Juniper St David's

Performance Report

17-19 Lawley Crescent
MOUNT LAWLEY WA 6050
Phone number: 9289 2411

**Commission ID:** 7143

**Provider name:** Uniting Church Homes

**Site Audit date:** 12 July 2021 to 14 July 2021

**Date of Performance Report:** 26 August 2021

# 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 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 3 August 2021.

# 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

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.

Overall, consumers interviewed by the Assessment Team considered 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. Consumers said their choices are listened to and respected including personal care preferences, self-managing medication, or alcohol consumption. Consumers reported they are asked about specific things that are most important to them and staff are aware of these things such as importance of their family, traits, or characteristics. They further said they are encouraged and supported to do things they like and are encouraged to maintain relationships of choice. Consumers said their personal privacy is respected and staff know their preferences.

The Assessment Team found the service demonstrated care and services are responsive, inclusive and sensitive to culturally and linguistically diverse consumers. Staff interviewed by the Assessment Team demonstrated they have information regarding consumers’ cultural identity and life history to provide appropriate cultural services. Staff were aware of small details regarding consumers’ history which impacts on their independence and support services. Staff could describe how sampled consumers and/or their representatives are supported to make informed choices about their care and services. These are documented as personal strategies in care planning documentation.

Documentation reviewed showed therapy staff detail consumer’s cultural diversity and develop care plans and profiles to guide staff to ensure dignity and diversity of consumers are respected. Consumers wishing to make a decision that is identified as a social risk have the opportunity for discussion regarding the potential risk and their decision is documented and respected.

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

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.

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish. Management advised care planning is discussed with the consumers and/or their representatives during case conferences and ongoing discussions with families.

Care plans reviewed by the Assessment Team identified each consumer’s needs, goals, and preferences to optimise their health and well-being. Relevant risks to a consumer’s safety, health and well-being are assessed and included in the consumer’s care. Appropriately skilled and qualified workforce undertakes assessment and planning, including advance care planning and end of life care planning when required.

Care plans reviewed were in-date. In addition to the reviews that are scheduled, the consumer’s care plan domains reviewed when the consumer’s condition changes, situations change, and incidents occur.

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

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.

Most consumers and representatives interviewed by the Assessment Team considered that the consumers receive personal care and clinical care that is safe and right for them.

The Assessment Team found the service regularly reviews the care and services they provide to consumers. This makes sure that the care and services meet the consumer’s current needs, goals and preferences, and care and services the service provides meet the consumer’s needs safely and effectively.

The service supports staff to deliver personal and clinical care that is best practice and meets the needs of each consumer. Clinical observation charts and staff interviews confirmed there is regular monitoring of each consumer’s clinical and personal care. Progress notes capture daily changes in consumer health, and appropriate follow up is completed by the clinical team.

Clinical and care staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

The organisation has an effective infection prevention and control program that is in line with national guidelines. The service demonstrated the application of standards and precautions used to minimise and prevent transmission of infections to consumers. The organisation promotes infection control and appropriate antibiotic prescribing practices to staff, consumers, and others to enhance effectiveness.

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

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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed said they are supported by staff at the service to engage in activities of their choice, and supported them to maintain social and personal relationships, inside and outside of the service. Most consumers interviewed stated that they were happy with the food provided at the service and that there was a reasonable variety of choice.

The Assessment Team found the service provides emotional, spiritual, and psychological support to consumers in need. The chaplain attends to consumers for emotional support purposes; however, staff at the service indicated they also provide emotional support to consumers through individual discussion. The service facilitates a variety of activities which recognise different cultures and religions, promoting diversity. Feedback is sought from consumers by lifestyle staff through meetings and through surveys, so the development of activities can be informed by consumer feedback to ensure activity programs support all consumer cohorts.

The service provides service and supports to consumers who require it to enable consumers to engage in activities, maintain their independence and do things they like. The service makes referrals to external service providers to assist consumers in doing so. Information about changing needs, conditions and preferences of consumers is communicated between staff and organisations outside the service through a variety of means.

The service has policies and procedures that guide staff and management in the provision of services and supports relevant to this Standard, the development, management and review of lifestyle programs and the maintenance of equipment to ensure all equipment is safe, clean and well maintained.

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 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

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.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they were encouraged by staff to personalise their rooms. Consumers and representatives interviewed felt that the service environment was always clean and tidy, and that equipment and furniture was well maintained.

Observations by the Assessment Team demonstrated that the service environment was well maintained and clean. Interviews with cleaning staff found that each room is cleaned on a weekly basis, along with common and reception areas. Maintenance staff advised of the processes surrounding how to log a routine or as required maintenance request, and how requests are prioritised as required.

Staff interviewed corroborated that they have completed Occupational Health and Safety training and manual handling training which has allowed them to develop a good understanding on how to manage and report hazards and how to operate different pieces of equipment safely when assisting consumers.

The service has policies and procedures in place relating to maintenance, cleaning and the service environment which are used to guide staff where required. Management stated they seek feedback from consumers in relation to the service environment through resident and relative meetings and through consumer surveys.

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 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

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and representatives interviewed felt that explanations were given, and changes were made at the service in response to issues raised. However, one representative said an issue regarding personal hygiene for one consumer has reoccurred.

The Assessment Team found the service demonstrated that they encourage and support consumers and their representatives to provide feedback or make complaints about the care and services they receive. The complaints register showed evidence that verbal and written compliments, comments, suggestions, and complaints are captured, received from stakeholders, and actioned in accordance with open disclosure requirements when things went wrong.

The service uses organisational processes to collates, monitor, and analyse feedback and complaint data to improve the quality of its care and services.

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

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.

Overall, consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. All consumers and representatives interviewed said that staff were kind and caring when delivering personal and clinical care and services. Consumers interviewed said that they felt staff did a good job, and that there were enough staff on the floor to deliver the care required and needed. Consumers and representatives interviewed said that staff answered call bells in a timely manner and consumers felt they did not have to wait extended periods of time when they used their call bells.

Through documentation review and interviews with consumers, staff and management, the Assessment Team found that overall, staff were competent in their roles and adequately monitored by management in relation to competency. The service conducts staff performance appraisals whereby additional needs for training is identified, along with opportunities for professional development.

At an organisational and service level, management monitor staff registrations and review job descriptions to ensure staff are working inside their scope of practice. The service takes a values-based approach when interviewing and hiring staff to work at the service, which is supported and promoted at an organisational level.

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

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).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives felt they were involved in the planning and evaluation process of the care and services they receive. Consumers said that they are encouraged to provide verbal input and provide feedback though surveys concerning the provision of care and services.

Management advised, and consumers corroborated, that they provide feedback and suggestions concerning the delivery and evaluation of care in organised focus groups and resident/relative meetings.

The service is supported by the organisation’s Board who promote a culture of safety and inclusivity and act on feedback from consumers and representatives to drive continuous improvement initiatives at an organisational level. The organisation monitors legislative changes and organises training as a result of legislative changes and has done so recent in relation to the Serious Incident Response Scheme (SIRS) and changes to use of restrictive practice requirements.

The service has a clinical governance framework in place, supported by a suite of policies and procedures which are updated and reviewed as required. The service has a risk management framework in place where risks are identified, managed and analysed to identify deficits in clinical practice for the purpose of initiating change.

Staff at the service were able to provide examples of how policies and procedures and training on subject areas informs their work every day. Staff were able to adequately explain how they identify, manage and document risks associated with consumers and the care and services consumers receive.

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*
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.