**Performance**

**Report**

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| Name: | Atticus Health Pty Ltd |
| Commission ID: | 301079 |
| Address: | 260 Highett Road, Highett, Victoria, 3190 |
| Activity type: | Quality Audit |
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| Performance report date: | 2 November 2023 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9744 Atticus Health Pty Ltd  
Service: 28122 Mark & Sylvie's Home Care

**This performance report**

This performance report for Atticus Health Pty Ltd (**the service**) has been prepared by N Eastwood, 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 Quality 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 assessment team’s report received 29 October 2023.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 8(3)(b) development of a governing body to establish an awareness and accountability of services.
* Requirement 8(3)(c) development and implementation of the governing body to maintain oversight of continuous improvement, feedback and complaints, as well as consolidation of information systems to support centralised information management.
* Requirement 8(3)(d) implementation of the risk management plan and risk register under governing body oversight
* Requirement 8(3)(e) development of a clinical governance framework.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how consumers are respected and valued. Care managers and staff provided examples of the practice of dignity and respect such as taking the time to understand consumer differences and provide individualised care. A review of care documentation reflected the background information and current situation of each consumer, including information about what is important to them.

Staff described how they meet consumer cultural needs and preferences. Care documentation demonstrated information about consumer cultural backgrounds and any cultural needs. The service’s welcome pack includes the Australian Government guide to home care package services booklet including interpreter information.

Care staff provided examples of ways they support consumers with choice and independence, including offering choices and providing opportunities for discussion and friendships within groups. Care managers provide information to consumers about their rights to informed decision making and the charter of aged care rights booklet is included in the welcome pack and within the service contract.

Risks are discussed with consumers and representatives and alternatives are offered as appropriate. Staff described the support and assistance measures provided to ensure consumers are as safe as possible while living their best life. A review of care documentation demonstrated risks are identified and individual strategies to mitigate individual risk are developed and implemented.

Consumers and representatives confirmed they receive timely and clear information from care managers during the frequent visits and phone calls they receive. Management and staff described a significant number of consumers as complex and the accessibility to care managers ensures consumers receive care according to their choices and understanding.

Support workers explained consumer privacy and information is protected by the service including accessing only required consumer information on the mobile application.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. Clinical support staff discussed the ongoing assessment and care planning processes and how risk is identified and assessed through best practice tools such as pain, falls and pressure injury risk assessments.

Clinical staff confirmed consumer needs and goals are discussed during the entry meeting which included advance care planning. The Assessment Team observed brochures on advanced care planning which are included with the services welcome pack and individual records containing end of life preferences.

Support workers and staff explained how they access care plan information via the mobile application and organisation’s electronic management system. The care plan is visible to them after they are booked for a service and care managers confirmed care plans were reviewed quarterly, when consumers requested a change or when there were changes in care needs.

Care managers explained changes requested by consumers or changes in care needs prompt a care plan review and support workers confirmed the service informs them of changes. Changes to consumer care plans are uploaded to the electronic management system and available to consumers who request a copy for their records.

Consumers and representatives confirmed the service contacts and visits them regularly and services have been reviewed as their needs or condition changed. Care managers discussed referrals for reassessment occur when consumer needs change, when there is an incident or the consumer requests changes to their services.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described overall satisfaction with the personal and/or clinical care. Management confirmed clinical staff have access and links to the best practice guidelines and procedures available on the central database. A review of care documentation including file notes, allied health reports and wound documentation showed the service monitors personal and clinical care delivery.

Interventions to manage and mitigate the risks to consumers were developed and evident in consumer care plans and home care assessments. Staff identified and discussed risks associated with the care of consumers including falls, cognitive impairment and social isolation. Staff also outlined the ways they mitigate and minimise risks, including prompting consistent use of mobility aids. Management discussed consumers falls are reported most often in the service and consumers are encouraged to report incidents that occur outside of the provision of care and service.

Clinical staff detailed strategies for consumers nearing the end of life including pain medication, keeping them comfortable, mobilising, required equipment, engaging a dietician or speech therapist if they are able to eat, increasing the contact from the service and being there to support the family. Management confirmed arrangements to liaise with the local hospice and the Assessment Team noted the documented end of life discussions with a consumer.

The service has a documented procedure in place for staff to follow for clinical deterioration or change that recognises the immediate need to report and or escalate the incident. Support workers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to a care manager, calling emergency services if required, and documenting deterioration in shift notes. A review of care documentation reflected changes in consumer health or condition are reported, documented, and actioned.

Care workers described how they access consumer care plans and task lists through the mobile telephone application. A review of care documentation demonstrated the service actively communicates with others, internally and externally, to ensure the provision of personal and clinical care.

Consumers and representatives were satisfied that when needed, the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. A review of care documentation demonstrated referrals were made in response to an identified need, including to medical practitioners, podiatry, occupational therapy and physiotherapy.

All staff explained they have complied with hand hygiene and infection prevention and control training modules and discussed their use of Personal Protective Equipment (PPE) including masks and gloves.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives indicated that the services they receive help them to maintain independence and quality of life. All consumer documentation outlined the services that are most suited to each consumer. Management explained the service ensures the support they provide optimises consumer independence and quality of life through providing supports as determined by the consumer.

A review of care documentation included considerations of emotional, spiritual and psychological well-being of consumers. Support staff described how they would be able to recognise if any of the consumers were feeling low, and how they support consumers emotional, spiritual and psychological wellbeing, such as offering space to discuss concerns privately and supporting consumers to engage other formal or informal supports.

Consumers and representatives confirmed consumers were assisted to participate in the community, go out for coffee, shopping or do activities that they like. A review of care documentation reflected consumer participation in programs and activities to meet their needs, goals and preferences. A review of care documentation demonstrated communication with others responsible for care, including representatives, staff and other services as appropriate, occurs with consumer consent to ensure services are coordinated.

Consumers and representatives confirmed they had been referred to other care and services as required.

The service does not directly provide meals to consumers under its program. Consumers can source their choice of prepared meals and meal delivery is partially funded through the home care package, with the consumers contributing the balance. Consumer file documentation showed food allergies and dietary requirements, staff advised consumers are choosing the meal provider with the assistance of the service.

Consumers and representatives confirmed the service supported them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required. The Assessment Team reviewed invoices for the purchase of consumer equipment.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not Assessed |
| 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. | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

The service opened a gym on 1 September 2023 at ‘the hub’ in Hastings and whilst it is not currently being utilised by consumers, they plan to have it in use in the future. The Assessment Team visited the gym and observed it was clean and the equipment looked well maintained

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they were comfortable and supported to provide feedback and make complaints. Management explained the service model of care is for care managers to have frequent access to the consumer via phone or face to face to manage issues. A review of the services newsletter reflected information for consumers to have discussions regarding their care with their care managers.

Staff confirmed they were aware there was advocacy support information included in the welcome packs for consumers to refer to however would direct any feedback initially to management. A review of documentation reflected the inclusion of the Aged Care Quality and Safety Commission booklet named Charter of Aged Care Rights and My Aged Care Guide to Home Care Package Services Booklet providing interpreter and advocacy information in the welcome pack and the service’s home care agreement includes the Charter of Aged Care Rights.

The service has an open disclosure framework guide. Care staff reported when a complaint is raised, they try to resolve it themselves and if unresolved refer it to management. Management explained they manage complaints as they arise including performing open disclosure however the process is not always documented.

Management explained as a result of consumer satisfaction surveys they identified that direct communication with care managers had been an issue as a result a dedicated telephone number for home service consumers was implemented. The Assessment Team reviewed meeting minutes confirming discussions of strategies to address specific consumer concerns.

# Standard 7

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| Human resources | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Staff explained the care requirements were documented clearly in consumer care plans, progress notes are recorded specifying the care completed and when there are any issues, these are reported to the care manager. Management described having no unfilled shifts as two qualified staff are rostered to attend the care for each consumer to ensure where one carer is unavailable ta second is able to fill the shift.

Consumers and representatives confirmed staff were kind and respectful. A review of consumer care plans included communication cues to assist workers in respecting consumer diversity. There is an internal screening system to ensure suitability of staff to roles requiring specific skills. The Assessment Team reviewed staff files and noted the service performs qualification verifications according to their roles.

Staff confirmed they were qualified for their roles however there has been minimal formal induction training provided by the service. The Assessment Team noted that while there was not a formalised training system in place, the service has a draft training manual to be completed within 4 weeks and an induction process due for commencement. The Assessment Team also noted that management provide real-time coaching conversations with staff, informal feedback opportunities and have commenced continuous improvement processes to document formal performance feedback to staff and performance review training for care managers.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) and as a result is non-complaint with standard 8.

Requirement 8(3)(b):

The Assessment Team noted managements response to feedback regarding the absence of formal systems and their plan to research appropriate external cultural awareness training for care staff to be attended on commencement of employment. Management also described the future implementation of a consumer checklist to ensure that written information has been provided regarding the choice and dignity of their care and contact with the Aged and Community Care Association for information regarding establishing a governing body including volunteers and thereby capturing the consumer's voice.

The Approved Provider submitted a response indicating they will be including a statement outlining our commitment to our culture of ‘safe, inclusive and quality care’ on the company website, and in staff and client newsletters. Cultural awareness training will be completed on commencement of employment and recorded in the training register. The governing body is to be confirmed and likely commence quarterly meetings in January 2024 with a Quality Care Advisory Committee to also be formed.

I acknowledge the Approved Provider’s response and progress to address the concerns raised by the Assessment Team. There is evidence that an active approach is being employed to ensure adequate implementation of training and statements to represent safe, inclusive and quality care. The development of a governing body is still in its infancy and will require time to establish an awareness and accountability of services, as a result further evaluation once the governing body is operational will be required.

Requirement 8(3)(c):

The Assessment Team noted the challenges associated with the dual information systems in place. Management confirmed the service is in the process of exploring a software system to consolidate both systems which will address the inconsistencies noted with the current information management systems.

The service has a continuous improvement plan however the service did not have an effective process to capture incidents and feedback. The governing body does not have a process to review or capture data trends. The Assessment Team noted feedback and incidents are reported in consumer progress notes or emailed to managers and not included on a feedback or incident register.

A system was not in place to support staff with consistent training and performance reviews. Management entered the lack of annual performance review, staff induction training, and SIRS training for care managers with planned actions into their updated continuous improvement plan. The Assessment team noted the service did not have effective systems and processes in place to measure complaints are effectively captured, recorded, escalated and resolved. In response to this feedback the service introduced a feedback register and included planned actions in the updated continuous improvement plan.

The Assessment Team noted the effective systems in place to support regulatory compliance and financial governance.

The Approved Provider submitted a response indicating that where previous verifications had been unavailable this would be addressed in the near future, staff training has been provided and a new software system being explored. Advance care planning will be included in the current system and considered with the new software.

A process has been implemented to support the flow of information to ensure recoding of feedback and timely action as well as communication of instructions and staff training. Review of the existing registers will commence monthly at care management meetings and quarterly with the governing body once commenced.

Performance Appraisal and training schedules have been implemented with ongoing availability for the workforce through the Alis training platform. A feedback and complaints policy will be provided to all staff and the feedback register will be reviewed by the Governing Body and Committee when established, with progress updated in the continuous improvements register.

I acknowledge the Approved Provider’s response and progress towards addressing the concerns raised by the Assessment Team. There is evidence that the service is progressing toward compliance with this requirement and note specifically the actions undertaken and completed to date. The actions to address workforce governance are adequate which will reflect a workforce aware of their responsibilities and able to access information to support contemporary practice.

There are areas of action in progress and reliant on the development and implementation of the governing body, as well as consideration to a consolidated software program to support centralised information management. With consideration to the current actions related to information management, continuous improvement, feedback and complaints further time is required to ensure these activities are successfully implemented and sustained.

Requirement 8(3)(d):

The service did not have effective risk management systems in place to support reporting incidents categorised as reportable through the Serious Incident Response Scheme (SIRS) to the Aged Care Quality and Safety Commission or consistent recording in the incident register. The Assessment Team noted incidents in the register which had not been identified reviewed or completed preventing improved outcomes for consumers being identified.

The Approved Provider submitted a response indicating that training will be commencing related to the incident reporting system and the governing body will be responsible for oversight of the risk management plan and risk register. A process for alerting management of risks is being developed with training for all staff to be implemented. SIRS training has been added to the staff training register and a process to alert managers of serious incidents will be implemented.

I acknowledge the Approved Provider’s response and progress towards addressing the concerns raised by the Assessment Team. There has been significant progress to ensuring this requirement moves toward compliance however without the implementation of risk management plan and risk register until commencement of the governing body oversight this requirement remains non-compliant.

Requirement 8(3)(e):

The Assessment Team noted the service had policies and procedures in place for a clinical governance framework however, there were no other formal processes to measure effectiveness for safety and quality of their care in relation to antimicrobial stewardship, minimising restraint despite evidence of bed sticks in use and open disclosure.

The Approved Provider submitted a response indicating the availability of the antimicrobial stewardship policy and development of an outbreak management plan. Training on open disclosure and the use of restrictive practices will be provided in line with legislative requirements. Development of a clinical governance framework to incorporate consumers, clinicians, education and training, risk management, information management, and workforce management will be more formally developed in 2024 with oversight and feedback from the Governing Body and Advisory Committee.

I note the Approved Providers response which is largely future facing with the development of a number of areas under the proposed clinical governance framework with oversight of the governing body. The current non-compliances rely heavily on the structures to ensure the improvements are implemented and sustained in practice. I acknowledge the Approved Provider has clear and projected plans however note that until these are fully implemented further evaluation will be required.

In relation to compliance with the remainder of the Requirement:

Staff described how they support consumers to be involved in service planning, development and evaluation of their own care to the extent they wish. Management explained they provide several methods for consumers to provide feedback including formal reviews such as consumer satisfaction surveys and informal methods including the care manager's regular contact with consumers. All consumers are reviewed initially and three monthly by the care managers and the assessments include feedback provided to the service.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)