Eldercare The Village

Performance Report

4-6 Centenary Avenue
MAITLAND SA 5573
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**Commission ID:** 6102

**Provider name:** Eldercare Inc

**Site Audit date:** 14 September 2021 to 16 September 2021

**Date of Performance Report:** 20 October 2021

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# 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 Commissioner’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 did not respond to the Assessment Team’s report for the Site Audit.

# 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 Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers and representatives provided the following examples to during interviews with the Assessment Team:

* Staff speak to consumers about their preferences, background, work history and life experiences, and are respectful of their culture, values, diversity and choices.
* Consumers’ needs and choices are understood, and they are supported to do things of importance to them even when there is an element of risk involved.
* Consumers are well informed and make decisions about their own care and how it’s delivered.
* Consumers’ privacy is respected, and staff always knock on their door before entering.

Staff spoke about consumers in a respectful and compassionate manner and demonstrated an understanding of their life journey, culture, identify, history, beliefs and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy and support consumers to maintain relationships, exercise choice and take risks. Staff were observed interacting with consumers in a warm and friendly manner.

Sampled care plans documented consumers’ spiritual preferences, choices, life experiences, hobbies, work history and community connections, and detailed any topics that would likely cause sensitivity if discussed.

Documentation, observations and interviews with consumers, representatives and staff, demonstrated consumers are provided information to assist in making choices regarding meals, activities, events and their personal and clinical care.

The service has policies and procedures that guide staff in relation to managing risks, supporting consumers’ decisions, privacy, diversity, culturally safe services, inclusion and spiritual and emotional support.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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*
4. *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 COMPLIANT Ongoing 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said the service works with them to develop a safe and effective care plan, they are informed about the outcomes of assessment and planning and care plans are updated when consumers’ needs and preferences change.

Staff demonstrated an understanding of the assessment and planning processes and explained how they are notified of changes to consumers’ needs, goals and preferences. Staff described how reporting and documenting consumer behaviours, incidents, and clinical issues informs the delivery of safe and effective care and services.

Documentation showed comprehensive assessment and planning that includes consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. Care plans were inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

The service has policies, procedures and guidelines to support staff in the assessment and planning process, including end of life planning and care plan reviews.

Based on this evidence, I find the service to be compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 COMPLIANT Personal 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 Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers consider they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers’ clinical care needs are being met and they are receiving the care they need. One representative expressed satisfaction with the palliative care their family member received.
* Appropriate and prompt action had been taken to deterioration in consumers’ physical, cognitive and mental health, including assessments, observations, medical reviews and hospital transfers.
* Personal care provided to consumers is delivered safely and considers individual preferences.
* Consumers have access to appropriate clinical and other specialists to manage their complex health needs.
* Representatives are informed of incidents as they occur.

Staff described high-impact or high-prevalence risks and provided general and individualised strategies to mitigate risk to the consumer. Staff also provided examples of how they adapted care and services to ensure a consumer’s comfort was maximised when nearing end of life. Staff demonstrated an understanding of identifying and escalating deterioration of a consumer, standard and transmission based precautions for infection and minimising the need for, or use of, antibiotics.

Care plans were comprehensive and reflected consumer needs and preferences, with care file documents updated regularly and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. Care plans demonstrated effective risk management and best practice care is applied, with timely and appropriate referrals made to relevant individuals, organisations and providers of other care and services where necessary.

Care planning documentation showed end of life care is provided in line with the consumer’s goals and preferences, with their comfort maximised and dignity preserved.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 COMPLIANT Services and supports 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 Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives consider the service supports consumers to do the things they want to do, and which are important for their health and well-being. For example:

* Fifteen consumers said they were satisfied with the daily living activities provided and provided examples of how their feedback has informed the lifestyle activities.
* Consumers reported staff spend time with them and are supportive of their emotional and psychological needs when feeling low or depressed.
* Six consumers provided examples of the support they receive to enable them to do the things they want to do.
* Consumers and representatives stated consumers’ condition, needs and preferences are known by staff and communicated within the organisation, and with others where responsibility is shared.
* Overall, consumers were satisfied with the meals provided and considered the menu caters for their preferences. One consumer reported staff will bring them an alternate meal if they do not feel like the options on offer.
* Consumers and representatives were satisfied with equipment used to manage consumers’ safety and comfort.

Staff provided examples of how services are tailored to meet consumers’ individual needs, how consumers are supported to engage in activities and strategies used to promote consumers’ emotional, spiritual and psychological well‑being. Staff provided examples of how consumer feedback is used to inform lifestyle activities and menu options.

The following observations were made:

* Consumers appeared to enjoy individual and group activities and were collected by family and/or friends to attend external activities.
* Staff were engaging with consumers in a friendly, supportive and appropriate manner.
* The kitchen appeared clean, tidy and in good working order.
* Equipment appeared clean and well-maintained.

Care plans were found to document consumers’ needs and preferences, goals, including their likes and dislikes, work and family history, hobbies, interests and dietary requirements. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation showed group activities are diverse and individualised activity options are available. Documentation showed the lifestyle program is regularly reviewed and revised in consultation with consumers and representatives.

The service has policies and procedures to guide staff in information sharing, ascertaining external referrals, privacy, supports for daily living and confidentiality.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANT Organisation’s service 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 Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers feel they belong in the service and feel safe and comfortable in the environment. Consumers reported the environment feels homely and welcoming, is clean and well‑maintained, and they are encouraged to personalise their rooms. Consumers also confirmed they feel safe, and the furniture and equipment they use is clean and well-maintained.

Staff provided examples of how they make consumers feel at home and how they ensure the service environment and equipment is safe and clean, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be clean, safe and welcoming. Communal areas were easy to navigate and staff were observed regularly moving obstacles that may affect consumers’ ability to manoeuvre throughout the environment. Consumer rooms were decorated with personal belongings and the environment had a home like feel. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANT Feedback 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 Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they can provide feedback and complaints about consumers’ care and services in various ways, feel comfortable doing so and are confident their concerns would be rectified in a timely manner.
* they are aware of advocacy services if needed.
* their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.
* their feedback has been used to improve the quality of care and services, including activity programs and menus.

Staff described how they assist consumers in making a complaint and providing feedback, including those with cognitive impairment or poor communication. Staff described improvements that have been made in response to complaints and feedback made by consumers.

Information relating to internal and external complaints processes, advocacy and language services and the Charter of Aged Care Rights was observed in communal areas.

Documentation demonstrated where appropriate, consumers were offered an apology and an explanation was provided detailing actions taken to rectify the complaint. Documentation also showed feedback and complaints are recorded and analysed to implement improvements for any trends identified. Management described quality improvement activities that have resulted from consumer feedback.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers and representatives considered the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner.
* Staff are professional, supportive, kind, caring and know consumers’ preferences.
* Staff are competent and are recruited, trained, equipped and supported to meet the needs and preferences of consumers.

Two staff considered additional staff are needed as they occasionally complete charting and documentation after their shift, however, they reported consumers’ care has not been impacted. Staff felt their training needs were met and confirmed their competencies are monitored through observation and assessment, and fed back via scheduled performance appraisals.

Personnel files demonstrate staff competency and training is monitored on an ongoing basis. Management provided examples where performance management processes were used in response to an incident and after observation of incorrect practice.

Documentation showed call bells were responded to in a timely manner and the number of call bells exceeding the service’s 10 minute KPI has reduced in the five months preceding the Site Audit. Management reported call bell response times are reviewed regularly and discussed at staff and leadership meetings to ensure staff are accountable for any extended response times.

Staff were observed to be kind, caring and appropriate in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANT Organisational 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, consumers consider the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives confirmed they are supported, engaged and are a partner in the provision of care and services and described various ways they are able to provide feedback and suggestions.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing risk and incident management, ensuring appropriate policies, procedures and systems are in place, and considering internal and external audit recommendations.

Interviews with consumers, representatives and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.