King Island Multipurpose Centre

Performance Report

35 Edward Street   
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**Commission ID:** 8831

**Provider name:** Tasmanian Health Service

**Site Audit date:** 19 July 2022 to 21 July 2022

**Date of Performance Report:** 23 August 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew information from other consumer interviews and the assessment of other Standards.

Overall,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.

Consumers and representatives expressed satisfaction with how staff value their culture and diversity, and respect consumers’ individual needs and preferences.

Consistent feedback from consumers, representatives, and staff demonstrated consumers are supported to exercise choice and independence around making decisions and to maintain relationships with family and friends.

Consumers and representatives described how the service supports consumers to take risks and live the best life they can. Staff identified consumers who want to take risks and described how consumers are supported to understand the benefits and possible harm that could result from choices involving risk.

Consumers and representatives expressed satisfaction with the information they receive, stating it is current, accurate, timely and communicated clearly and in a way that is easily understood.

Consumers are satisfied the service promotes and protects their privacy and the confidentiality of their personal information. The service demonstrated how consumer information is stored securely, and how confidential discussions are held privately.

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.

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

Care plans demonstrated staff complete a comprehensive set of assessments including risks to health and well-being following the consumer’s entry to the service. Consumers said they are consulted about the information included in their care plans, and staff keep them informed about care strategies.

Consumers are supported to complete advance care directives and terminal care requests to ensure their wishes are documented and respected. Advance care directives are completed according to consumer and/or representative wishes and are reviewed annually.

The service works in partnership with the consumer and their representatives to develop care plans following assessments undertaken by staff or external service providers.

Consumers and/or their representatives expressed satisfaction with the level of communication from the staff regarding the care provided to consumers. While consumers could not confirm they had been offered a copy of their care plan, consumers and/or their representatives are involved in six monthly case conferences, and were aware of the information documented in their care plans.

The Assessment Team found consumers’ care plans demonstrated registered nursing staff undertake regular reviews and conduct reassessments in response to changes in a consumer’s needs, goals or preferences.

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 other relevant documents.

Overall, consumers and representatives expressed satisfaction with the safe and effective personal and clinical care they receive, saying staff are “wonderful” and “very caring”. Care plans demonstrated consumers receive safe and effective clinical care that is individualised to meet their specific needs and goals.

The service has identified potential high impact or high prevalence clinical risks such as falls, pressure injuries, unintentional weight loss, diabetes, and high-risk medication use. Individual clinical risks for consumers are documented on specific care plans containing risk reduction or mitigation strategies.

The needs, goals and preferences for consumers nearing the end of life are recognised and respected by the service. The service has adequate medical and palliative care support to ensure comfort and pain control is maximised. Families are regularly contacted and supported during this time.

Staff are trained and experienced in recognising and responding to a deterioration or change in a consumer’s mental or clinical condition. The service has access to medical practitioners to ensure a timely review of the consumer. External service providers and medical specialists are available to attend for face-to-face consultation or through telehealth to assess consumers who are identified with a clinical or mental health deterioration.

Information about consumers’ condition, needs and preferences are documented to inform staff of consumers’ individual requirements for care and services. The service has a system to ensure external health professional assessments and recommendations are appropriately communicated and implemented.

Care plans demonstrated referrals to medical practitioners, medical specialists, podiatrists, dietitians, speech pathologists and for medical investigations. The service organises telehealth consultations or transfer to the Tasmanian mainland when specialist services are not available on King Island.

Staff were observed to comply with transmission-based precautions and confirmed at interview they understood how and when to use both standard and transmission-base precautions. Consumer care plans demonstrated the service is applying antimicrobial stewardship guidelines when investigating and treating consumers with 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 and representatives indicated consumers receive safe and effective services aligned with their individual needs, and supports for daily living which, optimise their independence and quality of life. Consumers were observed being provided with safe and effective services and support for daily living.

The service is responsive in supporting each consumer’s emotional, spiritual and psychological well-being by referring consumers to appropriate services and ensuring recommended interventions are applied. Consumers’ preferences for how they want to be supported are communicated to those providing care and services.

Consumers and representatives explained how the service supports consumers to participate in activities within the service and the outside community, and to maintain social and personal connections.

The service demonstrated effective communication regarding consumer conditions, needs and preferences within the organisation and with others, where responsibility for care is shared.

The service makes timely and appropriate referrals to individuals, other organisations and providers of care and services such as community volunteers, hairdresser, a library service and dementia specialist services.

Consumers and representatives indicated meals are of suitable quality and quantity. The service includes consumers in the development of the menu and seeks feedback on the quality of the food provided. Staff are knowledgeable about individual consumer preferences and dietary requirements and were observed assisting and encouraging consumers with their meals.

The service utilises a range of equipment and resources to support consumers in daily living activities. The equipment provided is safe, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Consumers and representatives said the service environment is comfortable, welcoming, easy to understand and has a homely feel. The environment enables consumers to be independent within their ‘household’, of which there are 6 separated by swipe-card access doors. Staff demonstrated how consumers with cognitive impairment are supported to live within the environment.

The service environment was observed to be safe, clean and well maintained, with comfortable furniture available in communal areas. Maintenance at the service is managed onsite. Cleaning is carried out according a schedule and audited regularly. Consumers were observed moving freely throughout their households and accessing adjoining external courtyards.

Consumers and representatives indicated the furniture, fittings and equipment is clean and well maintained, and they feel safe when using the equipment. The service has processes to ensure equipment maintenance occurs, and documentation verified equipment is 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 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.

Consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives described how they can provide feedback regarding care and service provision and reported feeling confident to do so. Feedback forms are available and can be submitted anonymously.

Advocacy, external complaints and language service information is available throughout the service. Staff described how they support consumers who have difficulty communicating to raise concerns or provide feedback.

Consumers indicated when they raised a comment, complaint or suggestion they have been satisfied with the response from staff and/or management. Management provided evidence that they implement strategies to improve the satisfaction for consumers who provided negative feedback.

Staff have completed education on open disclosure, described their understanding of the term and provided examples of how the process is applied when things go wrong.

Where appropriate, issues or suggestions are included on the service’s plan for continuous improvement.

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.

Management described the strategies they employ to ensure that all shifts are filled and how care is prioritised during busy periods so that consumers receive the safe and quality care and services. Management described the unique challenges of recruiting clinical staff for King Island. They employ different methods such as using different employment agencies and searching databases overseas and across Australia to ensure that the service is always well staffed. Contracted staff are often assisted with financial and accommodation benefits.

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers interviewed expressed staff at the service are respectful, kind and caring. Consumers were satisfied that there are enough staff to provide appropriate care and services. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful during the site audit.

Consumers described in various ways how they are confident staff have the appropriate skills to meet consumers' needs and that staff know what they are doing. Staff demonstrated knowledge and skills relating to consumers’ care needs and requirements, and outlined where they could access information if they were unsure.

Consumers advised that the staff are well trained and know what they are doing. Staff expressed satisfaction with the quality of training provided both face to face and in on-line modules available through the service’s education programme.

The service conducts regular assessment, monitoring and review of the workforce. Management completes yearly appraisals with each staff member.

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 and representatives indicated that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided feedback about broader service improvement initiated through their participation in consumer meetings and surveys. Management discussed how they value input from consumers and have actioned improvement ideas.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. It promotes a culture of safe and quality care and service through feedback mechanisms, staff education, monitoring workforce performance, reviewing incident data, clinical indicators, and responding to regulatory change and clinical updates.

The service demonstrated effective governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Risk management systems include the identification and management of high-impact or high-prevalence risks to consumers, issues of abuseand neglect and supporting consumers to live their best lives. An overarching incident management system facilitates identification and reporting of serious incidents in a timely manner. Oversight is through service committees with analysis of incidents and a process for reporting to the Tasmanian Department of Health.

The service has established governance committees to support their oversight in relation to regulatory compliance, reporting of incidents, clinical governance, antimicrobial stewardship and the use of restrictive practices. A range of policies and procedures are available to guide staff practice including the practice of 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.