Luson Bloom

Performance Report

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Phone number: 03 90871031

**Commission ID:** 4024

**Provider name:** Luson Health Pty Ltd

**Site Audit date:** 18 January 2022 to 21 January 2022

**Date of Performance Report:** 10/02/2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# 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’s response to the Site Audit report received 08 February 2022

# 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

Overall sampled consumers 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.

The staff were observed to consistently interact with consumers respectfully and treated each consumer as an individual. Care plan documentation identified particular care requirements important to the consumers.

Consumers said they were respected culturally and cared for in a meaningful way and were able to provide several examples of this to the Assessment Team. The organisation’s policy on Cultural Safety, Diversity and Inclusion details the access available to everyone for the use of communications required and the accountability of the organisation.

Consumers and representatives said they are supported to exercise choice and independence about their care and services and to form and maintain relationships.

Consumers expressed satisfaction they are being supported to take risks and live the best life they can. Staff were able to describe the steps taken to support consumers taking risks, managing those risks and assisting consumers to make informed decisions

Consumers and representatives interviewed are satisfied that information is current, accurate, timely and communicated in a way that is clear and easy to understand.

Consumers privacy is respected and the organisation has policies and procedures in relation to keeping personal information confidential and how gathered information is used.

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 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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives described care and services that are planned around what is important to them. Care planning is discussed with staff and with others they wish to be involved in assessment and care planning. Care plan development includes a comprehensive assessment of consumers including consideration of risks to the consumers’ health and well-being.

Care plans reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes. Consumers and representatives said they have been listened to and their care and services are planned around what is important to them including in relation to advanced care planning their wishes for hospital transfer and their end of life preferences. The Assessment Team found that while documentation demonstrated that the advance care directives are developed with consumers, they are generic in nature.

Care planning documents demonstrated consumers and/or representatives and others are involved in their care planning including physiotherapists, occupational therapists, wound specialists, dietitians, speech pathologists and medical practitioners.

Consumers and representatives said they discuss care plans with staff. Care plans reflect the outcomes of assessment and care planning and are used as the basis of care delivery. The '28-day consultation’ format includes a discussion of care plan reviews and reflects consumer and representative involvement with care planning 28 days following their admission to the service. There is a planned schedule for three-monthly care plan reviews with consumers and their representatives or are conducted when there are changes in the consumer’s circumstances.

The Approved Provider in their response stated they have conducted a full review of the advance care directives in conjunction with their consumers and have found they require no further changes.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service demonstrated that each consumer receives personal and clinical care that is effective and safe, optimises their health and well-being, is tailored to their needs and is best practice. The Assessment Team found that care planning documents demonstrated consumers’ wound care, skin integrity and pain is managed to meet their individual needs and aligned with best practice principles. Consumers who require the use of restrictive practices are assessed and monitored and reviewed generally according to regulatory requirements. Consultation with representatives occurs.

Consumers and representatives said they feel safe and risks related to their care are effectively generally managed well. Care plans incorporate specific risks and interventions for consumers with concerns including skin integrity issues, behavioural concerns and those at risk of falls.

Care plans reflect information about end of life wishes. Staff interviews and documentation confirms end of life planning occurs with the consumer to maintain their wishes and comfort. The service has a policy relating to end of life care and includes a focus on maximising comfort and preserving dignity.

Care planning documents and/or progress notes reflect the identification of, and response to the deterioration or changes in function, capacity or health of consumers. Representatives are happy with the communication and care provided in response to the identification and management of deterioration.

Care documents including electronic progress notes and handover documents provide adequate information to support effective and safe sharing of the consumers’ care needs. Staff were able to describe how information is shared when changes occur and how changes are documented and communicated at handovers and through the electronic care system.

Consumer documentation reviewed confirmed referrals to health professionals occur including documentation of relevant instructions in care planning.

The service has an infection control policy and framework, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) plan. The organisation has written procedures relating to infection control and practices to reduce the risk of resistance to antibiotics and resources to guide outbreak management. The Approved Provider further confirmed that Medicare numbers are contained in a central spreadsheet and there is a hyperlink in the Outbreak Management Plan for ease of retrieval when needed.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection-related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and 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

Consumers feel they get necessary supports for daily living that meet their needs, optimises their sense of independence, wellbeing, and quality of life. Staff could readily describe the needs of specific consumers and how they support consumers to participate in activities. The Assessment Team observed staff supporting consumers as they participated in activities.

Consumers indicated in various ways how they are satisfied that their emotional, spiritual and psychological wellbeing is promoted. One consumer’s record however contained incorrect information in relation to their cultural and spiritual information.

Consumers and representatives said staff provide support for consumers to participate in the community, maintain relationships, and do the things that interest them. Care planning and documents detailed consumers' needs and preferences about their relationships but did not always specify how consumers wished to participate in activities outside of the community.

Care documents, including progress notes, handover documents, referral processes, and communication diaries, provided adequate information to guide staff in supporting effective and safe sharing of the consumer's care when required. The service engaged the support of individuals, other organisations, and providers of other care and services to meet consumers' needs as appropriate.

Consumers said they are satisfied with the meals and snacks provided. They are of suitable variety, quality and quantity. Consumer’s dietary needs and preferences are obtained, documented, and adhered to by catering staff. Consumers and representatives stated they could request alternatives if required and said they are provided with their selected meal. They can ask for something else and there are always enough food and alternatives available.

The service was observed to have adequate supplies of various types of well-maintained and clean equipment, such as activity supplies and clinical equipment.

The Assessment Team noted that a lifestyle coordinator was due to commence in two weeks which would ensure leisure and lifestyle assessments are formally documented in consumers’ care plans.

In their response, the Approved Provider confirmed that a Lifestyle Coordinator commenced at the service on 07 February 2022 which completes the staffing requirement for the lifestyle program.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

*Services and supports for daily living assist each consumer to:*

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s 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 building was completed in June 2021 and consumers commenced moving into the service in late November 2021. The service environment is generally safe, clean, well-maintained and comfortable. Shared indoor areas are well-lit and maintain a comfortable temperature.

The service environment is welcoming and easy to understand. The service operates over three floors, with consumers’ rooms situated on the ground and first floors. The service has large open areas with ample seating for consumers to socialise in groups. Walkways have handrails and contain rest areas for consumers with limited mobility. Consumers rooms are individualised, and they said they feel welcome at the service. The service has two large outdoor areas accessible by consumers.

The Assessment Team reviewed folders containing the cleaning schedule, housekeeping tasks, and laundry tasks to be completed daily. Documentation showed all tasks as completed and up-to-date.

The service provided evidence of an effective system of cleaning and maintenance to ensure fittings, furniture and equipment are always suitable for consumers’ use. Shared equipment such as slings are wiped down after use and labelled as clean.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers considered that they are encouraged and supported to give feedback and make complaints and that appropriate action is taken. Feedback forms are available in consumer areas, and the service has policies and procedures relating to feedback, complaints, and open disclosure.

The facility manager or clinical care manager handle formal complaints lodged via the formal feedback mechanism. The facility manager stated they walk around the service and speak directly with each consumer every day, and when doing so, asks consumers if they have any issues or concerns that need to be addressed.

The service’s welcome pack contains information about how to make feedback, raise complaints, and contact advocacy and/or interpreter services. Information is communicated visually to consumers about advocacy services and external methods for raising complaints throughout the service.

Consumers and representatives felt expressed that appropriate action is taken in response to feedback or complaints. Management described using open disclosure principles when dealing with complaints. The facility manager explained the importance of being open and transparent with consumers and their representatives.

Management said that, after more consumers enter the service, complaints will be tracked, trended, and discussed in monthly governance meetings.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall most sampled consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives expressed satisfaction with the sufficiency of staffing within the service. Staff stated their sufficient staffing levels and unplanned leave is replaced when required. Management described how they have planned and recruited staff to manage current care needs and anticipate future care needs as consumer occupancy increases in the service. There is a casual bank of staff as well as access to agency staff when unplanned leave replacement is required.

Staff are supported by management and senior clinical staff to effectively perform their roles. The workforce is recruited to specific roles requiring qualification, credentialing or competency with monitoring. Staff performance reviews are scheduled to commence in February 2022. The organisation has a performance management policy to support this.

The Assessment Team reviewed education documentation which identified all staff have completed mandatory training modules. Mandatory education includes for example manual handling, infection prevention and control, fire and emergency and SIRS.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most consumers considered that the organisation is well run and they can partner in improving the delivery of care and services. They are kept informed about what is happening at the service and any concerns they raise are listened to and acted on.

Consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation in a limited way currently, with future plans to increase participation as the consumers in the service increases. These include a food focus group and resident meetings.

The organisation has a set of principles (values and pillars) that guide clinical care for consumers. They include working in partnership with consumers to empower them to be active decision-makers, to provide clinical care designed to promote the health and wellbeing of the service’s consumers.

A comprehensive plan for continuous improvement (PCI) was maintained and viewed by the Assessment Team.

The Board satisfies itself that the Quality Standards are being met within the service by the establishment of sub-committees such as the clinical governance and regional management. The Board conducts monthly meetings with the executive team. The Board is updated through regular clinical audits, incidents, complaints psychotropic medications and infection control processes.

The organisation’s governing body requires reporting to support its oversight in relation to regulatory compliance and the use of restrictive practices and satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards. Mandatory reporting occurs as required and management understands the requirements and the obligations of SIRS. The service has a continuous improvement plan developed from a range of sources including feedback. Management described how critical incidents are investigated to identify underlying system issues which are utilised to improve safe and quality care.

The Assessment Team viewed the organisation policy in relation to financial governance. Management described financial reporting and meetings where the service’s budget and expenditure are monitored, reviewed and approved monthly by the board.

High impact and high prevalence risks are proactively identified, monitored and reviewed. Risk areas are identified through assessments, incidents, monthly clinical management reports and meetings relating to clinical and at management levels. Risks are recorded in organisational policies and procedures and the workforce operates within this.

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restrictive practices.

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.