St Vincent's Care Services Eltham - Eltham Lodge

Performance Report

43 Diamond Street   
ELTHAM VIC 3095  
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**Commission ID:** 3412

**Provider name:** St Vincent's Care Services Ltd

**Site Audit date:** 24 November 2020 to 25 November 2020

**Date of Performance Report:** 23 December 2020

# 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)(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.

# 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 most 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.

For example:

* Consumers stated they are always treated with respect by staff. Consumers described how staff encourage the consumer to do things for themselves and staff know what is important to them.
* Consumers described how staff know their cultural background and respect their cultural wishes.
* Consumers stated they are able to excercise choice in decisions about consumers' care and the way it is delivered. Consumers described how they are able to rise and go to bed at a time they choose and are able to choose when they would like to have a shower.

Consumers reported that their privacy is respected and personal information is kept confidential.

Staff were able to describe consumers’ individual preferences and discussed how care is provided in alignment with these preferences.

For example:

* Staff were able to demonstrate an understanding of individual consumers key relationships with family and friends and how they encouraged consumers to maintain these relationships during the recent COVID-19 lockdown. They described how they support these relationships and consumers’ community engagement.

Processes are in place to ensure care documentation reflects consumers’ choices. Individual consumers’ care plans contain strategies to support relationships with key people in their lives. These processes are supported through organisational policies and procedures.

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.

* The Assessment Team observed the care planning documents sampled had a comprehensive suite of assessment tools and care planning interventions that reflected the consumers described needs and preferences. Regular and as needed review of care plans was evident and responsive to changing needs, preferences and circumstances.

Overall consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Of consumers interviewed, most confirmed they are satisfied and involved in planning their care and services.
* Consumers provided examples of when they were contacted by the service and had discussions about care planning after a change in the consumer’s care needs.
* Consumers stated they have been offered a copy of the completed care plan.

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

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

Care file documents reflect care is individualised to ensure each consumer receives care that optimises their health and wellbeing, that is tailored to their needs and interventions are best practice for skin integrity, pain management and minimising restraint. Staff are knowledgeable about each consumer and the care they require. Representatives’ expressed satisfaction that the consumers are cared for and staff are responsive to any changes in the consumer’s health.

Of the consumers sampled, the majority consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers stated they get the care they need when they need it. Four consumers stated staff support them to remain independent with some aspects of their care, which is consistent with their preferences.
* Consumers stated care provided by nursing and care staff, is of a high standard and in line with the individual preferences of the consumers. Consumers expressed satisfaction of staff response to their requests for assistance.
* Consumers stated consumers have access to visiting medical officers, allied health professionals and other specialists and timely referrals when required.

There are registered nurses on duty 24 hours per day, seven days a week, to provide and supervise clinical care.

Staff could describe care needs and preferences of individual consumers and the Assessment Team observed staff providing care in accordance with the consumers’ care plans.

Documentation reviewed shows consumers receive care and review by health care professionals when incidents occur. Staff are aware of the risks associated with individual consumers’ care and monitoring processes are in place.

Care planning documents reviewed include advanced care directives describing the consumer’s end of life needs and wishes.

Care planning documents reviewed demonstrate staff recognise and respond to consumers’ change or deterioration of mental health, cognitive or physical function in a timely manner.

The service has robust infection control measures in place. Representatives expressed satisfaction about the services’ infection prevention and control measures. Clinical infection documentation reflects the service responding appropriately to consumers who develop clinical infections.

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 team also examined relevant documents.

Consumers confirmed 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.

For example:

* Consumers confirmed they are supported to do the things they would like to do, which includes participating in structured group activities and individualised activities within the service. These activities include watching movies and television programs in their rooms, reading newspapers, playing word games, participating in group activities especially music appreciation and exercise groups. Spending time with family and friends has been via access to electronic devices and other visitor arrangements.
* Consumers confirmed they are supported to keep in touch with people who are important to them, including the service welcoming back their family and friends for scheduled visits.

Most of the consumers spoke positively about the choice, quality and quantity of the food.

A lifestyle activities program is run each day across the service with a variety of activities aimed at suiting the individual needs of the consumers.

The lifestyle team also provides support to those consumers who chose not to participate in the formal activities. Lifestyle care planning documentation identifies the consumers’ lifestyle needs and preferences and is updated when the consumers’ needs change.

The Assessment Team observed group lifestyle activities in progress as well as individual lifestyle activities provided one to one by staff.

Where equipment is provided, it is safe, suitable, clean and well maintained and the staff and maintenance undertake ongoing monitoring to ensure that equipment is fit for purpose.

The service offers consumers with mobility restrictions equipment to support them to maintain their independence, such as walking frames, wheelchairs and shower chairs.

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, most consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers confirmed they feel safe at the service and they are able to access outdoor areas when they choose.
* Consumers confirmed they feel at home and the service is welcoming. Consumers described how they enjoy being able to walk between cottages and interact with other consumers.
* Consumers described how they are able to access different areas of the service and staff are available to assist then when required.
* Consumers confirmed that the service is clean and well maintained.

The service was observed to be welcoming with the layout of the service enabling consumers to move around freely, both indoors and outdoors.

Consumers have access to a range of different communal areas with appropriate furniture.

Consumers have ready access to tidy outdoor areas with gardens, benches, a rotunda and communal areas and paths that consumers are free to access. Consumers were observed moving freely and safely in these outdoor areas.

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

Overall, most consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers were able to describe how they can provide feedback regarding care and services and feel comfortable and safe to do so.
* Consumers described how management responded to concerns they had raised, and were satisfied with the outcomes.

Information on internal and external complaints systems is on display and readily available throughout the service. Secure lodgement boxes and envelopes are available to facilitate confidentiality.

The organisation encourages comments, complaints and suggestions and has documented processes to ensure all feedback is addressed in a timely manner.

Where external complaints are received these are actioned to identify opportunities to improve care and services.

Where appropriate, issues or suggestions are included on the service’s plan for continuous improvement which is reviewed at site and organisational level.

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

For example:

* Consumers confirmed staff are kind and caring in their approach to the timely provision of quality care.
* Overall, consumers confirmed staff know what they are doing. Consumers are aware new staff become more familiar with their needs and preferences over time and noted staffing is often consistent.

The staffing roster is based on continuity of staffing across the service, where possible, and an expanded, casual staffing bank supports the timely filling of unplanned leave.

The service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually and additional training when needs are identifed. Staff confirmed attendance at a range of education including use of personal protective equipment (PPE) donning/doffing and hand hygiene competencies during the COVID-19 pandemic. The service uses a range of processes to monitor staff performance including observation, monitoring of incidents, analysis of consumer feedback and formal annual performance appraisals.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers receive quality care and services from knowledgeable, capable and caring staff.

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 indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* The majority of consumers confirmed from their perspective, the service is well run and is responsive to their changing needs, preferences and feedback.
* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services through ongoing feedback and their involvement in care planning reviews.

The majority of consumers stated management and staff encourage feedback and seek their opinion on preferred care and services. Management stated they continue to work with stakeholders to ensure they feel safe and that their needs and preferences are effectively catered for.

The service consults with consumers and their representatives in the development, delivery and evaluation of care and some services. The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure includes a committee structure, and monthly reports demonstrate how information is reported to key decision-makers within the organisation. This includes information and data relating to continuous improvement, financial governance, workforce governance, regulatory compliance and the management of key incidents and complaints.

High-impact or high-prevalence risks, and abuse are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

The organisation has regulatory compliance systems to assist with compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

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

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

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

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

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

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

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

# Areas for improvement

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