Uniting AgeWell Preston

Performance Report

78 Bruce Street
PRESTON VIC 3072
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**Commission ID:** 4209

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 3 February 2021 to 4 February 2021

**Date of Performance Report:** 23 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(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 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.
* Infection Control Monitoring Checklist

# 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

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Sampled consumers considered that they are treated with dignity and respect, can maintain their identity, can make informed choices about their care, and live the life they choose.

Consumers sampled said they felt safe and could make choices about the care and services they receive. Consumers said they received various forms of information, are addressed by their preferred name, and that their privacy is maintained. Consumer feedback and supporting documentation demonstrated how the service supports consumers to take risks to live the best life they can.

Staff described the diversity of consumers and understood the individual preferences of consumers. Staff described the cultural needs of individual consumers and how these are met. Staff provided individual examples of how consumers are supported with decision making and maintaining social interaction.

Care documentation demonstrated consent forms and risk assessments were in place regarding risks for sampled consumers, and care planning documentation contains personalised information and reflects what is of importance to the consumer.

The Assessment Team observed respectful staff interactions with consumers throughout the visit, including staff supporting consumers to access outdoor living areas and encouraging consumers to be independent.

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 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

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.

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

Sampled consumers and representatives interviewed reported that consumers receive the care that they need, and are involved in care planning processes. Risks are identified, and consumers are involved in developing risk minimisation strategies. Consumer representatives confirmed their involvement in care planning with reviews occurring every three months. Copies of reviewed care plans are routinely provided to consumers and emailed to their representatives if required.

Staff demonstrated understanding of assessment and care planning processes and described individual consumer risks. The service has a specialist comfort care coordinator who reviews progress notes for consumers receiving palliative care, and provides support and guidance as required.

Eight out of eight consumer file reviews demonstrated completion of regular and ongoing care planning assessments. Files demonstrated identification of individualised risk to consumer health and well-being which informed safe and effective care. Files demonstrated assessment of risks with mitigating strategies and interventions identified. Assessment and planning documents sampled demonstrated external referrals to allied health professionals are made as required.

The service demonstrated that care and services are reviewed regularly for effectiveness, when circumstances change, or when incidents impact on the needs, goals or preferences of consumers.

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 consumer care. The team also examined relevant documents.

Sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers interviewed described in various ways how they receive personal and clinical care that is tailored to their needs, and that the care they receive is safe and effective.

In relation to high impact or high prevalence risks associated with the care of sampled consumers, clinical staff were able to describe and demonstrate effective clinical management in line with the service’s clinical care policies and procedures. Staff were able to describe their role in identifying and escalating concerns.

Sampled consumer care planning documents demonstrated effective management of weight loss, pain management, skin integrity and falls risks. Consumers who are prescribed psychotropic medications are effectively assessed, monitored and reviewed according to regulatory requirements.

Care documentation sampled demonstrates planning and provision of care that is safe, effective and tailored to individual needs, including end of life planning, and in areas of heightened risk such as falls and weight loss. The service identifies consumers who may experience high impact and high prevalence risks and implements and reviews strategies to reduce risk to consumers.

The service demonstrated an individualised approach to assessment and planning involving all levels of clinical and care staff. The service demonstrated that deterioration or a change in condition is recognised and responded to in a timely manner.

The service demonstrated that information about consumer condition, needs and preferences is documented in the electronic documentation system. Information is shared with other services involved in care as required. Consumers and representatives expressed satisfaction with referrals to health professionals. Referrals occurred in a timely manner and resulted in improved outcomes.

The service demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as application of practices to promote antibiotic stewardship.

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 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.

Sampled consumers 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.

The majority of consumers say they are supported to engage in the things they want to do, and their preferences are sought by the service. Consumers spoke of engaging in group activities and being supported to pursue individual pastimes and new activities. Consumers identified how staff welcomed visitors to the service and assisted them to stay in touch with family and friends through phone and video calls during visitor restrictions.

Consumers interviewed said that they liked the food, were satisfied with the variety of food, and were provided with meals of suitable quality and quantity. The Assessment Team identified evidence of individual menus being developed to suit consumer preferences.

Lifestyle staff seek feedback from consumers via meetings, surveys and feedback cards. Care staff spoke of individual consumer likes and dislikes, and described how changes to likes and preferences are communicated and recorded.

Staff spoke about the methods they use to exchange information about consumers, which include using handover meetings and notes, and the service’s electronic documentation system.

Lifestyle care planning documentation identifies consumer lifestyle needs and preferences, and is updated when consumer needs change. Lifestyle staff are included in the assessment and review process for consumers requiring behavioural interventions and activities.

The Assessment Team observed sampled care planning documents reflect the involvement of others in the provision of lifestyle support and services. These include visits by allied health professionals, family, friends, and community and religious organisations. Sampled care plans also included information about consumer preferences in relation to activities, and contained notes on supports required for consumers to participate in activities.

The Assessment Team observed group and individual lifestyle activities in progress, and equipment at the service was observed to be 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 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

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 Assessment Team also examined relevant documents.

Sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The service was observed to be clean, well-lit, and spacious. There are a range of communal spaces, which are comfortably furnished, and provide opportunities for socialising. There is signage identifying different areas of the service, and the Memory Support Unit was designed according to key design principles to promote well-being for consumers living with dementia.

Consumers sampled said visitors enjoyed visiting and were made to feel welcome by staff. Consumers expressed satisfaction with options to personalise their rooms.

The majority of consumers interviewed said they found the service environment welcoming, safe and well-maintained, and were satisfied with the cleanliness of the environment. There is a cyclical maintenance schedule in place, as well as reactive maintenance as needed. There is an effective cleaning schedule with regular cleaning audits taking place. Consumers are able to move freely indoors, outdoors and across the service.

The Assessment Team observed that the facility is a new build and the service environment was safe, clean and well-maintained.

Consumers interviewed said they have access to appropriate, safe and clean equipment. Staff described the process for requesting maintenance of equipment. The service has a cyclical audit system in place to check equipment, furniture and fittings for safety, cleanliness and functionality. Audits are completed on a three, six or twelve-monthly basis. Furniture, equipment and fittings in the service were observed to be clean and well-maintained.

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

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.

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

Consumers expressed satisfaction that they are supported to provide feedback, suggestions and complaints, and explained methods for providing feedback. While some consumers were not aware of advocacy and language services available, consumers said they are comfortable raising concerns directly with staff or management.

Staff explained how they support consumers or their representatives to provide feedback. Management described how feedback is used to strengthen the plan for continuous improvement and described actions taken by the service as a result of feedback.

The service’s policies and procedures relating to complaints management include an open disclosure framework, designation of responsibilities, and timeframes to address issues. The service’s continuous improvement plan identifies current and proposed improvements that are the result of feedback and complaints, and complaint trends are reviewed monthly.

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

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 staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

Consumers interviewed felt there was sufficient staff to provide safe and quality care and services. Consumers and representatives confirmed they were treated with kindness, and that staff were supported and trained to perform their roles.

Management said they review the roster regularly and adjust staffing when consumer numbers increase. While acknowledging that they were busy, especially following an incident such as a fall, staff interviewed said there was sufficient staff to provide consumer care.

Staff confirmed that their performance is reviewed and that their training needs are met. Staff confirmed that management follow up mandatory training requirements.

A review of training records indicates the provision of training and that a variety of training methods such as toolbox talks, group training and education, online courses and competency assessments are undertaken. Personnel files reviewed include evidence of a formal performance appraisal.

The Assessment Team observed staff to be relaxed and engaging with consumers regularly.

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

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).

Sampled consumers considered that the organisation is well-run and that they can partner in improving the delivery of care and services.

Consumers confirmed they were engaged with the development, delivery and evaluation of care and services through resident meetings and staff discussions. They felt safe, included, and supported to live the best life they can. Consumers and their representatives said staff and management observed open disclosure principles.

There are effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, and regulatory compliance.

The service has an overarching risk management framework to manage instances of abuse and neglect, and to support consumers to live the best life they can.

The service demonstrated use of a clinical governance framework which documents policies in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.