Uniting AgeWell Kalkee Murray

Performance Report

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**Commission ID:** 3356

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 1 August 2022 to 4 August 2022

**Date of Performance Report:** 6 September 2022

# Performance report prepared by

Catherine Spiller, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 5th September 2022

# 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

Overall, consumers considered they were treated with dignity and respect and can maintain their identity. For example;

* Consumers expressed that they were shown dignity and respect by staff in delivery of their care.
* Consumers said that they were satisfied that the service supported their choices and preferences.
* Consumers stated they had the freedom of choice to do the things that they enjoy and are able to maintain their relationships with family and friends.
* Consumers said that they felt informed via staff directly speaking with them about daily changes to what is happening in the service.
* Consumers said that they felt that their privacy is respected, and all their personal information is confidential.

Staff were able to describe consumer preferences and choices in the delivery of care. Staff provided examples for all consumers preferences and choices and how they supported them to achieve these.

Care plans sampled were individualised and reflected what was important to the consumer, including what their values and goals were.

The Assessment Team observed staff being respectful of consumer culture in delivering care and services during the site visit. The Assessment Team observed information on the centrally located noticeboard where consumers can see notices of prior and upcoming events. The Assessment Team observed staff handovers being held in the nurse’s station and staff updating progress notes on electronic tablets away from consumer view. Staff were observed knocking and waiting for a response before entering consumer rooms.

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

Overall, consumers are able to partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being. For example;

* Consumers and their representatives said that they had been involved in the planning of consumer care on admission, periodically and when there had been a change in the consumers condition.
* Consumers and their representatives said that care and services supported consumers to maintain health and independence, considered consumer preferences.
* Consumers and representatives said that consumers receive the care and services that they need.
* Consumers and their representatives confirmed that they have seen and/or can access the consumer care plan when desired and that the care plan accurately documents the care and services discussed and agreed to with them.

Staff interviewed were able to describe how consumers and representatives were involved in assessing care needs and planning of care. Staff demonstrated a good knowledge of consumer needs and preferences in relation to care delivery. Staff were observed to be delivering care in line with consumers documented needs and preferences.

Overall, consumer files reviewed demonstrate care plans are reviewed in line with the periodical review schedule and in response to identified changes to consumer needs and preferences. There was evidence that changes in care needs and proposed alterations to care plans are discussed with consumers or representatives. Consumers/representatives, staff and consumer files demonstrated that other organisations and service providers had been engaged to assess, plan and/or deliver care for consumers as required.

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

Overall, consumers consider they receive personal care, clinical care, or both personal care and clinical care, that is safe and right for them. For example:

* Consumers and their representatives said they were satisfied that the care being provided was safe and explained how risks related to their wellbeing had been identified and effectively managed.
* Consumers and their representatives were satisfied that information related to consumers’ needs and preferences was communicated effectively within the organisation and with other organisations responsible for care.
* Representatives were satisfied that the service had discussed end of life wishes for consumers and that there was a plan in place to provide comfort, care and emotional support at the end of their life.
* Consumers and their representatives were satisfied that timely referrals were made to general practitioners and other specialist services.

Staff explained the formal and informal ways in which information related to consumer care is shared, through verbal and written handover. Staff interviews, and documentation reviewed confirmed that the service has effective processes in place to identify and manage high impact or high prevalence risks, associated with the care of each consumer.

There are policies, workflows and tools provided to facilitate the appropriate sharing of consumer information. The organisation has systems and processes in place to facilitate timely referrals and a multi-disciplinary approach to care delivery.

There is a process in place to ensure that end of life wishes and needs are documented and that care is delivered in line with consumer wishes and consumer comfort is maintained. There are policies and procedures available, to provide staff with guidance in relation to infection prevention, outbreak management and antimicrobial stewardship practices.

Consumer files sampled provided examples of timely appropriate referrals to other individuals and organisations involved in providing consumer care, which included (but was not limited to) physiotherapists, dietitians, speech pathologists, podiatrists and Dementia Support Australia.

Review of care documentation and staff feedback provided examples of how the service monitors and reduces the frequency of infections and the use of antibiotics.

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 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

Overall consumers considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. For example:

* Consumers said they felt supported to be independent and could come and go from the service as they please.
* Consumers are encouraged to do the things they want to do.
* Consumers said that they feel supported with their emotional, spiritual and psychological well-being.
* Consumers said that they are supported and encouraged to participate in community activities within the service and outside as they choose.
* Consumers discussed how they have nominated those they wish to be consulted or informed regarding their changing needs and that this has been noted by the service.
* Consumers said that they were happy with the quality, size and variety of meals.

Staff described how they would check on the wellbeing of consumers and take time to talk with them if they were feeling low. Lifestyle staff were able to describe how the lifestyle program is developed by taking into consideration 1:1 activities for consumers that don’t like group activities. Kitchen staff demonstrated knowledge relating to individual consumer needs based on dietician notes and consumer preferences that relate to meal size, texture, likes and dislikes.

Documentation, including care plans and progress notes, demonstrated that there is adequate information to support effective and safe sharing of information regarding the consumer’s needs and preferences.

The 1:1 schedule is an ongoing schedule that identifies individual consumer goals and preferences, supports the consumers quality of life, and how consumers are assisted to engage in individual activities. Activities are drawn from consumer feedback at the monthly high tea, feedback after an activity, the feedback box, postcards and lifestyle audit results. Care planning documents contain information about significant relationships within and outside the service and information about consumers’ interests and their participation in activities outside the service.

The Assessment Team observed consumers interacting in a number of activities. The Assessment Team also observed that the facility welcomes volunteers into the service who were observed assisting lifestyle, kitchen and laundry staff.

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

Overall, consumers feel that they belong and are safe and comfortable in the organisation’s service environment. For example:

* Consumers all stated that their rooms are clean and well maintained and any cleaning or maintenance requests are attended quickly.
* Consumers could describe the process for lodging a maintenance form and said that these were attended to promptly.
* Consumers interviewed said they have access to safe and clean equipment.

Lifestyle and care staff said that consumers feel safe and are happy with the living environment. They have free access around the service and are able to utilise communal spaces when they choose to. Staff across the service were aware of the processes to follow when there was a hazard or if equipment required maintenance.

Staff were able to explain the maintenance process should any equipment fail and were also aware of the need to clean shared equipment before and after use. Lifestyle staff said that consumer feedback is sought via the residents committee and meetings on improvements to the environment.

The Assessment Team observed that consumer rooms had their names on the door and that their rooms were personalised to reflect their interests and personality. The Assessment Team observed that the preventative maintenance was up to date and that some reactive maintenance was in progress. Furniture, fittings and equipment were observed to be clean and well maintained. The Assessment Team observed that there was a range of equipment available to meet the care and clinical needs of consumers.

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

Overall consumers feel safe and are encouraged and supported to give feedback and make complaints. For example;

* Consumers and representatives described how they feel safe in raising concerns and are confident that action would be taken.
* Consumers described how they are aware of the feedback forms and external feedback mechanisms available to them; however, they are comfortable approaching staff if they have any concerns.
* Consumers described how they were satisfied with the action taken by management in relation to feedback and confirmed management was open and responsive during the complaint process.
* Consumers interviewed described how changes have been made at the service as a result of feedback and changes.

Staff described how they respond if consumers raise any issues or concerns by attending to the problem if it is something that can be addressed immediately, speaking with the nurse in charge if the concern needs to be escalated or filling out a feedback form on the consumers behalf. Staff described how they provide assistance to consumers who have difficulty communicating or have cognitive impairments to provide feedback by completing a feedback form on their behalf or locating a staff who speak the consumer’s language.

The organisation has a feedback, complaints and open disclosure policy which is available for staff on the organisations online platform. The Assessment Team reviewed consumer and representative meeting minutes which identified feedback and complaints are discussed and where trends are identified, and actions taken are discussed.

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

Overall, consumer get quality care and services when they need them from people who are knowledgeable, capable and caring. For example:

* Consumers expressed that the staff are kind, caring, helpful and respectful.
* Overall, consumers said that staff know what they are doing and have a good understanding of their care needs.
* Most consumers stated that the staff have the skills required to meet their needs and did not express any areas where they thought staff needed further education.
* Consumers feedback regarding sufficiency of staff was mixed, however, most care needs are being met.

Interviews with staff demonstrated that the staff know their consumers stories, choices, needs and preferences. Staff spoke respectfully about consumers. Staff described how they participate in regular training conducted by the service. Clinical and care staff interviewed confirmed that they had completed the orientation day and practical competencies as required.

Management explained how incidents and consumer feedback are used to monitor staff performance. The service has policies and procedures regarding its staff performance framework.

The Assessment Team sampled the enrolled nurse position description and noted it included, qualification requirements such as bachelor’s degree and general registration with Australian Health Practitioner Regulation Agency (AHPRA). The position description described core skills, key performance areas, functions and responsibilities.

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

Overall, consumers consider the service is well run and they can partner in improving the delivery of care and services. For example:

* Consumers and their representatives described the various ways they are engaged in the delivery of care at the service.
* Consumer and their representatives expressed that management is very responsive to suggestions and felt the service encourages their participation when making decisions.
* Consumers and their representatives expressed feeling safe at the service and living in an exclusive environment with access to quality care and services.

Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The board monitors and reviews routine reporting and analysis of data related to consumer experience. Management demonstrated how they monitor clinical data including falls, skin tears, pressure injuries, absconding, verbal aggression, physical aggression, infections and report this monthly. Trends are noted, analysed and actioned. Staff were able to demonstrate their knowledge and explain the reportable incident system and outline their responsibilities based on their role.

The organisation has a strategic plan and monitors through reporting, direction and improvements of the organisation. The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Results from audits and surveys, incident reporting, data and trend analysis, feedback from consumers and other stake holders is captured in the continuous improvement plan.

The Assessment Team observed staff accessing information about consumers’ care needs, goals and preferences and using it to guide care delivery.The Assessment Team reviewed policies and procedures in relation to SIRS, complaints management, open disclosure, cultural diversity, compulsory reporting and clinical governance policy. All reflected the relevant legislative requirements.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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