



PARLIAMENTARY SECRETARIAT FOR RIGHTS OF
PERSONS WITH DISABILITY AND ACTIVE AGEING

NATIONAL MINIMUM STANDARDS FOR CARE HOMES FOR OLDER PEOPLE



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AND ACTIVE AGEING





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Introduction by the Parliamentary Secretary

The National Minimum Standards for Care Homes for Older Persons represents a key turning point in the government's commitment towards ensuring an excellent quality of life for older persons residing in care homes in Malta and Gozo. Quality of life had from start been this government's major target and it had to be achieved, among other methods, through high-quality services. For the first time in the history of ageing welfare in the Maltese Islands, the Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing is specifying Standards for care homes for older persons that define the arrangements, facilities and procedures that need to be in place and implemented to ensure the delivery of a quality service.



It has long been felt that, notwithstanding government's 'ad hoc' interventions, there was no real measurement for the necessary checks and balances. With the publication of these National Standards the State can now apply the necessary tool to ensure the expected performance and management levels within all homes for the elderly, be they public or private. They are also intended to put minds at rest among the elderly residents themselves and their relatives, that the State is well equipped to ensure that they are given the services they expect and deserve.

What we have now is a sensible collation of a wide span of preparatory work with experts' input and vast consultation with all stakeholders, including the elderly persons themselves. We felt the need to speed up the process and translate words into practice. The consultation exercise showed extensive backing for a new system of regulation that provides for a wider and higher quality care services. No less than 38 Standards have been developed in cooperation with present residents, their representatives, staff and professionals working in care homes, trade unions, as well as the general public. These Standards set clear definitions whereby sub-standard care or practices will not be accepted, considering also that such care is meant for one of the most vulnerable sectors of society.





These Standards focus on the home's obligations to health, personal care, daily life and social activities, complaints and protection, environment, staffing, and management and administration. They stipulate the minimum requirements as regards the required knowledge, skills and competencies needed by management and staff to ensure that each residence delivers individually tailored, comprehensive and quality services. They should also be of great help to those who manage such homes and assist them to closely monitor the services provided under their watch are kept to the expected requirements and levels. More so that it is the Government's commitment to create and realise its programmes for Active Ageing, rather than simply care for the elderly.



Government is not simply aiming at adding years to life, but more decidedly adding life to years – that is precisely where quality standards play a major role. We do not mean to interfere but intervene as is necessary to safeguard the dignity each resident deserves. My Parliamentary Secretariat trusts that managements and service-providers can work hand in hand with us in applying these National Minimum Standards can turn out to be a way of life rather than a cold yardstick. Together with various other initiatives taken and projects realised within these first two years, these Standards are premised on the values of social justice and empowerment, and will further help Malta and Gozo become among the best countries where growing old is a real gift.

Hon. Justyne Caruana
Parliamentary Secretary for the Rights of Persons with a Disability and Active Ageing





Introduction

This document details the National Minimum Standards, henceforth referred to as “Standards”, hereby proposed to be applicable to all care homes for older people, henceforth referred to as “care homes”. A “Care Home for Older Persons” means a facility used as a place for the care and housing of older persons whether for reward or not.

This document will be supplemented by Appendices to follow detailing specific enforcement procedures and regulatory structures and specific standards to be applicable to care homes for older people with different levels of dependency and units specialised in dementia care.

The Standards are applicable to all operations for which registration and annual licensing as a “care home for older people” are required. All the minimum Standards are intended to be immediately applicable to all homes seeking registration and a license as of the date of promulgation of these Standards, whilst a number of the Standards are intended to be phased in gradually for care homes already operating as of this date.

Proposed Regulatory Context

In order that these Standards be implemented by care homes, it is proposed that they are supported by a legislative instrument, such as a Legal Notice, issued by the Minister responsible, promulgating the substantive Standards in the form of licensing conditions and prosecutable offences. The Licensing Authority would employ qualified persons vested with executive powers of inspection, enforcement and prosecution, responsible for ensuring that the Standards are met within established timelines, and subsequently maintained.

The Aims and the Approach

The Standards acknowledge the unique and complex needs of each individual residing in a care home; as such they stipulate the minimum requirements for the facility to operate a care home as well as the required knowledge, skills and competencies needed by management and staff to ensure care homes deliver individually tailored, comprehensive and quality services. Each Standard has an achievable outcome for the residents. Although the Standards are qualitative, they are also measurable: they provide a useable instrument for the independent regulator to assess the degree to which the Standards are being met through:

- Regular communication with residents, family and close friends, staff, managers and others;
- Observation of daily life and management of the home;
- Audit of written policies, procedures and records;
- Scheduled and ad hoc inspections.

The Principles underpinning the Standards

Person- Centred Care

Care homes shall adopt a person-centre care approach by subscribing to the need for a recognition of and connection with the person, focusing on residents' strengths and goals, and the centrality of interpersonal relationships.

Dignity

All residents shall be able to live in dignity and security, and be completely free of exploitation, abuse and discrimination.

Privacy

Each resident's privacy shall be respected at all times.

Physical and Mental Well-being

Each resident shall be provided with the medical and nursing care needed to retain optimal physical and mental health, and is provided with the opportunities and facilities to enable him/her to continue to be physically and mentally active, and to maintain the highest level of independence possible.

Self-fulfilment

Each resident shall be provided with opportunities to achieve his/her full potential through easy access to social, recreational, cultural, educational, productive and spiritual resources.

Autonomy/Empowerment

Each resident shall have a right to autonomous decision-making, and where capacity for autonomous decision-making is not present, the legally appointed representative (as defined in glossary) shall be consulted on all decisions pertaining to the resident including, but not restricted to, decisions related to admission to and discharge from a care home, medical and care decisions, and decisions involving finances and legal matters. Decisions shall only be taken after a full informed consent process with the resident or his/her legally appointed representative.

Equality

All residents shall be treated with respect, regardless of their age, sex, race or ethnic origin, disability, cognitive level, marital or family status, beliefs, and sexual orientation.

Right to Complain and Right to Legal Recourse

Every resident or his/her legal representative shall be provided with clear information and mechanisms to allow for the expression of complaints and for seeking legal recourse as necessary without any repercussions on the resident's rights, freedom and quality of life. A standard complaint form will be available for the expression of such complaints to the regulator.

Active Ageing in Care Homes

The licensee shall undertake to promote a culture of Active Ageing in the Care Home consistent with Malta's National Strategic Policy for Active Ageing. The mission of the home must go beyond the traditional concept of "elderly care" and shall enable residents to realize their full potential for physical, social, and mental wellbeing. The home shall provide an environment where residents are enabled to engage in productive



activities, and a healthy, independent and secure lifestyle.

The licensee shall undertake to respect and actively promote the residents' autonomy by engaging in the process of informed consent in all aspects of care, including the identification and involvement of a legally appointed substitute decision maker if necessary. The licensee shall also ensure the protection of residents from all forms of abuse through policies and procedures for prevention and reporting of actual or suspected abuse, and clear procedures for responding to all forms of reported or suspected abuse in a timely and sensitive manner. Residents' independence shall be enabled across all levels of care, including but not restricted to the promotion of independent activity, access to community resources, and participation in society to the extent possible.

The licensee shall also undertake to promote a culture that encourages independence in activities of daily living including, but not restricted to, policies and procedures that promote (a) continence and independent personal care to the fullest extent possible, (b) independent activity, (c) falls prevention, and (d) prevention of pressure sores. Any deviation from these policies and procedures shall be clearly documented and formally addressed in the individual plan of care.

The licensee shall promote a holistic approach to the welfare of the resident, incorporating mental, psychological, physical, cultural, social, emotional, sexual and spiritual welfare of all residents.



CHAPTER 1 - The Home's Obligations

Introduction

Each home shall provide a written comprehensive Guide for Residents, also available on-line, which sets out:

- A statement of purpose - the licensee's aims and objectives;
- The range of facilities, services and equipment available to residents;
- A comprehensive relocation policy that takes into account both the Home's and the residents' interest
- The terms and conditions on which all services are provided in the contract with each resident.

All prospective residents and/or legally-appointed representatives shall thereby be able to make informed choices about whether or not the home is able to meet the individual's particular needs. The licensee's "Statement of Purpose" and the contractual arrangements entered into with each resident shall enable inspectors to assess how far the home is fulfilling its obligations to meet residents' requirements and expectations that is informed by a regularly updated individual plan of care.

Standard 1 - Information

OUTCOME

Prospective residents and their next of kin and/or their representative shall, at all times, have all the information about the facilities and specific services provided by the care home to enable an informed decision on whether the home is able to provide the appropriate care for the individual.

1.1 The licensee shall make available to all residents an up-to-date Statement of Purpose that spells out the aims, objectives, services, facilities, philosophy of care and conditions of the home and provides a comprehensive detailed Guide to the Home for existing and prospective residents. The Statement of Purpose also details the physical environment standards met by the home in relation to structural standards detailed in Section 5, and a summary of this information is included in the Guide for Residents (all of which should be available on-line).

1.2 The Guide for Residents shall be written in Maltese and English in a format suitable for intended residents (such as simplified text, symbols, picture text, larger fonts and good contrast) and shall include:

- A full description of all services provided (including health, nutrition, social, cultural, spiritual, educational) detailing charges where applicable;
- An accurate description of individual rooms and communal space provided;
- Relevant qualifications and experience of the licensee, all managers and direct care staff;
- The maximum number of residential places provided and any special needs or interests catered for;
- A copy of the most recent inspection report;
- A copy of the complaints procedure;
- An up-to-date summary on the residents' views on their home.

1.3 Residents and their relatives shall be provided with information in writing and on-line in Maltese and English about how to contact the Regulator.

Standard 2 - Contract

OUTCOME

Each resident has a written contract with the home. The addendum shall be modified following changes in the resident's activities of daily living following consultation between the home manager and a physician chosen by the resident.

2.1 Each resident shall be provided with a contract detailing the terms and conditions at the time of moving into the home.

2.2 The contract shall include:

- details of the room to be occupied, including washing facilities available and clearly specifying the maximum number of occupants per room;
- a comprehensive list of the services provided (including health, food and nutrition, recreational, etc. detailing additional fees where applicable);
- all fees payable and by whom (resident, relative or other);
- rights and obligations of the resident and the proprietor/manager detailing liability when there is breach of contract;
- the resident's room specifications and the terms and conditions of occupancy (including period of notice if and when applicable, and possibility of transfer of bed/room);
- a comprehensive relocation policy
- meal and snack times shall be specified;
- for those residents requiring assistance when bathing or washing – the days and time frames within which this takes place should be specified;
- full details of the licensee's responsibilities towards all the residents in the event that the home has to close, and the contract shall include a clause that refers to the minimum period of notice to be given to residents when this is applicable.

2.3 The addendum to the contract shall specify the level of care required based on the physician's initial assessment and evaluated according to the Barthel 20 Index (see Annex 1. The physician's initial assessment shall be recorded in the resident's file. The addendum shall be modified following changes in the resident's activities of daily living following consultation between the home manager and a physician chosen by the resident.

Standard 3 – Needs Assessment

OUTCOME

No individual moves into the home without having had his/her needs assessed and been assured in writing that these will be met.

3.1 New residents shall be admitted only following a full assessment undertaken by personnel certified in the field of geriatric care (refer to Chapter 6 – Staffing). This assessment forms the basis of a comprehensive plan of care. The prospective resident, his/her representative (if any) and relevant professionals shall be fully involved in both the assessment process and the formulation of the plan of care.

3.2 Each resident shall have a plan of care for daily living and longer-term outcomes based on the needs

assessment processes. This plan shall be modified according to the changing needs of each resident as shown in the quarterly re-assessment report or following an acute phase.

3.3 A nurse shall reassess each resident's needs quarterly or following an acute phase (using the Barthel 20 Index or any other equivalent or superior tool for Activities of Daily Living and any any other required additional tools (e.g.: the Mini-Mental score, the Braden or Waterlow Scores, etc) (see Annex 1) and where necessary inform the resident's doctor accordingly.

The manager shall acknowledge any changes in each resident's needs and shall ensure in writing that these will be met. Manager shall also ensure that these changes are communicated to staff and proper handover given when necessary.

3.4 The Care Plan shall include details about:

- (a) the basic care and assistance with Activities of Daily Living
- (b) more specialised nursing and medical care where this is required.

3.5 Each resident shall have a member of staff allocated who is responsible for ensuring that the requirements detailed in the resident's care plan are fully implemented. This person shall liaise with the resident and relatives to explain to them fully the care plan.

3.6 There shall be a medical review on admission and a re-assessment following any acute event or as directed by the resident or his/her carers.

Standard 4 - Continually Meeting Needs

OUTCOME

Residents and their representatives know that the home they enter will meet their needs and will continue to do so as these change.

4.1 The licensee shall be able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

4.2 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.

4.3 The needs and preference of specific minority ethnic, cultural or religious groups shall be understood and met.

4.4 Staff individually and collectively shall have the skills and experience to deliver the services and care which the home offers to provide.

4.5 The licensee shall be responsible for the provision, of basic equipment required by residents according to their assessed needs. This equipment shall include conventional wheelchairs, hoists, height adjustable beds, dysphagia cups, pressure relief mattresses and pressure relief cushions for all residents requiring them.

4.6 The licensee shall ensure that any work that is out-sourced is covered by a contract that clearly spells out the quality of the service the subcontractor is expected to provide. The licensee shall be responsible for

ensuring such Standards are always maintained even when the services are provided by an external agency.

Standard 5 – Trial Visits

OUTCOME

Prospective residents and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of homes.

5.1 The licensee shall ensure that prospective residents are invited to visit the home and to move in on a trial basis before they and/or their representative make a decision to stay. Unplanned admissions are avoided where possible, and shall only take place in emergency situations.

5.2 When an emergency admission is made in any home (public and private), the licensee shall undertake to inform the resident and/or representative within 72 hours about the key features of the home, the services available, the rules and routine procedures, and to meet all other admission criteria set out in Standards 2-4 within 15 working days.

CHAPTER 2 - Health and Personal Care

Introduction to Standards 6 to 10

Residents' health and personal care shall be based on their specific individual needs and wishes within reason. Therefore, the assessment process and the individual's plan of care are seen as crucial in maintaining standards. The results of the initial and quarterly assessments are the basis of the plan of care, which then becomes the yardstick for the audit of the delivery of care. The Plan of Care is a dynamic document, which must be reviewed and may be changed every three months (or earlier in the event of significant changes in the resident's condition) according to the assessed needs of the resident.

The licensee/registered manager assumes ultimate responsibility for meeting these standards, including the conduct of a comprehensive assessment and updated plan of care for each resident. New residents are only accepted if the licensee contractually undertakes to fully meet the needs of the prospective resident as determined by that assessment. In the exceptional case of emergency admissions, this will be done within subsequent five working days. Emergency admissions shall be given a temporary emergency admission contract, which would be applicable in the interim period until the regular admission contract is signed.

Standard 6 - Resident's Individual Plan of Care

OUTCOME:

The resident's identified health, personal and social needs and how they will be met shall be clearly documented in an Individual Plan of Care that is updated regularly.

6.1 A resident's plan of care generated from a comprehensive assessment (see Standard 3) shall be drawn up with the involvement of the resident and close relatives and/or representative. It shall be recorded in a style accessible to the resident, and agreed and signed by the resident and/or representative if applicable. This plan shall provide the basis for the care to be delivered.

6.2 The individual plan of care shall set out in detail the action that needs to be taken by care staff to ensure that all aspects of the health, personal, spiritual and social care needs of the resident (see Standard 3) are met.



6.3 The individual plan of care shall be based on the outcome of the initial and ongoing assessments, including results from the Barthel 20 index.

6.4 To reflect changing needs, the individual plan of care shall be reviewed and updated by nurse in charge or his/her delegate at least once every three months, or after any significant change in the resident's general medical, psychological, behavioural, or social condition. The advice of other health professionals shall be sought as the case dictates. An annual routine multidisciplinary review is advocated.

6.5 The resident, his/her relatives or representative (where applicable) shall be given information of the plan of care and any subsequent significant modifications.

6.6 The resident and/or his representative shall have the right to refuse any treatment detailed in the plan of care. Any such refusals shall be signed for by the resident or his/her representative and documented.

Standard 7 – Health Care

OUTCOME:

Residents maintain their autonomy with respect to decisions about their health care, and appropriate policy and procedures shall be in place to enable access to physical and mental health care services as needed.

7.1 The licensee shall promote and maintain the ongoing healthy wellbeing and safety of all the residents and ensure access to appropriate health care services in a timely manner when needed.

7.2 Care staff shall ensure that residents' personal and oral hygiene are properly maintained. Residents shall be encouraged to execute the basic activities of daily living and independent activities of daily living providing their health enables them to do so.

7.3 A suitably trained professional shall assess those residents who have developed pressure sores on a weekly basis, and appropriate measures shall be implemented accordingly. All observations and management plans shall be documented. However those residents at risk of developing pressure sores shall be monitored daily. The identification of pressure sores shall constitute an acute event and appropriate action promptly taken, recorded in the individual plan of care and reported to the Regulator. The resident's progress shall be monitored weekly using the Braden Scale or any other equivalent or superior tool.

7.4 Pressure sores, their treatment and outcome, shall be recorded in the resident's individual plan of care and reviewed at least weekly.

7.5 Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores shall be available and provided to residents at risk of or suffering from pressure sores.

7.6 The licensee shall ensure that professional advice about the promotion of continence is sought and acted upon, and aids and equipment needed are provided.

7.7 The resident's mental health shall be monitored regularly during quarterly assessments or earlier if necessary, and both preventative and therapeutic action taken in a timely manner.

7.8 The Care Home shall have an administrative policy and procedure regarding the use of sedatives and





antipsychotic medication for the management of behavioural and psychological manifestation of mental health problems, and such policies and procedures shall be available to residents and their legally appointed substitute decision maker.

7.9 All care provided in care homes should be delivered by qualified health care professionals in accordance with national and internationally recognized best practice standards or guidelines for Optimizing Treatment and Care for People.

7.10 Direct Care Staff shall be appropriately trained in the recognition of behaviour of concern as well as management of such behaviour without resorting to use of restraints or while applying least restraint.

7.11 The use of all medication shall be reviewed at least every three months as part of the quarterly review, and their continued use be medically justified and documented in the individual plan of care.

7.12 Daily opportunities shall be provided for exercise and physical activity appropriate to the needs and abilities of each resident. Access to assessment and the provision of appropriate devices and aids as specified by a qualified therapist shall also be provided for residents identified as at risk of falling.

7.13 Nutritional screening shall be undertaken on admission and subsequently on a quarterly basis. An ongoing record shall be maintained of the nutritional intake of each resident at risk, including weight gain or loss, and appropriate action taken.

7.14 The residents shall be provided access to a family doctor and the contact details of the identified doctor shall be clearly documented in the individual plan of care.

7.15 The resident shall be provided access to specialist medical, nursing, dental, nutritional, pharmaceutical, podiatry, and all other therapeutic services, and to hospitals and community health services according to his/her need.

7.16 Residents shall be provided with access to services for hearing and sight tests, and to services providing appropriate aids, according to their needs.

7.17 Care homes shall have a clear least restraints policy that includes the use of physical and chemical restraint. Direct care staff shall be trained in this policy and the licensee shall keep a log of all documented use of restraint, which shall be made available to the Regulator.



Standard 8 - Medication

OUTCOME:

The prescription, storage, preparation, administration, disposal, and all documentation of medication shall follow written policy and procedures, and the licensee undertakes that all direct care staff are aware of the policy and trained in the procedures.

8.1 The licensee shall ensure that a policy and procedure is in place on all aspects of pharmaceutical care in the Home, including prescription, storage, preparation, administration, disposal, and documentation of medications. This policy shall be in line with relevant national guidelines and legislation.

8.2 The licensee shall undertake that all direct care staff involved in any aspect of pharmaceutical care be suitably trained in the procedures, and be requested to confirm in writing that they have read the policy and procedures on pharmaceutical care in the Home.

8.3 Records shall be kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling of medication.

8.4 An updated record shall be maintained of the current medication prescribed to each resident, and the administration of every medication for each patient appropriately documented indicating clearly the time of administration and staff administering the medication.

8.5 All medications, including but not restricted to Controlled Drugs, shall be administered by appropriately trained staff unless the resident chooses to self-administer medication. The Care Home policy and procedures shall provide clear instructions on the identification of residents who can self-administer.

8.6 The administration of Controlled Drugs shall comply with relevant national guidelines and legislation.

8.7 The licensee shall undertake that all care staff involved in pharmaceutical care shall be suitably trained, including but not restricted to, basic knowledge on the administration of medicines and how to recognise and deal with possible complications, the principles and procedures underlying all aspects of the home's policy and procedures on pharmaceutical care, and appropriate documentation.

8.8 The medicines' care policy and procedures shall include procedures relevant to self-administration of medication by residents who are able and choose to self-administer their own medication. (Refer to Draft National Standards on the Use of Medicines available at https://ehealth.gov.mt/HealthPortal/public_health/publichealthregulation/standards_to_guidelines.aspx)

8.9 The administration and disposal of Controlled Drugs shall be recorded separately and be subject to regular audit by the licensee and regulatory authorities.

8.10 The licensee or his/her delegate shall seek information and advice from a pharmacist or family doctor regarding any queries that may arise about the medication of any resident.

8.11 For residents who have been prescribed sedatives and ant-psychotic medication for the management of behaviours of concern, this treatment shall be reviewed at least every 6 months or as specified in any



relative local National Standards in place from time to time. Direct care staff shall monitor the condition of the residents on medication and call in the prescribing physician or family doctor if there is any change in their condition that may be a result of their medication.

8.12 When a resident dies, unused medication belonging to the resident shall be used or disposed of as specified by the relevant local legislation.

Standard 9 - Privacy and Dignity

OUTCOME:

Residents continually affirm they are treated with respect, their right for privacy is upheld, and that their dignity is preserved at all times.

9.1 The arrangements for health and personal care shall ensure that the resident's privacy and dignity are respected at all times, and with particular regard to:

- personal care-giving, including nursing, bathing, using the toilet or commode;
- entering bedrooms, toilets and bathrooms;
- consultation with, and examination by, health and social care professionals;
- consultation with legal and financial advisors;
- maintaining social contacts with relatives and friends;
- following death.

9.2 Bathing/bed bathing or showers shall be performed daily and/or according to the resident's needs and according to preferences within reasonable time limits.

9.3 Residents shall have a TV connection, easy access to a telephone for use in private, easy access to the Internet and receive their mail unopened.

9.4 Residents shall be allowed to wear their own clothes at all times.

9.5 All the residents shall be introduced to all staff with whom they have contact and staff shall use the term of address preferred by the resident.

9.6 All staff shall be instructed during induction and regularly reminded on how to treat residents with respect at all times.

9.7 Medical examination and treatment shall be explained clearly and respectfully to the resident prior to administration and provided in the resident's own room or another specifically designated examination room. It shall be ensured that all procedures are fully understood by the resident or his/her legally appointed substitute decision maker.

9.8 Where residents share a room, adequate screening or partitioning shall always be provided to ensure that their privacy is not compromised when personal care is being given or at any other time.





Standard 10 – Dying and Death

OUTCOME:

Residents are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect, according to their religious beliefs.

10.1 Care and comfort shall be given to residents who are dying, and their death shall be handled with dignity and propriety, and their spiritual needs, rites and functions shall be observed.

10.2 Care staff shall make every effort to ensure that the resident receives appropriate attention and pain relief as necessary according to national guidelines and legislation.

10.3 The resident's current wishes or those of their legally-appointed representative concerning terminal care and arrangements after death shall be respected to the extent possible. Wherever possible, resident's prior wishes, whether verbal or written, shall be considered in the event that the resident becomes incapable of expressing his/her wishes at the time of death. Similarly, the resident shall be given the opportunity to involve family and friends in decisions concerning terminal care.

10.4 The privacy and dignity of the resident who is dying shall be maintained at all times, and visiting by relatives and close friends respected and encouraged.

10.5 Residents shall be enabled to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this. Whenever requested and if possible, residents shall be allowed to return to their own home to die.

10.6 The licensee shall ensure that staff and residents who wish to offer comfort to a resident who is dying are enabled to do so with the consent of the resident while capable, or that of the legally appointed substitute decision maker.

10.7 Access to palliative care, practical assistance, advice and bereavement counselling shall be provided by trained professionals /specialist agencies.

10.8 The changing needs of residents for personal support and/or technical aids as their condition deteriorates shall be reviewed daily, and met swiftly to ensure the individual retains maximum control.

10.9 Relatives and friends of a resident who is dying shall be allowed to stay with him/her for as long as they wish, unless the resident makes it clear that he/she does not want them to, or unless their presence is disturbing the dying resident or other residents unduly.

10.10 The body of a resident who has died shall be handled with dignity, and time is allowed for family and friends to pay their respects.

10.11 Policies and procedures for handling dying and death shall be available and observed by all staff. When a resident dies or is dying, relatives shall be informed of the home's procedure after death and appropriate guidance given.



10.12 The transportation of the deceased person shall be handled with the utmost discretion to ensure, as far as possible, this is not witnessed by any of the residents.

CHAPTER 3 - Daily Life and Social Activities

Introduction

Older individuals continue to have social, cultural, spiritual, and recreational needs and interests, and will therefore enter a care homes with a wide variety of expectations and preferences. The way in which social life is organized in the home, along with the range of activities available must be set out in the home's Statement of Purpose and Guide for Residents. Prospective residents, their family and/or their representatives must have a clear idea of what is on offer. The capacity for social activity will vary among residents and many may need special support and assistance in engaging in the activities of daily life. The Standards have to take this wide variation in preferences and capacity into account. The information in the Statement of Purpose and the Guide for Residents will be crucial in assessing whether the home is providing what it claims it sets out to provide.

Residents regard the food they are given as one of the most important factors determining the quality of their lives. Individuals' food preferences, both personal and cultural/religious, are part of their identity and must always be observed. These should be ascertained at the point where an individual is considering moving into the home and the licensee/registered manager must make it clear in writing whether or not those preferences can be observed.

The food provided for residents is also important for maintaining their health and wellbeing. Failure to eat – through physical inability, depression, cognitive dysfunction, or because the food is inadequate or unappetizing – can lead to malnutrition with debilitating consequences for health. Care staff should monitor each resident's food intake in an as discrete and unregimented way as possible, and should also provide assistance when required in a patient and timely fashion to ensure adequate amounts of food and drinks are consumed.

The availability, quality and presentation of food, along with the way in which staff assist residents at meal times, are crucial in ensuring residents receive a wholesome, appealing and nutritious diet.

The social setting in which meals are served shall also be congenial. The home should avoid a canteen type environment akin to an institutional refectory.

Standard 11 – Social Contact and Activities

OUTCOME:

The subjective experience of the lifestyle in the home matches the residents' expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

11.1 The routines of daily living and activities made available shall be flexible and varied to suit residents' expectations, preferences and capacities as far as possible.



11.2 Residents shall have the facilities and the opportunity to exercise their choice in relation to:

- leisure and social activities, and cultural interests;
- drinks, food and meals;
- routines of daily living;
- personal and social relationships;
- religious observance.

11.3 Residents' interests shall be recorded and they shall be given regular opportunities for stimulation through leisure and recreational activities in and outside the home that suit their needs, preferences and capacities.

11.4 Up-to-date information about social activities shall be posted and circulated to all residents in formats suited to their capacities.

Standard 12 – Programme of activities and events

OUTCOME:

The home offers a structured programme of varied activities and events consistent with its statement of purpose and applicable to the identified needs of individual residents.

12.1 The programme of activities and events shall provide positive outcomes for residents and shall be guided by the identified needs and interests of residents.

12.2 The programme shall include activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' recreational, cultural, and spiritual needs. It shall promote healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.

12.3 The programme shall include activities associated with special occasions throughout the year.

12.3 Residents, including those residents who generally stay in their rooms, shall be given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.

12.4 The programme of activities shall be displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.

12.5 Residents shall be enabled to participate in the programme through the provision of equipment, aids and support from staff or others.

12.6 The duration of each activity and the daily timetable shall take into account the needs and abilities of the residents participating.

12.7 Where an activity is provided by persons contracted-in to do so by the home, the registered manager shall monitor the activity to confirm that those delivering or facilitating such activities have the necessary skills to do so.





12.8 Where an activity is provided by persons contracted-in to do so by the home, staff shall inform them about any changed needs of residents prior to the activity commencing and there shall be a system in place to receive timely feedback.

12.9 A record shall be kept of all activities that take place, the person leading the activity and the names of the residents who participate.

12.10 The programme shall be reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.

Standard 13 – Community Contact

OUTCOME:

Residents maintain contact with family/friends/representatives and the local community as and when they wish.

13.1 Residents shall be able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with residents' preferences.

13.2 It is up to the resident whom to welcome or not.

13.3 Prior to moving into the home, relatives, friends and representatives of residents shall be given written information about the home's policy on contacts with residents and their involvement in the home.

13.4 Involvement in the home by local community groups and/or volunteers shall accord with residents' preferences.

Standard 14 – Autonomy and Choice

OUTCOME:

Residents are enabled to exercise maximum choice and control over their own personal lives.

14.1 The licensee shall operate the home so as to maximize residents' capacity to exercise personal autonomy and choice.

14.2 Residents shall manage their own financial affairs for as long as they wish to, are able to and have the capacity to do so.

14.3 Residents and/or their representatives shall be given access to information on how to obtain the necessary legal advice regarding the assessment of mental capacity, the appointment of a representative, and the preparation of a will.

14.4 Residents shall be entitled to bring personal possessions with them, the extent of which will be agreed in writing prior to admission. They shall also be given a lockable drawer/ cupboard the extra keys of which will be kept by the proprietor/ manager securely and only utilized if the resident's original keys are misplaced and such use documented accordingly.



14.5 Residents shall be entitled to access to personal records, in accordance with Data Protection Legislation.

14.6 Residents or their legally-appointed representative shall play a key role in their initial and subsequent plan of care, and their decisions shall be respected except in certain circumstances according to the Maltese Mental Health Act.

Standard 15 – Meals and Mealtimes

OUTCOME:

Residents receive a wholesome, appealing, balanced, varied and adequate diet in pleasing surroundings.

15.1 The licensee shall ensure that all residents receive a varied, appealing, wholesome and nutritious diet, which is suited to individually assessed and recorded requirements, and that meals shall be taken in a congenial setting, and with prior agreement on reasonably flexible times.

15.2 Each resident shall be offered three meals per day (at least one of which must be cooked). The licensee shall ensure that menus are drawn up by a nutritionist, in conjunction with a speech and language pathologist (according to the needs of the residents), that the residents have a choice of at least two different menus, which are rotated maximum fortnightly and that the menus are changed seasonally.

15.3 Hot and cold drinks shall be available at all hours.

15.4 All food shall be presented in a manner that is attractive and appealing in terms of texture, flavour, aroma and appearance, in order to maintain appetite and nutrition. Consideration shall be made to include typical, traditional Maltese food regularly without overlooking other cultural tastes. Special meals shall be served on festive occasions. All cooked meals shall be served at the right temperature.

15.5 Special therapeutic diets/feeds shall be provided when advised by healthcare and dietetic staff. Meals should be rich in calcium vitamin supplements.

15.6 Religious or cultural dietary needs shall be catered for as agreed on admission and recorded in the care plan.

15.7 The licensee shall ensure that the menu for all meals is changed at least seasonally and is suited to the capacity and dietary requirements of all residents, and is made available to residents and their families/representatives.

15.8 The licensee shall ensure that mealtimes are unhurried with all residents being given sufficient time to eat their food comfortably.

15.9 Staff shall be ready to offer assistance in eating where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible. If there are feeding difficulties due to physical or other restrictions, appropriate consultation with an Occupational Therapist and/or Speech and Language Pathologist shall be sought. Precautions shall be effectively taken to ensure correct positioning for feeding. The Home shall provide specialised dysphagia feeding devices (dysphagia cups, valved straws and auditory swallow prompters) where required.



15.10 The licensee shall ensure that all food is handled according to the "Food Safety and Food Hygiene Regulations"

CHAPTER 4 - Complaints and Protection

Introduction

This section addresses the matter of how residents and/or their relatives and representatives can make complaints about anything that goes on in the home, both in terms of the treatment and care provided by staff and/or the facilities that are available. It deals with complaints procedures within the home relating to matters between the resident and the registered proprietor/manager. Complaints may also be made directly to the Regulator.

It is important to remember that many older people do not like to complain – whether due to difficulty in communicating effectively, embarrassment, fear of being victimised or other valid reasons. The Regulator shall ensure the licensee promotes an open culture in the home which enables all the residents, their families, friends and representatives and the staff to feel confident about making suggestions and complaints where appropriate without any fear of victimisation.

Standard 16 - Complaints

OUTCOME:

All residents and their relatives, friends and representatives are confident that their complaints will be listened to, taken seriously and acted upon and that they will be treated confidentially if so requested.

16.1 The licensee shall ensure that there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly and effectively and confidentially if so requested and that all records are kept accordingly. Every effort shall be made by the licensee to ensure complaints are resolved promptly and in-house.

16.2 The licensee shall ensure that the home has a complaints procedure which specifies how complaints may be made and who will deal with them, with an assurance that they will be responded to in a timely manner.

16.3 A record shall be kept of all complaints made and shall include details of investigations and any action taken.

16.4 The licensee shall provide residents with information on how to submit complaints to the Commissioner of Mental Health and Elderly, or another Regulatory Authority.

16.5 The licensee shall undertake to encourage an open culture where residents feel free to make suggestions and complaints without any fear of retribution.



Standard 17 - Rights

OUTCOME:

All residents' legal rights are fully protected.17.1 All residents shall have their legal rights protected, shall be enabled to exercise their legal rights directly and participate in the civic process if they wish.

17.2 Where residents lack capacity, their appointed legal representative and the licensee/ registered manager shall ensure the provision of appropriate advocacy services.

17.3 Residents' rights to participate in the political process shall be upheld, for example, by enabling them to vote in elections.

Standard 18 - Protection

OUTCOME:

All residents are fully protected from abuse.

18.1 The licensee shall ensure that all residents are safeguarded from physical, verbal, financial, psychological or sexual abuse, and from neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, whether through deliberate intent, negligence or ignorance, in accordance with written policies.

18.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) shall be in place to ensure the safety and protection of all residents. These shall enable the residents, close relatives and/or the legal representatives to pass on concerns to the Regulator on a confidential basis in accordance with legislation.

18.3 All allegations and incidents of abuse shall be acted on promptly by the management or the Regulator and the measures taken shall be recorded. The licensee shall also immediately report instances of abuse to the police

18.4 The licensee shall act upon any new information about staff found to be unsuitable to work with vulnerable adults in a timely manner.

18.5 The policies and practices of the home shall ensure that physical and/or verbal aggression by residents is understood and dealt with appropriately, and that physical intervention is used only as a last resort and in accordance with civil law and the Restraints Policy.

18.6 The home's policies and practices regarding residents' money and financial affairs shall ensure residents' access to their personal financial records, safe storage of money and valuables, consultation on finances in private, and advice on personal insurance; and preclude staff involvement in assisting in the making of or benefiting from residents' wills.

18.7 Confidentiality is to be respected at all times.

CHAPTER 5 - Environment

Introduction to Standards 19 to 26

All new homes shall be constructed such that the living space suits all residents' needs. They shall provide single and double rooms with accessible ensuite showers and toilets as long as residents' safety is not thereby compromised.

All new homes shall also be constructed such that they provide a homely environment – rather than an institutional setting, and should always be well maintained, tidy, and attractive and clean (in line with the Public Health Regulations).

Where the Standards specify requirements for new homes, existing homes that do not meet these requirements shall be allowed a maximum of 10 years as of the date of implementation of these standards to upgrade their premises accordingly as long as premises' structural parameters permits.

Standard 19 - Premises

OUTCOME:

Residents live in a safe, well-maintained environment.

19.1 The location and layout of the home (including its grounds) shall be suitable for its stated purpose; it shall be accessible, safe and well-maintained; meet residents' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidelines/standards regarding accessibility, health and safety and maintenance in force at the time.

19.2 A programme of routine maintenance and renewal of the fabric and decoration of the premises shall be produced and implemented with records kept.

19.3 All homes shall have documented proof that a risk assessment has been carried out by a competent person.

19.4 The building shall be covered by a fire and ventilation report prepared by a competent person (warranted engineer or architect).

19.5 The building shall comply with the requirements of the Superintendent of Public Health.

19.6 The use of cameras including CCTV shall be restricted to entrance areas, passage ways, lifts and stairs for security purposes only and do not intrude on the daily life of residents. However, for safety or communication reasons, management in agreement with residents or their representatives may introduce a camera in their rooms as long as this does not compromise the privacy of other residents.

Standard 20 – Shared Facilities

OUTCOME:

Residents have access to safe and comfortable indoor and outdoor communal facilities.

20.1 In all newly built homes and first time registrations the home shall provide indoor sitting, recreational and



dining space (referred to collectively as indoor communal space) apart from residents' private accommodation and excluding corridors, balconies and entrance hall amounting to at least 4.0 sq. metres for each resident.

20.2 Indoor communal space shall be available which includes:

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

There shall be outdoor space for residents, with seating and designed to meet the needs of all residents including those with physical, sensory and cognitive impairments, and which shall conform to the Accessibility Guidelines.

20.4 Pre-existing homes that provide at least 4.0 sq. metres of indoor communal space for each resident as at time of implementation of these Standards shall continue to do so. Existing homes that do not have this communal space shall ensure the provision of that space within a maximum of 10 years as of date of implementation of these Standards.

20.5 Lighting in communal rooms shall be domestic in character. Lighting levels shall conform to the levels specified in Annex 2 and positioned to facilitate reading and other activities.

20.6 Furnishings of communal rooms shall be domestic in character and of good quality, and suitable for the range of interests and activities preferred by residents.

Standard 21 - Toilets and Washing Facilities

OUTCOME:

Residents have sufficient and suitable lavatories and washing facilities.

21.1 Toilet, washing and bathing facilities shall be provided to meet the needs of all residents and shall conform to the Guidelines in Annex 2.

21.2 There shall be accessible toilets (as specified in Annex 2) for residents, clearly marked, close to lounge and dining areas.

21.3 All newly built homes, new extensions to homes and first time registrations shall have accessible (as defined in Annex 2) en-suite bathing/shower facilities provided in residents' rooms.

21.4 Pre-existing care homes, which provided at least 1 assisted bath (or assisted showers provided this meets residents' needs) to no more than 5 residents as at date of implementation of these Standards, shall continue to do so. Those homes that do not meet this requirement shall do so within a maximum of 10 years thereafter as long as premises' structural parameters permits.

21.5 The floor area of en-suite facilities shall be in addition to the minimum usable floor space standards in any resident's room.





21.6 Any sluices provided shall be located separately from residents' toilet and bathing facilities.

Standard 22 – Adaptations and Equipment

OUTCOME:

The independence of residents is maximised through the use of specialist equipment.

22.1 The licensee/registered manager shall demonstrate that an assessment of the premises and facilities has been made by suitably qualified occupational therapist with specialist knowledge of the client groups catered for, and shall provide evidence that the recommended disability equipment has been provided and the facilities are accessible to all (as specified in Annex 2) and any further environmental adaptations shall be made to meet the needs of residents.

22.2 Aids, hoists and assisted toilets and baths shall be installed which are capable of meeting the assessed needs of residents.

22.3 Facilities, including communication aids (e.g. a loop system), and signs shall be provided to satisfy the needs of all residents, taking account of the needs, for example, of those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary.

23.4 Storage areas shall be provided for aids and equipment, including wheelchairs.

23.5 Call systems with an accessible alarm facility shall be provided in every room.

Standard 23 – Individual Accommodation: Space Requirements

OUTCOME:

Residents' own rooms suit their needs.

23.1 The home shall provide accommodation for each resident which meets minimum space as follows:

23.2 In all new build, extensions and first time registrations, places provided as single rooms shall have a minimum of 12 sq. metres usable floor-space (excluding en-suite facilities).

23.3 Pre-existing care homes with rooms which provide 9 to 12 sq metres of useable space for each resident shall make 12 sq. metres available within a maximum of 10 years as of the date of implementation of these Standards. Any home that has rooms providing less than 9 sq. metres of useable floor space per resident shall terminate their use as residents' bedrooms.

23.4 In existing establishments, single rooms accommodating wheelchair users shall have at least 12sq. metres usable floor space (excluding en-suite facilities).

23.5 The number of wheelchair accessible rooms and their configuration shall conform to the requirements as detailed in Annex 2.





23.6 Room dimensions and layout options shall ensure that there is room on either side of the bed, to enable access for carers and any equipment needed.

23.7. Where rooms are shared, they shall be occupied by no more than two residents, unless otherwise agreed upon in the contract. The licensee shall consider the physical, social, cultural compatibility of sharing residents when making room-sharing decisions, and shall ensure that sharing residents have made a positive choice to share with each other.

23.8 When a shared place becomes vacant, the remaining resident shall be given the opportunity to apply to move into a single room.

23.9 Rooms that are currently shared shall have at least 6sq metres of usable floor space per resident (excluding en-suite facilities).

23.10 In all new builds, extensions and all first time registrations, double rooms shall have at least 8 sq. metres of usable floor space per resident.

23.11 Pre-existing care homes that provide 6 sq. metres of usable floor space for each resident in shared rooms shall make at least 8 sq. metres available within a maximum of 10 years from date of implementation of these Standards as long as premises' structural parameters permits. Any home that has rooms with less than 6 sq. metres of usable floor space per resident and the premises' structural parameters permits this upgrade but fail to adhere shall terminate their use as residents' bedrooms.

Standard 24 – Individual Accommodation: Furniture and Fittings

OUTCOME:

Residents live in safe, comfortable bedrooms with their own possessions around them.

24.1 The home shall provide private accommodation for each resident which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the resident.

24.2 In the absence of residents' own provision, furnishings for individual rooms shall be provided to the minimum as follows:

- a clean comfortable bed, minimum 900mm wide, at a suitable, safe height for the resident, and bed linen;
- curtains or blinds;
- mirror;
- overhead and accessible bedside lighting;
- a nurse calling buzzer;
- comfortable seating for two people;
- drawers and enclosed space for hanging clothes;
- at least 2 accessible double electric sockets;
- a table to sit at and a bed-side table;
- TV, telephone and Internet sockets shall be made on request of the resident.

24.3 Adjustable beds and special mattresses shall be provided for residents receiving nursing care.

24.4 All residents' room shall have non-slip tile flooring or equivalent.



24.5 Doors to residents' private accommodation shall be fitted with locks suited to residents' capabilities and accessible to staff in emergencies.

24.6 Residents shall be provided with keys unless their risk assessment suggests otherwise.

24.7 Each resident shall have lockable storage space for medication, money and valuables and shall be provided with the key, which the resident or a person of trust authorised by the resident can retain (unless the reason for not doing so is explained in the care plan).

24.8 Screening shall be provided in shared rooms to ensure privacy for personal care.

Standard 25 - Services: Heating and Lighting

OUTCOME:

Residents live in safe, comfortable surroundings.

25.1 The ambient temperature control, lighting, water supply and ventilation of residents' accommodation shall meet the relevant environmental health and safety requirements and the needs of each individual resident.

25.6 Rooms shall be individually and ventilated with windows conforming to recognised standards.

25.7 In new build, extensions and all first time registrations the resident shall have access to windows the height of which shall enable the resident to see out of it when seated or in bed.

25.8 Rooms shall be environmentally controlled and the temperature may be controlled in the service user's own room.

25.9 Pipe work and radiators shall be guarded or have guaranteed low temperature surfaces.

25.10 Lighting in residents' accommodation shall meet recognised standards (lux 150), shall be domestic in character, and include table-level lamp lighting.

25.11 Emergency lighting shall be provided throughout the home.

25.12 The facility shall be serviced by a generator that shall provide uninterrupted power supply which shall be sufficient to provide uninterrupted running of lighting, environmental control and essential services.

25.13 Water shall be stored at a temperature to prevent risks from Legionella, to prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have failsafe devices shall be fitted locally to provide water close to 43 degrees Celsius.

25.14 Air conditioners and similar equipment shall be serviced according to the manufacturer's instructions and a recorded preventative maintenance schedule shall be made available in line with local legislation.



Standard 26 - Services: Hygiene and Control of Infection

OUTCOME:

The home is clean, pleasant and hygienic.

26.1 The premises shall be kept clean, hygienic and free from offensive odours throughout and systems shall be in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

26.2 There shall be prompt and efficient systems for soiled diapers to be disposed of immediately.

26.3 Laundry facilities shall be sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on residents. Hand washing facilities shall be prominently available for visitors who shall be instructed to wash their hands on entering and leaving the Home.

26.4 Hand washing facilities shall be prominently sited in areas where infected material and/or clinical waste are being handled.

26.5 The laundry floor finishes shall be impermeable and these and wall finishes are readily cleanable.

26.6 Policies and procedures shall be in place for control of infection including the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing. The licensee/registered manager shall provide documented proof that policy and procedures are in place in this regard.

26.7 There shall be a written policy for the management of outbreaks.

26.8 The home shall have a sluicing facility and a sluicing disinfector.

26.9 Sluice room doors shall be kept closed at all times.

26.10 Foul laundry shall be washed at appropriate temperatures (minimum 65°C for not less than 10 minutes) to thoroughly clean linen and control risk of infection.

26.11 Washing machines shall have the specified programming ability to meet disinfection standards.

26.12 Foul and dirty laundry shall be separated from clean laundry

26.13 Laundry facilities and laundry processes shall comply with standard EN 14065

26.14 Systems shall be in place for all items sent for laundry to be returned to their rightful owners.



CHAPTER 6- Staffing

Introduction

In determining appropriate staffing contingents in all care homes, (and in those that provide nursing and dementia care in particular), the regulatory requirement that staffing levels and skills mix are adequate to meet the assessed and recorded needs of the residents at all times in the particular home must be met.

This section, therefore, sets out baseline Standards which should apply as a minimum to all settings. Each home must then determine the appropriate staffing levels and skills to meet the assessed needs of its own particular residents at all times, which will then be approved by the Regulator.

Standard 27 – Staff Complement

OUTCOME:

All residents' needs are met at all times by the number and skills mix of staff.

27.1 Staffing numbers and skill mix of qualified/unqualified staff shall at all times be appropriate to the assessed needs of all the residents, the size, layout and purpose of the home, at all times.

27.2 A recorded staff rota showing which staff are on duty at any time during the day and night and in what capacity shall be kept.

27.3 The ratios of care staff to residents shall be determined according to the assessed needs of residents, and in accordance with the Barthel 20 index to properly identify all residents' care needs and appropriate staffing levels.

27.4 On admission and following any change in the dependency of any one resident, the ratio of care staff to residents shall be altered accordingly as determined by the Barthel 20 index.

27.5 The skills mix registered nurses to care workers shall also be guided by the Barthel 20 index with the additional minimum requirement that there shall be at least one qualified registered nurse on duty during every shift.

27.6 Additional staff shall be on duty at peak times of activity during the day.

27.7 There shall be waking night staff on duty in numbers that reflect the numbers and needs of residents and the layout of the home. In care homes providing nursing this shall include registered nurse(s).

27.8 Staff shall be employed in sufficient numbers to ensure that standards relating to food, meals and nutrition are fully met, and that the home is maintained in a clean and hygienic state, free from dirt and unpleasant odours.

27.9 All nurses and carers and nurses shall be able to speak in English or Maltese. Management shall ensure that there are no language barriers for the clients.

27.10 The licensee shall ensure each resident has a primary care physician and/or geriatrician assigned and that this physician is responsible for the initial plan of care and subsequent reviews and revisions. A clearly documented system for access to emergency medical care shall be in place.

27.11 The licensee shall indicate in each resident's contract how the physician is assigned and who is responsible for the payment of these medical services.

Standard 28 - Qualifications

OUTCOME:

Residents are in safe hands and adequately cared for at all times.

28.1 All care staff shall have the applicable required training as required by the Regulator but at least at MQC level 3. Qualified nurses are to be registered with the Council of Nurses and Midwives whilst care workers shall have a recognised care of the elderly certificate and be able to meet criteria for registration in the applicable register.

Standard 29 - Recruitment

OUTCOME:

Residents are supported and protected by the home's written recruitment policy and practices (accessible on line).

29.1 The registered licensee shall operate a thorough, documented and transparent recruitment procedure based on equal opportunities and shall ensure the protection of residents at all times.

29.2 At least two written references shall be obtained before appointing a member of staff, and any gaps in employment records shall be investigated.

29.3 New staff members shall be confirmed in their posts only following the submission of a clean Police Conduct Certificate.

29.4 Staff shall be employed in accordance with the code of conduct and practice set by the respective professional bodies.

29.5 The licensee shall have a Code of Ethics in place for all staff members consistent with the principles underpinning these Standards.

29.5 All employees shall receive a contract of employment and job description. A copy of the Employment and Industrial Relations Act shall be accessible to all staff in the home.

29.6 The recruitment and selection process for any volunteers involved in the home shall be thorough and include police checks.

Standard 30 – Staff Training

OUTCOME:

All staff are trained and competent to do their jobs.

30.1 The licensee shall ensure there is a staff training and development programme to meet the ongoing and changing needs of all the residents.

30.2 All members of staff shall receive induction training within 6 weeks of appointment to their posts, including training on the principles of care, safe working practices, the organisation and employees' role, the experiences and particular needs of the resident group, and the influences and particular requirements of the service setting.

30.3 All staff shall receive documented foundation training including, but not limited to, handling and transferring training and fire and safety training within the first six months of appointment, which equips them to meet the assessed needs of all the residents as defined in their individual plan of care.

30.4 All staff shall receive a minimum of three paid days training per year (including in-house training), and have an individual training and development assessment profile.

CHAPTER 7- Management and Administration

Introduction

This section sets out the standards relating to the qualities and qualifications required of the persons in day-to-day control of the delivery of care, and how they should exercise their responsibilities.

Both the regulations and the standards highlight the importance of consulting residents about their health and personal care, interests and preferences.

A key requirement of these standards is that residents are regularly surveyed for their opinions and that the results of the surveys are published.

Standard 31- Day to Day Operations

OUTCOME:

Residents live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his/her responsibilities fully.

31.1 The registered manager shall be competent in management and in health related sciences.

31.2 The registered manager shall be responsible for no more than one registered establishment.

31.3 The registered manager shall demonstrate that he/she has undertaken periodic training to update his/her knowledge, skills and competence, whilst managing the home.

31.4 The manager and other senior staff shall be familiar with the conditions/diseases associated with old age.



31.5 The job description of the registered manager shall enable him/her to take responsibility for fulfilling his/her duties

31.6 There shall be clear lines of accountability within the home and with any existing external management and/or Board.

31.7 The registered manager shall ensure the responsibilities of all staff members are clearly delineated and recorded accordingly.

31.8 Where the licensee is in day-to-day control of the home, he/she shall meet all standards applying to the registered manager.

Standard 32 - Ethos

OUTCOME:

Residents benefit from the ethos, leadership and management of the home.

32.1 The licensee/registered manager shall ensure that the management approach of the home creates an open, positive, inclusive and friendly atmosphere.

32.2 The registered manager shall communicate a clear sense of direction and leadership, which staff and residents understand and are able to relate to the aims and purpose of the home.

32.3 The registered manager shall have recorded strategies for enabling staff, residents and other stakeholders to affect the way in which the service is delivered.

32.4 The processes of managing and running the home shall be open and transparent.

32.5 Management planning and practice shall encourage innovation, creativity and development.

32.6 A commitment shall be made to equal opportunities in the organisation as stated in chapters 452 and 456 Equality for Men and Women Act.

32.7 The registered person shall comply with his/her professional Code of Practice in so far as the Code is relevant to the management of a care home.

32.8 The registered manager adheres to the Charter of the Rights of Residents in Care Homes for the Elderly.

Standard 33 - Quality Assurance

OUTCOME:

The home is run in the best interests of all residents.

33.1 Effective quality assurance and quality monitoring systems, based on seeking the views of residents, their representatives and family members shall be in place to measure success in meeting the aims, objectives and statement of purpose of the home. Records shall be kept accordingly.



33.2 There shall be an annual development plan for the home, based on a systematic cycle of planning - action - review, reflecting aims and outcomes for residents.

33.3 There shall be continuous self-monitoring, using an objective, consistently obtained and reviewed and verifiable method (preferably a professionally recognised quality assurance system) and involving residents; and an internal audit shall take place at least annually.

33.4 The results of resident surveys and of any audits shall be published and made available to current and prospective residents, their representatives and other interested parties, including the Regulator.

33.5 Feedback shall be regularly sought from individual residents and through group discussion, and at least yearly through user satisfaction questionnaires. Residents shall be encouraged to form an association.

33.6 The views of family and friends and of stakeholders in the community (e.g. GPs, podiatrist, voluntary organisation staff) shall be regularly sought on how the home is achieving goals for residents and shall be duly recorded.

33.7 Residents shall be told about planned inspections by the Regulator and shall be given access to inspectors. The views of residents, their representatives and family members shall be made available to inspectors for inclusion in inspection reports. Confidentiality and anonymity shall be adhered to whenever so requested.

33.8 Policies, procedures and practices shall be regularly reviewed in light of changing legislation and of good practice advice from the Department of Health.

33.9 Action shall be progressed within agreed timescales to implement requirements identified in the Regulator's inspection reports.

Standard 34 - Financial Procedures

OUTCOME:

Residents are safeguarded by the accounting and financial procedures of the home.

34.1 Suitable accounting, auditing and financial procedures shall be adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the home.

34.2 Insurance cover shall be put in place against loss or damage to the assets of the business. The level of cover shall reflect the full replacement value of buildings, fixture, fittings and equipment.

34.3 Insurance cover shall be provided for business interruption costs (including loss of earnings), as well as costs to the operator of meeting its contract liabilities. The latter shall be sufficient to cover the licensee's/ registered person's legal liabilities to employees, residents and third party persons to a limit commensurate with the level and extent of activities undertaken.

34.4 Records shall be kept of all transactions entered into by the licensee/registered manager.

34.5 There shall be a business and financial plan for the establishment, open to inspection and reviewed annually.

Standard 35 - Residents' Money

OUTCOME:

Residents' financial interests are safeguarded.

35.1 The licensee/registered manager shall ensure that residents control their own money and assets except where they state that they do not wish to, or they have been formally found (according to local legislation) to lack the mental capacity to manage their finances. Legal safeguards shall be in place to protect the interests of the residents.

35.2 Written records of all transactions shall be maintained.

35.3 Where the money of individual residents is handled, the licensee/registered manager shall ensure that the personal allowances of these residents are not pooled and appropriate records and receipts are kept.

35.4 The home's policies and practices regarding service users' money and financial affairs ensure service users' access to their personal financial records, safe storage of money and valuables, consultation on finances in private adequate privacy when residents want to consult someone on financial matters, and preclude staff involvement in and assisting in the making of or benefiting from service users' wills. Any demand for the appointment of a guardian has to be made in line with the applicable local legislation (Civil Code as amended by the Guardianship Act).

35.5 Secure facilities shall be provided for the safekeeping of money and valuables on behalf of all the residents.

35.6 Records and receipts shall be kept of possessions handed over for safekeeping.

Standard 36 - Staff Supervision

OUTCOME:

Staff are appropriately and adequately supervised.

36.1 The licensee/registered manager shall ensure that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

36.2 The registered manager shall ensure a performance plan for each care staff member shall be in place against which a performance appraisal shall be conducted twice yearly.

36.3 The performance plan shall include supervision that covers:

- all aspects of practice;
- philosophy of care in the home;
- career development needs.

36.4 All staff shall be supervised as part of the normal management process on a continuous basis.

36.5 All registered nurses in the home shall be responsible for the supervision of all care workers in his/her team.

36.6 Volunteers shall receive training, supervision and support appropriate to their role and shall not replace paid staff.

Standard 37 - Record Keeping

OUTCOME:

Residents' rights and best interests are safeguarded by the home's record keeping policies and procedures.

37.1 Records required by regulation for the protection of residents and for the effective and efficient running of the home shall be maintained, up to date and accurate.

37.2 Residents and their representatives shall have access to their records and information about them held by the home, as well as opportunities to help maintain their personal records.

37.3 Individual records and home records shall be secure, up to date and in good order; and shall be constructed, maintained and used in accordance with the Data Protection Act 1998 and other statutory requirements.

Standard 38 - Safe Working Practices

OUTCOME:

The health, safety and welfare of all residents and staff are promoted and protected at all times.

38.1 The licensee/registered manager shall ensure so far as is reasonably practicable the health, safety and welfare of all residents and staff.

38.2 The licensee/registered manager shall ensure safe working practices including:

- moving and handling: use of techniques for moving people and objects that avoid injury to residents or staff;
- fire safety: understanding and implementation of appropriate fire procedures;
- first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first aider at all times; and recording of all cases;
- food hygiene: correct storage and preparation of food to avoid food poisoning, including labelling and dating of stored food;
- infection control: understanding and practice of measures to prevent spread of infection and communicable diseases.

38.3 The registered manager shall ensure the health and safety of residents and staff including:

- safe storage and disposal of hazardous substances;
- regular servicing of boilers, water tanks, gas storage and air conditioning systems under contract by competent persons and endorsed by a warranted engineer.
- maintenance of electrical systems and electrical equipment and certified by a warranted engineer;
- installation, testing and maintenance of services supplying and conveying water in accordance with

- EN 806 1-5:2000 and CEN/TR 16355:2012
- risk of Legionella,
- risks from hot water/surfaces (i.e. temperature close to 43°C);
- provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to residents;
- maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment;
- security of the premises;
- security of residents based on an assessment of their vulnerability.

38.4 The licensee/registered manager shall ensure compliance with relevant legislation relating to workplace safety.

38.5 The licensee/registered manager shall provide a written statement of the policy, organisation and arrangements for maintaining safe working practices.

38.6 The licensee/registered manager shall ensure that risk assessments are carried out for all safe working practice topics and that significant findings of the risk assessment are recorded.

38.7 All accidents, injuries and incidents of illness shall be documented and reported by staff to the registered manager. All communicable diseases shall be recorded and reported immediately to the Regulator and the Superintendent of Public Health.

38.8 Safety procedures shall be posted, and explained, in formats that are easily understood and take account of residents' special communication needs.

38.9 All staff shall receive induction and foundation training and updates on all safe working practice topics.

39.10 The licensee/registered manager shall ensure adequate provision of well-maintained equipment (wheelchairs, hoists, air mattresses, pressure pillows, tilting and variable height beds, etc.) to meet all residents' needs.



ANNEX 1.1: Barthel 20 Index

Instructions: Choose the scoring point for the statement that most closely corresponds to the patient's current level of ability for each of the following 10 items. Record actual, not potential, functioning. Information can be obtained from the patient's self-report, from a separate party who is familiar with the patient's abilities (such as a relative), or from observation. Refer to the Guidelines section on the following page for detailed information on scoring and interpretation.

The Barthel Index

Bowels

- 0 = incontinent (or needs to be given enemata)
- 1 = occasional accident (once/week)
- 2 = continent

Patient's Score:

Transfer

- 0 = unable – no sitting balance
- 1 = major help (one or two people, physical), can sit
- 2 = minor help continent
- 3 = independent

Patient's Score:

Bladder

- 0 = incontinent or catheterized and unable to manage
- 1 = occasional accident (max. once per 24hours)
- 2 = continent (for over 7 days)

Patient's Score:

Mobility

- 0 = immobile
- 1 = wheelchair independent, including corners, etc
- 2 = walks with help of one person (verbal or physical)
- 3 = independent (but may use any aid, e.g., stick)

Patient's Score:

Grooming

- 0 = needs help with personal care
- 1 = independent face/hair/teeth/shaving
- 2 = independent (including buttons, zips, laces, etc)

Patient's Score:

Dressing

- 0 = dependent
- 1 = needs help, but can do half unaided

Patient's Score:

Toilet use

- 0 = dependent
- 1 = needs some help, but can do something alone
- 2 = independent (on and off, dressing, wiping)

Patient's Score:

Stairs

- 0 = unable
- 1 = needs help (verbal, physical, carrying aid)
- 2 = independent up and down

Patient's Score:

Feeding

- 0 = unable
- 1 = needs help cutting, spreading butter, etc
- 2 = independent (food provided within reach)

Bathing

- 0 = dependent
- 1 = b'zonn ta' g'hajnuna (verbali, fizika, j/tuza xi tagħmir ta' g'hajnuna)
- 2 = independent (or in shower)





Patient's Score:

Patient's Score:

Punteggj totali:

Punteggj totali:

Scoring:

Sum the patient's scores for each item. Total possible scores range from 0 – 20, with lower scores indicating increased disability. If used to measure improvement after rehabilitation, changes of more than two points in the Total score reflect a probable genuine change, and change on one item from fully dependent to independent is also likely to be reliable.

Guidelines for the Barthel Index of Activities of Daily Living

General

- The Index should be used as a record of what a patient does. NOT as a record of what a patient **could do**.
- The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason
- The need for supervision renders the patient not independent.
- A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives, and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.
- Usually the performance over the preceding 24 – 48 hours is important, but occasionally longer periods will be relevant.
- Unconscious patients should score '0' throughout, even if not yet incontinent.
- Middle categories imply that the patient supplies over 50% of the effort.
- Use of aids to be independent is allowed.

Bowels (preceding week)

- If needs enema from nurse, then 'incontinent'
- 'Occasional' = once a week

Bladder (preceding week)

- 'Occasional' = less than once a day
- A catheterized patient who can completely manage the catheter alone is registered as 'continent'

Grooming (preceding 24 – 48 hours)

- Refers to personal hygiene: doing teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper

Toilet use

- Should be able to reach toilet/commode, undress sufficiently, clean self, dress and leave.
- 'With help' = can wipe self and do some other of above

Feeding

- Able to eat any normal food (not only soft food). Food cooked and served by others, but not cut up.
- 'Help' = food cut up, patient feeds self.





Transfer

- From bed to chair and back.
- 'Dependent' = NO sitting balance (unable to sit); two people to lift
- 'Major help' = one strong/skilled, or two normal people. Can sit up
- 'Minor help' = one person easily, OR needs any supervision for safety

Mobility

- Refers to mobility about house or ward, indoors. May use aid. If in wheelchair, must negotiate corners/doors unaided.
- 'Help' = by one untrained person, including supervision/moral support.



Dressing

- Should be able to select and put on all clothes, which may be adapted.
- 'Half' = help with buttons, zips, etc (check!), but can put some garments alone.

Stairs

- Must carry any walking aid used to be independent.

Bathing

- Usually the most difficult activity.
- Must get in and out unsupervised, and wash self
- Independent in shower = 'independent' if unsupervised/unaided

The following Table sets out the dependency needs:

Barthel 20 Index Total Scores	Dependency Level
0 - 4	High dependency
5 - 14	Medium dependency
15 - 20	Low dependency

ANNEX 1.2: Braden Scale For Predicting Pressure Sore Risk

SEVERE RISK: Total score 9 HIGH RISK: Total score 10-12 MODERATE RISK: Total score 13-14 MILD RISK: Total score 15-18		DATE OF ASSESS \emptyset							
RISK FACTOR	SCORE/ DESCRIPTION	1	2	3	4	1	2	3	4
SENSORY PERCEPTION Ability to respond meaningfully to pressure-related discomfort		1. COMPLETELY LIMITED Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation, OR limited ability to feel pain over most of body surface.	2. VERY LIMITED Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness, OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	3. SLIGHTLY LIMITED Responds to verbal commands but cannot always communicate discomfort or need to be turned, OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. NO IMPAIRMENT Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.				
MOISTURE Degree to which skin is exposed to moisture		1. CONSTANTLY MOIST Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. OFTEN MOIST Skin is often but not always moist. Linen must be changed at least once a shift.	3. OCCASIONALLY MOIST Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. RARELY MOIST Skin is usually dry; linen only requires changing at routine intervals.				
ACTIVITY Degree of physical activity		1. BEDFAST Confined to bed	2. CHAIRFAST Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. WALKS OCCASIONALLY Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. WALKS FREQUENTLY Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours				
MOBILITY Ability to change and control body position		1. COMPLETELY IMMOBILE Does not make even slight changes in body or extremity position without assistance.	2. VERY LIMITED Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. LIGHTLY LIMITED Makes frequent though slight changes in body or extremity position independently.	4. NO LIMITATIONS Makes major and frequent changes in position without assistance.				
NUTRITION Usual food intake pattern 1NPO: Nothing by mouth. 2IV: Intravenously. 3TPN: Total parenteral nutrition.		1. VERY POOR Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO1 and/or maintained on clear liquids or IV2 for more than 5 days.	2. PROBABLY INADEQUATE Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding.	3. ADEQUATE Tiekol iktar min-nofs tal-bicča l-kbira tal-ikliet. Tiekol total ta' 4 porzjonijiet ta' proteini (laħam, prodotti tal-ħalib) kuljum. Kultant tirrifjuta xi ikla, iżda normalment tieħu suppliment jekk tiġi offruta, OR is on a tube feeding or TPN3 regimen, which probably meets most of nutritional needs.	4. EXCELLENT Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.				



FRICTION AND SHEAR		1. PROBLEM Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction.	2. POTENTIAL PROBLEM Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. EBDA PROBLEMA APPARENTI Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.					
ASSESS	DATE	EVALUATOR SIGNATURE/TITLE	ASSESS	DATE	EVALUATOR SIGNATURE/TITLE				
	//			//					
	//			//					
Name - Last	First	Middle	Attending Physician	Record No.	Room/Bed				
Form 3166P BRIGGS, Des Moines, IA 50306 (800) 247-2343 www.BriggsCorp.com R304 IPPRINTJATA PRINTED IN U.S.A		Source: Barbara Braden and Nancy Bergstrom. Copyright, 1988. Reprinted with permission. Permission should be sought to use this tool at www.bradenscale.com	BRADEN SCALE						



ANNEX 1.3: Mini Mental State Assessment

Provided by the Alzheimer's Drug Therapy Initiative for physician use.

STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE)			
Question	Time allowed	Score	
1	a. What year is this?	10 seconds	/1
	b. Which season is this?	10 seconds	/1
	c. What month is this?	10 seconds	/1
	d. What is today's date?	10 seconds	/1
	e. What day of the week is this?	10 seconds	/1
2	a. What country are we in?	10 seconds	/1
	b. What province are we in?	10 seconds	/1
	c. What city/town are we in?	10 seconds	/1
	d. IN HOME – What is the street address of this house? IN FACILITY – What is the name of this building?	10 seconds	/1
	e. IN HOME – What room are we in? IN FACILITY – What floor are we on?	10 seconds	/1
3	SAY: I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Say the following words slowly at 1-second intervals - ball/ car/ man	20 seconds	/3
4	Spell the word WORLD. Now spell it backwards.	30 seconds	/5
5	Now what were the three objects I asked you to remember?	10 seconds	/3
6	SHOW wristwatch. ASK: What is this called?	10 seconds	/1
7	SHOW pencil. ASK: What is this called?	10 seconds	/1
8	SAY: I would like you to repeat this phrase after me: No ifs, ands or buts.	10 seconds	/1



9	<p>SAY: Read the words on the page and then do what it says. Then hand the person the sheet with CLOSE YOUR EYES on it. If the subject reads and does not close their eyes, repeat up to three times. Score only if subject closes eyes</p>	10 seconds	/1
10	<p>HAND the person a pencil and paper. SAY: Write any complete sentence on that piece of paper. (Note: The sentence must make sense. Ignore spelling errors)</p>	30 seconds	/1
11	<p>PLACE design, eraser and pencil in front of the person. SAY: Copy this design please. Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.</p>	1 minute	/1
12	<p>ASK the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person. SAY: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor. Score 1 point for each instruction executed correctly.</p> <ul style="list-style-type: none"> Takes paper correctly in hand Folds it in half Puts it on the floor 	30 seconds	/1
TOTAL TEST SCORE		/30	



ANNEX 1.4: Waterlow Assessment

Instructions for use:			WATERLOW CHART																	
1. Complete on admission and recalculate daily. 2. Add scores together and insert total score. 3. If total score is 10+ initiate SKIN bundle care plan. 4. If total score 15+ initiate SKIN Bundle form at Bed side.																				
WATERLOW SCORE CHART																				
		Date																		
(Day/Month/Year)		Time																		
Gender	Male	1																		
	Female	2																		
Age	14 - 49	1																		
	50 - 64	2																		
	65 - 74	3																		
	75 - 80	4																		
	81 +	5																		
Build	Average BMI 20-24.9	0																		
	Above average BMI 25-29.9	1																		
	Obese BMI > 30	2																		
	Below average BMI < 20	3																		
Visual assessment of at risk skin area (May select one or more options)	Healthy	0																		
	Thin and fragile	1																		
	Dry	1																		
	Oedematous	1																		
	Clammy (Temp †)	1																		
	Previous pressure sore or scarring	2																		
	Discoloured Grade 1	2																		
	Broken Grade 2-4	2																		
Mobility (select one option ONLY)	Fully	0																		
	Restless/figety	1																		
	Apathetic	2																		
	Restricted/Bed bound	3																		
	Inert (due to ↓ consciousness/ traction)	4																		
	Chairbound/Wheelchair	5																		



Continenence (select one option ONLY)	Continent/catheterised	0																		
	Occasional incontinence	1																		
	Incontinent of Urine	2																		
	Incontinent of Faeces	2																		
	Doubly incontinent	3																		
Tissue Malnutrition (select one or more options)	Terminal Cachexia	8																		
	Multi Organ Failure	8																		
	Single Organ Failure (Respiratory/Renal/Cardiac)	5																		
	Peripheral Vascular Disease	5																		
	Anaemia HB < 8	2																		
	Smoking	1																		
Appetite (select one option)	Average	0																		
	Poor	1																		
	Tube	2																		
	Fluids only																			
	NBM/anorexic	3																		
Neurological Deficit (score depends on severity)	Diabetes, CVA, MS, Motor/ Sensory	4-6																		
	Paraplegia, epidural	6																		
Major Surgery Trauma (up to 48 hours post surgery)	Above waist	2																		
	Orthopaedic, below waist, spinal >																			
	2 hours on theatre table	5																		
	2 hours on theatre table	8																		
MEDICATION	Cytotoxics high dose/long term steroids	4																		
	Anti-inflammatory																			
TOTAL SCORE																				
NURSE INITIALS																				
Mattress (Please tick as appropriate) Enter name of other mattress if used	Pentaflex																			
	Alpha Xcell																			
	Autologic																			
	Nimbus																			
	Other mattress:																			
	Chair cushion																			





Risk Score: 10+ AT RISK 15+ HIGH RISK 20+ VERY HIGH RISK
Adapted from Waterlow Risk Score (Waterlow 2005)



ANNEX 2: Legislation Related to Operation of Homes for Older Persons

1. General

Licensing of Homes:

Medical and Kindred Professions Ordinance (Section 98(1)- Page 16)

Public Health Act:

<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8931&l=1>

Code of Police Laws

2. FOOD HYGIENE REGULATIONS

Food Safety Act 2002 (Act No. XIV of 2002)

<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8915&l=1> including the subsidiary legislation:

The Registration of Food Handlers Regulations, 2001 (L.N. 178 of 2001)

Registration of Food Premises Regulations, 2001 L.N. 180 of 2001 Amended by L.N. 136 of 2007

Hygiene of Food Regulations, 2002

<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11108&l=1>

3. ENGINEERING LEGISLATION

List of certifications required by legislation – originals to be inspected and copies to be presented to the inspectorate during the inspections of residential homes for the elderly.

LIFTS (Authority MCCA/ OHSA)

PASSENGER LIFTS

LN231/2007 Inspection of Lifts Regulations, 2007 – for each lift on the premises, a copy of the latest six monthly Preventive Inspection certificate or the Thorough Inspection certificate as applicable.

VEHICLE LIFTS

LN231/2007 – if lift can be operated from inside the car (ie can carry passengers) and if speed is greater than 0.15m/s – a copy of the latest six monthly Preventive Inspection certificate or the Thorough Inspection certificate as applicable.

GOODS LIFTS

LN47/1964 Factories (Hoists and lifts) Regulations 1964 – a copy of the latest six monthly inspection certificate by a competent person.

NEW LIFTS

ALN 370/2002 Lifts Regulations.

STEAM AND HOT WATER BOILERS (Authority OHSA)

"LN 34 of 1976 Steam And Hot Water Boilers Regulations". – certification at yearly intervals and after extensive repairs. A copy of the latest inspection and test certification.

LIQUID PETROLEUM GAS (Authority MRA)

6 TO 8 CYLINDERS CONNECTED TO A COMMON MANIFOLD AND PIPELINE LN 249/2008 "Regolamenti ta' I-2008 dwar is-Suq tal-Gass Petroleum Likwefatt" to be notified [as per 6.(3)] to MRA – a copy of the notification document as acknowledged by MRA.

SECONDARY SYSTEMS COMPRISING OF 150 KG OR MORE (OF LPG), OR, MORE THAN 8 CYLINDERS CONNECTED TO A MANIFOLD AND PIPELINE

LN 249/2008 to have Authorisation by MRA – a copy of the Authorisation documentation.

NEW SYSTEMS

LN 249/2008 - copy of commissioning certification by a competent person – valid for one year.

SYSTEMS OLDER THAN ONE YEAR

LN249/2008 to be re inspected and certified at two yearly intervals - A copy of latest certification.

4. FIRE PRECAUTIONS (Authority OHSA)

LN44 of 2002 – Work Place (Minimum Health and Safety Requirements) Regulations 2002 - Regulation 9 applies. The regulating authority here is the OHSA. The employer is advised to consult with the OHSA on any documentation needed.

5. OCCUPATIONAL HEALTH AND SAFETY LEGISLATION

- OHS Authority Act XXVII of 2000
- LEGAL NOTICE 36 of 2012. Occupational Health and Safety (Payment of Penalties) Regulations. EN / MT
- LEGAL NOTICE 250 of 2010. Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Artificial Optical Radiation) Regulations. EN / MT
- LEGAL NOTICE 231 of 2007. Inspection Of Lifts Regulations. (Published under Chapter 427 and 424 of the Laws of Malta EN / MT
- LEGAL NOTICE 323 of 2006. Protection of Workers from the Risks related to Exposure to Asbestos at Work Regulations EN / MT
- LEGAL NOTICE 158 of 2006. Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Noise) Regulations EN / MT
- LEGAL NOTICE 371 of 2005. Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Vibration) Regulations EN / MT
- LEGAL NOTICE 282 of 2004. Work Equipment (Minimum Health and Safety Requirements) Regulations EN / MT
- LEGAL NOTICE 281 of 2004. Work Place (Minimum Health and Safety Requirements for Work at Construction Sites) Regulations EN / MT
- LEGAL NOTICE 41 of 2004. Work Place (Minimum Requirements for Work) (Confined Spaces and Spaces having Explosive Atmospheres) Regulations EN / MT
- LEGAL NOTICE 379 of 2003. Protection of Workers in the Mineral Extracting Industries through Drilling and Workers in Surface and Underground Mineral Extracting Industries Regulations EN / MT
- LEGAL NOTICE 228 of 2003. Protection of Workers from Risks related to Exposure to Biological Agents at Work Regulations EN / MT



- LEGAL NOTICE 227 of 2003, as amended by Legal Notices 353 of 2007 and 53 of 2012.
- Protection of the Health and Safety of Workers from the Risks related to Chemical Agents at Work Regulations EN / MT
- LEGAL NOTICE 122 of 2003. Protection of Workers from the Risks related to Exposure to Carcinogens or Mutagens at Work Regulations EN / MT
- LEGAL NOTICE 121 of 2003. Minimum Requirements for the Use of Personal Protective Equipment at Work Regulations EN / MT
- LEGAL NOTICE 37 of 2003, as amended by Legal Notice 6 of 2005. Control of Major Accident Hazard Regulations EN / MT
- LEGAL NOTICE 36 of 2003. General Provisions for Health and Safety at Work Places Regulations EN / MT
- LEGAL NOTICE 35 of 2003. Protection against Risks of Back Injury at Work Places Regulations EN / MT
- LEGAL NOTICE 45 of 2002. Work Place (Provision of Health and, or Safety Signs) Regulations EN / MT
- LEGAL NOTICE 44 of 2002, as amended by Legal Notice 437 of 2012 Work Place (Minimum Health and Safety Requirements) Regulations EN / MT
- LEGAL NOTICE 43 of 2002. Minimum Health and Safety Requirements for Work with Display Screen Equipment Regulations EN / MT
- LEGAL NOTICE 11 of 2002, as amended by Legal Notice 348 of 2011. Work Place (First Aid) Regulations EN / MT
- LEGAL NOTICE 10 of 2002. Occupational Health and Safety Appeals Board (Procedural) Regulations EN / MT
- LEGAL NOTICE 92 of 2000, as amended by Legal Notice 436 of 2012. Protection of Maternity at Work Places Regulations EN / MT
- LEGAL NOTICE 91 of 2000, as amended by Legal Notice 283 of 2004. Protection of Young Persons at Work Places Regulations EN / MT
- LEGAL NOTICE 52 of 1986, as amended by Legal Notices 22 and 71 of 1996; Act XXVII of 2000; and Legal Notices 44 of 2002, and 35, 36 and 121 of 2003. Work Places (Health, Safety and Welfare) Regulations EN / MT
- LEGAL NOTICE 25 of 1984, as amended by Act XXVII of 2000. Power Presses Regulations EN / MT
- LEGAL NOTICE 34 of 1976, as amended by Act XXVII of 2000 and Legal Notice 426 of 2007. Steam and Hot Water Boilers Regulations EN / MT
- LEGAL NOTICE 96 of 1968. Building (Safety) Regulations EN / MT
- LEGAL NOTICE 47 of 1964, as amended by Act XLIV of 1965; Legal Notices 48 of 1967 and 50 of 1982; and Act XXVII of 2000. Work Places (Hoists and Lifts) Regulations EN / MT
- GOVERNMENT NOTICE 340 of 1954, as amended by Government Notice 98 of 1956; Legal Notice 26 of 1964; Act XLIV of 1965; Legal Notices 62 of 1966, 17 and 116 of 1969, 72 of 1971, 70 of 1973, 11 of 1975, 25 of 1976, 124 of 1978 and 98 of 1981; Act XXVII of 2000; and Legal Notice 426 of 2007. Work Places (Superintendence and Control of Plant) Regulations EN / MT
- GOVERNMENT NOTICE 497 of 1953, as amended by Act XLIV of 1965; Legal Notices 64 of 1966, 122 of 1977; Act XXVII of 1991; Legal Notice 114 of 1999; and Act XV of 2009. Dock Safety Regulations EN / MT
- GOVERNMENT NOTICE 497 of 1953 and LEGAL NOTICES 44 of 1960, 73 and 95 of 1968, 33 of 1976 and 49 of 1982, as amended by Act XXVII of 2000, consolidated. Work Places (Extension of Definition) Order EN / MT
- GOVERNMENT NOTICE 787 of 1949, as amended by Acts XLIV of 1965 and XXVII of 2000; and Legal Notice 44 of 2002. Work Places (Woodworking Machinery) Regulations EN / MT





6. EMPLOYMENT AND INDUSTRIAL RELATIONS

Employment and Industrial Relations Act Chapter 452

Main Legislation:

<http://dier.gov.mt/en/Legislation/Pages/Main-Legislation.aspx>

Other important Employment and Industrial Relations Legal Notices:

<http://dier.gov.mt/en/Legislation/Pages/Legal-Notices.aspx>

7. OTHER MISCELLANEOUS LEGISLATION

Data Protection Act 2001

http://ec.europa.eu/justice/policies/privacy/docs/implementation/malta_en.pdf

Tobacco (Smoking Control) Act (Cap. 315)

<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8791&l=1>

And related legislation including:

Smoking in Public Places Regulations, 2010 (L.N. 23 of 2010) Amended by L.N. L.N. 493 of 2011 EN MT

Advertising and Promotion of Tobacco Products Regulations, 2010 (L.N. 344 of 2010) EN MT

Smoking in Public Places (Amendment) Regulations, 2011 (L.N. 493 of 2011) EN MT



ANNEX 3: GLOSSARY

“Assessment” means the process of deciding what a person needs in relation to their health, personal and social care, and what services must be put in place to meet these needs. An assessment is undertaken with the person, his or her relatives or representatives, and relevant professionals

“A Care Home” means a house or other premises established for the express purpose of caring for and housing older persons, whether for reward or not excluding Saint Vincent De Paule Long Term Care Facility which is a sui generis facility;

A “Care Home for Older Persons” means a house or other premises used as a place for the care and housing of older persons whether for reward or not;

A “Care home service” means a service which provides accommodation, together with nursing, personal care or personal support for vulnerable people.

A “Care Plan” means a plan of how the support and care service will be provided, primarily agreed between the person using the service (and/or their representative) and the service provider.

“Complaints procedure” means a clear procedure that helps the person using the service or others to comment or complain about any aspect of the service.

“Contract” means a written agreement between the person using the service and the home or service, setting out the terms and conditions and rights and responsibilities of both parties.

“Personal care” means help with day-to-day physical tasks and needs of the person cared for, including helping them to remember to do things such as eating and washing.

“Representative” means a person acting on behalf of a person using the service, who may be a relative or friend.

“Restraint “ means control to prevent a person from harming themselves or other people by the use of:

- physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action);
- mechanical means (for example, wrapping someone in a sleeping bag or strapping them in a chair);
- environmental means (for example, using cot sides to prevent someone from getting out of bed); or
- medication (using sedative or tranquilising drugs for the symptomatic treatment of restless or agitated behaviour).

“Usable floor space” means space which is available to use for furniture, personal belongings and daily living.



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 AND ACTIVE AGEING

