Heather Hill Home Care

Performance Report

Level 3, 20 Park Road
MILTON QLD 4064
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**Commission ID:** 700932

**Provider name:** LEADING STAFF PTY LTD

**Quality Audit date:** 16 December 2020 to 18 December 2020

**Date of Performance Report:** 19 January 2021

# Publication of report

This Performance Report **may 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)(g) | 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 Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer 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

Consumers and representatives said they are treated with dignity and respect. They said staff know what is important to them, respected their privacy and that personal information remained confidential. Consumers and representatives provided examples of how staff take time to listen and support the consumer to retain their independence.

Care planning documentation evidenced assessment and planning that included consideration of the consumers’ diverse background and cultures.

Information provided to each consumer is current, accurate and timely and is communicated in a way that is clear, easy to understand and enables them to exercise choice. A consumer handbook contains information on respecting and promoting diversity, dignity and choice. Senior staff described how they access translation services when this is needed to facilitate communication with consumers from culturally and linguistically diverse backgrounds.

Care and services are scheduled in accordance with the consumer’s choice of staff based on gender, cultural background or language spoken.

Staff spoke about consumers in a way that was respectful and said that if they witnessed inappropriate behaviour directed towards a consumer they would report their concerns to their supervisor. Staff could describe the risk assessment process, how they support consumers to take risks, and how the consumer is advised of the possible consequences in relation to the risk. Position descriptions made reference to consumer directed care that respects consumers’ dignity, identity and choices.

Staff described the ways they promote the consumer’s privacy and confidentiality saying they did not discuss consumers with others when in the community. Electronic information held about consumers is password protected.

The organisation monitors consumer satisfaction through encouraging consumer feedback and undertaking consumer surveys.

Policies and procedures relevant to this Standard provide guidance to staff and address privacy and confidentiality, delivering culturally safe care and services, risk and advocacy services.

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*
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

Consumers and representatives said they are involved in the assessment and care planning process and that staff talk to them and inform them of the outcomes of assessment and planning, and provide a copy of the care plan, budget and any related documentation. Consumers said that their care and service’s plan is updated when circumstances change and that staff phone them regularly to check their satisfaction with care and services.

The Assessment Team identified that assessments are conducted on entry to the service and include a consideration of consumers’ care and service needs and risks to their health and well-being. Environmental risk assessments are also completed at this time. Care plans evidenced risk minimisation strategies including risks related to falls, swallowing and weight loss.

Where appropriate, family or consumer representatives are involved in assessment and planning processes. Referrals are made to allied health professionals when a need is identified and recommendations inform care and service delivery. Management staff described how the service has brokerage agreements with other organisations and individuals that are also involved in assessment and care planning.

Advanced care planning and preferences associated with end of life care are reflected in care planning documentation. Staff said this information is reviewed as consumers’ needs change.

Care plans did not include individualised strategies for when a consumer did not respond to a scheduled visit. However, a generic procedure is in place where management contact the nominated emergency contact. All staff could describe the actions they would take if a consumer did not respond to a scheduled visit and an example was provided of an incident when this had occurred and the procedure was followed successfully. The management team stated they would review their processes to include individualised plans.

Staff could describe how they access care plans and understood what was important to the consumer in terms of how their care and services were delivered. This was consistent with feedback from consumers and care planning documentation.

Management staff said care plans are reviewed at least annually and when circumstances changed. The Assessment Team’s review of care planning documentation confirmed this.

The service has policies and procedures relevant to this Standard that guides staff in relation to assessment and planning including end of life care and advance care planning.

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 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

Consumers and representatives interviewed confirmed consumers get the care they need and have access to a medical officer or other health professionals when they need it. Consumers and representatives described the actions that staff have taken following an incident or a change in condition.

Care planning documents reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Clinical records reflected referrals and input from medical officers, a range of allied health and other health professionals including for example physiotherapist, podiatry, dietitian.

The Assessment Team reviewed care planning documentation that evidenced care delivery that was safe, effective and tailored to the needs of the individual. For consumers with compromised skin integrity, care plans include strategies to minimise skin tears and/or pressure wounds, the use of specialised equipment such as bandages, pressure relieving cushions and included staff practices such as regular moisturising. Where consumers had experienced a fall, a falls risk assessment and incident form had been completed, strategies including mobility aids and hand rails had been considered and referral to a physiotherapist for strength and balance exercises was implemented.

Staff said they have access to current information about consumers and described how they escalate any changes in the consumer’s condition to the Home Care Coordinators who are registered nurses. Management advised the registered nursing staff provide clinical oversight, undertake clinical assessments and ensure personal and clinical are needs are met in line with best practice principles.

Consumers and representatives described how staff practices such as handwashing, using hand sanitiser and personal protective equipment, prevented the spread of infection. Staff had completed infection control training, were familiar with those practices designed to minimise the risk of infections such as COVID-19and described how they maintain hand hygiene. Staff have received ongoing training about COVID-19 including the need to be absent from work if unwell. Senior nursing staff have a sound understanding of infection control policies and procedures including in relation to antimicrobial stewardship. An educational fact sheet on Antibiotic Overuse is included in the consumer’s in-home folder for discussion and education.

The service has policies and procedures relating to clinical and personal care delivery which is available for staff to access to ensure best practice. Policies include a clinical governance framework, restraint, wound care, end of life care, infection control, anti-microbial stewardship, pain management, actions to take when a consumer deteriorates and clinical practice procedures.

Review of the consumers’ clinical and personal care needs identified consumers received safe and effective care.

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 COMPLIANT Services 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

Consumers said they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them. Consumers described how various services such as physiotherapy supported them to remain, mobile, engaged and independent. Consumers spoke highly of staff and said staff were flexible and could modify services so that the consumer could continue to do things of interest to them.

Consumers and representatives said that services and supports are consistently delivered by regular staff who know them. They expressed satisfaction with the communication processes in place.

Care planning documentation provided adequate information to support safe and effective care and included details about consumers’ emotional, spiritual and psychological well-being. Details included how to monitor consumers for signs of distress or frustration and strategies to implement in response to this. Senior nursing staff described how they monitored consumers’ wellness during the COVID-19 pandemic to ensure consumers were coping and identify if additional supports were required. Documentation evidences consultation with medical officers, registered nurses, allied health professionals, hospital discharge planners and other service providers including brokered service providers.

Staff could describe what was important to consumers and how they supported them to live the life they choose. Staff said they have access to the equipment they need including personal protective equipment. Annual mandatory training includes manual handing and equipment use.

The organisation has a suite of policies and procedures relative to this Standard, that includes referral processes and how the service meets consumers’ emotional, spiritual and psychological well-being.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant. Requirement 4 (3)(f) was not assessed as it was not relevant to this service.

## 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)(g) Compliant

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

# 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

Consumers said they are provided complaints information at the commencement of services and that this included information on advocacy, translation and interpreter services. Consumers said they feel supported to provide feedback regarding their care and are encouraged by management and staff to make complaints if they are not satisfied with an aspect of the care and services provided. Consumers and representatives provided examples of complaints they had made and said that changes are made in response to their complaints and feedback.

Management said complaints information is included in the consumers’ in-home folder; consumers receive a copy of the consumer handbook on commencement of services which contains information on how to lodge a complaint. They receive a copy of the Aged Care Charter of Rights and have complaints phone contact numbers and feedback forms ‘Voice Your Concern’ to complete if they wish. Complaints are monitored through meetings and addressed through the quality framework.

Staff have had training in the complaints process including applying an open disclosure approach and were able to describe how they respond to complaints in a manner that aligns with the organisation’s policies and procedures.

Management said that an annual satisfaction survey is completed with consumers and provides an opportunity for them to provide feedback on their experience with the service. They explained how consumers from culturally and linguistically diverse backgrounds are supported through translation and interpreter services.

The Assessment Team reviewed meeting minutes and identified feedback and complaints are discussed at meetings and the service makes improvements based on this information. The plan for continuous improvement includes actions that have been informed through the complaints process or receipt of consumer feedback.

Policies and procedures specific to this Standard guide staff in relation to complaints processes, managing feedback, accessing advocates and language services, and applying an open disclosure approach.

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 COMPLIANT Human 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

Consumers spoke positively about staff and said they are kind and caring and considerate of their needs when providing care for them. Consumers reported that staff show up on time and are ready to work, and if there was an instance where they may be late then they are advised ahead of time. They said staff knew what they were doing and were suitably skilled to provide the care they required.

Staff described the actions taken by the service to replace a shift when there is unplanned leave and said that it would be rare to cancel a service due to a staffing concern. Consumers and representatives advised where a staff member is unable to attend, the service makes arrangements for another staff member to attend if they wish.

Management staff said rosters are reviewed daily ensuring that staffing resources are in line with consumers’ needs and preferences. Weekly staffing reports are monitored to ensure staffing levels are appropriate; these are discussed at fortnightly management meetings.

Staff said they would report to management any incidents of staff treating consumers disrespectfully. They said they have received training in identifying elder abuse and reporting processes. Additionally, education provided by the service included the Aged Care Quality Standards, manual handling, infection control and COVID-19, use of personal protective equipment, fire training, first aid and cardio-pulmonary resuscitation. Staff said they can request further education if they wish to do so. If staff have not completed mandatory training within the required timeframes, they are not able to be rostered for work.

A detailed orientation process is in place for new staff that includes the provision of training and an introduction to the organisation’s policies and procedures. Education is provided regarding equipment use, including the manual handling of equipment such as wheel chairs, shower chairs and mobility aides. Where a consumer requires the use of equipment such as a hoist, training is provided for this, ensuring staff competency in using the equipment.

Management said the service identifies training needs via various methods including consumer feedback, surveys and an annual training needs analysis. These additional training requirements are then added to staff education and training days as required. They advised they have commenced tool box training for care staff regarding common medical conditions and care needs of consumers. They said staff complete the education relevant to the care needs of the consumers they provide care and services to.

Management described the staff performance management system which includes probation and monitoring of staff performance through feedback from consumers, feedback from other staff and ‘spot check’ visits at the consumer’s home. When a consumer has a concern and or a suggestion regarding the performance of a staff member, this is addressed by management and a discussion is had with the staff member. Retraining and or additional training is then given to the staff member if this is required.

Policies and procedures specific to this Standard guide staff in relation to staff education requirements, performance management, probity requirements, insurances and topics to be covered as an element of the mandatory training program.

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 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

Consumers and representatives said the service is well run. They said they are asked to comment on the services they receive through completing surveys, providing written feedback and through engaging in discussions with staff. In this way they felt that they are part of how the service operates and how they can contribute to change.

The Assessment Team reviewed progress notes, the complaints register, completed surveys and the plan for continuous improvement and confirmed that consumers are engaged in the delivery and evaluation of care and services that they receive.

The organisation’s governing body is accountable for the delivery of care and services through a hierarchical structure including operations, quality, financial management and human resources. A quality and governance framework has been established to enhance clinical governance and performance oversight on a regional basis. The governing body meet fortnightly to monitor the organisation’s performance against the Quality Standards. Standing agenda items include occupational health and safety, information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The governing body drives change and examples of this were provided to the Assessment Team.

Management and staff could describe high-impact or high-prevalence risks associated with the consumers at the service and how clinical oversight of care and services occurs. Meeting minutes demonstrated that risk is discussed, and a register is maintained that relates to those identified risks. The service has identified an opportunity for improvement and is prioritising the development of a plan to support continuity of service in the event of a disaster.

Policies and procedures specific to this Standard guide staff in consumer engagement, delivery and evaluation of care, managing high-impact/high-prevalence risks, responding to abuse and neglect, clinical governance, minimising the use of restraint, infection control and anti-microbial stewardship. Clinical governance incorporates mechanisms for monitoring, reviewing, reporting on and improving the care and services provided to consumers. The service maintains a culture to support the workforce in delivering consistent quality of care based on principles of openness, partnership, learning and continuous improvement. Management advised the service does not use any form of restraint.

The Quality Standard is assessed 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.