Banfields Aged Care

Performance Report

192-198 Thompson Avenue
COWES VIC 3922
Phone number: 03 5951 2500

**Commission ID:** 3955

**Provider name:** Australian Aged Care Group Pty Ltd

**Site Audit date:** 6 January 2020 to 8 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 4 February 2020.
* relevant information about the organisation and service held by the Commission, including the service’s history of compliance.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment team found that overall consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed are satisfied staff treat them with respect, support them to maintain their identity and support them to live the life they choose.
* Consumers interviewed confirmed that they are encouraged to do things for themselves and feel heard when they discuss with staff things that matter to them. Consumers feel welcome to make decisions about the way they live their lives.
* Consumers confirmed that their personal privacy is respected.
* Consumers provided examples of how they are supported to undertake activities that include an element of risk. A consumer, for example, said they have experienced rides on a helicopter and cruise motor bike.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards. As a result, the following were identified:

* The service demonstrated consumers are treated with dignity and respect and actively promotes a culture of inclusion. Processes, policies and education promote culturally safe and inclusive services.
* Staff were observed interacting with consumers respectfully and could discuss their involvement in the promotion of culture and diversity within the service.
* Information about care and services is current, accurate and readily available to consumers and representatives.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found that overall sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers sampled interviewed confirmed that they are involved in assessment, planning and review of their care. Consumers sampled confirmed that the outcomes of assessment and planning are effectively communicated within the service. A consumer said they had the opportunity to speak about end of life options if they wished.
* Consumers report feeling safe and confident that staff listen to their goals and preferences, and that the organisation seek advice from other professionals to ensure consumers get the right care and services to meet their needs.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* Consumer files reviewed by the Assessment Team demonstrate that plans provide current information. Care plans are regularly reviewed by registered nurses in response to any identified changes. Care documentation demonstrates involvement of other organisations and providers.
* Staff described how they communicate and document assessment and planning outcomes. Nursing staff said they offer a copy of the care plan to consumers’ when resident of the day process is completed. Staff described their understanding of adverse incidents and how these are identified, documented and reviewed by the service.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) Compliant

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers sampled spoke positively about how their care is delivered within the service.
* Consumer sampled confirmed that they receive visits from their medical practitioner or allied health professionals.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* Care files reviewed by the Assessment Team identified the delivery of safe and effective care and included reviews by medical officers and specialist services. Risk assessments are completed as required to support consumers preferences and choices. Care documentation reviews illustrate effective processes to identify and manage high prevalence high impact risks. Care documentation included choices and preferences in relation to consumers’ advanced care directives.
* Staff outlined clinical care processes to enable consumers care to be tailored to meet their needs and optimises their health and wellbeing. Staff demonstrated knowledge of consumers’ activities that included an element of risk and were able to identify and describe how they support consumers who undertake risks. Staff described how they identify and monitor consumers experiencing deterioration in health. Staff described how they are kept informed about consumers’ conditions, needs and preferences.
* The service has processes for referrals to other organisations.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

### Requirement 3(3)(b) Compliant

Effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(d) Compliant

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

### Requirement 3(3)(e) Compliant

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 3(3)(g) Compliant

Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team found that overall sampled consumers confirmed they get the services and supports for daily living that are important for my health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed said that are supported to do the things that they want to, staff discuss the activities available and they can attend the activities that they prefer. Consumers described being able to go outside the service if they wished either independently or accompanied with the services organised outings.
* Consumers confirmed being able to use electronic devices to keep in touch with family and having regular visitors. Some consumers were able to independently go outside the service driving, utilising electronic scooters or wheelchairs and attended the local shops, visiting friends and family, attending card groups and various other activities.
* Consumers said the meals provided are of a suitable quality and quantity. Consumers stated that they were given a choice of menu items on the day prior to service delivery and that they were usually able to choose something that they like. Where the choice was not suitable for a consumer an alternative of salads, sandwiches or a special request can be made, and fruit is always available. Consumers said they are encouraged to give feedback regarding the menus.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* Staff demonstrated that they had knowledge of what was important to consumers and generally knew consumers individual interests. There is a variety processes used to ensure that the activities are tailored to consumers and support quality of life. The service provides a ‘Men’s shed’ and initiates special group outings or individual activities where possible according to consumers preferences. Pastoral volunteers visit consumers at the service. Staff described a variety of external services used to supplement the lifestyle program.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team found that overall, sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed that they feel safe, the service has the required equipment and they can move freely indoors and outdoors.
* Consumers said that the internal and external environment is pleasant, and they are able to personalise their own living areas. Consumers said relatives and friends are made to feel welcome and privacy is respected during visits.
* Consumers confirmed living areas are cleaned regularly and maintenance to equipment and furnishings occurs promptly.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The living environment has wide corridors, is well-lit and well maintained, and, is maintained at a comfortable temperature.
* There is variety of communal spaces including large areas and quieter areas a café, chapel and a private dining area that are easily accessible. Consumers were observed utilising these areas. The memory support unit is uncluttered and easy to negotiate. The facilities were observed to be clean and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team found that overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed felt they could make complaints and felt safe to do so.
* While consumers expressed an awareness of internal and external complaint processes, consumers said they prefer to provide feedback through the Consumer Advocacy Committee which engages with management regularly through formal processes. Consumers were particularly complimentary about their access to their elected representatives on the Consumer Advocacy Committee and the committee’s impact on the timely and consistent development of strategies to address identified issues.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* Management demonstrated how it informs, encourages and supports consumers and their representatives to provide feedback through information in admission packs, at regular meetings and information on display around the service. Staff interviewed demonstrated an understanding of how to help consumers provide formal and informal feedback with management having an open-door policy to foster ease of communication. Trends or new ideas help inform the continuous improvement process leading to improvements in care and services.
* The Assessment Team identified the organisation’s approach to reviewing and acting on complaints has been enhanced by the formation of the Consumer Advocacy Committee. Composed of two consumers elected by their peers and two representatives, with the involvement of management, the effect has been the timely management of identified issues that has resulted in the minimisation of formally notified complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team found that overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed confirmed that staff are kind and caring in their approach to the timely provision of quality care.
* Overall consumers interviewed confirmed that staff know what they are doing. They are aware that new staff become more familiar with the needs and preferences over time and noted staffing is often consistent.
* Whilst some consumers interviewed believed call bell response times were delayed at times the call bell data did not support this.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

* Management has strengthened processes to ensure the number and mix of members of the workforce meet the needs for delivery of safe and quality care and services. The staffing roster is based on continuity of staffing across the service, where possible and the expanded casual staffing bank supports the timely filling of unplanned leave. Staff have developed a culture of support for their colleagues and all consumers throughout the service.
* The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually and additional training when needs are identifed. Staff interviewed confirmed attendance at a range of education.
* Management monitors and reviews the performance of each member of the workforce drawing on observations, consumer feedback, key performance indicators, incident monitoring and care reviews. Performance appraisals occur post probation and annually thereafter.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team found that overall sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* The majority of consumers interviewed confirmed that from their perspective the service is well run and is responsive to their changing needs, preferences and feedback.
* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services through ongoing feedback and their involvement in care planning reviews.
* Consumers stated members of the Board, the Chief Executive Officer and other management staff regularly attend the service and meet with individuals.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

* Management said they continue to work with stakeholders to ensure they feel safe and that their needs and preferences are effectively catered for.
* The service consults with consumers and their representatives in the development, delivery and evaluation of care and some services. The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure, including committee structure, and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data relating to continuous improvement, financial governance, workforce governance, regulatory compliance and the management of key incidents and complaints. High-impact or high-prevalence risks, and abuse are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.
* The organisation has regulatory compliance systems to assist with their compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

### Requirement 8(3)(d) Compliant

Effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

### Requirement 8(3)(e) Compliant

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.