Blue Care Kallangur Pilgrim Aged Care Facility

Performance Report

40 Narangba Rd
KALLANGUR QLD 4503
Phone number: 07 3481 4700

**Commission ID:** 5233

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 27 April 2022 to 29 April 2022

**Date of Performance Report:** 15 June 2022

# Performance report prepared by

Kathryn Spurrell, 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 considered 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

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

Consumers considered that staff treated them with dignity and respect and were aware of their heritage and preferences. Consumers said that their culture and diversity is valued, and their personal privacy is respected.  Consumers felt able to express their cultural identity and said staff supported them to participate in their unique lifestyle hobbies and interests.

Staff were observed treating consumers and their representatives with respect and interacting in a friendly manner. Staff could describe cultural, religious, and personal preferences for consumers. Observations of how staff provided care to consumers demonstrated they understood consumers individual care preferences.

Care planning files included information about consumers’ background, identity, and cultural practice. Staff described ways they encouraged consumers to be independent and respected their choices.

Consumers and representatives felt supported to make decisions about their care and felt they were supported to make choices using their own judgement. Staff described to the Assessment Team how discussions were held with consumers and their representatives to support consumers to take risks. Staff described strategies they use to support consumers’ choices and the Assessment Team observed these documented in care plans. Staff encourage consumers to be independent and respected their choices.

Consumers and their representatives said that communication from service staff and management is ‘excellent’ and service staff were quick to respond to enquiries. The Lifestyle Coordinator said information regarding scheduled activities is communicated to consumers via the activities planner that is displayed around communal areas and in consumers rooms.

Consumers and their representatives said that their privacy and confidential information was respected by the staff. Staff described processes used to maintain consumer privacy and confidentiality such as secure storage of care documents and knocking on doors when entering to provide care.

## 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

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

Consumers and their representatives stated they were involved with initial and ongoing assessments, and care planning preferences and goals. The service demonstrated that it conducted risk assessments and applied risk reduction strategies in how it provided care and support services to consumers.

Care planning documentation for sampled consumers identified that risks were appropriately and effectively documented to inform the delivery of safe and effective care. This included identification of strategies to address behavioural concerns, falls minimisation, and responses to changes in health measurements. Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning. Consumers and their representatives spoke positively and expressed satisfaction with the care provided.

Consumers and their representatives confirmed they were involved in the care planning process. The service demonstrated they obtained input from multidisciplinary health professionals to inform care and services, and care plans include reference to recommendations or directives from these health professionals.

Staff described the processes they used to communicate with consumers who have impairments that limit their capacity to manage their care needs independently. Care planning reviews were observed to be in progress during the assessment. The assessment team observed clinical staff discussing care delivery with consumers.

The Care Co-ordinator described how the assessment and care planning process identified consumers’ goals, needs and preferences and guided the delivery of care.  A review of consumer care plansshowed they were reviewed at least quarterly or as required when there is a change in the condition or care needs of consumers.

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

Consumers considered that they received personal care and clinical care that was safe and right for them. Consumers and representatives were satisfied with the care and services they received and felt that their needs and preferences were effectively communicated between staff. Consumers considered that they had access to medical and allied health professionals when needed. Representatives said the service had spoken to them about advance care planning and end of life wishes and care planning documentation reflected consumers’ end of life needs and wishes.

Care planning documentation reviewed by the Assessment Team identified that consumers were receiving safe and effective personal and clinical care, tailored to their needs and optimised for their health and well-being. Care planning documentation reflected that changes to a consumer’s condition were identified and responded to in a timely manner and representatives were notified appropriately. A review of care planning documentation confirmed the input of other health professionals and referrals when required, including podiatrists, dieticians and other allied health professionals.

Staff described strategies that they use to manage skin integrity, pain management, behaviour management and restraint minimisation. Staff described the effective management of high impact or high prevalence risks for consumers within the service. Staff advised that information about changes in a consumer’s care and services were communicated via care plans, progress notes, handovers and monthly meetings. The Assessment Team observed changes in individual consumers being communicated during shift handover and observed handover sheets containing information for consumers care needs, including allergy information, dietary requirements and advance care directives.

The service had policies outlining how high impact or high prevalence risks associated with care of consumers were managed within the organisation. It was also observed to hold relevant policies and procedures on the topics of: minimisation of infection-related risks; infection control; and antimicrobial stewardship. The Assessment Team saw health risk mitigation strategies being used by staff to minimise the spread of infections and staff members were observed using personal protective equipment.

### 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

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

Consumers and their representatives described how staff supported consumers to participate in activities of interest to them, and how the service provided supports to enable consumers to optimise their independence and well-being. Care planning documents reflected consumers’ preferences and staff described how they tailored activities to cater to consumers’ interests. Consumers were observed participating in individual and group activities.

Staff described how they provided support to consumers to promote spiritual and psychological well-being, including engaging with consumers, referral to other services, and supporting consumers to attend religious services. Consumers and their representatives confirmed that consumers were supported to maintain relationships of importance to them and participate in the community. Staff described how the service supported consumers to receive visitors and keep in contact with family and friends, through facilitation of visits and telephone calls. The service hosts activities such as theme days, volunteer programs, movies and concerts and facilitates outings for consumers.

Care documents demonstrated that information is shared effectively within and outside the service. Care plans showed referrals are made to external organizations to support consumers to engage in activities that were of interest to them and enhanced their well-being.

The Assessment Team observed consumers participating in a variety of group and independent activities during the site audit: interacting with each other, staff, family members and visitors. Generally, consumers reported satisfaction with the meals provided at the service and considered them to be of suitable quality and quantity. Care plans reflected consumers’ dietary needs and preferences. The kitchen manager described how they ensured the meals met consumer needs and expectations, which included consultation, food focus groups and regular engagement with the dietitian.

Hospitality staff described how they were kept informed of consumers’ needs and how they evaluated the suitability of the menu. The kitchen environment was observed to be clean and well maintained.

Equipment was observed to be safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs.

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

Consumers described the service environment as comfortable and welcoming and said they felt at home within the service. Consumers rooms were observed to be individualised, decorated, and contained personal items. The service had multiple common areas throughout the facility for consumers and representatives to utilise, which was observed by the Assessment Team as maintained at a comfortable temperature and easily accessed by consumers.

The Assessment Team observed the service to be safe, clean, well maintained, and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Consumers described how they are supported to move around the service, including access to the gardens and exiting the service.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Furniture, fittings and equipment within the service was safe, clean and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request logs found that maintenance issues are raised and actioned quickly within the service.

## 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

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

Consumers and representatives considered they were encouraged and supported by the service to provide feedback and make complaints and felt comfortable in raising their concerns with a staff member or management. Staff described the methods available for consumers and representatives to make a complaint and provide feedback.

Consumers indicated they had access to advocates, language services and other methods for raising and resolving complaints. Consumers were aware of external services which could be used to raise complaints but reported feeling satisfied with the service’s internal process. The Assessment Team observed information regarding translation and advocacy services displayed in communal areas throughout the service and there were brochures available at reception.

Consumers and representatives indicated that management took appropriate action in response to complaints. Consumers and their representatives said that any issues, feedback, enquiries or complaints raised with the service regarding personal care preferences were resolved quickly and to their satisfaction.

The Service Manager said the service has an electronically stored quality register which records every piece of feedback and/or complaint. This feedback was used to inform the service about areas for continuous improvement. Staff indicated they have received training on open disclosure and demonstrated a shared understanding of the open disclosure principles and how to apply it day to day.

## 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

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

Consumers felt they received quality care and services when they need them from staff who were knowledgeable, capable, and caring. Consumers stated that they were satisfied with the number of staff available, felt that staff were competent in performing their roles and were adequately trained. Consumers reported that staff were caring and treated consumers with kindness.

Staff felt they had enough time to attend to consumers. The Assessment Team observed that the service has enough staff to meet the needs of consumers. Staff demonstrated an in-depth understanding of consumers personalities including their needs and preferences.

The service conducted regular workforce skills assessments and reviews through staff performance appraisals. The service regularly held team meetings to identify and action any necessary staff performance improvements. The service had systems in place to monitor and report staff compliance with professional registrations, police clearances and vaccinations. The training calendar was reviewed, which included training options on a range of subjects. Staff were observed delivering care in a safe manner that was within their scope of practice.

The Assessment Team inspected a register of all training conducted and completed for the last three months which corroborated the training modules tabled in the learning and development course curriculum. The online learning system report of training affirmed that all required Serious Incident Response Scheme (SIRS) had been completed by all staff that were required to complete it and highlighted staff who were required to refresh their training.

Staff explained how they kept updated their skills and knowledge updated to ensure their approach is aligned with changes in legislation and policy. This included new legislative changes; updated reporting obligations; wound management and pressure injury care. All staff interviewed said the Service Manger was very proactive with assessing, monitoring and reviewing staff performance. Management encouraged staff to adopt a best practice approach to their engagement with consumers.

## 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

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

Consumers and representatives felt engaged in the development and evaluation of care and services, and considered the service well run. Management described how they obtained feedback from consumers through meetings, surveys and discussions and used this to promote a culture of safe, inclusive, and quality care and services that is accountable for its delivery.

Management described how the service regularly reviewed and updated its services following the analysis of consumer feedback. A review of the organisation’s Clinical Governance report confirmed that improvement initiatives were documented, and the service had a structured approach to implementing the service’s improvement initiatives. The service demonstrated it identified opportunities for continuous improvement. Similarly, the service regularly monitored its compliance with regulatory expectations, including the Aged Care Standards.

The service had effective governance systems to support information management, financial governance and workforce governance. The service had an appropriate risk management framework in place. Interviews with staff demonstrated they were familiar with relevant workplace governance policies and demonstrated a shared understanding of how to apply them to the delivery of care and services. For example, by promptly reporting incidents of abuse or neglect.

Staff demonstrated an understanding of dignity of risk and could provide examples of how they safely supported consumers to take risks and what measures the service has in place to monitor those risks. The service had a clinical governance framework in place that included policies that promoted antimicrobial stewardship and open disclosure. Staff described how they minimised the use of restraint through regular review of restrictive practices and how they followed legislative requirements.

## 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.