Performance

Report

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| Name: | Anglicare Donington Court |
| Commission ID: | 0413 |
| Address: | 43 Clarke Drive, CASTLE HILL, New South Wales, 2154 |
| Activity type: | Site Audit |
| Activity date: | 29 April 2024 to 1 May 2024 |
| Performance report date: | 30 May 2024 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 429 Anglicare Donington Court |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Anglicare Donington Court (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit 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 relating to the performance of the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and provided the care they needed in a way which respected their needs and preferences. Staff gave practical examples of how consumers’ cultures and identities were valued, such as ensuring some were supported by gender specific staff when receiving personal care, as per their preferences. Respectful interactions were observed between staff and consumers when staff provided assistance during meals and activities.

Consumers and representatives confirmed staff were aware of consumers’ cultural identities and provided care consistent with their preferences. Staff were knowledgeable of consumers’ cultural backgrounds and identities and gave practical examples of how care for consumers had been adjusted in response to cultural needs. Care documentation evidenced consumers’ cultural preferences.

Consumers and representatives confirmed consumers were supported to be their own decision maker and had choice in how their care was delivered, how they wanted to maintain relationships with people of importance to them and how they wanted to spend their leisure time. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care is provided in line with their preferences. Consumers were observed making connections with others and spending time with their visitors, whilst married couples benefited from their shared rooms.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to exercise and visit a nearby duck pond. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs. Staff described means of communication with consumers, such as meetings and using cue cards for those with communication challenges. Observed outside of consumers’ rooms was a brochure holder into which the weekly activities calendar and monthly newsletter were delivered, whilst menus and dates of upcoming meetings and visits from allied health professionals, allowed consumers to make decisions about their care.

Consumers gave practical examples of how their privacy was respected, such as staff knocked on doors prior to entering their rooms. Staff explained consumers’ privacy was respected by ensuring doors were closed when providing care and sensitive discussions were held in private areas. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with medical specialists and allied health professionals involved in assessments when required. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as wound specialists, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as dementia specialists.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. The outcomes of assessment and planning were documented in the ECMS and staff explained consumers and representatives could request a copy of the consumer’s care plan at any time. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers, representatives and health professionals, where appropriate.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were reassessed. Staff explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed quarterly and reassessment occurred when their health status, preferences or circumstances changed, such as to their mobility.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and unplanned weight loss, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were supported by palliative care specialists, and their wishes were to be kept comfortable through pain management, with spiritual and emotional comfort provided by pastoral carers and family members. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their cognition, mobility, appetite and weight, with any changes escalated to clinical staff for review, who may refer consumers to their medical officer, if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood how to provide the care they needed. Staff explained changes in consumers’ care and services were communicated as needed throughout the day, during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with medical officers and allied health professionals involved in their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained how referrals were made and followed up to ensure a timely response and consumers’ needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as geriatricians, speech pathologists and physiotherapists.

Consumers gave positive feedback about how infection-related risks were prevented and managed. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices, such as washing and sanitising their hands. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as attending exercise groups, going to Bible study group and reading the daily newspaper, which optimised their independence and wellbeing. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with a mix of activities to choose from so they received supports which met their differing needs. Consumers were observed participating in a range of activities such as exercise classes, craft afternoons, singalongs, bus outings and group walks.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by arranging pastoral care and spending one on one time with them when their mood was low, with clinical support available, if required. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to attend religious services or visit family members. Staff explained they supported consumers to make connections and maintain significant relationships by welcoming their visitors and ensuring refreshments or meals were available, because the service was their home. Consumers were observed socialising with each other and visitors in the onsite café, and leaving the service to spend time in the community.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their preferences and ensured they were included in their favourite activities. Staff explained changes in consumers’ care and services were communicated during shift handovers, regular communication during the day and they accessed care documentation in the ECMS. Staff were observed to share information about consumers’ conditions and needs via handover.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteers were engaged to offer spiritual support and spend meaningful one-on-one time with consumers, particularly bi-lingual volunteers who could converse with consumers in their preferred language. The activities calendar evidenced volunteers and organisations supported consumers through pet therapy, dance classes, armchair travel experiences and beauty treatments.

Consumers gave positive feedback about meals, which were varied and aligned with their preferences and dietary requirements. Staff explained they were trained in understanding consumers’ dietary requirements and said a seasonal menu was developed based on consumers’ feedback provided in food focus meetings and introduced after review by a dietician. Meal service was observed, and consumers appeared to enjoy a pleasant and respectful dining experience, and staff provided support if required.

Consumers said they had access to clean equipment, which was well maintained and suitable for their use, including personal equipment kept in their rooms, which was safety tested and added to the preventative maintenance register. Staff said they cleaned shared equipment before and after each use, with maintenance staff advised when an item required repair or replacement. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service was welcoming, homely and they had a sense of belonging. Staff explained they encouraged consumers’ sense of belonging by helping them to personalise their rooms with their own belongings, as the service was their home. The environment was observed to facilitate consumers’ independence and interaction through wayfinding signs to assist navigation of the service, with communal areas for socialising with each other and visitors.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service and confirmed consumers had access to all areas, including the outdoors. Staff described the cleaning schedule, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing gardens, courtyards, lounge and dining areas and the onsite café, whilst others left the service independently to spend time in the community.

Consumers confirmed fittings and equipment were clean, well maintained and staff regularly inspected equipment to ensure it was suitable for their use. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly. Furniture, fittings and equipment, such as mobility aids, were observed to be safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as completing a feedback form or participating in the Wise Elder Committee. Staff explained consumers and representatives could provide feedback or make complaints directly to them, at consumer meetings, participation in surveys or through the electronic feedback kiosk. Survey documentation evidenced consumers were encouraged to provide feedback about the care they received, staffing, catering and their activities of daily living.

Consumers and representatives understood how to access external complaints, advocacy and language supports. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with scheduled information sessions provided by advocacy services twice a year. Brochures in different languages spoken by consumers, promoted the Charter of Aged Care Rights and access to the Commission and advocacy support services.

Consumers and representatives gave practical examples of additional gardening is now completed, as appropriate action taken in response to their complaints of obscured views from their personal rooms. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced appropriate action was taken in response to consumers’ feedback and complaints.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as being consulted on the new menu. Staff explained feedback and complaints were reviewed to identify trends and actions were taken to improve services, such as installing a snack bar in the dining room which allowed consumers consistent access to snack foods. Meeting minutes evidenced consumers’ feedback and complaints were used to improve their overall dining experience.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed based on occupancy levels and consumers’ care needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a registered nurse always available.

Consumers said staff were kind, caring, respectful and understood their needs when care was provided. Management explained staff practice was regularly observed to ensure their interactions with consumers were kind and respectful, with regular feedback sought from consumers about the care they received. Staff interactions with consumers were observed to be kind, respectful and there was familiarity during their conversations.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was initially determined through the recruitment process and ongoing through performance reviews, induction and training programs, incident monitoring and ensuring professional registrations and criminal history checks were current. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and said they were equipped to perform their roles, particularly when using equipment during care delivery. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control, wound care and the Quality Standards, with additional training arranged to meet consumers’ changed needs. Training records evidenced high rates of completion for mandatory training topics.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, with informal appraisals through observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for career development, training needs were discussed, and they were supported by management. Personnel records evidenced all staff performance reviews had been completed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they were supported to evaluate their care and services through direct feedback and attending a range of group meetings, such as the consumer advisory body, which consumers described as an opportunity to be heard and where their contributions were appreciated. Management explained consumers and representatives further contributed to service evaluation through the feedback and complaints process and participation in surveys which addressed the quality of consumers’ care. Meeting minutes evidenced consumers were engaged in evaluating their care and services.

Consumers and representatives confirmed consumers felt safe and had access to quality care and services. Management explained a culture of safe and quality care was supported by regular reporting to the governing body on clinical data, the workforce, staff training, Serious Incident Response Scheme (SIRS) notifications, complaints, identified risks and issues arising from the Quality Care Advisory Body, which included input from consumers and representatives. Minutes from a range of meetings evidenced the governing body had oversight of all levels of the organisation and the care and services being provided.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)