. preferences with regards to hobbies and social, leisure, cultural and spiritual activities;
- viii. specific communication arrangements that are necessary to provide individuals with effective support. This includes assessment and review of communication needs and support to use specialised equipment;
- ix. contact details of persons to be involved in reviews (including professionals and relatives) including details of a person whom the individuals trust and that can be contacted in case of need. This person is identified by the individuals and lives outside the residential facility.

Annex 3: Manual of Policies and Procedures

The service provider shall develop comprehensive policies and procedures that cover all areas of service provision in the residential facility. 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 including:

1.2.1.1 Incident and accident reports

1.2.1.2 Medical records

1.2.1.3 Records of complaints

1.3 Entrance and eligibility

1.3.1 Searches

1.3.2 Testing alcohol and drug levels

1.4 Admission and termination

1.4.1 Admission and Re-admission

1.4.2 Voluntary and involuntary discharge

1.5 Managing applications including:

1.5.1 Same family members

1.5.2 Couples

1.5.3 Care for dependent persons

1.6 Initial and subsequent assessments

1.7 Welcoming new residents

1.8 Personal Support Plan

1.8.1 Review meetings

1.9 Behaviour management

1.9.1 Dealing with aggressive behaviour

1.9.2 Condemning and rectifying irregularities

1.10 Harassment policy

1.11 Allegations of discrimination

1.12 Abusive treatment in care

1.13 Allegations of bullying in care

1.14 Equality policy

1.15 Relationships, sexuality and sexual interactions

1.16 Complaints policy

1.17 Spot checks and monitoring

1.18 Financials and money management

1.19 Whistle Blowing

1.20 Consent of clients

1.21 Relapsing

2.0 Staff

2.1 Code of Conduct and Ethical Performance towards clients and other staff

2.2 Supervision policy

2.3 Recruitment

2.3.1 Employment contracts

2.3.2 Job descriptions

2.4 Performance appraisals

2.5 Training and development

2.6 Staff meetings

2.7 Staff supervision

2.8 Changing the key worker

2.9 Complaints by staff

2.10 Staff handover

2.11 Staff Ratios

2.12 House Keeping

2.13 Volunteers

3.0 Health & Safety

3.1 Injuries

3.1.1 Self Harm

3.2 Medical Procedures

3.2.1 Preparation of medicine

3.2.2 Documentation on treatment cards

3.2.3 Storage, access and editing of treatment cards

3.2.4 Ordering medicine

3.2.5 Administration of medicine

3.2.6 Safe disposal of medicine

3.2.7 Missing medication

3.2.8 Refusing medicine

3.2.9 Administration of medicine Pro re nata

3.2.10 Storage of medicine

3.2.11 Overdose

3.3 Evaluation of service

3.3.1 Self Evaluation

3.3.2 Registration and Inspection by the SCSA

3.4 Evaluation and Management of Risk

3.5 Environmental Health

3.6 Health and Safety

4.0 Emergency Procedures

4.1 First Aid

4.2 Emergency management and evacuation

4.3 Fire safety

4.4 Medical emergency

5.0 House Procedures

5.1 Rooms

5.1.1 Heating, lighting and ventilation

5.2 Bed Checks

5.3 Common Areas

5.4 House chores

5.4.1 Laundry

5.5 Personal belongings

5.6 Physical appearance of individuals

5.7 Contacts including telephone calls, text messages, mail, social media and email

5.8 Entering and Exiting the premises

5.9 Visitors

5.10 Privacy of individuals and staff

5.11 Transport

5.12 Maintenance

5.12.1 Voluntary and involuntary damages to the property

5.13 Food and Nutrition

- 5.14 Sound and Music
- 5.15 Smoking and consumption of illegal substances
- 5.16 Certification of House Equipment

Annex 4: Useful Reference Material

- ✓ The Social Care Standards Authority Act No. XV of 2018.
- ✓ Food Safety Act XIV of 2002, as amended by Legal Notice 426 of 2007; and Acts XXIX of 2007 and VI of 2011.
- ✓ Occupational Health and Safety Authority Act XXVII of 2000, as amended by Act XXXII of 2007; Legal Notice 426 of 2007; and Act X of 2013.
- ✓ Equality for Men and Women Act I of 2003, as amended by Legal Notice 427 of 2007; and Acts IV of 2009, IX of 2012, XVIII of 2014, and VII and XI of 2015.
- ✓ Data Protection Act No. XX of 2018.
- ✓ Mental Health Act XXII of 2012 as amended by Legal Notice 206 of 2017.
- ✓ Public Health Act XIII of 2003, as amended by Act III of 2004 and Legal Notice 427 of 2007.
- ✓ Access for All Design Guidelines 2011 (published by the then KNPD).
- ✓ The National Care Standards for Care Homes for people with drug and alcohol misuse problems, issued by the Scottish Care Commission.
- ✓ Provincial Addictions Treatment Standards of Newfoundland and Labrador, Canada.
- ✓ Service Standards for Addiction Therapeutic Communities developed by the Royal College of Psychiatrists and the Association of Therapeutic Communities together with the European Federation of Therapeutic Communities and the Australasian Therapeutic Communities Association.